



Pregnant!

*National leaflet from midwives, general practitioners, gynaecologists and
maternity care providers*

www.allesoverzwanger.nl

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1. You are pregnant!

Introduction

You are pregnant! Most pregnant women have many questions. For example:

- What can you eat when you are pregnant? And what foods should you avoid?
- Do you use medicines? And what should you do about this during pregnancy?
- Can you continue to work and exercise/play sports? And how long can you continue?
- What does the midwife do? And the gynaecologist?
- What should you do if you experience pregnancy-related symptoms? When should you contact the midwife or gynaecologist immediately?

You will find the answers to many of your questions in this leaflet.

Many changes during pregnancy

You will experience many changes during pregnancy. Each woman may experience these changes differently.

- Some women feel fine for the whole 9 months. Other women may experience pregnancy-related symptoms.
- Some women continue to work up to between 4 and 6 weeks before their due date. Other women stop working earlier or work less.
- Pregnancy is a happy time for most women and their partners, but not for everyone. Sometimes, the pregnancy may be unplanned, or there may be some concerns about the relationship, work, money or the course of the pregnancy itself.

Do you have any questions? Is something worrying you or do you have a problem? Talk about this with your midwife or gynaecologist.

A midwife or gynaecologist will provide care throughout pregnancy and at childbirth

In the Netherlands, a midwife will usually care for you throughout your pregnancy and at childbirth. In some areas of the Netherlands, a general practitioner (GP) will care for you throughout pregnancy and at childbirth. If necessary, you will be cared for by a gynaecologist or a midwife in hospital. Midwives, GPs and gynaecologists will work with you and with each other to provide the best care for you and your baby.

From here on in, we will only write 'midwife' or 'gynaecologist'. This will also mean a GP who cares for you throughout pregnancy and at childbirth.

See Section 11 for websites with information about pregnancy and childbirth.

2. Seeing a midwife or gynaecologist

When you know you are pregnant, you should make an appointment with a midwife as soon as possible, except if you are already being treated by a gynaecologist. In this case, you should make an appointment with the gynaecologist. The midwife or gynaecologist will inform your GP that you are pregnant.

Making arrangements with your midwife or gynaecologist

Your midwife or gynaecologist will discuss the following questions with you at your first appointment.

- **How are you feeling?**
Are you happy that you are pregnant? Or not?
- **Your due date**
Together with your midwife or gynaecologist, you will calculate the date you are due to give birth. Your baby will be born around this time. To do this, they will ask a number of questions:
 - What was the first day of your last period? When did you have your last period?
 - Was your last period on time? And was your last period a normal one?
 - Did you take the pill? When did you stop taking the pill?

Write down the answers to these questions in advance and take the notes with you. Depending on the practice, an ultrasound scan will be performed during your first or a later appointment. On the scan, you can also see if your baby's heart is beating, how long you have been pregnant and if you are expecting twins.

- **Is this your first pregnancy?**
Your midwife or gynaecologist will ask you if this is your first pregnancy. Have you been pregnant before? How did that pregnancy go? Have you ever had a miscarriage?
- **How healthy are you?**
Your midwife or gynaecologist will ask you questions about your health. Are you currently ill, or do you have health problems? What illnesses have you had? Have you had any operations? Have you ever had a blood transfusion? Do you take medicines? Do you smoke, or have you ever smoked? Do you drink alcohol or use drugs, or have you used them in the past? They will also ask about your partner's health.
- **How healthy are your family and your partner's family?**
Has anyone in your family suffered from diabetes or heart problems at a young age? Is there anyone with a congenital abnormality (a heart defect or spina bifida, for example), or are there any carriers of a disease or family members who have a hereditary disease themselves? This could include a disease of the muscles, cystic fibrosis or congenital anaemia (sickle-cell disease).
- **Home and work**
What sort of accommodation do you live in? Do you live alone or with a partner? How is your relationship going? Do you and your partner both work? Could your work be dangerous for you or your baby? Do you have money problems? Is there anything special that your midwife or gynaecologist should know?
- **What sort of tests can you have during pregnancy?**
Your midwife or gynaecologist will explain the tests you can have when you are pregnant. They will explain about the blood test (see page 17), the screening for Down's syndrome, Edwards' syndrome and Patau's syndrome with the NIPT (see

page 21), and the screenings for physical abnormalities at 13 and 20 weeks of pregnancy (see page 21).

Your midwife or gynaecologist will not only ask questions. They will also take your blood pressure and in some cases measure the size of your uterus.

If you have questions for your midwife or gynaecologist, write them down beforehand so you do not forget anything. If you want to take your partner or someone else to your appointment with the midwife or gynaecologist, you may do so.

3. Check-ups during pregnancy

During the first half of your pregnancy, you will usually have an appointment with your midwife or gynaecologist once every 4 weeks. Later on, this will be every 2 to 3 weeks, and every week towards the end of your pregnancy. Sometimes, you might have more or fewer check-ups. This depends on how you and your baby are doing.

What will your midwife or gynaecologist do at these appointments?

