

Safe pregnancy and  
secure delivery

# Maternal Health Education Handbook



# Gentle Care Cloud Care

Prenatal Medical  
Instructions

Breastfeeding

Baby Care

Maternity  
Resources

## Maternity Care Website & Fan Page

 <http://mammy.hpa.gov.tw>  
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- ☒ Prenatal Health Education
- ☒ Pregnancy and Prenatal Exam Management
- ☒ Maternity Resources Search
- ☒ Medical Treatment Assistant



## Maternal care hotline

 **0800-870870**

- ☒ Special Information Services
- ☒ Breastfeeding Guidance
- ☒ Prenatal Resources and Referrals
- ☒ Psychological Adjustment and Support



**Protecting Health**

Health Promotion Administration,  
Ministry of Health and Welfare



# Maternal Health Education Handbook

## - Booklet Instructions -

We believe that expectant mothers and fathers are both happy and stressed after knowing the pregnancy is confirmed. This is especially true for new parents who are having a baby for the first time. While the family's assistance is indispensable, mutually supporting each other and learning together is even more important for expectant parents. In particular, the active participation and care of the expectant father is powerful support for the expectant mother's physical and mental health.

The health care and guidance of professional medical staff (doctors/midwives/nurses) is an important resource to ensure the health and safety of mothers and fetuses through the pregnancy and delivery process! However, expectant mothers who take the initiative to cooperate with medical care programs and enhance their knowledge and ability to care for themselves, are more likely to maintain the health of themselves and their babies (infants). We have designed the Maternal Health Education Handbook especially for you, providing information on pregnancy care. We hope you will read the information carefully. Ask your doctor/midwife/nurse if you have any questions, and make your pregnancy and birth a wonderful experience and memory for you and your family!

The content of this booklet is co-researched by the Health Promotion Administration, Ministry of Health and Welfare, Taiwan Association of Obstetrics and Gynecology, Taiwan Society of Perinatology, Taiwan Maternal Fetal Medicine Society, Taiwan Association of Family Medicine, Taiwan Nurses Association, Taiwan Midwives Association, and Taiwan Dietitian Association.

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# The Health Book for Expectant Mothers



## YES

- ✓ Do receive prenatal exams according to schedule
- ✓ Do know the signs of premature birth
- ✓ Do take good care during pregnancy
- ✓ Do recognize pregnancy complications
- ✓ Do know the signs of labor

## NO

- x Do not smoke or drink
- x Do not be exposed to second hand smoke
- x Do not take medication without a doctor's orders
- x Do not use drugs
- x Do not choose a C-section in order to pick the time of birth

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## Payment schedule for prenatal exam and services provided



Payment schedule		Recommended week	Services provided
1 <sup>st</sup> time	First trimester (less than 13 weeks)	Week 8	<ol style="list-style-type: none"> <li>1. Routine prenatal exam. (Note 1)</li> <li>2. Miscarriage signs, high-risk pregnancy and nutritional health education guidance during pregnancy.</li> <li>3. The first ultrasound examination. (Recommended for 8-16 weeks: assessment of fetal number, fetal heartbeat, fetal size measurement, implantation position and due date)</li> </ol>
2 <sup>nd</sup> time		Week 12	<ol style="list-style-type: none"> <li>1. After the 8<sup>th</sup> week of pregnancy or the second inspection must include the following exam items:               <ol style="list-style-type: none"> <li>(1) Consultations: Family history, expectant mother's past medical history, pregnancy history and any discomfort with the fetus, and addicted habits.</li> <li>(2) Physical exams: Weight, height, blood pressure, thyroid, breast exam, pelvis exam, chest and abdomen exams.</li> <li>(3) Lab tests: Blood routine (WBC, RBC, Plt, Hct, Hb, MCV), blood type, Rh factor, VDRL (syphilis exam) or RPR (Rapid plasma reagin), Rubella IgG (rubella antibody), HBSAg and HBeAg (those who cannot go through these exams this time due to special circumstances can do so in the 8<sup>th</sup> prenatal exam instead), AIDS (antigen/antibody composite test is recommended) and urine routine. (Note 2)</li> </ol> </li> <li>2. Routine prenatal exam. (Note 1) Note: Pregnant women who examined negative for the Rubella antibody should be vaccinated after giving birth, and this vaccine is government-funded. (Note 4)</li> </ol>
3 <sup>rd</sup> time	Second trimester (over 13 weeks but less than 29 weeks)	Week 16	<ol style="list-style-type: none"> <li>1. Routine prenatal exam. (Note 1)</li> <li>2. Premature birth prevention guide.</li> </ol>
4 <sup>th</sup> time		Week 20	<ol style="list-style-type: none"> <li>1. Routine prenatal exam. (Note 1)</li> <li>2. The second ultrasound examination. (It is recommended to perform around 20 weeks : assessment of the number of fetuses, fetal heartbeat, fetal size measurement, placental position and amniotic fluid volume)</li> <li>3. Premature birth prevention guide.</li> </ol>

Payment schedule		Recommended week	Services provided
5 <sup>th</sup> time	Second trimester (over 13 weeks but less than 29 weeks)	Week24	1. Routine prenatal exam. (Note 1) 2. Signs of premature birth and nutritional health education guidance during pregnancy. 3. Lab tests: Blood routine (WBC, RBC, Plt, Hct, Hb, MCV) and gestational diabetes screening (Note 2)
6 <sup>th</sup> time		Week28	Routine prenatal exam. (Note 1)
7 <sup>th</sup> time	Third trimester (over 29 weeks)	Week30	Routine prenatal exam. (Note 1)
8 <sup>th</sup> time		Week32	1. Routine prenatal exam. (Note 1) 2. The following exams are provided around week 32: Laboratory tests such as VDRL or RPR (Syphilis test). 3. For pregnant women who are at risk of HIV infection, an additional HIV exam is recommended. (Antigen/antibody composite test recommended) 4. The third ultrasound examination. (Recommended to be performed after 32 weeks: assessment of fetal heartbeat, fetal size measurement, fetal position, placental position and amniotic fluid volume)
9 <sup>th</sup> time		Week34	Routine prenatal exam. (Note 1)
10 <sup>th</sup> time		Week36	1. Routine prenatal exam. (Note 1) 2. Subsidy for maternal Group B Streptococcus screening. (Note 3)
11 <sup>th</sup> time		Week37	Routine prenatal exam. (Note 1)
12 <sup>th</sup> time		Week38	Routine prenatal exam. (Note 1)
13 <sup>th</sup> time		Week39	Routine prenatal exam. (Note 1)
14 <sup>th</sup> time		Week40	Routine prenatal exam. (Note 1)

\*Expenses related to exam for pregnant women who have conducted more than 14 maternal exams and more than 3 ultrasound exams should pay for their own expenses or they should be paid by healthcare insurance when their medical needs are diagnosed by doctors.

\*If the pregnancy exceeds 40 weeks and there is still a need for obstetric examination and does not meet the scope of health insurance benefits, the medical service organization shall provide reasons to apply in advance for a special obstetric examination subsidy to the Health Promotion Administration of the Ministry of Health and Welfare.

Note 1: Routine prenatal exam includes

- (1) Contents of the consultation: Prenatal discomfort such as bleeding, abdominal pain, headache and spasm, etc.
- (2) Physical exam: Weight, blood pressure, fetal heartbeat, fetal position, edema, and varicose veins.
- (3) Lab exams: Protein and glucose in urine.

Note 2: Regular blood check includes: hemoglobin (Hb), hematocrit (Hct), red blood cells (RBC), mean corpuscular volume (MCV), white blood cells (WBC), and blood platelet (Plt). In addition, with regard to HIV screening, if there is a risk of infection assessed by a physician during the pregnancy period, HIV screening services are available regardless of the stage of the maternity check-up.

Note 3: It is recommended that Maternal Group B Streptococcus (GBS) screening be provided once between weeks 35 and 37. If there are signs of premature birth, this should be dealt with by a medical doctor and not be subjected to this limit.

Note 4: For information related to vaccination sites, please call preventive vaccination hotlines in each city and county to consult.

## Win at the starting point



Changes in the mother's mood during pregnancy can affect the fetus. So please keep a calm and happy mood at all times during pregnancy.



**Q:** Can we find out about the baby's condition through prenatal check-up?

Between weeks 6 and 8 of pregnancy, the baby's heartbeat can be shown through ultrasound. Over 12 weeks, the Doppler instrument can detect the sound of the baby's heartbeat through the mother's belly. If this is the first child, by weeks 18 to 20, the mother can feel fetal movement. If this is the second child, it can be felt as early as week 16!



**Q:** When does the fetal position starts to matter ?

Just before the 7<sup>th</sup> month, the fetal position changes from time to time due to greater amount of amniotic fluid and smaller fetus size. After 7 to 8 months, the fetal position stabilizes.



# Stay away from congenital diseases

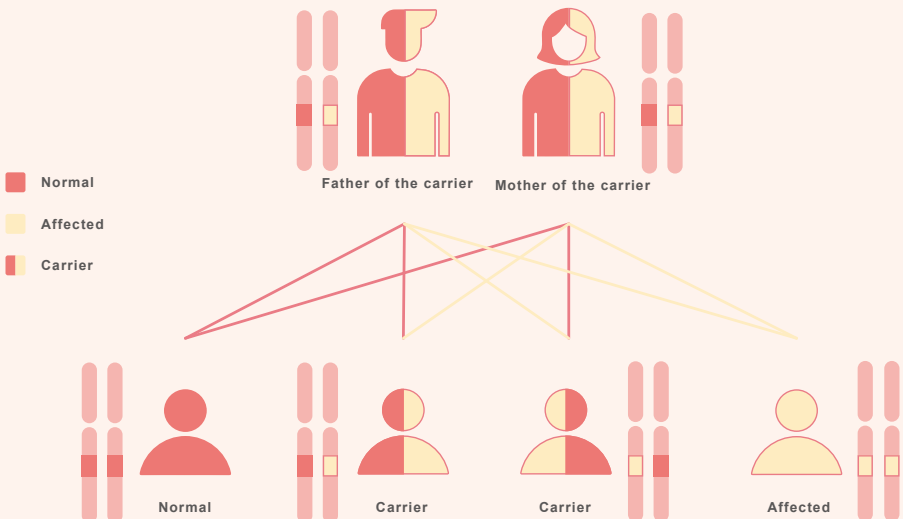


## I. Thalassemia

This is one of the most common single-gene disorders in Taiwan. About 6% of the total population are gene carriers, but their physical conditions are similar to most people. There are two main types of thalassemia, alpha and beta thalassemia. If a couple are both gene carriers of the same type of thalassemia, there is a 25% chance that the baby will be born with severe thalassemia for each pregnancy, which may endanger the lives of both the mother and the child. Severe alpha thalassemia will incur hydrops fetalis on the fetus, people with serious case of beta thalassemia must depend on blood transfusion and iron injection for life.

Therefore, during the first prenatal exam, women should receive “thalassemia screening for pregnant women.” If the “mean corpuscular volume (MCV)” of expectant mothers and expectant fathers is  $\leq 80\text{fL}$ , they should be examined to confirm whether they are gene carriers. If the parents are both gene carriers of the same type of thalassemia, they need to receive further genetic diagnosis and counseling.

### Pattern of Recessive Inheritance



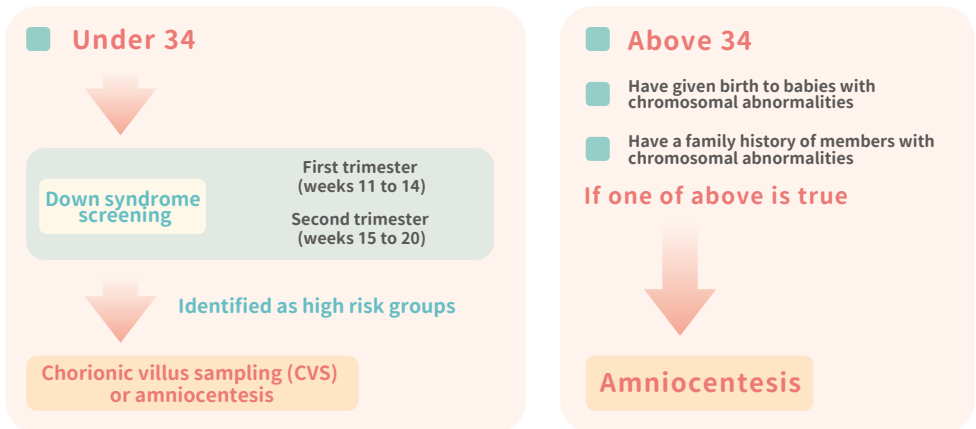
※ If the MCV is less than 80, the spouse also needs to be examined.

## II. Down syndrome

Down syndrome is one of the most common diseases involving chromosomal abnormalities. It is also the main cause for mental retardation. In average, one in every 800 pregnant women may give birth to one baby with Down syndrome. Down syndrome screening is used to evaluate the risk of a baby having Down syndrome. If the screening result shows a high risk, it is recommended that the mother should also do chorionic villus sampling (CVS) or amniocentesis to confirm whether the baby has Down syndrome.

There are two common ways of screening for Down syndrome: the maternal blood Down syndrome screening during the first trimester (weeks 11 to 14), which tests the fetus's nuchal translucency and nasal bone with ultrasound. Blood sample from the mother is also collected for serum marker analysis. This test can screen 82% to 87% of babies with Down syndrome. During the second trimester (weeks 15 to 20), the maternal blood Down syndrome screening is solely dependent on the serum marker analysis on the mother's blood sample. This will screen 80% of babies with Down syndrome.

Experts suggest that pregnant women over the age of 34, have given birth to babies with chromosomal abnormalities, or have a family history of members with chromosomal abnormalities can do amniocentesis directly to test if the baby has Down syndrome. Pregnant women under 34 can take one of the Down syndrome screening tests first. If the result shows high risk, receive chorionic villus sampling (CVS) or amniocentesis to confirm whether the babies have any chromosomal abnormalities.



# Prenatal hereditary disease screening and subsidy



**Q:** Why do congenital anomalies occur?

There are many possible causes of genetic disorders in newborn babies, including chromosomal abnormalities, single-gene mutation, multifactorial inheritance or environmental factors. However, there are many more that are still unknown.



**Q:** What are the methods often used for prenatal genetic diagnosis?

1. Amniocentesis
2. Chorionic villus sampling (CVS)
3. Cord blood testing



**Q:** Who needs prenatal genetic diagnosis?

1. Pregnant women over 34 years old
2. Gave birth to babies with congenital abnormalities.
3. You have genetic diseases or your spouse has genetic diseases.
4. Family history of genetic disease
5. Other high risk groups who may have children with congenital anomalies.

(For example, those who may have abnormal fetuses through ultrasound or maternal serum screening.)



**Q:** Does the government subsidize prenatal genetic diagnosis?

1. Currently, the Ministry of Health and Welfare appropriates annual findings for provide subsidy for it. Pregnant women who take prenatal genetic diagnosis still need to pay for part of the cost. For more information on governmental subsidy or the amount of deduction, contact the hospital or local department of health where the testing is to be performed .
2. Pregnant women who qualify for subsidy may fill out the application for genetic diagnosis with the assistance of the hospital that conducts the prenatal examination. The governmental subsidy will be deducted from your fees by the hospital, and you only need to pay for the balance.

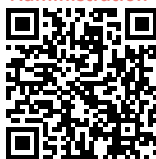


**Q:** Where can I get more information?

The primary obstetrician and gynecologist would provide consultation on a case by case basis. If you have more questions, contact any genetic consultation center approved by the Health Promotion Administration, Ministry of Health and Welfare.

You may consult the website of Health Promotion Administration for contact details.

**Health Promotion  
Administration**





## Q: Why should I be screened for hepatitis B?

1. Hepatitis B is mainly transmitted through body fluids or blood by intimate contact, blood transfusion or injection. It is generally divided into vertical transmission, which means a mother infects the child before or after delivery and 40-50% of carriers were infected this way in Taiwan early, and horizontal transmission, where a person was infected due to the exposure to blood or body fluids containing the virus through skin or mucus by ways of blood transfusion and sharing needles.
2. The younger a person catches hepatitis B, the more likely that this person will become a chronic carrier. Subsequently, the incidence of liver cirrhosis and liver cancer also increase significantly, about 90% of newborns infected will become chronic carriers. To cut off the vertical transmission of mother-to-baby, the current hepatitis B vaccination has been comprehensively implemented for newborns, and the newborns whose mothers are HBsAg positive are injected with a dose of hepatitis B immune globulin (HBIG) within 24 hours of birth, and receive HBsAg and B liver surface antibody (anti-HBs) test at the age of 1 year. If both tests are negative, one dose of hepatitis B vaccine can be added free of charge. The above-mentioned parents shall remember to take the baby to the hospital for testing when the baby is 1 year old.
3. To further reduce the vertical transmission rate between mother and child, since February 1, 2018, pregnant women with HBsAg-positive blood hepatitis B virus concentration  $\geq 10^6$  IU/mL are provided with antiviral drug treatment after evaluation by a digestive specialist, so as to reduce the chance of neonatal hepatitis B infection.
4. To reduce the incidence of liver cirrhosis and liver cancer, the National Health Insurance Administration has provided chronic hepatitis B treatment drugs and promoted "Medical Benefit Improvement Program for Hepatitis B Carriers and Hepatitis C Infection Patients" for patients with hepatitis B carriers, which is expected to enable patients with chronic hepatitis to have the opportunity to receive active treatment. Therefore, expectant mothers who are positive for liver surface antigen B (or e antigen) should not forget to follow the advice of specialists after delivery, and carry out regular follow-up inspections to ensure the health.