Your midwife or gynaecologist will ask you how you are feeling and how you are experiencing your pregnancy. You are encouraged to ask any questions you may have. It is best to write down your questions beforehand so you do not forget anything. You will also talk about the birth itself, both early on in your pregnancy and again in the later months, so you will be well prepared (see page 22).

At every appointment, your midwife or gynaecologist will examine you:

- Is the baby growing well? To do this, they will feel your abdomen.
- From the third month onwards, they will listen to your baby's heartbeat.
- They will take your blood pressure. It is better if your blood pressure is not too low or too high. Low blood pressure is not a cause for concern, but it can make you feel dizzy. High blood pressure is not healthy for you or your baby. If you have high blood pressure, you may need extra care.
- At the end of the pregnancy, they will examine you to identify the position of your baby.

Between 10 and 12 weeks of pregnancy, your midwife or gynaecologist will perform an ultrasound scan known as a dating scan. It will show how long you have been pregnant. On the scan, they will also be able to see if your baby's heart is beating and if you are expecting twins.

Sometimes, the midwife or gynaecologist will perform an extra ultrasound scan. This may be necessary if your baby is not growing well, if you are losing blood or to assess the position of your baby.

See page 35 for warning signs for which you should call your midwife or gynaecologist immediately.

Do you use medicines? Tell your pharmacy that you are pregnant. The pharmacy will know which medicines you may or may not use if you are pregnant. See also page 9.

4. Health during pregnancy

In this section, you can read how to stay healthy while you are pregnant (page 6) and what you can do about health issues that commonly occur in pregnancy (page 13). It also discusses the rules that apply if you work during pregnancy (page 15).

See page 35 for warning signs that mean you should call your midwife or gynaecologist immediately.

Healthy living: A to Z

When you are pregnant, you have to pay even more attention to your health than usual. Your health has a great impact on your baby's health. Here are some tips about things you can do.

Alcohol

Do not drink alcohol if you are pregnant or want to become pregnant. You usually do not find out you are pregnant until several weeks after your pregnancy begins. Even in the early weeks of pregnancy, alcohol is bad for your baby. If you drink alcohol, there is a higher risk that you could have a miscarriage. Alcohol can harm your baby's brain and other organs. Your baby will not grow well and could be born too early. No amount of alcohol is safe during pregnancy. You should also not drink alcohol when you are breastfeeding. Alcohol gets into the breast milk, which is not good for your baby. If you have drunk alcohol, wait for three hours per glass before breastfeeding again. That is how long it takes for the breast milk to be free of alcohol. If you have drunk alcohol and are concerned about it, talk to your midwife, gynaecologist or GP. You can also find more information at www.alcoholinfo.nl/zwanger, or you can make an anonymous call to the Alcohol Info Line (0900-1995).

Infectious diseases

You can get an illness caused by a bacterium or a virus. Some infectious diseases are bad for your health and the health of your unborn child. You can reduce the risk of getting an infectious disease by frequently washing your hands with soap. This is important to protect against the cytomegalovirus (CMV), for example. This virus can be harmful to the health of your unborn baby, so you should try to avoid all contact with this virus. The virus is commonly found in the saliva and urine of young children. You should wash your hands after wiping children's noses, changing nappies or helping a child on the toilet. Do not share cutlery with your child or anyone else's child, and do not put a child's dummy or pacifier in your own mouth. Do not feed your child or anyone else's child from your own spoon or fork.

There are also infectious diseases that give you a skin rash. These include chicken pox, rubella (German measles) and parvovirus (fifth disease). These diseases can be harmful to the health of your unborn baby. If you have been in contact with someone who has one or more of these diseases, telephone your midwife or gynaecologist. For more information, go to www.rivm.nl/zwangerschap-en-infectieziekten.

Drugs

Perhaps you or your partner take weed, ecstasy (XTC), cocaine or other drugs sometimes, or use nitrous oxide (laughing gas) or mushrooms. Using drugs is never safe. For this reason, you must not use any drugs at all if you want to become pregnant or

during your pregnancy. Drugs damage egg and sperm cells. Drugs can cause serious problems for your baby. You should also not use drugs when you are breastfeeding.

If you have used drugs while pregnant or breastfeeding, talk to your midwife, gynaecologist or GP. For more information, go to www.drugsinfo.nl/zwanger. You can also make an anonymous call to the Drugs Info Line (0900-1995).

Food and drink

How to eat healthily

Eating healthily during pregnancy is important for you and your baby. Eating a varied diet is important so that the baby gets the nutrients it needs to grow. The *Wheel of Five* (Dutch Dietary Guidelines) produced by the Netherlands Nutrition Centre will help you to eat a varied diet. There is no need to eat for two. If you are hungry, choose something healthy, such as something from the *Wheel of Five*.