**Q:** Why is it important to avoid catching rubella during pregnancy?

1. Rubella is also known as the “German measles” and is caused by the rubella virus and transmitted through droplets or physical contact. Infection in the general population usually has mild symptoms and no sequelae. However, if a pregnant woman is infected with German measles, the virus can be transmitted vertically from the placenta to the fetus and may cause stillbirth, miscarriage or damage to major fetal organs, such as congenital deafness, glaucoma, cataracts, microcephaly, mental retardation and congenital heart disease, all of these are known as Congenital Rubella Syndrome. If a pregnant woman is infected with German measles during the first 10 weeks of pregnancy, there is a 90% chance that her baby will be born with a congenital defect. However, if the mother is infected after week 20, the baby is less likely to have deformity.
2. Vaccination is the best way to prevent rubella. In Taiwan, women who were born after September 1971 are inoculated with at least one dose of rubella vaccine or measles, mumps and rubella mixed (MMR) vaccine. Thus, if women of childbearing age are not sure whether they have been inoculated with rubella related vaccines or whether they are rubella antibody positive, they are suggested to carry out a rubella antibody test during check-ups before getting pregnant. If test results are negative, they should take the rubella antibody test negative (-) results to clinics or vaccination cooperation hospitals as soon as possible before pregnancy or after delivery for vaccination of an MMR vaccine (free of charge). It is also recommended to avoid pregnancy for 4 weeks after inoculation.

(Source of materials: Taiwan Centers for Disease Control)







## Q: Why should pregnant women be screened for Group B Streptococcus during pregnancy?

### Purpose

Group B Streptococcus (GBS) is a type of bacteria commonly seen in the gastrointestinal and urinary tracks of human beings. It is also a bacteria that can cause serious infection during the perinatal stage and caught by the newborns. About 18% to 20% of pregnant women have this bacteria in their birth canals. Women who carried the GBS bacteria and did not go through screening or treatment may give their baby early-onset neonatal GBS, which may further cause neonatal pneumonia, meningitis and sepsis. Currently, the main approach against early-onset neonatal GBS is GBS screening for pregnant women and the use of prophylactic antibiotic on the pregnant women who have been confirmed as type B streptococcus carriers prior to going into labor.

### Testing method and schedule

Pregnant women are screened for GBS during weeks 35 to 37 of pregnancy. The doctor takes samples from the vagina and anus of the pregnant woman and cultures them, and the results are available in about a week. If a pregnant woman is hospitalized because of early uterine contractions or premature rupture of the membranes before she has been screened, she should be screened for GBS or treated with prophylactic antibiotics in advance, in accordance with the doctor's advice.

### Testing results and prevention

After the screening, if it is confirmed that the mother has GBS, the doctor would conduct further evaluation and provide preventative antibiotic treatment (could be covered by the National Health Insurance) before labor to lower the risk of infecting the baby. If the mother is allergic to antibiotic or has any discomforts during pregnancy, please discuss with the doctor.

**Remind expectant mothers to be screened between the 35<sup>th</sup> and 37<sup>th</sup> weeks of pregnancy!**



## Common non-regular prenatal examination



**Q:** What is maternal blood Down syndrome screening for the first and second trimesters?

Currently, there are two ways of screening for Down syndrome: the maternal blood Down syndrome screening during the first trimester (weeks 11 to 14) test the fetus' nuchal translucency and nasal bone with ultrasound. Blood sample from the mother is also collected for serum marker analysis. This test can screen 82% to 87% of babies with Down syndrome. During the second trimester (weeks 15 to 20), the maternal blood Down syndrome screening is solely dependent on the serum marker analysis on the mother's blood sample. This will screen 80% of babies with Down syndrome.



**Q:** What is amniocentesis?

The amniotic fluid is extracted with a fine needle under the guidance of ultrasound, and the fetal cells in the amniotic fluid can be cultured to check whether the fetal chromosome is abnormal. It is recommended to do the examination after the 16<sup>th</sup> week of pregnancy.

It is suggested that the following expectant mothers should perform this test: expectant mothers with an advanced maternal age (above 34 years old), an abnormal ultra sound test result, a high risk result shown by the maternal blood Down syndrome screening, previous congenital abnormal babies and a family history.



**Q:** Why does the expectant mother take gestational diabetes screening?

Pregnant women who are at high risk of diabetes (such as obesity, high blood pressure, hyperlipidemia, close relatives suffering from diabetes, or a history of gestational diabetes, polycystic ovary syndrome, premature birth, stillbirth, macrocephaly, etc.) should take gestational diabetes screening at their own expense once the pregnancy is confirmed. Women who are not at high risk can do the screening during weeks 24 to 28. If the mother has gestational diabetes, she is at a higher risk of pre-eclampsia. Besides, the baby may be too big and that increases the risk of complications during C-section delivery with problems such as neonatal hypoglycemia and respiratory conditions.

Pregnant women with confirmed diabetes should follow the instructions from the doctor and dietitian on diet and medicine to improve the health of mother and child, and receive screening at 6 to 12 weeks after delivery to assess the risk of developing into typical diabetes.

# Overview of anomaly scan



High-level ultrasound examination is to use ultrasound equipment to perform imaging examinations on fetal brain, head and neck, heart, chest, abdomen, spine, limbs, umbilical cord, placenta and other organs.

Expectant mothers who find abnormalities such as thick nuchal translucency, excessive amniotic fluid, growth retardation, family history of genetic diseases, pregnant autoimmune diseases, diabetes, early pregnancy medications, viral infections, or artificially reproduced fetuses, multiple births and elderly pregnant women can discuss with their physician whether or not to undergo an anomaly scan. Generally, an anomaly scan is recommended for 20-24 weeks and will take about 30 minutes to an hour.

## Limitations of the examination (undetectable parts)

1. The baby's IQ, vision, hearing, birth marks and whether the baby has biochemical and metabolic abnormalities cannot be detected by the ultrasound.
2. The ultrasound cannot diagnose whether the baby has Down syndrome or other chromosomal abnormalities.
3. Minor birth defects cannot be identified at all, such as minor ventricular septal defect, aortic arch stenosis or neural conduit defects, and imperforate anus.
4. Some anatomical abnormalities (brachycephaly, lissencephaly, intestinal abnormalities, and diaphragmatic hernia) occur at the end of pregnancy and even after birth. An ultrasound in the middle of a single pregnancy does not confirm a completely normal prenatal and postnatal outcome.
5. If the fetus is at rest, it is difficult to diagnose the loss of a finger (toe) joint or joint abnormality by ultrasound.
6. As the pregnancy progresses, the baby cannot fully extend inside the uterus. The bones and the body overlaps, and therefore the result is not as good.
7. The blood circulation in the uterus is not the same as it is after birth, and some congenital heart diseases (e.g. atrial septal defect, patent ductus arteriosus, aortic arch stenosis, etc.) cannot be diagnosed before birth.

Individual concern

- 1. The government provides a free ultrasound screening at about week 20 of pregnancy. Expectant mothers can also choose to undergo an anomaly scan at their own expense, or discuss the test frequency with their doctor if their fetus has a special condition.
- 2. Some of the fetal deformities detected by ultrasound, such as cleft lip and palate and some of the congenital heart diseases, can be treated and won't affect the future growth and development of the baby. Therefore, if fetal deformities are found during the prenatal examination, please consult medical specialists and receive full information so that you can make an informed choice.
- 3. Anomaly scan, including scanning of the development of normality of sexual organs, cannot be used to determine the sex of the fetus, nor can it be used to terminate a pregnancy because of the sex of the fetus.

(Source of materials: Taiwan Society of Ultrasound in Medicine, Taiwan Association of Obstetrics and Gynecology)

Paste the ultrasound photo here.

# Free prenatal AIDS screening service



Since January 1, 2005, the Taiwan Centers for Disease Control added a free HIV test for every pregnant woman as part of its prenatal test to ensure the health of pregnant women and their children. It is recommended to be screened at the first trimester prenatal test. If there is still risk of infection, additional third trimester screening is recommended. If the risk of infection is assessed by a doctor during pregnancy, regardless of the stage of the obstetric examination, the human immunodeficiency virus (HIV) test service must be provided again, to ensure early detection and treatment of AIDS, and to reduce the risk of HIV infection of your baby.

If you have any questions, please call the outbreak communication and consultation hotline of Taiwan Centers for Disease Control at 1922, which will provide consultation services. Or visit the Taiwan Centers for Disease Control's website.

Taiwan Centers for  
Disease Control



# Keep bad influences away from babies



## I. Smoke

According to research by the International Agency for Research on Cancer of WHO, cigarette smoke and secondhand smoke are level 1 carcinogens. Pregnant women who smoke or inhale secondhand smoke tend to have a high concentration of nicotine or nicotine metabolites such as cotinine in their bodies. These substances can pose negative effects to the baby's nervous and digestive systems as well as vision to a varying degree, and increase the risk of miscarriage, congenital deformity, premature birth and low birth weight. These children will also be at higher risk of leukemia when they grow up.

Exposure to secondhand smoke for mothers who breastfeed will allow harmful substances such as cotinine to enter the mother's body and create odors that might make the baby lose interest in the breast milk. In addition, these substances will also cause abnormal hormone secretion which leads to insufficient lactation. In addition, there is a threat of third-hand smoke. Studies have confirmed that the toxic substances produced by tobacco smoke remain in the environment in high concentrations. These particles form an adhesive layer on the surface of furniture and objects that disperse into the air over time. Even when smokers are not smoking in the presence of their children, third-hand toxic particles remain over time, causing cognitive deficits in children and increasing the risk of asthma, acute otitis media, and leukemia.

### For the sake of the baby, the expectant parents have to quit smoking.

For expectant parents who want to know more about the harmful effects of smoking or information that can help quit smoking, information on smoking cessation is available at hospitals. You may also utilize services such as the smoking cessation hotline and appointments. (Free smokers' helpline: 0800-63-63-63)

#### Smoking Cessation Consultation



### Smoking cessation information

- (1) The second generation and updated smoking cessation!
  - Free smoking cessation counseling hotline: 0800-636363
- (2) There are more than 3,000 smoking cessation service contracted hospitals or pharmacies in Taiwan
  - Hotline: 02-2351-0120
- (3) Receive smoking cessation counseling or service at departments of health (/ public health centers) in each city and county and get a free smoking cessation handbook.
- (4) Download smoking cessation instruction handbook on the website of Health 99.

#### Website of Health 99



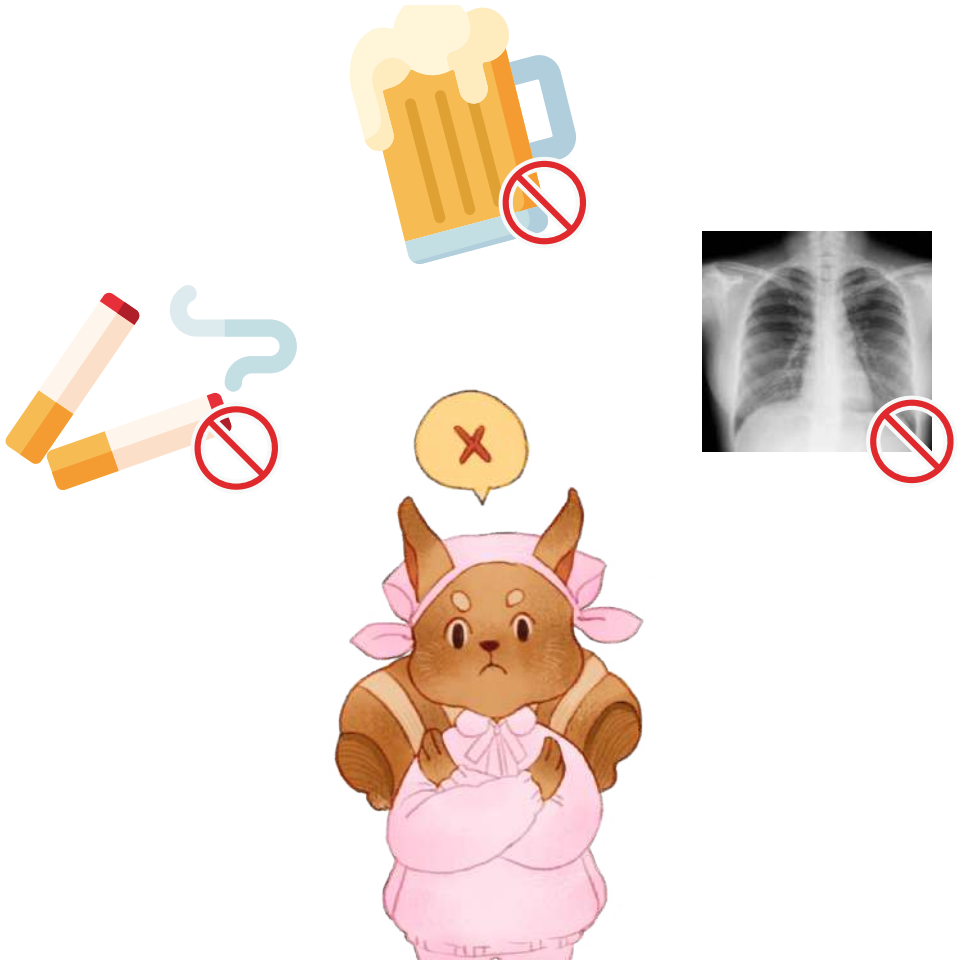


## II. Alcohol

During pregnancy, any amount of alcohol consumption may pose a health risk. It may cause miscarriage, placental abruption and stillbirth. It may also affect fetal growth. The baby may be born with health issues about “fetal alcohol syndrome” such as facial abnormalities (small eyes, flat nose bridge and facial deformity), growth retardation for weight and height, and central nervous system abnormalities (microcephaly, intellectual disability, and neurobehavioral impairment).

## III. Avoid excessive X-ray exposure

Pregnant women should avoid being x-rayed to minimize the risk of fetal anomalies. The X-ray exams should be performed under the doctor's instructions when necessary (e.g. coughing over 2 weeks will need to be checked for tuberculosis or other diseases related to lung)



IV. Precautions for pregnant women using medication

- 1. If you plan on getting pregnant soon, please consult a doctor or pharmacist before taking any medication.
- 2. If you take any medication, including prescription or over the counter drugs or dietary supplements when you are or might be pregnant or if you are not using contraceptive methods and may have gotten pregnant, please tell your doctor or pharmacist.
- 3. Medications commonly used during pregnancy are classified as follows:

Category	Definition
A	Controlled clinical trials in pregnant women have not been able to confirm any risks to the fetus during the first trimester or at the later stage of the pregnancy or the possibility of its harm to the fetus.
B	Animal experiments have not shown that the fetus is at risk. There is a lack of evidence from controlled clinical trials in pregnant women. Or, animal experiments have shown that the fetus has adverse reactions. Controlled clinical trials in pregnant women are not able to confirm its risk to the fetus.
C	Animal experiments have shown its teratogenicity or its harm to embryos. There is no controlled clinical trial in pregnant women; or, there is a lack of evidence in both controlled clinical trials in pregnant women and animal experiments.
D	It is confirmed that it is harmful to human fetus. Under certain circumstances (such as a fatal condition or being unable to take safer drugs in severe diseases or the drugs are ineffective), however, it shall not be conducted unless the benefits outweigh the risks.
X	When animal and human experiments and/or clinical experience confirm that it may lead to fetal anomaly, then the risks outweigh the benefits.

※Note: Drugs of grade A and B are probably safe to take during pregnancy. Taking drugs of grade C and D depends on particular cases. Consult the physician or pharmacist for professional opinions when there is a need of medication during pregnancy.

- 4. Women should consult the doctors before taking vitamin or other nutrition supplements during pregnancy to avoid harm to the babies due to overdose.



## V. Precautions for pregnant women using makeup

1. Avoid dyeing or perming your hair.
2. When you have acne, the makeup and skincare routine should be simplified as much as possible and can be supplemented with appropriate external anti-acne products under the guidance of your doctor.
3. Try not to use makeup or skin care with intense colors, strong fragrance or complicated ingredients during pregnancy. A study by the National Health Research Institutes finds that these cosmetic products may contain plasticizers, which can be endocrine disruptors and increase the risk of allergic reactions in babies.
4. It is easy for women to have spots on the face during pregnancy. The original spots will also darken. At this time, use physical sunscreen that are appropriate for you. The three-in-one anti-spot cream medicine (A acid + hydroquinone + steroid) is not suitable for use during pregnancy.
5. During pregnancy, it is easy for the skin to get dry and itchy and rashes may occur. Besides wearing breathable loose clothes, staying in cool places and applying only mild shower products. You should also go to a dermatologist as soon as possible if conditions are severe.
6. Women can use products that contain alpha hydroxyl acid and salicylic acid during pregnancy. However, chemical peels with high concentration are not recommended. During pregnancy, it is suggested to avoid performing any non-emergency tongue art treatment (laser, pulse light, radio waves skin lift or electrical import) or plastic surgery (including micro ones).
7. Mothers with keloid should discuss their conditions with doctors before giving birth so that the doctors may choose appropriate approach to avoid visible scars.

(Source of materials: Taiwan Food and Drug Administration)

## VI. Do not take drugs

If an expectant mother takes drugs, the drugs will be transferred into the baby via maternal placenta. Thus, the baby will be taking drugs indirectly. This leads to “neonatal abstinence syndrome,” increasing risks of epileptic seizures, low birth weight, respiratory conditions and even death. It will also cause development defects, including learning disability, failing to concentrate and behavior problems.

We need to remind those expectant mothers who have not stopped drug abuse that they should go to a drug addiction cessation and treatment agency designated by the Ministry of Health and Welfare (could be found in the website of the Ministry of Health and Welfare ([www.mohw.gov.tw](http://www.mohw.gov.tw))/ information and service zone / department of mental and oral health/ addiction treatment / designated agency for drug addiction cessation and treatment) for treatment and to stop taking drugs.

Ministry of Health  
and Welfare



**Boys and girls are gift for the parents and are equally precious.**



### **Female can pass down the family name, too!**

1. When women get married, they can keep their maiden name and do not need to assume their husband's family name.
2. Parents may decide whether the children take the paternal or maternal family name with written agreement.
3. Women and men share equal rights when it comes to inheritance. The entitled portion is equal for both genders as well.
4. The Act for Ancestor Worship Guild became effective on July 1, 2008. The regulations stipulate that the custom of limiting inheritance privileges to males only is abandoned, which exemplifies gender equality.
5. Women are also family members and inherit the same blood. In funeral ceremonies, women can also serve as the funeral host or be responsible for ceremonies such as bucket holding (the memorial tablet), holding a flag, and holding an umbrella.

### **A child's future achievements have nothing to do with gender.**

1. "Gender Equity Education Act": The Act gives both women and men equal rights to receive education.
2. "Act of Gender Equality in Employment": The Act guarantees equal opportunity for employment for women and eliminates gender discrimination.
3. More women have participated in the labor force with a higher ratio of professional technical staff as well managerial staff and managers. Ratios of female members of congress, public opinion representatives as well as public servants entering decision levels have been elevated at the same time.

**In order to help more fetuses to be born safely, don't give up them because of their gender, please protect them together!**

If you find an illegal incidence of gender testing and selection, please call the Sex Ratio of Births hotline of the Health Promotion Administration, Ministry of Health and Welfare: 0800-870870.



Premature birth is when a baby is born over 20 weeks and less than 37 weeks of pregnancy. It is not easy to take care of premature babies, which is one of the leading causes in the death of newborn babies. 50% of the causes of premature babies are unknown. The known risk factors include:

Living habits	Pre-pregnancy conditions	During pregnancy
Malnourished	Child-bearing age of under 18 or over 40	Infection or fever
Smoking and drinking	Unmarried pregnancy	Bacteriuria, cold
Use addictive substance	Underweight before pregnancy	Multiple births
Overwork and fatigue	Short time period between pregnancies	Placenta previa
Poor personal hygiene	Had premature birth, early contractions or miscarriage during the first and second trimesters	Pre-eclampsia and hypertension
Anxiety	Had pyelonephritis	Placental abruption
	Cervical incompetence with the previous birth	Premature rupture of membranes
	Had poor obstetric medical history	Polyhydramnios or oligohydramnios
	Had surgery on the uterus (such as an abortion, etc.)	Uterine malformation
	Anemia or other internal diseases, etc.	Bleeding after week 12 of pregnancy
		Abdominal surgery
		Physical or emotional trauma
		Chromosomal abnormalities or congenital malformation
		Periodontal disease

These factors can be improved prior to being pregnant. Pay more attention during pregnancy to prevent premature birth.

If the following symptoms occur, which could be signs of premature birth, go to the hospital as soon as possible to reduce risk of premature birth.

Signs of premature birth

- There are over 6 uterine contractions within an hour, or once every 10 to 15 minutes, and the condition does not improve after 30 minutes of rest. The contractions do not necessarily cause pain, but the abdomen would get hard and there is a sensation of something falling.
- Feeling like the cramps with menstrual cycle or the bloating before the cycle starts.
- There is pressure in the uterus and vagina, a sense of something falling or pressing the vagina.
- Lower back pain that cannot be alleviated by any other methods.
- Continuous diarrhea or abdominal cramps.
- Increase the secretion of vaginal water, mucus or blood.
- The feeling that fetal movements have decreased by 50% comparing to normal circumstance.

If any of the above symptoms occur, you will probably become a high risk pregnant woman. Please inform your doctor about the condition in order to help with the diagnosis to safeguard your safety and that of your baby.

If there is any emergency during your pregnancy, seek medical attention at a high-risk maternal and neonatal care, moderate-to-severe emergency hospital.

About the welfare related to premature infants, please visit and search on the Premature Baby Foundation of Taiwan.





# DIY health care for expectant mothers



## Clothes

- Choose loose and absorbent clothing to keep the body comfortable and clean.
- Wear low heeled and slip resistant shoes to prevent falls.
- Wear a bra to support and protect the breasts.

## Rest and sleep

- Sleep at least 8 hours daily with a 30-minute nap during noon.
- Pay attention to the physical and mental conditions during the day and take short breaks.
- It is better to sleep sideways toward the final stage of pregnancy. Prop the feet up high when resting to increase blood circulation for the lower limbs and reduce swelling.

## Action

- Avoid climbing, lifting weights or anything heavy.
- Housework is acceptable, but do not over do it.
- Moderate exercise is important. Expectant mothers may also do prenatal exercise according to medical staff's evaluation and advice.

## Sex life

- Generally there is no need to avoid sexual activity. However, those who have a history of premature birth or miscarriage symptoms are advised to avoid sex during the first three months and the final two months.
- If there is a cervical incompetence, a placenta previa or vaginal bleeding and labor pains before full-term, it shall be prohibited.
- During sexual behaviors, if the pregnant woman shows a strong uterine contraction, abnormal bleeding, severe abdominal pain, etc., the couple should stop having sex and go to see a doctor immediately.
- Sexual partner who had a history of traveling in areas where Zika virus infection is endemic should use condoms for all sexual activity during pregnancy.

## Excretion

- It is better to have daily bowel movement.
- Do not hold the urine. Go as necessary and do not decrease water intake.
- Eat more vegetables and fruits and drink more water to have smooth excretion.

## Oral hygiene

- It is recommended that women should receive all dental treatments prior to getting pregnant. Develop good oral hygiene during pregnancy, including : brush the teeth before bed and at least twice daily; use fluoride toothpaste; eat less desserts and rinse the mouth often to minimize harm to the teeth. You can take regular dental check-up with your health card at a dental hospital. Use dental floss (toothpick) or inter-dental brush at least once a day to clean the gaps between teeth. Do not share toothbrushes. Be sure to go to a dentist if there is any discomfort.
- Pregnancy can aggravate caries and periodontal disease. It is recommended that prenatal visits to dental clinics be made every 3 months for scaling and root planing.

## Shower and bath

- Avoid hot baths and hot springs during pregnancy.
- Take showers instead of baths, especially during the last 2 months.
- Vaginal secretion will increase, so keep the perineum clean and dry.

## Environmental and work exposure

Risks from the workplace might affect the baby's health. Therefore, pregnant women should understand how to prevent danger at work place. When there is a possibility of being exposed to dangerous substance or operation at work, please contact the labor health service medical staff provided by the business unit according to law. If the business unit does not need to deploy labor health service medical staff according to law, you can contact the labor health service centers in various districts entrusted by the Occupational Safety and Health Administration, MOL for assistance (tel.: 0800068580).

**Labor  
Health Care  
Information  
Platform**



## Travel

- If you are planning on traveling domestically or abroad, please inform your doctor. As traveling during pregnancy can be problematic, be aware of the medical care services at your destination and transit areas in advance.
- Travel to areas where Zika is endemic or other endemic areas that affect maternal and fetal safety should be postponed if unnecessary. If you must go, please take anti-mosquito measures.

### Can I travel by air during pregnancy?

The low humidity on an airplane can cause blood to concentrate, and the physiological dilatation of the veins during pregnancy and the effect of lutein can increase the risk of thrombosis. Sitting on an airplane for long periods of time can also cause venous thrombosis and premature delivery in pregnant women who have lower extremity edema and fetal pressure on the abdominal veins.

In addition, with the low cabin pressure that comes with flying, there is an increased cardiopulmonary regulation load that may pose a risk to pregnant women with heart disease, severe anemia, or other high-risk pregnancies!

The strain of flying can also lead to miscarriages and premature births, and the inability to provide a good medical environment on board can make it dangerous in the event of water breaking or emergency labor. It is clinically recommended not to fly during the third trimester.

### Recommendation:

1. Avoid long-haul air travel if you have symptoms such as abnormal bleeding or abdominal cramps.
2. If you plan to travel abroad, inform your physician and follow his or her advice.
3. It's better to have family members or friends to accompany with you. If you are not feeling well or need to lift something heavy, there should be someone to help you.
4. Avoid holding the same posture for a long time during the flight, which may cause poor blood circulation. Be active to maintain proper circulation.
5. Before planning a trip during pregnancy, try to find out about health care services of your destination and avoid visiting places with poor hygiene.
6. Please consult the maternity care website for information on travel tips during pregnancy, or call the national toll-free maternal care hotline 0800-870870 (Health Promotion Administration).
7. For information on travel in infected areas, please consult the global information website of CDC, or call the national toll-free epidemic prevention hotline 1922 (or 0800-001922).

Maternity Care  
Website



Website of CDC



# Be a comfortable expectant mother



**There are physical and psychological changes during pregnancy. How can expectant mothers deal with some uncomfortable symptoms?**

## Heartburn

**Cause:** Relaxation of esophageal sphincter leads to acid reflux.

How to deal with it:

- Eat small, frequent meals to avoid eating too fast or too much at one time.
- Avoid sweets and oily, indigestible or fried foods.
- After eating, it is advisable to lie semi-sitting down instead of lying down immediately.
- In severe cases, you may be advised by your doctor to take antacids and anti-emetic drugs.

## Nausea and vomiting

**Cause:** Hormone changes, metabolic changes, emotional factors or empty stomach.

How to deal with it:

- After waking up and before getting off bed, eat some saltine crackers, toast or cereals first.
- Try not to eat soup or drink water when you're full during meals.
- Eat frequently with smaller portions. Do not let the stomach go empty and get hungry. Replenish with some food between meals.
- Avoid food that are oily, not easy to digest or with heavy seasoning.
- If vomiting occurs with morning sickness, rinse the mouth with water to get rid of the taste. You may drink some water to wash the gastric acid to reduce the chance of esophageal burns.

## Constipation

**Cause:** 1. Not enough food or exercise, which slows down the gastrointestinal motility and causes a lack of dietary fiber.  
 2. The enlarged uterus make the small intestine shift suppress the rectum.  
 3. Due to iron supplement

How to deal with it:

- Drink enough water (about 2,000 cc a day).
- Get adequate exercise. Walk in the morning and evening.
- Eat fibrous vegetables, fruits and whole wheat.
- Get into the habit of having daily bowel movement.
- Take stool softener prescribed by doctor if necessary. Do not take over-the-counter medication on your own.

## Hemorrhoids

**Cause :** Constipation, diarrhea or using strength which increase intravenous pressure or blocked intravenous circulation because of pressure from the enlarged uterus

How to deal with it:

- Develop the habit of regular bowel movement and avoid constipation. Avoid squatting while using force, long period of sitting or standing.
- Take warm sit bath.
- When the pain is severe, see a doctor, use medication for stool softeners or analgesic ointment.
- Ingest whole grains, fresh fruits and vegetables and drink plenty of water at all meals to prevent constipation.

## Bleeding

**Cause :** It may be related to miscarriage, premature birth and the position of placenta.

How to deal with it:

- Bleeding and coagulopathy during pregnancy could cause serious problems, including miscarriage.  
 If expectant mothers are experiencing bleeding or coagulopathy, please tell your doctor.



## Increase in vaginal secretion

**Cause :** Increased cervical secretion under the influence of hormones in the body

How to deal with it:

- Pay attention to sanitation. Shower daily and do not use any disinfectant to clean the vulva.
- After using the toilet, wipe from the vaginal area toward the anus. Do not wipe in back and forth motions to avoid infection.
- Do not wear pantyhose or tight clothing.
- It is better to wear cotton underwear. Replace immediately when they are wet. Do not use pads that are stuffy and damp and do not allow the air to go through.
- Please go to a doctor if there is excessive secretion as well as itchiness, burning sensation or odor.

## Frequent urination

**Cause :** The enlarged uterus suppresses the bladder or psychological reasons.

How to deal with it:

- Urinate immediately when you feel like going.
- Drink more liquid during the day. In order to decrease the frequency of urination, you may reduce liquid intake after dinner.

## Back pain

**Cause :** Poor postures and enlargement of the uterus which increase the curvature of waist vertebrae and hormonal change during pregnancy which softens and loosens the joints.

How to deal with it:

- Maintain proper posture. Keep the back straight and do not slouch.
- Try not to carry anything heavy, stand or sit for a long period of time or get too tired.
- The lower back should be supported when sitting.
- Use a maternity support belt to support the belly and lighten the load on the back.
- Massage the waist or back to increase blood circulation.

### Cramps, edema on the lower limbs and varicose veins

**Cause :** Decreased blood return to the lower extremities due to increased pressure in the pelvic cavity.

How to deal with it:

- Keep the lower limbs warm.
- Increase intake on calcium rich foods, such as dairy products, green vegetables, soybeans and its products, dried beans and dry fish.
- When having cramps, try to straighten the legs. Massage the bottom of the feet and push toward the calf with hands.
- The legs may be propped high to improve blood circulation while resting.

### Tooth decay, gingivitis, gingival hyperplasia during pregnancy, worsening of periodontal disease

**Cause :** Fluctuation of hormones, obvious increase of meal frequency, preference for acidic food in the early stages of pregnancy, frequent nausea and spitting acid fluid

How to deal with it:

- Keep good oral hygiene.
- Take regular dental check-up (remove tooth calculus from pregnant women).
- Ingest plenty of fresh fruits and vegetables to get enough vitamin C to protect healthy gums.
- The Ministry of Health and Welfare provides scaling services (including calculus removal, plaque detection, debridement instruction, newborn oral care and hygiene instruction, etc.) to women every 90 days during pregnancy.
- Please refer to “Oral Care for Pregnant Women” booklet.

#### Oral Care for Pregnant Women



# Achieve health through diet



## Diet and weight gain guidelines for pregnant women

Nutrition during pregnancy not only affects the health of the mother but also that of the fetus. If you have questions about energy and nutrient intake, it is recommended that you consult a qualified dietitian for further nutritional assessment and counseling in order to get the most suitable advice on improvement of your diet.

### Standard weight

During pregnancy, pregnant women should adjust their weight according to their pre-pregnancy weight to gain 10-14 kg, and be careful how quickly they gain weight. It is unsuitable for weight loss during pregnancy. Please refer to the table below for guidelines on weight gain during pregnancy.

### Guidelines on weight gain during pregnancy

Pre-pregnancy BMI in women with singletons	Recommended weight increase (kg)	Weight increased in the second and third trimester (kg/week)
<18.5	12.5~18	0.5
18.5 ~ 24.9	11.5~16	0.5
25.0 ~ 29.9	7~11.5	0.3
>30.0	5~9	0.25

Pre-pregnancy BMI in women with twins	Recommended weight increase (kg)
18.5 ~ 24.9	16.8~24.5
25.0 ~ 29.9	14.1~22.7
>30.0	11.4~19.1

BMI= weight (kg)/height<sup>2</sup> (m<sup>2</sup>)

Source: The Institute of Medicine, IOM

## Calories

- Start from the second trimester, the calories intake should increase by 300 kcal daily. However, the total daily calories for each person should be adjusted according to the pregnant woman's age, amount of exercise, health condition before pregnancy and weight gain.
- Women who are breastfeeding should increase calorie intake by 500 kcal daily.

## Proteins

- Start from the first trimester, it is suggested to intake 10 additional grams of protein daily for the development of the fetus. More than half of the sources of protein come from high biological value proteins, including dairy products, soy milk, tofu, dried tofu and other soy products, fish, meat, eggs, etc.
- Women who are breastfeeding should increase protein intake by 15 grams daily, half of the sources of protein should come from high biological value proteins.
- Pregnant women and nursing mothers may be more sensitive to some of the heavy metals (e.g. methyl mercury..., etc.), so for large carnivorous fish (e.g. shark, sword fish, albacore, oil fish..., etc.) with high concentrations of heavy metals, it is recommended to reduce intake. However, it is possible to obtain the necessary nutrients and spread the risk by taking moderate amounts of other small fish.