The following advice is also important when you are pregnant:

- Take folic acid (see page 8) and vitamin D (see page 12) every day.
- Eat fish twice a week: an oily fish such as salmon (tinned or baked) or trout once a week and a low-fat fish such as tilapia or plaice the other time. If you eat enough fish, it is less likely that your baby will be born too early. There are some types of fish that you should avoid eating while you are pregnant, because they contain harmful substances. For this reason, you should not eat smoked salmon, mackerel, eel, sardine, tuna, crab or shrimp. Check the Netherlands Nutrition Centre's *ZwangerHap* app to see which types of fish you can eat.

For more information about healthy eating, go to www.voedingscentrum.nl/zwanger.

During pregnancy, it is extra important to get enough calcium, iodine and iron from what you eat.

- Calcium is mainly found in dairy products such as milk and yoghurt. You will get enough calcium if you eat or drink 3 to 4 portions of dairy products each day (about half a litre). Calcium is important to help your baby grow healthy bones. If you get enough calcium, your baby is less likely to be born too early. It is also less likely that you will get high blood pressure or pre-eclampsia.
- Iodine is mainly found in bread, but also in dairy products, eggs and fish. You will get enough iodine if you consume 5 sandwiches and 3 to 4 portions of dairy products (around half a litre) per day and eat fish twice a week. Iodine is important for your baby's growth and brain development.
- Iron is found in meat and fish, as well as in bread and wholegrain products, pulses, nuts and certain vegetables. Your midwife will check whether you have enough iron in your blood.

If you are unable to eat certain products that contain these nutrients, you can take pills (supplements) to make sure you get enough. Go to www.voedingscentrum.nl/zwangersupplementen.

What foods can you eat, and what foods should you avoid?

During your pregnancy, you can eat and drink almost anything. However, some foods can be harmful, such as certain types of fish (like mackerel, eel, sardine, tuna, crab and shrimp), liver and alcohol (see also page 6).

There are also things you should not have too much of, like sweet or salty liquorice, coffee, tea and soy products.

Tip: download the ZwangerHap app at www.voedingscentrum.nl/zwangerhap. The app makes it easy to work out whether you should or should not eat or drink a particular product during pregnancy.

Safe eating

During pregnancy, your resistance is lowered. This means you are more likely to get an infection from food. Below are a few tips to keep that from happening:

- Wash your hands with soap and water before cooking and before eating.
- Set your fridge to 4°C. Eat products that have been stored in the fridge before the use-by date or within 2 days after opening.
- Cook the following products before you eat them: raw meat, raw and smoked fish, raw eggs, raw sprouts, soft cheeses made from raw milk (these will have the words *au lait cru* on the label) and raw milk (for example, milk that you buy from a farm or country shop – milk from the supermarket is never raw).
- Do not share cutlery with your child or anyone else's child, and do not put a child's dummy or pacifier in your mouth. Read why on page 6.

For more information, go to www.voedingscentrum.nl/zwanger.

Dieting and fasting

During pregnancy, most women gain around 6–14 kilos in weight. This is due to the baby and the uterus growing. You also develop more fatty tissue and more blood in the blood vessels. You should not go on a diet when you are pregnant, as this could be harmful for both you and your baby. Your baby needs nutrients to grow. After the first 3 months in particular, it is important that you eat enough, because your baby is growing quickly. If you want to go on a diet, wait until after you have given birth. If you want to fast, during Ramadan, for example, discuss this with your midwife or gynaecologist.

Folic acid

Folic acid reduces the risk of your baby being born with spina bifida, a cleft lip or a cleft palate. You are probably already taking folic acid. Continue taking it until you are 10 weeks pregnant. If you are not taking folic acid, you should start to take it and continue taking it until you are 10 weeks pregnant. Take one 400 or 500-microgram tablet of folic acid every day (this is the same as 0.4 or 0.5 milligrams). These tablets can be purchased from a pharmacy or chemist. You do not need a prescription from a doctor. For more information about folic acid, go to www.strakswangerworden.nl.

Iodine tablets

If you are pregnant and you live within 100 km of a nuclear power plant, it is important to have iodine tablets in the house. You will need to take these in case of a nuclear accident. They will protect your baby from thyroid cancer.

N.B. You may only take iodine tablets when the government issues a statement telling you to do so, not before.

These tablets can be purchased from a pharmacy or chemist. They cost around €3. For more information about iodine tablets, go to www.waaromkrijgikjodiumtabletten.nl. On this page, you can also find out which nuclear power plants are relevant to you.

Cat litter trays and gardening

Cat poop and garden soil can contain a parasite that causes a disease called toxoplasmosis. If you are pregnant and develop an infection caused by toxoplasmosis, this can be very bad for your baby's health. You should wear gloves when you clean the

cat litter tray and also when you work in the garden. Always wash your hands afterwards. Wash your hands and your children's hands after playing in a sandpit.

You can also catch toxoplasmosis from certain foods. Do not eat raw meat products such as carpaccio or meat that has not been heated through properly. Do not eat sandwich fillings that are made from raw ground beef, raw beef sausage or salami. Also, do not eat any unwashed fruit or vegetables.

If you have already had toxoplasmosis, you cannot get it again.

For more information, go to www.rivm.nl/toxoplasmose.