### Fish intake guidance



For the fish intake guidance, please consult the FDA.

Pregnant women are more prone to constipation. To prevent constipation, it is recommended to choose whole grain oatmeal as the staple food and eat plenty of vegetables and fruits to obtain sufficient dietary fiber.

During pregnancy/breastfeeding, the demand for many vitamins and minerals increases, and the intake should be at a level that meets the National Dietary Reference Intakes. Pregnant women should eat a balanced diet of the six major food groups, with plenty of dark green vegetables, whole grains and grains from natural food sources. Instead of choosing a single nutrient or mineral supplement, it is recommended that you eat a balanced diet with a focus on natural food sources. If you have any questions about diet and nutrition, it is recommended to consult a dietitian for a dietary assessment to understand individualized recommendations for improving your diet, or supplement with nutritional supplements specially formulated for pregnant women under the guidance of a doctor's prescription.

## Minerals

### Iron

Pregnant women need extra iron. It is recommended to take 15mg daily during the first and the second trimester, and increase the intake to 45mg a day with supplements during the third trimester and the lactating period. In addition to supplying iron for the needs of pregnant women and the fetus, the iron gets stored in the fetus in large amounts for his/her use within the first 6 months after birth. Iron deficiency during pregnancy may adversely affect fetal brain and mental symptoms. Iron-rich foods include: seafood (clam, octopus, oysters), liver, red meat, and dark green vegetables (amaranth, sweet peas, edible gynura, etc.).

### Iodine

During pregnancy, a severe iodine deficiency will influence baby's brain development, leading to neonatal growth retardation and neurodevelopmental insufficiency or even increasing the chances of infant mortality. It is recommended for pregnant women that the intake of iodine should be 225 mg a day, 250 mg a day for breastfeeding women. It is recommended to use iodized salt and take moderate amount of food rich in iodine, such as kelp and seaweed.

Please refer to the "Iodine Nutrition Booklet" published by the Health Promotion Administration for further health information about iodine:

#### Iodine Nutrition Booklet



### Calcium

Pregnant women and breastfeeding women should take adequate calcium, which is suggested to be 1,000 mg daily in order to meet the needs of the growth of fetus/infant and the mother. Calcium-rich foods include: milk, dairy products, high calcium soy products (such as: traditional tofu, dried tofu), and dark green vegetables, etc.

### Sodium

Sodium intake should be limited if women experience symptoms such as high blood pressure or edema during pregnancy.

Note : The mineral intake should reach the DRIs in our country and not exceed the maximum in DRIs.

## Vitamins

The intake of most vitamins need to be increased during pregnancy and breastfeeding.

### Folic acid

The annual average incidence of neural tube defects in infants and children was about of 0.07%. According to U.S. empirical studies, it is proven that sufficient folic acid intake during pregnancy can reduce the occurrence of congenital neural tube defects in the brain and spinal cord of the fetus by 50-70%. According to the dietary reference intake (DRIs), women of gestational age should take 400  $\mu\text{g}/\text{d}$  folic acid. Those who are preparing for pregnancy should take 600  $\mu\text{g}/\text{d}$  starting from one month before pregnancy and keep it during gestation; breastfeeding women should take 500  $\mu\text{g}/\text{d}$ .

Many different types of food are abundant sources of folic acids, such as green vegetables, liver, soy products, and fruit (such as citrus). It is better to get folic acid from natural food products. If the daily diet cannot supply sufficient amounts of folic acid, take folic acid supplements as prescribed by the doctor. For pregnant women who have given birth to children with neural tube defects or who have diabetes, a supplement of 4mg/d of folic acid is recommended.

### Vitamin D

The recommended daily intake is 10  $\mu\text{g}$ , which is mainly produced through sun exposure on the skin, so it is recommended to expose the face, arms and other parts of the body to moderate sun and eat more foods rich in vitamin D, such as fish, eggs, vitamin D-fortified dairy products or milk powder, etc.

### Vitamin B12

When maternal vitamin B12 is deficient or inappropriate, it may cause neural tube defects in the fetus. Foods rich in vitamin B12 are mainly foods from animal sources, with liver, meat, milk and eggs being the most abundant. For the vegetarian, special attention should be paid to the vitamin B12 intake. It is recommended that pregnant women who are vegetarian consume more foods such as seaweed, red moss, nutritional yeast fortified with vitamin B12, etc. to obtain vitamin B12, and discuss with their doctor about the timing of having vitamin B12 supplements.



- Keep a balanced diet. Women who are pregnant or breastfeeding should avoid or reduce the intake of the following food:
  - (1) Cigarette, alcohol, coffee and tea
  - (2) Food with high fat content, such as fat and fried food
  - (3) Smoked food such as preserved meat, salted egg and fish, ham and fermented bean curd
  - (4) Empty calorie diet such as candy, coke and pop, etc.
- If women experience nausea and vomiting in the beginning of the pregnancy, try to eat in small portions with multiple meals, choose low fat and non-irritating food. After getting up in the morning, eat small amounts of whole grains, such as crackers and buns, to help with the morning sickness. Toward the end of the pregnancy, try not to eat too much carbohydrates and fat, which may lead to the increase in body fat.
- Avoid Chinese medicine with unknown resources without a legal Chinese doctor confirming the dosage and treatment.

(Source of materials: Health Promotion Administration, Taiwan Dietitian Association, and Nutrition Society of Taiwan)

For information on healthy eating during pregnancy and lactation, please refer to the Maternal Nutrition Booklet published by the Health Promotion Administration.

Maternal Nutrition  
Booklet





An important source of nutrition	
Nutrition	Source
Protein	Meat, fish, beans and soy products, eggs, dairy products
Magnesium	Whole grains, nuts, green vegetables
Iodine	Iodized table salt, kelp
Zinc	Eggs, walnuts, seafood, whole grains
Calcium	Milk, cheese, beans and soy products, dried fish
Iron	Liver, seaweed, fish, egg yolks, red meat, whole grains, dark green vegetables
Vitamin A	Whole milk, cheese, fish oil, dark yellow vegetables and fruits
Vitamin D	Milk with additional Vitamin D, fish, egg yolks
Vitamin E	egg yolks, peanuts, vegetable oil, vegetables, dried fruit, whole grains
Vitamin B1	Brown rice, whole grains, nuts, beans, pork
Vitamin B2	Yeast, whole grains, green vegetables, milk, eggs
Vitamin B6	Whole grains, fish, meat, fruits, dried fruits, vegetables
Vitamin B12	Meat, fish, milk, eggs, soybean paste, yeast candy, yeast powder
Vitamin C	Fruits such as guava, citrus, tomatoes, vegetables
Folic acid	Dark green vegetables, liver, soybean products, and citrus fruit
Niacin	Meat, fish, whole grains, kernels, beans
Dietary Fiber	Whole grains, vegetables, fruits, dried beans, kernels, seeds

(Source of materials: Maternal Nutrition Booklet published by the Health Promotion Administration)

# Health issues for expectant mothers



## Prevention of viral infections in newborns

Pregnant women who suffered from suspected symptoms of viral infection including a fever, upper respiratory tract infection symptoms, diarrhea, rib muscle pain, myocarditis, etc. before or after delivery could infect their newborns during delivery or by postnatal contacting. Before contacting their babies, new mothers should pay more attention to preventative measures of infections including wearing masks and washing hands more frequently to reduce the chances of infecting their newborns.

When being infected, newborns may suffer from symptoms including fever, anorexia, vomiting, diarrhea, irritability, pale face, rapid heartbeat, decreased activity, hypersomnia, rapid and shallow breathing, cyanosis, systemic hemorrhagic spots, bruising, jaundice, tetany, etc., which can be fatal. Caregivers should observe carefully and go to the doctor's as soon as possible when symptoms mentioned above occurred.



## Prevention of enterovirus infection in newborns

Symptoms of enterovirus infection in newborns range from fever to hepatitis, myocarditis, encephalitis, and sepsis, and can be life-threatening in severe cases. Enterovirus infection in newborns can occur during the prenatal, delivery or postnatal period, so expectant mothers should be aware of the following concerns:

- Develop good personal hygiene, wash hands properly and frequently, avoid going to crowded public places and contacting enterovirus patients.
- Inform your doctor if you have fever, upper respiratory tract infection, diarrhea, or rib muscle pain (pain in the muscles of the rib area) 14 days before childbirth to before and after childbirth.
- Avoid unnecessary visitors before and after delivery, and avoid contacting with your newborn if you are unwell.
- Newborns with fever, decreased mobility and decreased milk intake should be sent to the doctor as soon as possible.



Complications during pregnancy

Getting to know about gestational diabetes

Pregnant women with gestational diabetes can be divided into two types:

- 1. The first type has a known diabetes condition before getting pregnant (including type I and type II diabetes).
- 2. Another one is called “gestational diabetes”, which refers to women who did not have any signs of diabetes until the pregnancy or are tested positive during diabetes screening with the abnormality confirmed through “glucose tolerance test.”

During pregnancy, the blood sugar of pregnant women supplies the growth of the fetus through the placenta. When the blood sugar of pregnant women with gestational diabetes is not well controlled, excessive blood sugar will increase the risk of giant babies, neonatal hypoglycemia, neonatal jaundice, and shoulder dystocia. In addition to increasing the chance of caesarean section for pregnant women, half of women will develop diabetes after many years. Pregnant women with family history, advanced age, obesity, previous stillbirth, fetal malformation, large fetus found in obstetric examination, polyhydramnios and other symptoms are high risk groups of gestational diabetes.

**A diagnosis of gestational diabetes can be made when one value is higher than the standard.**

Time (hours)	75gOGTT
Fasting	≥92mg/dl
1	≥180mg/dl
2	≥153mg/dl

Patients with diabetes before pregnancy should continue or switch to use insulin to control blood sugar after pregnancy, and cooperate with doctors and nutritionists. For pregnant women diagnosed with gestational diabetes , the National Health Insurance Administration currently provides blood glucose test strips from 28 weeks until delivery. Daily blood glucose should be controlled at 60~95mg/dl on an empty stomach, 60~140mg/dl one hour after a meal, and 60~120mg/dl two hours after a meal. Regular blood glucose monitoring during pregnancy is necessary. It can reduce the occurrence of hypoglycemia, and good blood glucose monitoring can significantly improve perinatal complications, such as neonatal hypoglycemia, neonatal excessive birth weight, etc.



**Usually, blood sugar level can be maintained within the normal range through diet control and exercise.**



### Suggestions for dietary control:

1. Make an overall calorie intake plan based on your pre-pregnancy BMI, and adjust your calorie intake based on your weight gain during pregnancy and your daily blood sugar level. It is recommended that you negotiate a diet plan with a nutritionist to develop regular and quantitative eating habits.
2. Eat a balanced diet, and consume appropriate amounts of staple foods, fruits, oils, milk, meat, fish, eggs, and beans according to the diet plan.
3. Eat less fried food.
4. Eat more fiber-rich foods, vegetables and whole grains.
5. Eat as light as possible and avoid processed or pickled food; cooking food should be steamed, boiled, salad, etc.

### Exercise suggestions:

At least 5 days a week, 30 minutes a day or at least 150 minutes a week of moderate-intensity aerobic exercise (e.g. walking, swimming, etc.), which can be interspersed with intermittent rest. While exercising, it is the principle to maintain slight panting, no thirst, and no heat.

If the blood sugar level still fails to reach the normal range after diet control and exercise, insulin injection or oral hypoglycemic drugs should be used to assist. You can be discussed further with an obstetrician or endocrinologist.





## Getting to know anemia during pregnancy

Nearly 10 to 20 percent of pregnant women in Taiwan are anemic during the initial prenatal check-up, and as high as 30 to 40 percent during childbirth. Anemia during pregnancy may cause the fetus to be too small, premature birth, increase perinatal mortality, or cause developmental delay, lack of attention, intellectual disability and other problems. It may also increase the heart and lung burden of pregnant women, cause dizziness, fainting, poor wound healing, poor uterine contractions, dystocia, postpartum depression, etc., and make pregnant women with postpartum hemorrhage more dangerous, so pregnant women and medical care providers should pay special attention to this.

Pregnant women need extra iron. It is recommended to take 15mg daily during the first and the second trimester, and increases the intake to 45mg a day with supplements during the third trimester and the lactating period. Also, take 0.6mg folic acid a day to prevent anemia. In addition to supplying iron for the needs of pregnant women and the fetus, the iron gets stored in the fetus in large amounts for his/her use within the first 6 months after birth. Iron deficiency during pregnancy may adversely affect fetal brain and mental symptoms. It's recommended to consume more food with rich iron. (Please refer to page 36, "An important source of nutrition.")

If the hemoglobin tested is less than 10.5g/dL, it means anemia. For patients with mild anemia, most of them should first supplement iron and evaluate its efficacy. If there is no good response after treatment, further treatment or examination is required to improve the cause of adverse reactions or find out the symptoms, such as intestinal absorption problems (poor absorption of oral drugs or taking together with antacids, resulting in poor absorption), inability to take regular drugs or chronic bleeding in other parts. If pregnant women cannot use oral iron supplement, intravenous iron may also be considered. Severe anemia (hemoglobin <6g/dL) will lead to insufficient fetal oxygen delivery, resulting in fetal distress, decreased amniotic fluid volume, and even fetal death. For this situation, emergency blood transfusion is recommended. During pregnancy and postpartum, the anemia status and curative effect should be continuously tracked, and effective treatment should be continued until 6 to 12 weeks postpartum.

### Small tips to prevent anemia during pregnancy



#### Folic acid supplementation before pregnancy

It is recommended that the daily intake of folic acid should reach 400 micrograms (μg). Women who are planning to become pregnant can start to pay attention to folic acid supplements 3 months before pregnancy.



#### Ingest iron-rich foods

The recommended daily intake of iron is 15 milligrams (mg), with vitamin C-rich fruits within 2 hours after meals to help iron absorption.



#### Vitamin B12 is important

It is recommended that the daily intake of vitamin B12 should reach 2.4 micrograms (μg). Vegans are advised to supplement vitamin B12 under the guidance of a doctor.



#### Protein is essential

Each meal should be accompanied by protein foods to provide enough hematopoietic elements.

## Pregnancy-induced hypertension

Hypertensive disorders in pregnancy are one of the leading causes of maternal and perinatal mortality worldwide, with an incidence of approximately 2% to 8%. The followings are different types of pregnancy with hypertension:

<b>Gestational hypertension:</b>	Hypertension caused by pregnancy over 20 weeks (systolic pressure $\geq 140\text{mmHg}$ or diastolic pressure $\geq 90\text{mmHg}$ ) with no albuminuria. It will return to normal within 12 weeks after delivery.
<b>Pre-eclampsia</b> (also known as toxemia of pregnancy)	This refers to hypertension which occurs after 20 weeks of pregnancy with albuminuria.
<b>Eclampsia</b>	Preeclampsia with epilepsy
<b>Chronic hypertension</b>	Hypertension which already occurs prior to pregnancy or within the first 20 weeks of pregnancy.

Pregnancy with hypertension may endanger the health of the mother and the fetus. Severe preeclampsia may increase related risk of maternal cerebral hemorrhage, cardiovascular failure, disseminated coagulopathy, respiratory distress, pulmonary edema, renal failure, sepsis, hepatic infarction disease, and hypoxic encephalopathy. In addition, fetal effects of uteroplacental ischemia associated with gestational hypertension include fetal growth restriction, oligohydramnios, placental abruption, and unstable fetal heart rate status as indicated by prenatal monitoring, and an increased risk of fetal premature birth. Usually, attention should be paid to changes in blood pressure and fetal movement and avoid stress. At the same time, it should closely cooperate with doctor's orders and outpatient follow-up, and regularly evaluate the function of the placenta and the development of the fetus. Please pay attention to the input and output amount of food. Eat high protein diet and control intake of salt.

## Cardiovascular diseases

The cardiovascular risk associated with pregnancy and birth is not the same in different age groups and ethnic groups. People with cardiovascular risk factors such as hypertension, diabetes, hyperlipidemia, smoking, obesity, etc. before pregnancy should properly control these risk factors. Without good control, there is an increased risk of cardiovascular emergencies, preeclampsia, placental abruption, preterm birth, fetal growth retardation, or stillbirth during pregnancy. If there is no history of hypertension or diabetes before pregnancy but develop hypertension or diabetes during pregnancy, it may be improved after delivery. But the risk of hypertension and diabetes in the future will still be relatively high, and it will also increase the risk of cardiovascular disease. In these high-risk groups, in addition to complete prenatal examinations and early prevention of possible complications during pregnancy, it is recommended to discuss with a cardiologist during pregnancy to control related risk factors as soon as possible in order to reduce associated cardiovascular risk.

### Pregnancy can easily cause venous thromboembolism and pulmonary embolism.

The risk of thrombosis in pregnancy is 8 to 10 times that of non-pregnant women, especially in the postpartum period. According to the Annual Report of Childbirth Accident Relief, pulmonary embolism is one of the major causes of death among pregnant women in Taiwan. Common symptoms in the event of pulmonary embolism include asthma, chest pain, cough, and hemoptysis. Lower extremity embolism contain scattered swelling and pain, tenderness and redness. Severe blood clots can cause unexplained fainting or loss of consciousness or even death.