Smoking

Quitting smoking is very important to give your child a healthy start. It will reduce your risk of having a miscarriage or a pregnancy that develops outside your uterus (ectopic pregnancy). If you do not smoke while you are pregnant, your baby will get more air and food. Your baby will grow better and be less likely to develop abnormalities. There is also less risk of your baby being born too early or being too small at birth. A baby that is born too early or is too small at birth may develop problems during and after birth. For more information, go to www.ikstopnu.nl/zwanger.

You should also not vape (use e-cigarettes) while you are pregnant. We do not know whether it is safe to vape while pregnant. When you vape, you breathe in unhealthy substances that will reach your baby. Many e-cigarettes contain nicotine, which means they are addictive.

It can be hard to quit smoking, but you can do it! And you do not have to do it alone. Talk to your midwife, gynaecologist or GP, or make a free phone call to a coach from Rookvrije Ouders. They are specifically there to help you quit smoking. For more information, go to www.rookvrijeouders.nl.

When someone near you is smoking, you breathe in the smoke. This is called passive smoking, or breathing second-hand smoke. It is not healthy for you or your baby, which is why it is best if your partner and family can also quit smoking. If they really cannot stop, ask them not to smoke near you. Keep the house and car smoke-free at all times.

Even after your baby is born, it is important to stay smoke-free, particularly if you are breastfeeding. Make sure your baby is not exposed to second-hand smoke. Breathing in smoke is very unhealthy for babies and children because their bodies and lungs are still growing. Even if you smoke outside, your child will still be exposed to second-hand smoke. Smoke can stay in your hair and clothing and on your skin and furniture for a long time. This kind of smoke is also unhealthy for your child. For more information, go to www.ikstopnu.nl/meeroken.

Care insurers will often pay for the cost of help with quitting smoking. Ask your insurer about this.

Medicines

Are you taking medicines? Tell your midwife or gynaecologist which medicines you are taking. This includes medicines that can be bought without a doctor's prescription, from the chemist or the supermarket for example. It also includes herbal remedies, homeopathic products and other alternative medicines. Tell the pharmacist that you are pregnant and that you are taking these medicines. Some medicines are bad for your baby, so ask the pharmacist for a list of the medicines you take. Take this list to show

your doctor or GP. They will look at whether all of the medicines are necessary. You should always inform your GP, your medical specialist and your dentist that you are pregnant.

If you are in pain, you can take paracetamol. Read the package leaflet to see how many tablets you can take. If you need to take paracetamol for longer than a few days, discuss this with your midwife or gynaecologist. Only use painkillers other than paracetamol after consulting your midwife or gynaecologist. If you need to have a local anaesthetic at the dentist, you can, but tell the dentist that you are pregnant.

At www.moedersvanmorgen.nl/boekje, you will find a booklet showing 10 common conditions for which you can buy medicines yourself. These include allergies, heartburn, nausea and a blocked nose. It tells you which medicines you can and cannot take when you are pregnant. Always discuss this with your midwife or gynaecologist.

For more information about medicines during pregnancy, go to www.moedersvanmorgen.nl/kennisbank.

Hazardous substances

You may come into contact with hazardous substances. Hazardous substances are found everywhere, and you cannot always avoid them. Hazardous substances can be very bad for the health of your unborn baby. Pay special attention to the things listed below, and do not inhale them.

- DIY products such as benzene and turpentine. Paints, glues and sealants also often contain solvents.
- Pesticides. This includes mosquito and tick repellents that contain DEET and that you apply to your skin.
- Nail polish remover. Some nail polish removers contain acetone.
- Head lice repellent containing dimethicone. It is better to comb your hair daily with a lice comb.
- Candles and incense. These can release fine particles. If you want to use them anyway, make sure the room is well ventilated.

The air in your home may also contain hazardous substances. Open a door or a window every day to air your house.

Go to www.waarzitwatin.nl. Under *Ik ben zwanger* (I am pregnant), you will find information about hazardous substances in everyday products. Under *Ik heb een baby* (I have a baby), you can read about substances in products that can be harmful to babies after birth. Take this into account when buying things for the baby and the nursery, or if you want to renovate the nursery.

Sex

You can have sex as usual when you are pregnant. Sex cannot cause a miscarriage, nor is sex bad for your unborn baby. If you have any questions about or problems with sex, discuss them with your midwife or gynaecologist.

Have unpleasant things concerned with sex happened to you in the past? Are you uncomfortable with your midwife or gynaecologist examining your vagina? If so, discuss this with your midwife or gynaecologist. They can then take this into account when examining you and at childbirth.

Sports

You can still play sports and exercise when you are pregnant. However, it is best not to exercise more than you did before you were pregnant. Make sure you drink enough when you exercise. If you experience any discomfort during or after exercising or if it makes you tired, you should exercise less. If you have any doubts, talk to your midwife.

You can walk, cycle, swim and work out until the end of your pregnancy. However, you should be careful with sports that can cause you to suffer a blow to the abdomen. You should also be cautious with sports that involve bumping into others or could cause you to fall. These include football, hockey, volleyball and skiing. You should not dive underwater with an oxygen tank when you are pregnant.