Therefore, prolonged sitting during pregnancy should be avoided, and if there is a history of venous thromboembolism, your obstetrician should be informed, and prophylactic anticoagulant therapy should be given. Obesity, elderly mothers, artificial reproductive patients, multiple births, smoking or long-term bed rest are high-risk patients. It is recommended to wear elastic stockings and get out of bed as soon as possible after delivery. For caesarean section patients, it is especially recommended to get out of bed within 24 hours after delivery to avoid long time in bed for thrombosis and serious complications.

Thrombosis is a relatively dangerous obstetric complication, but it is not impossible to prevent. Avoid prolonged sitting and lying during pregnancy, get out of bed as soon as possible after delivery, and high-risk patients should wear elastic stockings to reduce the risk of thrombosis.

### Epilepsy

The conditions of most female epilepsy patients can be controlled during pregnancy and remain stable. Some people rarely experience attacks, but there are also some that are hard to control. Therefore, tell your doctors about all seizures and medications in details. If an epilepsy attack occurs during pregnancy, the patient should be sent to the emergency room.

It is vital to control the seizures during pregnancy. You should take your medication regularly and never stop taking it on your own. Stopping the medication arbitrarily for fear of drug effects can be extremely dangerous, even more so than taking epilepsy drugs. Some epilepsy medication contain substance that will reduce vitamin K in the blood, which weaken the clotting mechanism. Therefore, take more vitamin K as you approach labor and the baby should take vitamin K supplement as well after birth.

### Asthma

Asthma is not a disease to be taken lightly. Expectant mothers cannot stop taking the medication without doctor's orders because of worries that the medication will affect the baby. The medication can only be adjusted after consulting your doctor.

The occurrence of asthma with pregnancy is 1 to 3%. The conditions of about 1/3 of asthma patients will grow worse during pregnancy. Please inform your doctor during prenatal test so that he or she can assist you with medical care. Of course, "staying away from the allergen (e.g. secondhand smoke, dust, animal dander, etc.)" is the most crucial principle.





### Prevention of Zika virus infection during pregnancy and in newborns

The main symptoms of Zika virus infection are fever, rash, arthralgia, arthritis, non-susceptible or congestive conjunctivitis, etc. It can be transmitted through vector mosquito bite, sexual behavior or vertical transmission from mother to child. Women infected with Zika virus during pregnancy are at risk of giving birth to newborns with neurological abnormalities such as microcephaly. Please note the following for expectant mothers:

- Travel to areas where Zika is endemic should be postponed if unnecessary. If you must go, please take anti-mosquito measures.
- After returning from an area where Zika virus infection is endemic, self-monitor your health for at least 2 weeks and seek medical attention as soon as possible if you develop any suspected symptoms and inform your physician of your travel history.
- Sexual partner who had a history of traveling in areas where Zika virus infection is endemic should use condoms for all sexual activity during pregnancy.
- Know that if pregnant women are diagnosed with Zika virus infection, fetal ultrasound screening should be performed regularly every 4 weeks to track the growth of the fetus.



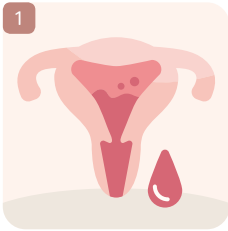
If a pregnant woman is infected with listeriosis or toxoplasmosis for the first time during pregnancy, both of the diseases can be transmitted from the placenta to the fetus, resulting in miscarriage, stillbirth, premature birth, congenital toxoplasmosis or invasive infection of Listeria. And the newborn might be infected vertically by Listeria during delivery. To avoid infection, expectant mothers should have good diet and hand hygiene and strengthen the concept of self-protection:

- Common principles for avoiding Listeria and Toxoplasma infections  
Avoid raw foods and shared cutting boards, and store raw and cooked foods separately to reduce the risk of cross-contamination. At the same time, wash your hands frequently, maintain hand hygiene, and treat wounds properly.
- Self-protection against Toxoplasma infection  
Wear gloves for safety protection when engaging in activities related to gardening, soil, pet feces, and cat litter disposal. Meanwhile, when petting your pet, please give it regular health checks if you love it.

**Yellow light is on!**  
Watch for danger signs.



If you experience any of the following symptoms during pregnancy, you should seek medical attention immediately!



1 Vaginal bleeding (regardless of the amount)



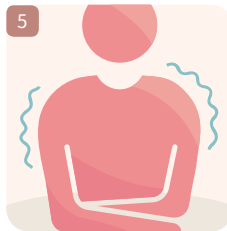
2 Persistent or severe headache



3 Persistent or severe abdominal pain



4 Persistent or severe nausea, vomiting



5 Hot and cold flashes



6 Blurred vision, dizziness



Facial and hand edema



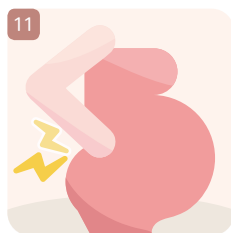
Drastic decrease in urine or pain and burning sensations during urination



Fetal movement stops or decreases by 50%



Watery secretion flows out of the vagina non-stop (The water might be breaking.)



Persistent back & abdominal rigidity

## High risk pregnancy



The mother's body would try to adjust to changes brought by pregnancy quickly. However, if the mother has preexisting conditions, such as congenital heart disease and chronic kidney disease, the conditions may become more severe because of the pregnancy. In addition, pregnant women may also suffer gestational diabetes and pregnancy-induced hypertension which are all high-risk pregnancy due to maternal factors. Some fetuses are born with congenital disease or born prematurely. This is called high risk pregnancy due to fetal factors.

When the doctor inform you that you might have high risk pregnancy and need a comprehensive prenatal examination to prevent any possible complications during pregnancy. It is recommended that you choose to give birth at a hospital or clinic with adequate staff and facility so that there is more guarantee for both the mother and child.

The following is a list of “Quality hospitals for emergency care of medium and severe high risk pregnancy maternity and newborn” classified by Ministry of Health and Welfare according to the hospital’s emergency care ability. When emergency occurs during any stage of the pregnancy, these hospitals can give you more comprehensive emergency medical care.

For the list of abovementioned hospitals, please consult the Department of Medical Affairs of the Ministry of Health and Welfare.

Ministry of Health  
and Welfare



## Getting to know about postpartum depression and its prevention and treatment



Some women start experiencing depression or become emotionally unstable after childbirth. These symptoms would often disappear in a few days. However, some serious cases may require the intervention of professional help. These symptoms are not always detected by the patients themselves or are often ignored. This may cause disturbance to the person and the entire family, even cause physical damages.

Postpartum depression is a type of postpartum mood disorder. The cause of postpartum depression is still unknown. It could be associated with biological, psychological and social factors. Major life pressure during the perinatal period, and exhaustion or major mental and physical trauma during labor all could lead to postpartum depression. In addition, mothers often have to be responsible for taking care of the baby after giving birth, changes and adaptations in interpersonal interaction, and their appearances are often changed by the pregnancy, which could all lead to depression.



### Q: How do I know if I have postpartum depression?

We recommend mothers using the following two questions to evaluate themselves.

- In the past month, have you been disturbed with depression, anxiety or hopelessness?
- In the past month, have you lost interest or sense of pleasure in things?

If you find yourself answering yes to the two questions above, we strongly suggest you seek for help. You may also contact the mental health organizations. You may talk about your current conditions to your OB-GYN, family physician or the pediatrician, or a psychiatrist for proper diagnosis, consultation or medication if necessary to prevent any harm.



**Q:** Categories of postpartum mood disorders (postpartum depression is one of the postpartum mood disorders.)

Name	Postpartum blues	Postpartum depression	Postpartum psychosis
Prevalence rate (%)	About 30% to 80%	About 10%	About 1 to 2 cases for every 1,000 births
Period of occurrence	Typically occur within 3 to 4 days after giving birth	Typically occur within 6 weeks of childbirth	Typically occur within 2 weeks of childbirth
Duration	The depressed mood would often disappear after a few days.	The symptoms may persist for weeks or even months.	The symptoms may persist for weeks or even months.
Symptoms	Anxiety, moodiness, bad temper, fatigue, tearful, loss of sleep, headaches and bad dreams, etc.	<ul style="list-style-type: none"><li>• Depression, moodiness, bad temper, fatigue and loss of sleep</li><li>• Often feels guilty or worthless</li><li>• Eating disorder, tearful, unable to concentrate, lost interest in life or favorite subjects, often feels unable to deal with life</li><li>• Feels unable to take good care of the baby</li><li>• Serious cases may have the thought of suicide.</li></ul>	<ul style="list-style-type: none"><li>• Emotionally unstable, crying, insomnia, personality and behavioral change</li><li>• Having hallucination (For instance, the mother might think her baby is dead or substituted by someone else.)</li><li>• Serious cases may have the hallucination about hurting themselves or family members.</li></ul>
How to deal with it	<ul style="list-style-type: none"><li>• Temporary symptoms: The condition will eventually go away without treatment, but the family needs to provide more emotional support.</li><li>• If the symptoms persist for more than two weeks, seek medical assistance and diagnosis.</li></ul>	Need to receive medical assistance and care.	Need to get medical assistance and hospitalized for observation and treatment.

(Source of materials: Taiwan Association of Obstetrics and Gynecology)

**Q:** How to deal with postpartum blues or depression?**Self-adjustment. Seek assistance and support.**

Postpartum blues often occurs within 3 to 4 days after childbirth. The symptoms are especially evident on day 5, but often disappear after 2 weeks.

Most cases may recover with the care and support of family and friends. New mothers taking care of their babies need to remember to try and get some rest when the babies are asleep and do not be over exhausted or sleep deprived.

Family members should try to share the chores around the house as much as possible, and mothers should give themselves a break and express feelings to the family and friends. If possible, share the experience and thoughts with other mothers who just gave birth as well. This would also be helpful.

**Seeking medical and mental health resources**

If postpartum blues cannot be improved after childbirth, or if the condition lasts for over 2 weeks, seek help immediately.

You may visit the obstetrics and gynecology, family medicine, pediatrics or psychiatric departments in medical institutions, or you may contact the mental health center in the department of health of various cities and counties for mental health resources and services.

For the treatment of postpartum depression, early diagnosis and early treatment usually lead to successful cure.

Please do not panic if you have postpartum depression. Doctors would usually prescribe anti-depressants supplemented with counseling or psychiatric treatment. Mothers who are breastfeeding should discuss the medication and dosage.



**Actively receive treatment to keep the illness from getting worse**

In the event of severe postpartum psychosis, in addition to emotional instability, crying, and changes in personality and behavior, postpartum mothers may even experience delusions or hallucinations, which may cause harm to the baby, self-harm or suicide. At this time, active treatment must be accepted to avoid any tragedy.

**Conclusion**

Most mothers experience mild depression after birth. These discomfort may be alleviated quickly with care and support from family and friends. Once the symptoms occur or if they have not improved over time, seek medical help immediately with your family.

**A few words for family members**

Postpartum blues, or postpartum depression, is often ignored or undetected by the patient, and therefore patients are unable to receive support or relief from family and friends in time. We hope that this overview on postpartum depression will let the family members understand that simply by communicating, listening, companionship and supporting which allows mothers to talk about their personal feelings and thoughts after giving birth, they can gain relief of their emotions.

Meanwhile, when postpartum mothers take care of their newborns, they need to consume considerable physical strength, and often lead to lack of sleep. All family members should try to share the chores and the responsibility of taking care of the baby to lessen the mother's burden. Pay attention and care for the mother. If there are signs of postpartum depression and the conditions persist or even worsen, seek medical help immediately.

# Community mental health center



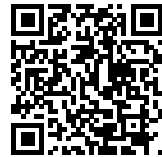
## Mental health resources

- The Ministry of Health and Welfare Peace Hotline 1925 (Still Love Me): Provides free 24-hour psychological counseling services.
- Community mental health centers at the cities and counties: Provide mental health promotion, educational training, counseling, referral and transition services, resource networking, suicide prevention and substantive abuse prevention and other mental health services.

Peace Hotline 1925  
(Still Love Me)



List of community  
mental health center



## Exercise for expectant mothers



Exercise properly every day and do them carefully. Prenatal exercises can reduce labor pains, emotions during delivery and muscle tension of the whole body and will increase the strength of birth canal muscles to promote the labor process. However, some expectant mothers may not be suitable for prenatal exercise, so it is best to consult medical staff for evaluation and guidance.



### Common types of prenatal exercise

#### I. Leg exercises

Start from the early prenatal period

##### Purpose:

To increase the flexibility of the perineum and muscles around the pelvis.

##### Instructions:

Arm the back of the chair, fix the left leg, rotate the right leg 360 degrees, restore it after finishing, and then switch legs to continue.



## II. Feet exercise

Start from the early prenatal period

**Purpose:**

Leg lift

1. To improve the intravenous circulation in the lower limbs and allow the blood to flow back.
2. Stretch the spine and increase the tension around muscles on the buttock.

**Instructions:**

Lay flat with both feet raised perpendicularly and rest the feet on the wall. Maintain for 3 to 5 minutes and repeat several times daily.



## III. Cross-legged

After 3 months

**Purpose:**

1. Train the muscles in the groin and the tension of joint ligaments.
2. Prevent spasms or cramps caused by pressures from the enlarged uterus toward the end of the pregnancy.

**Instructions:**

Sit on the mattress with both calves of the leg parallel to each other, one in front of the other, and both knees far apart from each other. Doing once a day, and the duration should increase from five minutes gradually each time to 30 minutes at the end.



## IV. Waist exercise

6 months after pregnancy

**Purpose:**

Reduce soreness around the waist and help strengthen abdominal pressure and elasticity in the perineum during labor to help with childbirth.

**Instructions:**

Hands on the back of a chair, and inhale slowly while pushing through the arms so that the body's center of gravity would be concentrated on the back of the chair. Tiptoe to lift the body higher. Back straight and slowly exhale. Relax the arms and lower the feet.



### V. Abdominal breathing

Perform at the end of pregnancy

#### Purpose:

To help relax the muscles and reduce pressure to the abdomen created by uterine contraction.

#### Instructions:

When contractions occur, concentrate and slowly inhale all the way to the abdomen so that the belly looks inflated.

Try to exhale as slowly as possible until all the air is pushed out and the muscle feels relaxed.

The speed is adjusted according to the intensity of the uterine contraction. About 6 to 9 times a minute and practice for 1 minute each time. Exhale slowly and completely to prevent dizziness.



### VI. Chest breathing

Toward the end of pregnancy (For relaxation if belly breathing cannot make you relaxed during the first part of labor)

#### Purpose:

To help relax the muscles and reduce pressure to the abdomen created by uterine contraction.

#### Instructions:

1. Concentrate and inhale lightly until the chest is fully inflated.
2. Exhale completely until all the air is out and the muscles relax.
3. Adjust the breathing rate according to the intensity of the contraction to over 6 to 9 times per minute. Practice for 1 minute each time.
4. Try to breathe slowly and exhale completely. This exercise can prevent dizziness.



# Gatekeeper for women's health: Pap smear



A pap smear can help detect cervical cancer early, and therefore it can be helpful to extend the patient's life by receiving treatment. When detected during pre-cancerous lesion stage, its processing towards cancer can be stopped after treatment. After giving birth, mothers should remember to get a pap smear at a hospital or clinic after the lochia is completely discharged.

## I. Who needs a pap smear?

Cervical cancer is mostly caused by human papillomavirus (HPV) infection through sexual behavior. All women who have had sex may be affected by cervical cancer, especially those who are over 30 years old. Therefore, women over 30 should get a pap smear once every three years. According to reports, among every 70 women screened, at least one case processing towards cancer or suffering from cancer can be found.

## II. How is a pap smear done?

The procedure for a pap smear is simple. Most women would not feel any pain. When taking the pap smear, a speculum is used to open the vaginal canal and to allow the collection of cells from the outer opening of the cervix of the uterus and the endocervix with a small wooden stick or brush. The cells are dyed and examined under a microscope to look for abnormal cancerous cells.

## III. What to pay attention to before getting a pap smear?

Do not douche, try not to take baths, do not use suppository, do not have sex the night before, and do not do the pap smear during the menstrual cycle.

## IV. What should I do when the result of the pap smear is abnormal?

An abnormal pap smear result does not mean you have cervical cancer. The doctor needs to further exam it with colposcopy and tissue slice to confirm whether it is precancerous cervical lesion or cervical cancer.

**Reminder:** a false-negative result may occur in any test, so even if the smear test results are normal, such test should be done every 3 years, and if there is any abnormality, you should seek medical attention as soon as possible.

## Protect baby with vaccinations during pregnancy



### Pertussis vaccine

Pertussis is an acute respiratory disease that is infectious. It spreads through droplets or close contact.

Babies under 6 months old are the high-risk group for pertussis. The main source of infection is from the mother or other caretakers. Once the newborn baby catches pertussis, the baby will show symptoms such as coughing, vomiting and difficulty in breathing. Severe cases may cause shock, pneumonia, brain disease or even death.