Radiation

Radiation from mobile phones, computer screens and microwaves is not bad for your baby. If you need to go to hospital for a test, or if you are at the dentist and they want to take an x-ray, tell them you are pregnant. In most cases, you can postpone any tests involving dangerous radiation until after your pregnancy.

Stress and tension

Long periods of stress and tension are unhealthy for you and your baby. Discuss your concerns with your midwife, gynaecologist or GP. They can help you to find a solution to reduce your stress and give your baby a better start in life. With your permission, they may refer you to another healthcare professional.

Vaccinations during pregnancy

Whooping cough vaccination (22-week vaccination)

Whooping cough is a very infectious disease that is dangerous for newborn babies. It can cause babies to develop pneumonia and brain damage. In rare cases, babies may die from whooping cough. Babies are vaccinated against whooping cough when they are a few months old. This means they can still get whooping cough in the first few months of life. If you get vaccinated against whooping cough while you are pregnant (22-week vaccination), both you and your baby will be well protected. For this reason, it is sensible to be vaccinated against whooping cough while you are pregnant. Your midwife or gynaecologist will tell you about this. You can be vaccinated from week 22 of pregnancy onwards. If you have the vaccination, your baby will usually need one less injection after birth and can start their vaccinations a month later. For the 22-week vaccination, you will have to make an appointment with youth healthcare services (the Well-Baby Clinic) yourself.

For more information, go to www.rivm.nl/zwanger-en-vaccineren. On this web page, you can also read about the best time to get the 22-week vaccination and where you can make an appointment.

Flu vaccination

Very occasionally, newborn babies and pregnant people become very ill with the flu. They can even end up in hospital. If you get vaccinated against the flu during pregnancy, your baby will be less likely to catch the flu. And if you or your baby do catch the flu, you will usually become less ill. The flu vaccination is safe for you and for your child. You can only get a flu vaccination when you are at least 22 weeks pregnant, and only between 15 October and 1 March. Your midwife or gynaecologist will tell you more about the flu vaccination.

For more information, go to www.rivm.nl/zwanger-en-vaccineren.

Coronavirus vaccination

If you become infected with the coronavirus during your pregnancy, there is a higher risk that you could become seriously ill. You might also have to go to hospital. This could have consequences for you and your baby. That is why you can get a coronavirus vaccination when you are pregnant. The vaccination makes it less likely that you will become seriously ill. It will not harm you or your baby.

For more information, go to www.mijnvraagovercorona.nl or www.allesoverzwanger.nl/corona. These websites also have information videos.

Vaccinations on the same day

You do not need to worry about leaving time between the coronavirus vaccination, the flu vaccination and the whooping cough vaccination. You can get all of these on the same day.

Some women get an anti-D injection during pregnancy (see page 18). This is not a vaccination. You can get this injection on the same day as a vaccination. You can find more information about vaccinations during pregnancy on the websites given above. Your midwife, gynaecologist or GP can also tell you more about vaccinations.

Holidays and long trips

Do you want to go on holiday or are you planning to go on a long trip? Discuss this with your midwife or gynaecologist. Do you want to go on holiday to a faraway country? Make an appointment with your GP or the Municipal Public Health Service (GGD). Do this 6 to 8 weeks before you leave. You will then be advised on what you can and cannot do in that country. If necessary, you will also be given vaccinations. Tell your GP and the GGD that you are pregnant. For more information, go to www.zwangerschapenreizen.nl or www.lcr.nl.

You can still fly if you are pregnant. However, airlines often do not accept people who are more than 32 to 34 weeks pregnant, as they do not want you to give birth in the air!

Vitamin D

Your body needs vitamin D. This can be found in fatty fish such as salmon and herring, margarine, meat and eggs. However, these foods contain less than your body needs. Your body also makes vitamin D when you are outside in daylight. That is why it is important to go outside every day. When you are pregnant, you need more vitamin D than usual. For this reason, you should take 10 micrograms of vitamin D per day throughout your pregnancy. You can buy the pills at a supermarket, chemist or pharmacy.

Vitamin pills

If you are pregnant, or if you want to become pregnant, it is important to take folic acid (page 8) and vitamin D (page 12). If you eat a healthy and varied diet, you do not need to take vitamin pills. If you want to take vitamin pills, take multivitamin pills that are made especially for pregnant people. These special pills contain less vitamin A, because too much vitamin A is bad for your baby. If these multivitamin pills also contain vitamin D, you do not need to take vitamin D pills separately.

For more information, go to www.voedingscentrum.nl/zwangersupplementen.

What health complaints you may get: A to Z

When you are pregnant, a lot of things in your body change. This is part of pregnancy, but you may also get health complaints. You should keep an eye out for these. Here is a list of the symptoms that you may get and some suggestions on what you can do about them.

Anaemia

You may become anaemic during pregnancy. This means that you have too few red blood cells in your blood or that the red blood cells may not be working properly. You may feel dizzy, short of breath or tired. You may also faint and look very pale. Your midwife will check whether you are anaemic at the beginning of your pregnancy. At 30 weeks of pregnancy, they will check for this again. In some cases, this test may be repeated if you have any health complaints. Are you anaemic? This is often because you do not have enough iron in your blood. The best thing to do then is to eat products with a lot of iron in them. Look under 'Food and drink' on page 7 to see what you can do. However, this does not always help, in which case your midwife will give you iron tablets.

Anaemia may also have a different cause. The midwife will then refer you to the GP.

For more information, go to www.deverloeskundige.nl or www.thuisarts.nl/bloedarmoede.

Blood loss

Blood loss from the vagina can sometimes happen when you are pregnant, especially in the first 3 months. It does not have to be serious. It may be due to the fertilised egg implanting itself in your uterus, or you may have a small abrasion on your cervix. However, it is also possible that you may have had a miscarriage. If you are losing blood from your vagina, call your midwife or gynaecologist. Keep the panties or pantyliners that show the blood loss.

See page 35 for warning signs that mean you should immediately call your midwife or gynaecologist.

Heartburn and stomach ache

Some pregnant people experience heartburn and stomach ache, or a burning and painful sensation in the oesophagus. Heartburn can be made worse by coffee, orange juice, carbonated drinks and fatty foods. If you have heartburn, it is better not to drink or eat these things. If the heartburn does not go away, consult your midwife or gynaecologist.

Brown patches on your face

During pregnancy, you may develop brown patches on your face from the sun or a sunbed. These pigment patches are also called the 'pregnancy mask'. Stay in the shade as much as possible and do not go on a sunbed. If you go out in the sun, use sun block or wear a hat. These brown spots usually disappear after pregnancy.

Emotions during your pregnancy

A lot of things change when you are pregnant, and this can make you more emotional. Emotional changes can also be due to your hormones. Your partner may also become more emotional. These can be both positive and negative emotions. If you or your partner suffer from negative emotions, discuss them with your midwife, gynaecologist or GP.

Tightening of your abdominal muscles

When you are pregnant, you may experience tightening of your abdominal muscles. This is due to the contraction of the muscles of your uterus. If you feel a tightening of your abdominal muscles only occasionally, that is not a problem. If you often feel a tightening of your abdominal muscles and it starts getting worse, call your midwife or gynaecologist.

Nausea

You may feel nauseous, especially in the first 3 to 4 months of pregnancy. This often happens in the morning when you wake up. You may also vomit. For many women, this is all part of pregnancy.

If you feel nauseous, do not stop eating, because this can make it worse. Begin the day with a light breakfast and eat it before you get out of bed. For the rest of the day, you should also eat several small meals. You will soon discover what you can and cannot eat. If you vomit often and for long periods of time, your GP can give you some medicine that will help. For more information about nausea during pregnancy, go to www.thuisarts.nl/zwanger or *Ziektes en kwaaltjes* (diseases and ailments) at www.deverloskundige.nl/zwangerschap.

Tiredness

You may feel tired, especially in the first 3 months of pregnancy. This happens because the hormones in your body are changing. It is rarely caused by anaemia. Try to take it easy. Many women want to sleep more. After about 4 months, most women no longer feel so tired.

Pain in your back or pelvis

You may feel pain in your back or in your pelvis. Sitting, standing or walking may become more difficult. Discuss this with your midwife or gynaecologist. They can help you to improve your posture.

Exercise can help with the pain. These tips may also help:

- When you want to pick something up or you need to lift something, bend your knees – do not bend down.
- When sitting on a chair or a sofa, make sure the lower part of your back is supported.
- If your pelvis hurts and you want to rest, it is best to lie down.
- If it is difficult for you to get out of bed, first turn onto your side, push your upper body up with your arms until you are in a sitting position and then hang your legs over the edge of the bed. Stand up while keeping both feet on the floor.

A pelvic physiotherapist can treat you for pain in your back or pelvis. The sooner treatment begins, the better the chance your back and pelvis will recover. For more information, go to www.bekkenfysiotherapie.nl.

Urinating

When you are pregnant, you have to urinate more often than usual. This is because your uterus is growing and pressing against your bladder. If you have to urinate very often, you may have a bladder infection. If so, you may feel a burning sensation or pain when urinating. If you experience this, take a urine sample to your GP the same day. The GP will then check whether you have a bladder infection. If you do have an infection, you will be given medicine. During pregnancy, you can sometimes lose small amounts of urine spontaneously. This can happen if you get the urge to urinate and you are on your way to the toilet. It may also happen when you crouch down, laugh, cough or sneeze. This is

called urine loss. Nearly 1 in 3 women experience this during pregnancy. Sanitary towels or pantyliners can be used to collect the drops of urine. To counteract urine loss and prevent it from getting worse, you can do pelvic floor exercises.

Your pelvic floor muscles are the muscles that help you hold back urine and faeces. Ask your midwife or gynaecologist for advice. Urine loss usually goes away on its own six months after childbirth. To help it pass more quickly, you can train your pelvic floor muscles. A pelvic physiotherapist can help you with this. For more information, go to www.bekkenfysiotherapie.nl.