Prevent pertussis is infection in children. A tetanus diphtheria acellular pertussis mixed vaccine (Tdap) should be administered at any time during gestation (at their own expense) regardless of inoculation history of tetanus vaccine, reduction diphtheria mixed vaccine (Td) or Tdap. To maximize the vaccination efficacy by transferring maternal antibodies to the baby, it is recommended to get inoculated during gestational weeks 28 to 36. For those who did not receive vaccines during pregnancy, they should be inoculated soon after delivery. Besides, those who may be involved in neonatal care should be inoculated as well which will protect the baby.

### Influenza vaccine

Pregnant women and those who are 6-month postpartum are recommended to receive the influenza vaccine. Pregnant women are one of the priority groups for influenza vaccination recommended by the World Health Organization, and they are the targets of my country's public-funded influenza vaccination program. Physiological changes during pregnancy will increase the severity of influenza and the chances of getting complications. Studies consistently demonstrate that inoculation of influenza vaccine for pregnant women show no special danger to the expectant mother or her babies. Those who are preparing for pregnancy can also consider to be vaccinated before or during the epidemic period at their own expense.

# Preparation for the baby

## I. Supplies for the baby



### Breastfeeding supplies

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Nursing wear     | <input type="checkbox"/> 6 large baby bottles | <input type="checkbox"/> Baby formula carrier |
| <input type="checkbox"/> Nursing bra      | <input type="checkbox"/> 2 small baby bottles | <input type="checkbox"/> Baby formula         |
| <input type="checkbox"/> Nursing pad      | <input type="checkbox"/> 10 bottle nipples    | <input type="checkbox"/> 2 bottle brushes     |
| <input type="checkbox"/> Breast milk bags | <input type="checkbox"/> Sterilizer           |   |

### Clothes

- |   |  |
|---|--|
| <input type="checkbox"/> 4 to 6 pieces of underwear | <input type="checkbox"/> 1 to 2 pairs of socks |
| <input type="checkbox"/> 4 to 6 pieces of robes     | <input type="checkbox"/> Diapers               |
| <input type="checkbox"/> Wraps                      | <input type="checkbox"/> Cap                   |
| <input type="checkbox"/> 4 to 5 bibs                |  |

### Living

- |  |
|--|
| <input type="checkbox"/> Baby bed        |
| <input type="checkbox"/> Quilt           |
| <input type="checkbox"/> Mosquito tent   |
| <input type="checkbox"/> Baby music toys |

### Shower and bath

- |  |   |
|--|---|
| <input type="checkbox"/> 1 bathtub           | <input type="checkbox"/> Baby shampoo         |
| <input type="checkbox"/> 2 to 3 hand towels  | <input type="checkbox"/> Baby oil or Vaseline |
| <input type="checkbox"/> 2 to 3 large towels | <input type="checkbox"/> Cotton swab          |
| <input type="checkbox"/> Baby soap           | <input type="checkbox"/> Baby nail clipper    |

### Transportation

- |  |
|--|
| <input type="checkbox"/> Baby stroller |
| <input type="checkbox"/> Car seat      |

※ A car seat that lies flat and faces rearward in the back seat must be used for infants and toddlers when they are ridden in the car.

※ Items and quantities to be prepared are seasonal and family dependent.



**II. Supplies for the expectant mother’s hospital stay (Refer to the list of medical institutions for preparation)**

**Registration supplies**

- ☐ NHI card
- ☐ ID card of the expectant mother
- ☐ Register card
- ☐ Maternal Health Handbook

**Baby’s supplies**

- ☐ Clothes for the day of discharge

**Mother’s supplies**

**Change of clothes**

- ☐ Comb
- ☐ Slippers
- ☐ Underwear
- ☐ Maternity clothes
- ☐ Panties or disposable panties

**Toiletries**

- ☐ Towel
- ☐ Washbasin
- ☐ Toothbrush and toothpaste
- ☐ Soap
- ☐ Toilet paper
- ☐ Maternal puerperal pad

**Utensils**

- ☐ Cups
- ☐ Utensils
- ☐ Hot and cold water bottles

Parents should take the baby to the same doctor after birth to take care of the baby’s overall health and should not change doctors often.



# Labor pains



## Prenatal education helps to prepare and respond to contractions during labor.

The pregnancy and labor are parts of the natural biological process. Uterine contractions would bring pain or make the back sore. The contractions make the uterus soft and expand. Therefore, they are also a normal biological change. The pain brings discomfort. In fact, labor pains are a necessary symptom of vaginal birth, but there are ways to alleviate them without excessive fear. By changing the thought mentality, the expectant mother may give herself more confidence. Let the body do its work and let go off the body so that the muscle will relax and the baby can be pushed out more easily or improve pain with painless labor.

The cervix dilates gradually. The length of the labor process depends on the number of births the mother has given, the time separation from the previous birth, the emotional condition, the fetal position, the size and shape of the pelvis and uterine contractions. Therefore, the labor may take a while. Typically, it takes 12 to 18 hours of labor for the first child and approximately 8 to 10 hours for the second. In recent years, expectant mothers have better nutrition status and they tend to exercise less often. Besides, their babies are relatively large. Thus, delivery will be prolonged which will require the expectant parents to be more patient.

The expectant parents should start receiving prenatal education a few months before the due date in order to understand the changes during labor, ways of relieving pain naturally and the different types of analgesics.

### Basic knowledge and ways of relieving the pains and discomforts during labor

1. Keep yourself at the optimum condition: Pay attention to nutrition, keep the body fit and maintain a pleasant mood.
2. Make full preparations before giving birth: Fully understand the process of expecting and giving birth, prepare your favorite music, make correct decisions that you can rest assured, communicate and choose a companion who can meet your production expectations.
3. Responses during labor: Believe in yourself and accept that normal childbirth requires a period of time, relax your body, try your best to allow labor pains to start naturally, move freely or choose a comfortable posture during labor, and have continuous support and companions.

# Signs of labor



As the expected date approaches, the following conditions may occur:

1. A relaxed feeling: Within a few weeks of the expected date of birth, the baby's head would lower toward the pelvis and the mother would feel relaxed with better appetite and smoother breathing.
2. Bleeding: The cervix starts to widen. Cervical mucus that is mixed with blood would start to discharge from the vagina.
3. Contractions or sore back: The following characteristics will occur if it is caused by uterus contraction:
  - (1) The initial contractions are irregular. The contractions gradually become regular and the pain prolongs as time goes on.
  - (2) The areas of pain are the entire abdomen and back, especially the sacrum.
  - (3) The uterus hardens during contraction and softens when the contraction ends.
  - (4) The pain does not subside with massage or walking.
4. The water breaks (large amount of fluid starts to flow out of the vaginal area): The membrane that protects the fetus is broken and the water will flow out through the vaginal area. Regardless of whether there are regular contractions, try not to walk around and go to a hospital as soon as possible.



**Q:** When should I go to the delivery room?

If one of the following occurs, please go to the delivery room immediately:

1. Regular contractions: Once every 7 to 8 minutes if it is the first pregnancy. If it is the second (or more) pregnancy, when the regular contraction starts, the expectant mother can get ready for labor.
2. When the water breaks.
3. Other abnormalities: prenatal bleeding, decreased fetal movement, etc.

# Note during different stages of labor



## The three stages of labor

### The first stage of labor

The first stage of labour is broken down into two phases: latent and active. The active phase is characterized by a rapid descent of the fetal head and a rapid thinning of the cervix.

#### Latent labor

After hospitalization, the following assessments will be performed: a basic physical examination, collection of information about the mother's labor and delivery, including the onset, frequency, duration and intensity of contractions, redness, amniotic rupture and fetal movement; an endovaginal examination to determine cervical thinning, dilatation, fetal position, fetal drop and fetal presentation; and confirmation of the mother's birth plan and options. At the same time, the nursing staff will calculate the fetal heart rate according to the regulation of the hospital. If the pregnant woman is in the hospital because of the water break, an observation on amniotic fluid is necessary to prevent the risk of infection.

#### Active labor

The main features are stronger, denser and longer lasting contractions. At this stage, the degree of cervical thinning and dilatation will also be determined through an endovaginal examination.

### The second stage of labor

From the time the cervix is fully dilated to the time the delivery of a fetus.

The second stage may last from a few minutes to a few hours or more. In addition to contraction of the uterus, the delivery of the fetus depends on the force of pregnant woman. If labor stage is prolonged, the medical staff can teach and encourage the mother to push correctly and effectively. If the fetus still cannot be delivered, the doctor may use vacuum extraction or forceps to assist in the delivery.

### The third stage of labor

Refers to the delivery of a fetus to the delivery of the placenta.

At this stage, it is mainly to assist the delivery of the placenta and the inspection and repair of the birth canal. Also, observe and prevent postpartum hemorrhage.

# The birth of the baby



## Getting to know multiple birth modes

Depending on the health condition of the expectant mother, expectant parents can discuss the birth plan with their doctor or midwife during the prenatal test, such as choosing where to give birth, how to give birth and what to watch out for during the birth process, including fasting, birthing activities, episiotomy, etc., to create an environment of multiple choices and rights.



## Getting to know different types of delivery

There are two birth methods including vaginal delivery and C-section. Most pregnant women may give birth naturally. While some might need the C-section due to medical reasons.



## Vaginal (natural) delivery

The benefits of natural delivery include less pain and faster recovery from wounds, and the ability to get out of bed early. Generally speaking, most pregnant women give birth to their babies lying in delivery beds in the hospitals of Taiwan. They will push to deliver their babies with uterine contractions under the guidance of medical staff.

Genital hematoma or anorectum lacerations may take place in some cases which must be repaired. There are a few pregnant women whose delivery is assisted with obstetric forceps or vacuum extraction for medical reasons that lead to transient scalp hematoma in babies. Neonatal clavicular fracture or arm plexus injury caused by fetal shoulder dystocia may occur in a few cases. Of course, there might be circumstances that call for emergency C-section caused by an abnormal labor process or fetal distress.

Since prenatal enema, shaving pubic hair, fasting, drip fluid supplementation, artificial water breaking and non-drug pain relief measures may be performed during the production process, the expectant parents are advised to fully discuss and consult with your doctor and midwife to know more about the whole labor procedure. Besides, unexpected situations might happen during the delivery process which should be treated according to doctors' and midwives' professional judgment. They will assist your delivery.



### Vaginal (natural) delivery assisted with instruments

When the pregnant woman fails to push correctly or those who cannot push due to their cardiac disease, in such cases the head of the baby cannot descend smoothly, making the second stage of labor last too long and leaving the moms exhausted. Under these circumstances or when fetal distress takes place and there is a need for immediate delivery, labor assisted with instrument might be considered, including vacuum extraction and forceps.



### C-section

C-section is a laparotomy with embedded risks for the mother and the baby, such as:

- It causes more bleeding, the wound is more painful, the recovery takes longer and the scar is more visible.
- Complications such as anesthesia allergy and intestinal adhesion may occur.
- The likelihood of placenta previa, placenta accreta and uterine rupture is higher for future pregnancies.
- For the newborn, there is also a higher chance of lung complications such as respiratory distress.

Indications for C-section include prolonged labor, prenatal hemorrhage, fetal distress, baby malposition, macrosomia, previous C-section history, placenta previa, obstructive delivery and failed labor induction.

Furthermore, relevant studies found out that the incidences of complications such as dyspnea, cardiac conditions and epilepsy in babies born with less than 37 weeks of gestation and delivered without a medical reason are twice those of babies born after only 39 weeks of pregnancy.

Please ask your medical care provider (doctors, midwives and nurses) to fully discuss the best childbirth options.



# Newborn screening



Q:

What is the purpose of newborn screening? What are the advantages? How to receive newborn screening and how do I learn the results of newborn screening?

Newborn screening is short for “screening of genetic metabolic disorders for newborn babies.” It can detect genetic disorders with no apparent symptoms yet and provide adequate diagnosis, treatment or preventive measures. This will ensure that the children with such diseases can grow normally and not develop any mental or physical disabilities that will leave the family with regret.



Q:

How is the newborn screening performed?

48 hours after your baby is born, the medical facility will provide health education for the parents and take little blood sample from the baby’s heel. The sample will be forwarded to the laboratory contracted by the Health Promotion Administration to conduct the newborn screening.



Q:

How do I get to know the results of newborn screening?

In general, the screening results will be available on the website of Newborn Screening Center after a week. Before getting the screening results, do not expose the babies to naphthalene balls (moth balls) and do not take any medications. If there are any questions concerning the baby’s health, please be sure to consult the pediatrician or family physician.



### Q: What diseases can be identified through newborn screening?

With medical advances, genetic testing techniques have been widely used clinically. However, not all diseases can be detected during the newborn screening.

Early detection of neonatal metabolic diseases and early treatment to avoid complications. There are 21 items related to neonatal screening, please check the website of the Health Promotion Administration.

Examination items of  
newborn congenital  
metabolic disorders for  
genetic diseases



### Q: Newborn screening fee waiver provided by the government

The Health Promotion Administration has determined 21 newborn screenings and these may receive deductions. Most newborns may receive NT\$200 deduction for each case. For newborn babies born to low income households, indigenous households, households on the outlying islands or visiting medical facilities in remote areas, the testing cost for each case is NT\$550, which will be covered fully by the government, and those people do not have to pay for the testing fee. (However, they still have to pay for the administrative and material costs incurred at the hospital).

Before knowing the results of newborn screening, please do not let the baby, clothing or supplies come into contact with naphthalene pills (moth balls) or its smell to avoid the possibility of hemolytic anemia.

Please also remind the delivering hospital to record the results of your child's screening in the "Child Health Handbook" to provide medical reference for baby. If your baby's screening results are within the normal range, it doesn't mean that your baby is healthy, and you still need to receive preventive health care to protect your baby's health.



# Reminder



## Reminder for the expectant parents

### I. Shaken baby syndrome

- The rapid shaking of the brain tissue inside the baby's skull in a short time caused by shaking it violently, which leads to the rupture of blood vessels in the brain surface, causing subarachnoid hematoma or subdural hemorrhage that are often accompanied by retinal hemorrhage and brain edema.
- Caregivers should be instructed that in no case should the baby be shaken violently, slap the baby in the face or throw him/her to the bed. You should also try not to hold the baby firmly and go round and round.
- Most cases occur in children under 2 years of age, especially in infants younger than 6 months. Symptoms of shaken baby syndrome include: drowsiness, agitation, cramps, impaired consciousness, vomiting, loss of appetite and respiratory abnormalities.
- There is a high fatality rate and the fact that patients are likely to have developmental delay, epilepsy, cerebral palsy and other long-term sequelae.
- Refer to animation video on the Health 99 website of Health Promotion Administration can help caregivers better understand the causes and symptoms of shaken baby syndrome.

### II. Safe Sleeping Environment

- Babies under 1 year old should always "sleep on their backs" without pillows.
- The surface of the crib must be firm and avoid loose objects or bouncing pads (crib liner).
- Share a room with an infant but avoid sharing a bed (including sofas and mats), so that adults won't squeeze or press the baby.
- If using pull-up crib rails, be aware of falling rails and do not allow the rails to be more than 6 cm apart.

Shaken baby syndrome



### III. Notes for traveling on the car

- Baby should use a rear-facing infant car seat in the back seat facing backwards when traveling in a car.
- Avoid using motorcycles or bicycles to carry your baby.



For the first six months of life, babies are completely dependent on one food. Breast milk has many benefits, including reducing the incidence of diarrhea and pneumonia, and reducing the incidence and severity of allergies. Breastfeeding allows the mother's uterus to return to normal size sooner and to her pre-pregnancy weight sooner, reduces the incidence of breast and ovarian cancer, and enhances intimacy with the baby.

## Q&A on breastfeeding



**Q:** When should the expectant mother prepare for breastfeeding? How long should the mother breastfeed?

Expectant mother can prepare to breastfeed from the beginning of pregnancy and can begin breast and nipple care as soon as they feel movement of fetus. WHO recommends that the mother can feed the baby with breast milk exclusively for the first 6 months. There is no need to feed the baby water or any other food. After 6 months, the mother can add other types of food while keeping to breastfeeding until the baby is 2 years old or even older.



**Q:** What are the advantages of early skin contact between the mother and the child after birth?

After birth, let the mother and child have direct skin contact right away. Let the baby feel mother's warmth and try to start looking for mother's nipples. This will encourage mother-child bonding while stimulating prolactin and let the mother start lactating early.



**Q:** What are the advantages of letting the mother and the baby stay in the same room during their hospital stay?

Let the baby sleep in the same room with the mother afterbirth so that the baby can be breastfed whenever he/she is hungry. This will also reduces the risk of collective nosocomial infections in the nursery, giving the mother and medical staff a chance to observe the baby and detect any problems with the baby early.