Do you have difficulty defecating? Are you constipated? Problems with haemorrhoids?

Some women find it harder to defecate when they are pregnant. Your faeces may also become harder. This is because your bowels work more slowly during pregnancy. If you push hard when defecating, you may get haemorrhoids. Haemorrhoids are small bulges near your anus. They can hurt or itch. If you push hard when defecating, they can get worse. This happens especially when your faeces are hard.

What can you do to make defecating easier?

- Do not delay going to the toilet: if you wait, your faeces will become harder.
- Eat lots of vegetables, fruit, wholemeal bread and wholemeal pasta. Choose to eat pulses more often, and eat a handful of unsalted nuts every day.
- Drink enough: at least 2 litres a day.
- Make sure you get enough exercise, by walking or cycling, for example.

Varicose veins

Some women develop varicose veins on their legs during pregnancy. You can also get varicose veins in your labia. If you have varicose veins, sitting or standing for a long time is not good. Keep moving around. When sitting or lying down, use a stool, a chair or a cushion to keep your legs elevated. You can also wear elastic support stockings. These can reduce the pain of varicose veins. Ask your midwife or gynaecologist for advice. After giving birth, your varicose veins will become smaller on their own.

Fluid from your vagina

When you are pregnant, you often have more fluid coming out of your vagina (discharge). This is normal. If the discharge has a strange colour, if it smells strange or if it itches, hurts or burns, you could have an infection. If this is the case, you may be given medicine. If a pinkish fluid suddenly starts coming out of your vagina a couple of times a day, it could be amniotic fluid.

Always discuss these symptoms with your midwife or gynaecologist.

Fluid retention

When you are pregnant, your body holds on to more fluid. Some women develop swollen feet and ankles as a result. This can get worse in hot weather or if you do not move around much. Make sure you exercise enough, by walking or cycling, for instance. When sitting or lying down, use a stool, a chair or a cushion to keep your legs elevated. If you suddenly start retaining fluid in your legs, hands or face, you could have high blood pressure. Call your midwife or gynaecologist immediately.

See also page 35.

Work and your health

The government has imposed rules to help you work and have a healthy pregnancy.

Work

You can work as usual when you are pregnant. However, there are some jobs that are best avoided. For instance:

- working with vibrations – for example, in a lorry or an agricultural machine;
- working with radioactive radiation;
- working with chemicals;
- working where you can get infections from bacteria or viruses;
- heavy work that requires lifting, pulling, pushing or carrying.

Your employer must ensure that you can work safely and in a healthy way. Your employer must not allow you to do any work that is bad for your or your baby's health. Discuss the possibilities of doing different work.

Do this as soon as you know you are pregnant. You can also consult the company doctor or the occupational health and safety department. They can look at what work you can and cannot do. And they can advise your employer on this. Your employer can then modify your work. For more information, go to the [Health and Safety Portal](#). See the QR code at the bottom of the page.

Night shifts and shift work

Do you do shift work, including night shifts? Then you can discuss different work times and break times with your employer. You are entitled to extra breaks when you are pregnant. Also, you do not have to work night shifts or overtime when you are pregnant. This also applies to the first 6 months after the birth. If you cannot do your own job safely and healthily, your employer must offer you alternative work.

Maternity leave

The law states that you have the right to 16 weeks' maternity leave. Your maternity leave can start when you are between 34 and 36 weeks pregnant. You can choose when you want to start your leave. In any case, you must stop working when you are 36 weeks pregnant. You are entitled to 10 weeks' leave after giving birth.

- If you give birth earlier than the due date, you are still entitled to 16 weeks' leave.
- If you give birth later than the due date, you are still entitled to 10 weeks' leave after you have given birth, so your leave lasts longer.

After giving birth, you are also entitled to parental leave. There is also parental leave for your partner. For more information, go to the [Health and Safety Portal](#). See the QR code at the bottom of the page.

For more information, go to the [Health and Safety Portal](#).



QR-code 1

5. Blood tests

At your first appointment, your midwife or gynaecologist will tell you about blood tests. Blood tests will help you to find out if the baby could become ill because you have an infectious disease, or if you have antibodies in your blood. If this is the case, it is often possible to get treatment that will protect your baby. Sometimes, the baby will receive treatment after birth. With such treatment, the baby is less likely to become ill. It is important that you have the blood test early in pregnancy. If necessary, treatment can then be started early. This blood test is only done with your permission.

What does the laboratory test your blood for?

- Which blood group do you have – A, B, AB or O?
- Do you have antibodies against your baby's blood group in your blood, or could you make them?
- Is your blood group Rhesus D-negative or Rhesus c-negative?
- Do you have an infectious disease that you can pass on to your baby? These diseases are syphilis, hepatitis B and HIV. We will explain these blood tests on the next few pages.