**Q:** How to increase the secretion of milk?

1. Try to breastfeed as soon as possible after giving birth.
2. Let the newborn baby suck on breast milk immediately after birth and breastfeed often. Do not add additional milk, and do not use bottles and bottle nipples or pacifiers which may interfere how the baby learns to suck breast milk.
3. Breastfeed often. Feed whenever the baby is hungry. The more mother's breastfeed, the more milk there will be.
4. In addition to breast milk, try not to use baby formula, other beverages and pacifiers.
5. When the baby is not around, mothers can try to pump milk with hands or a breast pump to save it and refrigerate it for the baby for later.
6. Correct ways of suction and breastfeeding positions.
7. Eat when you feel hungry and drink when you feel thirsty.
8. Get enough sleep and keep a pleasant mood.

**You may consult the website of Health Promotion Administration for breastfeeding information:**

**Breastfeeding Booklet**



**Breastfeeding Health Education Videos**



**The latest approved list of “medical facilities for maternal and child care” can be found on the website of Health Promotion Administration:**

**Medical facilities for maternal and child care**



If you are having trouble breastfeeding, you can call the toll-free hotline 0800-870-870 for assistance.



## Q: How to breastfeed correctly?

1. Wash hands before breastfeeding.
2. Take a comfortable position: Try a few different positions.



Sitting (cradle position)



Sitting (rugby pose)



Reclining

3. The mother and the baby should keep close contact: Regardless of which side the mother holds the baby, the baby's abdomen should press closely to the mother's abdomen. The head and both shoulders should face the mother's breasts. The upper lip should face the nipple, baby's head straight, not twisted or turn. The head should be straight with the body.
4. The baby should hold the nipple in the mouth correctly: The baby's mouth holds the areola and the tissues under it. The mouth is open widely and the lower lip turns outward in contact with the breast. The baby would suck slowly and deeply. You can also see the baby swallow.
5. Correct hand position for mothers during breastfeeding: With fingers forming a "C" shape, the thumb on the top and the rest on the bottom as a support for the breast. Do not touch the areola.



Lying sideways



## Postnatal health management



**Q :** After giving birth, what should the mother pay particular attention to?

**1 Q :** When could women giving vaginal birth get out of bed and be discharged?

**Ans :** Normally, mothers can get off the bed, eat and urinate (with the help of a family member for the first time) if feeling well. However, take as much rest as possible. If everything goes smoothly, mothers can leave the hospital after about 3 days.

**2 Q :** How to keep the vaginal area clean after giving birth?

**Ans :** Use a pad to protect the vaginal area and to absorb the lochia. Replace it whenever necessary. After urinating, use warm water or disinfectant to rinse the vaginal area from front to back.

**3 Q :** How to keep my body clean?

**Ans :** Before reaching the first month after giving birth, take showers only and do not take baths to prevent bacterial infection in the uterus. Washing your hair is fine as long as you blow dry it quickly.

**4 Q :** What to eat after giving birth?

**Ans :** Choose a balanced diet. Women are often thirsty after giving birth. Drink more water, milk or eat food that is easily digested, such as porridge.

**5 Q :** When can I start having sex after giving birth?

**Ans :** Do not start having sex until the lochia is discharged completely and the uterus has restored its original state, which is usually around 1 month after giving birth. Otherwise, there might be infection and might cause unwell feeling.

**6 Q :** Why is postnatal exercise necessary?

**Ans :** Choose exercises that can help the abdominal muscles contract, promote uterine contraction, and maintain body shape.

# An overview on contraceptive methods



Contraceptive methods, whether breastfeeding or not, can be divided into two categories: hormonal and non-hormonal. Hormones may reduce milk production and enter the baby's body through breast milk, increasing the risk to the baby. Although lutein-containing contraceptive methods have been shown to have no effect on the mother or the fetus according to research, hormone-free methods such as condoms, intrauterine devices (IUDs), and vasectomy or tubectomy are preferred during breastfeeding.

You may become pregnant again after giving birth and before your period begins, so you should not wait until your period begins to prevent pregnancy. The choice of contraceptive method varies depending on the individual's body, needs and time. It is recommended that you consult with the medical staffs to determine which method is best for you.



## The followings are common birth control methods :

1. Intrauterine device (IUD): With devices such as copper T and copper 7 IUDs and Multiload to keep the eggs from being fertilized. Such device may be installed 6 weeks after giving birth and the success rate is above 95%.
2. Oral contraceptives: This type of contraceptive methods pills control the ovulation cycle with hormones to achieve the goal of contraceptive. It requires a doctor's prescription and has to be taken by following exact instructions. The success rate could be higher than 99%. However, women with heart disease, diabetes, thrombus or who are breastfeeding should not take it.
3. Condoms: Condoms serves as a barrier between the sperm and the egg to achieve the goal of contraceptive methods. When using correctly, the success rate could be as high as 90% and condoms can also prevent sexually transmitted diseases and AIDS.
4. Vasectomy or tubectomy: These two procedures block the path from which the sperm and egg meet to achieve contraceptive methods. These procedures are appropriate for people who no longer wish to have more children. The success rate is almost 100%.

# Childcare service



## Subsidies for public and quasi-public childcare

- I. Parents applying for a childcare subsidy should meet the following criteria:
  1. The combined household income tax rate is less than 20%.
  2. Children under the age of 2 are sent to quasi-public babysitters, quasi-public childcare centers or public nurseries contracted with the government. Children who have reached the age of 2 but have not reached the age of 3 will continue to stay in quasi-public babysitters, quasi-public childcare centers or public nurseries, and continue to be subsidized.
  3. Children are sent to day care, full day care, or night care for more than 30 hours per week.
  4. Did not collect the childcare allowance.
  5. The child had not been taken care of by the Government at public expense.
- II. Depending on their family's financial condition, those who are sent to public private childcare centers or public childcare homes will receive childcare subsidies ranging from NT\$ 4,000 to NT\$8,000. Those who send their childcare to childcare centers or home-based childcare services that have signed a quasi-public cooperation contract with the government will receive monthly childcare expenses ranging from NT\$7,000 to NT\$11,000, with an additional allowance of NT\$1,000 for the second child (inclusive) and above and another NT\$1,000 for the third child or above.

For questions about in-home child care services matching, applications for child care fee subsidies, and professional training for child care workers, please contact the social affairs bureau/department at your city or county, or visit the website of Social and Family Affairs Administration, Ministry of Health and Welfare.

Nursing Matching  
Platform





City or County	Contact of Social Affairs Bureau/ Department	City or County	Contact of Social Affairs Bureau/ Department
Keelung City Government	(02)24201122#2203	Chiayi City Government	(05)2288420
Taipei City Government	(02)27208889#1962	Chiayi County Government	(05)3620900#2506
New Taipei City Government	(02)27603456#3681	Tainan City Government	(06)2991111#5903
Taoyuan City Government	(03)3322101#6318	Kaohsiung City Government	(07)3368333#2495-2498
Hsinchu City Government	(03)53532106	Pingtung County Government	(08)7320415#5321
Hsinchu County Government	(03)5518101#3253	Yilan County Government	(03)9328822#458
Miaoli County Government	(037)559643	Hualien County Government	(03)8227171#256~257
Taichung City Government	(04)22289111#37523	Taitung County Government	(089)345106#263
Changhua County Government	(04)753-2274	Kinmen County Government	(082)318823#62578
Nantou County Government	(049)2247970	Penghu County Government	(06)9274400#395
Yunlin County Government	(05)5522575	Lienchiang County Government	(0836)25022#401





## Registered postnatal care center

**Choose a registered postnatal care center carefully to ensure the health of the mother and child.**

Many expectant mothers visit and book places for postnatal care during pregnancy. At present, there are two types of institutions providing postnatal care, namely postnatal care organizations and anecdotal “postnatal care service.” The biggest difference is the availability of “nursing staffs” to provide “nursing services” at the time of filing. The postnatal care organizations are required to apply to health authorities for approval and authorization before providing postnatal care according to the Nursing Personnel Act. Those “postnatal care services” can provide meals and accommodation but may not perform care.

The Ministry of Health and Welfare calls on all expectant mothers and pregnant women to choose postnatal care institutions carefully for their babies’ as well as their own health. They should choose a safe, professional, high-quality postnatal institution which has passed the evaluation rather than one with luxury decorations.

- At present, the Ministry of Health and Welfare has adopted multiple effective measures to safeguard the safety and rights and interests of pregnant women and infants, and also avoid disputes over deposits and refunds at the same time, including publishing the “Recordable and Non-recordable Items on Contracts for Postnatal Care Facilities” and “Standard Form Contract for Postnatal Care Facilities” in September 2010. You can visit the website of the Ministry of Health and Welfare to find out:  
(<http://www.mohw.gov.tw>, path: Home/ Division profile/Division institutions and subordinate agencies / Department of nursing and health care/Relevant laws and regulations/Statutory orders)
- For information about authorized postnatal care institutions, please visit the website of the Ministry of Health and Welfare:  
(<http://www.mohw.gov.tw>, path: Home/Medical institutions and medical personnel query/Medical institutions query/institution category please choose “care institutions,” please enter “postnatal” in the name column before searching and you will know about all about postnatal care institutions in Taiwan.)
- The Ministry of Health and Welfare has evaluated postnatal care institutions for the first time in 2013. Results of the evaluation have been published on the website of the Ministry of Health and Welfare:  
(<http://www.mohw.gov.tw>, path: Home/Division profile/Division institutions and subordinate agencies / Department of nursing and health care/Postnatal care institutions evaluation area)
- The department of health of each county and city government also conducts a supervisory assessment every year, and the results are published on the website of each department of health for public information.

Ministry of Health and Welfare,  
Medical Inquiry System



The screenshot shows the '醫事查詢系統' (Medical Inquiry System) interface. It includes a search form with the following fields and instructions:

- 1. Please enter "postnatal."** (Instruction for the '查詢條件' field)
- 2. Choose a country/city.** (Instruction for the '縣市' dropdown menu)
- 3. Enter the verification code.** (Instruction for the '輸入驗證碼' field, with '4GYG' shown as an example)
- 4. Send the inquiry.** (Instruction for the '查詢' button)

The form also includes fields for '機構名稱' (Institution Name) and '機構類別' (Institution Category), both with dropdown menus.

# How to deal with suspected domestic violence



Domestic violence occurs when physical, mental, or financial harassment, control, threats, or other unlawful aggression occurs among family members. When domestic violence occurs, the priority is to protect one's own safety. If necessary, call 110 for help. The police will intervene to stop the violence, collect criminal evidence, and assist in escorting the victim to seek medical treatment. Notification and handling of domestic violence incidents, and precautions for medical personnel include the following:

1. When becoming aware of suspected cases of domestic violence, please call 113 or report online to the caring information system of e-care. You can also ask related staff at the hospital to file a report (may be provided by the social affairs department at the hospital). Fax it to the Domestic Violence and Sexual Assault Prevention Center in each county and city in order to provide the victims with proper service.
2. In accordance with Article 50 of the Domestic Violence Prevention Act, medical staffs, police, social workers, school teachers, childcare workers, immigration workers are obligated to report any possible case of domestic violence in 24 hours. According to Paragraph 1, Article 62 of the Act, any violation shall be sentenced to a fine at an amount not less than NT\$6,000 and not greater than NT\$30,000 by municipality or city/county government. However, any medical personnel shall be exempted from this Article as a result of avoiding any immediate hazard to the physical condition of the victim.
3. Medical staff who have identified cases of domestic violence should report such cases by law. If the victim is unwilling to report such case, make a note of such statement on the report form as a reminder for the Domestic Violence and Sexual Assault Prevention Center in each county and city on how to deal with this case. When identifying cases of intimate relationship violence, for the early identification of high-risk cases, please fill in the Taiwan Intimate Partner Violence Danger Assessment (TIPVDA) to evaluate the dangerous situation of the victim and report it to the caring information system of e-care.







## Related resources and information

Organization	Services provided	Contact
Health 99 Education Resource, Health Promotion Administration, Ministry of Health and Welfare	Health education and information	<a href="http://health99.hpa.gov.tw/">http://health99.hpa.gov.tw/</a>
Taiwan Epilepsy Society	Record information on the pregnancy of women with epilepsy, consultation on health education and case management to let the medical staff know how to take care of you	02-2876-2890 <a href="http://www.epilepsy.org.tw">http://www.epilepsy.org.tw</a>
Premature Baby Foundation of Taiwan	Provide proposals for premature babies to receive adequate medical care, improve the quality of medical care for premature babies and promote the prevention of and education on premature birth.	0800-00-3595 02-2511-1608 <a href="http://www.pbf.org.tw">http://www.pbf.org.tw</a>
Taiwan Association of Premature Birth Prevention	Promote the prevention of premature births.	02-2523-7490
Taiwan Foundation for Rare Disorders	Provide information on and assistance for rare diseases.	02-25210717-8 <a href="http://www.tfrd.org.tw">http://www.tfrd.org.tw</a>
Taiwan Thalassemia Association	Provide active and accurate information and assistance on medical care for patients of thalassemia and their families.	02-2389-1250 <a href="http://www.thala.org.tw/">http://www.thala.org.tw/</a>
Cardiac Children 's Foundation Taiwan	Help children with cardiac diseases to receive proper medical care.	02-2331-9494 <a href="http://www.ccft.org.tw">http://www.ccft.org.tw</a>
Noordhoff Craniofacial Foundation	Assist patients with congenital craniofacial dysplasia such as cleft lip and palate, microtia and other craniofacial deformities.	0800-012378 02-27190408 <a href="http://www.nncf.org">http://www.nncf.org</a>
Down Syndrome Foundation R.O.C.	Promote the communication of parenting experience or consultation on nursing care in conjunction with parents of Down Syndrome, guardians and caring groups, scholars and experts.	02-2278-9888 <a href="http://www.rocdown-syndrome.org.tw">http://www.rocdown-syndrome.org.tw</a>
Taiwan Thalassemia Association	Provide patients with services such as employment coaching, medical assistance and social education.	04-2529-8232 <a href="https://www.facebook.com/groups/119062884788125/">https://www.facebook.com/groups/119062884788125/</a>
Social and Family Affairs Administration, MOHW	The Developmental Delayed Children Notification and Case Management Service Network provides early treatment information, online notification, related resource inquiry, legal information, activity information, publicity materials and statistical data, etc.	<a href="https://system.sfaa.gov.tw/cecm/">https://system.sfaa.gov.tw/cecm/</a>
Taiwan Association of Child Development and Early Intervention	Assist children with various types of developmental delays and their families with early treatment.	03-8523355 <a href="http://www.caeip.org.tw">http://www.caeip.org.tw</a>
Foundation for Children with Developmental Delay	Assist in the promotion and establishment of early treatments for children with development delays and consultation services.	02-2753-0855 <a href="http://www.fcdd.org.tw">http://www.fcdd.org.tw</a>
Family education websites and consulting hotlines	Child education, parent-child relationship, couple relationship, affinity, relationship before marriage, intimacy, domestic resources and management, family life adjustment, etc	412-8185 (Please add 02 if by cell phones.) <a href="https://familyedu.moe.gov.tw">https://familyedu.moe.gov.tw</a>

Organization	Services provided	Contact
Department of Social Assistance and Social Work, MOHW	Social welfare counseling	1957 <a href="https://1957.mohw.gov.tw/">https://1957.mohw.gov.tw/</a>
Ministry of Labor	Promote the balance between work and life of employees, encourage child birth and build a friendly workplace for pregnant employees and their spouses.	1955 <a href="https://www.mol.gov.tw/">https://www.mol.gov.tw/</a> (Ministry of Labor) <a href="https://eeweb.mol.gov.tw/">https://eeweb.mol.gov.tw/</a> (Employment equality website) <a href="https://wlb.mol.gov.tw/">https://wlb.mol.gov.tw/</a> (Work-Life Balance website)
Bureau of Labor Insurance, Ministry of Labor	Provide maternity benefits of labor insurance, national pension and farmers' health insurance and parental leave without pay allowance of employment insurance and related consultations.	02-23961266 <a href="https://www.bli.gov.tw/0100086.html">https://www.bli.gov.tw/0100086.html</a> (Path: Website of the Bureau of Labor Insurance, Ministry of Labor - Public guide/ Baby born)
Ministry of Finance	Implementation of the special deduction for pre-schools: The special pre-school deduction for taxpayers' dependent children under the age of five is NT\$25,000 for each child from 2012 to 2017 and NT\$120,000 for each child from 2018. However, there is an exclusion clause that does not apply if the applicable tax rate is more than 20% (the same applies to dividends and surpluses that are separately taxed at a single rate of 28%) or if the basic income exceeds NT\$6.7 million. By promoting this deduction, along with other subsidies, the government's financial resources can be used more effectively to ease the burden of childcare, encourage parents to remain in the workforce, and provide great childcare environment for the working population.	National Taxation Bureau toll-free number: : 0800-000-321
Social and Family Affairs Administration, MOHW	Taiwan teenage pregnancy advisory hotline and website provide teenagers and pregnant teenagers with telephone counseling, referral services, mailing and online counseling.	Taiwan teenage pregnancy advisory hotline 0800-25-7085 Taiwan teenage pregnancy advisory website <a href="https://257085.sfaa.gov.tw/">https://257085.sfaa.gov.tw/</a>
National Conscription Agency, Ministry of the Interior	Military service and benefits	049-2394438 <a href="https://sweethome.moi.gov.tw/?cat=24">https://sweethome.moi.gov.tw/?cat=24</a>
Construction and Planning Agency, Ministry of the Interior	Social housing and housing subsidy	Please contact each local government housing agency or dial 1999. <a href="https://sweethome.moi.gov.tw/?p=3117">https://sweethome.moi.gov.tw/?p=3117</a>
The League for Persons with Disabilities, R.O.C.	Publish the "Handbook of Pregnancy for Persons with Disabilities," which covers pregnancy, childbirth, and postpartum-related matters of concern to parents with disabilities.	02-2511-0836 Handbook download <a href="https://www.enable.org.tw/download/index/820">https://www.enable.org.tw/download/index/820</a>

Organization	Services provided	Contact
National Health Insurance Administration, Ministry of Health and Welfare	<p><b>“Nationwide Health Insurance Mobile Autotoll/ My Health Bank”</b></p> <p><b>I. How to log in</b></p> <p>All you have to do is to download the “Nationwide Health Insurance Mobile Autotoll/ My Health Bank” from your smartphone, authenticate through the device, enter your phone number, ID card number, graphic verification code, and then enter the last 4 digit numbers of your NHI card and set your password. And then you can register your NHI card and bind the mobile device at the same time to use the health bank and E-Counter function.</p> <p>Note: The health passbook can also be registered on the official website of the National Health Insurance Administration through the “Certificate of Natural Person” or “Health Insurance Card” with the account number of the Household Certificate, and then log in with a computer.</p>	<p><b>National Health Insurance Administration</b></p> <p>Consulting Hotline Call 0800-030-598 or 4128-678 (No additional zone code required). Dial 02-4128-678 with cellphone.</p> <p><b>Website:</b> <a href="https://www.nhi.gov.tw">https://www.nhi.gov.tw</a></p>
	<p><b>II. Health Bank</b></p> <p><b>1. Contents:</b></p> <p>Information on outpatient and inpatient services, medications, surgeries, allergies, discharge summaries, test results, imaging and pathology reports, vaccination information, adult preventive health care results, cancer screening results, and the organ donation or palliative care registry of Department of Medical Affairs.</p>	<p><b>Nationwide Health Insurance Mobile Autotoll QRcode</b></p> 



Organization	Services provided	Contact
National Health Insurance Administration, Ministry of Health and Welfare	<p><b>2. Benefits:</b></p> <ul style="list-style-type: none"> <li>(1) Convenient access to information: Multiple logins to access inter-agency integrated health information, reducing travel to and from hospitals.</li> <li>(2) Convenient self-health management: Provide visual medical information, disease risk assessment, medical push reminders and self-entered physiological measurement records.</li> <li>(3) Barrier-free communication between doctors and patients: You can present your “Health Bank” to your doctor for his reference, so that he can effectively grasp your health status.</li> </ul> <p><b>3. Add Single Integrated Account to Manage Family Health:</b></p> <ul style="list-style-type: none"> <li>(1) Mothers can access their baby’s and their own medical and health information by logging into their Health Bank with their own account.</li> <li>(2) How to attain Single Integrated Account to Manage Family Health:               <ul style="list-style-type: none"> <li>a. For minor children under the age of 15 whose mothers are enrolled in the National Health Insurance, mothers can use their own Health Bank account to access their children’s medical and health information (no application is required).</li> <li>b. If the child is not enrolled in the National Health Insurance with his/her mother, please bring along the relevant documents as the legal representative to the counter at the Regional Business Sections of the National Health Insurance Administration. After the verification process, you can use your own Health Bank account to view your children’s Health Bank information.</li> </ul> </li> </ul> <p><b>III. E-Counter</b></p> <p><b>1. Inquiries on Insurance History:</b></p> <p>Provide the function to check your own and your dependents’ insurance records. If you are an insured person, you can check your child’s enrollment status after logging in.</p> <p><b>2. Replacement of NHI card:</b></p> <p>If your child loses the NHI card, changes the basic information or wants to replace the NHI card photo, the child can request a replacement card through the insured person (father or mother).</p>	<p><b>National Health Insurance Administration Consulting Hotline</b>          Call 0800-030-598 or 4128-678 (No additional zone code required). Dial 02-4128-678 with cellphone.</p> <p><b>Website:</b> <a href="https://www.nhi.gov.tw">https://www.nhi.gov.tw</a></p> <p><b>Nationwide Health Insurance Mobile Autotoll QRcode</b></p> <div data-bbox="788 1046 976 1279" style="border: 1px dashed #ccc; padding: 10px; text-align: center;"> <p>Nationwide Health Insurance Mobile Autotoll</p>  </div>



Socially vulnerable groups health insurance, childcare allowance, maternity benefits of the national pension and maternity benefits of farmers' health insurance



### National Health Insurance protects socially vulnerable groups.

The National Health Insurance takes care of the health of the entire population. The “Decoupling of Health Insurance Debts from the Right to Medical Care (Comprehensive Card Release)” program was implemented on June 7, 2016 to promote the full release of NHI cards, provide fair protection for the rights of citizens to medical care, and practice medical equity. The citizens can be assured of medical treatment as long as they apply for insurance.

In order to help those who are unable to pay their health insurance premiums and are poverty, the National Health Insurance Administration provides debt assistance measures, such as installment payments, relief fund loans and referrals to public service organizations. National Health Insurance Administration Consulting Hotline: Call 0800-030-598 or 4128-678 (No additional zone code required); please call 02-4128-678 with cellphone.



### Childcare allowance for children under 2 years old makes it possible for us to take care of our babies at home free of worries.

#### I. Subsidy conditions:

From August 1, 2021, children of our nationality who are under the age of 2 and who apply for the following conditions at that time should receive childcare allowance:

1. Complete birth registration or initial household registration .
2. The comprehensive income of both parents or guardians in the most recent year approved by the tax collection authority with the tax rate less than 20%
3. Not receiving public or quasi-public childcare services
4. Resettlement without government funds



#### II. Application procedure:

The application for inspection and relevant supporting documents should be mailed or submitted to the township (town, city, district) office where the child's household registration is located. Relevant information can be found on the website of the Social and Family Affairs Administration of the Ministry of Health and Welfare: <https://www.sfaa.gov.tw> (Path: Homepage/Topics/Parental allowance and nursery quasi-public area) or call 1957, the welfare consultation hotline.

Amount per child per month:

Economic conditions		1 <sup>st</sup> child	2 <sup>nd</sup> child	3 <sup>rd</sup> child or above
Phase I (from August 2021 to July 2022)	The comprehensive tax rate is less than 20%.	3,500	4,000	4,500
	middle-low-income households	5,000	6,000	7,000
	Low income households			
Phase II (start from August 2022)	The comprehensive tax rate is less than 20%.	5,000	6,000	7,000
	middle-low-income households			
	Low income households			

(Source of materials: Social and Family Affairs Administration, Ministry of Health and Welfare)



### Maternity Benefits of the National Pension

A female insured who gives birth or gives birth prematurely while insured under national pension may receive a lump-sum of 2 months of maternity benefits at the current monthly benefit amount (currently NT\$36,564), plus pro-rata benefits for twins and above.

For more information about maternity benefits of the national pension, please call the National Pension Service Hotline: (02)2396-1266 #6066.

- Website: <https://www.bli.gov.tw/> (Path: Business section/ National pension insurance/ Various payment/ Maternity payment)

(Source of materials: Department of Social Insurance, Ministry of Health and Welfare, and Bureau of Labor Insurance, Ministry of Labor)



### Maternity Benefits of Farmer Health Insurance

If the insured person or his/her spouse of Farmer Health Insurance gives birth after 280 days or has a premature birth after 181 days, she will receive a lump-sum of 2 months of maternity benefits at the current monthly benefit amount (currently NT\$20,400). If she has a miscarriage after 84 days, the lump-sum benefit will be reduced by half (currently NT\$10,200). Pro-rata for twins and above.

- For more information about maternity benefits of farmer's health insurance, please call the Bureau of Labor Insurance Service Hotline: (02)2396-1266 #2330.
- Website: <https://www.bli.gov.tw/> (Path: Business topic/ Farmer insurance/ Insurance benefits/ Maternity benefits)

Bureau of Labor Insurance



(Source: Bureau of Labor Insurance, Ministry of Labor)





## Maternity and paternity leave

A female employee who has need for prenatal examination during pregnancy and has the fact of prenatal examination can request 5 days of maternity leave from her employer under the Act of Gender Equality in Employment. The employee may take leave in half-day, full-day or hourly, depending on the need for prenatal test, and the employer shall not refuse to grant such leave.

In line with prenatal preventive health care services for pregnant women, the number of prenatal test has been increased to 14. The Ministry of Labor has formulated and announced on June 4, 2021 of the “Directions for Pregnancy Checkups Leave Allowance.” Starting from July 1, 2021, employers who have provided maternity leave to employees on the 6<sup>th</sup> and 7<sup>th</sup> days will have wage subsidies.

The employer should give the employee whose spouse delivered the child 5 days of paternity leave, and the employee could choose to take 5 days of paternity leave with 15 days before or after the spouse’s delivery. In order to allow the employee to flexibly use the leave for paternity care purposes, the leave may be taken in installments.

- Website of the Ministry of Labor - Build a friendly environment  
<https://www.mol.gov.tw/>

Website of the  
Ministry of Labor





## Maternity benefits of labor insurance, parental leave without pay allowance of employment insurance



### Maternity benefits of labor insurance

When a female insured person gets pregnant or gives birth to a baby, her total number of days of Labor Insurance reaches 280 days (181 days for premature delivery), she can get a lump-sum of 2 months of maternity benefits according to the average monthly salary of the 6 months before the month of delivery, and the proportional increase for twins and above.

- For more information, please call the Bureau of Labor Insurance service hotline: (02)2396-1266 # 2866.
- Website: <https://www.bli.gov.tw/> (Path: Business topic/ labor insurance/ insurance benefits/maternity benefits)

(Source of materials: Bureau of Labor Insurance, Ministry of Labor)



### Parental leave without pay allowance of employment insurance

The arrival of a new life, you want to care for and spend time with your child, and fear of disrupting your family's finances. According to the provisions of the Employment Insurance Act, if the total number of years of labor employment insurance is more than 1 year (not limited to the same company) and before the child turns 3 years old, the employee applies to the employer for childcare leave without pay in accordance with the provisions of the Act of Gender Equality in Employment, a monthly payment at the rate of 60% of the average monthly insured salary for the six months preceding the month in which the parental leave without pay is taken, up to a total of six months for each child. Either the father or the mother can apply. (From July 1, 2021, the government will issue an additional 20% subsidy for childcare leave without pay, which will be combined with the childcare leave without pay allowance, no need to apply separately.)

When both parents of a dual-income family participate in the insurance and are raising more than 2 children under the age of 3 (such as twins, multiple children), they can apply for allowance during parental leave without pay at the same time in the name of each child. Mothers and fathers who are raising one child under the age of three cannot claim the allowance at the same time, so please remember to apply separately at staggered times.

Parenting mothers and fathers should note that the "children" under the Act of Gender Equality in Employment are treated equally whether they are born in wedlock, out of wedlock or adopted. Therefore, parents can apply for the allowance during parental leave without pay.

In addition, to improve the financial support during the period of parental leave without pay, starting from July 1, 2021, the Bureau of Labor Insurance will, according to the Direction for Unpaid Parental Leave Allowance for Raising Children, subsidizes 20% of the average monthly insured salary on which the allowance is based for those who apply for employment insurance parental leave without pay allowance.

- For more information, please refer to the website of Bureau of Labor Insurance: <https://www.bli.gov.tw/> (Path: Business topic/ employment insurance/ Benefits (including parental allowance)/ Parental leave allowances)
- Bureau of Labor Insurance Service Hotline: (02)2396-1266 #2866

(Source: Bureau of Labor Insurance, Ministry of Labor)

Bureau of Labor  
Insurance



### Parental leave without pay

After 6 months of employment and before each child reaches 3 years of age, the employed person may apply for parental leave without pay which shall last until the child reaches the age of three but shall not exceed two years. In case of raising two or more children at the same time, the period of parental leave without pay shall be added together, up to a maximum of 2 years for the youngest child. Both the father and mother may apply.

According to Article 2, Paragraph 3, of the “Regulations for Implementing Unpaid Parental Leave for Raising Children” amended and promulgated on June 4, 2021 and becomes effectively on July 1 of the same year, the period of childcare leave without pay shall not be less than 6 months each time as the principle. However, if the employee has needs for less than 6 months, he may apply to the employer within a period of not less than 30 days, and the limit is two times.

In addition, the “Act of Gender Equality in Employment” intends to relax the parental parents who can apply for parental leave without pay at the same time. Once the amendment is adopted, the Ministry of Labor will immediately issue relevant regulations.

- For more information, please call 1955 direct line to the Ministry of Labor.
- Website of the Ministry of Labor: <https://www.mol.gov.tw/> (path: [Business area/Workplace equality/Building a friendly fertility workplace](#))  
Employment equality website: <https://eeweb.mol.gov.tw/> (Source of materials: Ministry of Labor)

Ministry of Labor



Employment  
equality website





## Childbirth Accident Emergency Relief Act



### Q: What is Childbirth Accident Emergency Relief Act?

The Childbirth Accident Emergency Relief Act is a law designed to cover women's reproductive risks, ensure that mothers, fetuses and newborns receive timely relief in the event of an accident during the birth process, protect women's reproductive health and safety, reduce medical disputes, and promote the partnership between mothers and medical staffs.



### Q: Who can apply for the childbirth accident emergency relief?

I. The application for childbirth accident emergency relief by R.O.C. nationals (including their foreign spouses) shall be accepted only if the accident occurred within the territory of the R.O.C., and the application is available starting from June 30, 2016.

II. In accordance with Article 8 of the Childbirth Accident Emergency Relief Act, the claimant entitled to request for accident relief:

1. Death Benefit : If a mother or newborn dies, and the legal heir is the claimant.  
In the event of fetal death, the mother is the claimant.
2. Major Injury Benefit: The victim is the claimant.

Payment Limit of Childbirth Accident Emergency Relief

	Expectant mother	Newborn/ Fetus
Death	Up to NT\$4 million	Up to NT\$300,000
Profound disabilities	Up to NT\$3 million	
Severe disabilities	Up to NT\$2 million	
Moderate disabilities	Up to NT\$1.5 million	
Loss of reproductive function due to hysterectomy	Up to NT\$800,000	—
Other major injuries as determined by the competent authorities	Up to NT\$300,000	

(The payment amount has been revised since October 4, 2019.)

**Notification:**

- I. The Childbirth Accident Emergency Relief Act were amended and promulgated for implementation on October 4, 2019. For accidents occurring after the date of publication of the amendment, the amount of compensation shall be paid according to the amount specified above; for accidents occurring before the date of publication of the amendment, the amount of compensation shall be paid according to the amount specified before the date of publication of the amendment.
- II. According to Article 14 of the Childbirth Accident Emergency Relief Act, the right to request for relief in case of accidents shall be extinguished due to non-exercise of the right to request for relief within two years. The same applies to cases in which the accident occurred more than ten years ago.
- III. When applying for the Childbirth Accident Emergency Relief, the claimant may fill out an attorney commission and appoint an agent or a medical institution or a midwife to apply for the relief on his or her behalf.

For more information, please contact the Ministry of Health and Welfare Childbirth Accident Emergency Relief Hotline: (02)2100-2092.



**Children Future Education and Development Account**

Since 2017, the Ministry of Health and Welfare has set up individual accounts for children born after January 1, 2016 in low-income households, middle-low-income households and children who have been unaccompanied for more than two years. Parents can deposit up to NT\$15,000 per year which can be matched by the government's contribution of up to NT\$15,000 per year. The maximum total deposit of NT\$30,000 in one year and NT\$540,000 in 18 years will be used as an education fund to provide them with opportunities for higher education, employment and business start-up, so that they will not be trapped in the cycle of low education, low skills and low social participation in the future.

- If you have any questions, you can call the 1957 Welfare Counseling Line (available from 8 am to 10 pm daily).
- Or contact the Department of Social Assistance and Social Work of the Ministry of Health and Welfare:



[illegible]

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Respect and support the  
rights of breastfeeding  
mothers.



**Health Promotion Administration, Ministry of Health and Welfare reminds you.**

The "Public Breastfeeding Act" stipulates that no one can forbid, eject, or interfere a woman from breastfeeding her child in public. Any violation of this law shall be punished with a fine of no less than NT\$ 6,000 but no more than NT\$ 30,000.



Health Promotion Administration, Ministry of Health and Welfare  
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**Maternal care hotline 0800-870870**



Maternity Care Website



# Smoking is bad, go away.

## Third-hand smoke

is the toxic particles attached to clothes, furniture, dolls, etc. After smoking, which remain for at least half a year, not only harming the health of smokers, but also that of family members, especially infants and young children...

**Even my favorite bear is not spared.**



# A happiness you worth having, a lifetime of warm gratitude

Please protect girls, don't conducting  
pregnancy gender screening.



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