The laboratory often also tests how much glucose (sugar) and how much haemoglobin (Hb) you have in your blood. If you have too little haemoglobin, it means you are anaemic. This can often be remedied by diet or pills. See page 7.

Go to www.pns.nl/bloedonderzoek-zwangeren for more information and a video about blood tests (in Dutch).



QR-code 2

Blood group tests during pregnancy

Do you have antibodies against your baby's blood group in your blood?

It is possible that you and your baby have different blood groups. During pregnancy, some of your baby's blood cells may get into your blood. You will then produce antibodies against the baby's blood. It is also possible that you made these antibodies during a previous pregnancy or delivery, or after a blood transfusion. If you have antibodies in your blood against other blood groups, your antibodies may break down your baby's blood. If this happens, your baby will become anaemic. If the laboratory finds antibodies to other blood groups, your midwife or gynaecologist will tell you what should happen.

For more information and leaflets, go to [Bloedgroepen en antistoffen](http://www.pns.nl/bloedonderzoek-zwangeren) (blood groups and antibodies) at www.pns.nl/bloedonderzoek-zwangeren.

Extra attention in week 27 if your blood group is Rhesus D-negative or Rhesus c-negative
If your blood group is Rhesus D-negative or Rhesus c-negative, you have a slightly greater chance of your body making antibodies against other blood groups. You will therefore be given a blood test in week 27.

Is your blood group Rhesus D-negative?

Are you Rhesus D-negative? If so, your body may start to produce antibodies against your baby's blood. That is why you will have another blood test in week 27 of your pregnancy. The laboratory will determine if your body is making antibodies and if your baby is Rhesus D-negative or Rhesus D-positive.

- Is your baby Rhesus D-positive? If so, your body may start making antibodies against your baby's blood. For this reason, you will be given an anti-D injection in week 30 of your pregnancy. This injection reduces the risk of your body making antibodies against your baby's blood. Your baby will not be affected by the injection. After delivery, you will have the same injection again. Sometimes, you may need an extra injection, if you have fallen on your stomach, for instance. Always tell the midwife or gynaecologist this immediately.
- Is your baby Rhesus D-negative like you? Then your body will not produce antibodies to your baby's blood. You do not need an injection.
- If the laboratory finds antibodies to other blood groups, your midwife or gynaecologist will give you additional check-ups. These extra check-ups are necessary to make sure that your baby is doing well.

Go to www.pns.nl/bloedonderzoek-zwangeren/onderzoek-bloedgroepen/rhesus-d-negatief to watch a video about being Rhesus D-negative (in Dutch), or scan the QR code.



QR-code 3

Is your blood group Rhesus c-negative?

Are you Rhesus c-negative? If so, your body may start to produce antibodies against your baby's blood. That is why you will have another blood test in week 27 of your pregnancy. The laboratory will determine if your body is making antibodies. If it is, your midwife or gynaecologist will give you additional check-ups. These extra check-ups are necessary to make sure that your baby is doing well.

Go to www.pns.nl/bloedonderzoek-zwangeren/onderzoek-bloedgroepen/rhesus-c-negatief to watch a video about being Rhesus c-negative (in Dutch), or scan the QR code.



QR-code 4

Your midwife or gynaecologist will give you a leaflet containing more information about blood groups and antibodies in your blood.

Tests for infectious diseases during pregnancy

Blood tests can tell you whether you have an infectious disease that you can pass on to your baby. The laboratory tests are for the infectious diseases listed below.

Syphilis

Syphilis is a sexually transmitted infection (STI) caused by bacteria. You can get syphilis if you have unsafe sex with someone who has syphilis. If you have syphilis, your baby can get it too. This can happen during pregnancy. It is therefore important that you should know about it as soon as possible. If you have syphilis, you must see a gynaecologist. The gynaecologist will give you antibiotics which will reduce the risk of you infecting your baby.

Hepatitis B

Hepatitis B is a liver infection caused by the hepatitis B virus. You can have hepatitis B without knowing it. During pregnancy, this virus does not usually affect your baby. But at childbirth, it is possible that your baby could catch the hepatitis B virus from you.

For more information, go to www.soaaid.nl or www.hivvereniging.nl/zwanger.

If you have the hepatitis B virus, your baby will have an injection of antibodies against the virus within 2 hours of birth. These antibodies will protect your child against the virus. It is also important that your child itself starts making antibodies against the virus. For this reason, your baby will have a series of vaccinations after birth. The first one will be given as soon as possible after birth. When your baby is 6 to 9 weeks old, they will be vaccinated again. Subsequent vaccinations are given at 3 months, 5 months and 11 months. Your baby will have these vaccinations at the Well-Baby Clinic.

HIV

HIV is the virus that causes AIDS. You can get HIV if you have unsafe sex with someone who has HIV, or through blood that is contaminated with HIV. If you have HIV, your baby may also get HIV.

This can happen during pregnancy, but also at childbirth or through breastfeeding. If you have the HIV virus, you must go to an HIV centre. The HIV centre will give you medicines called virus inhibitors. Because of these medicines, HIV is now a chronic disease. The virus inhibitors mean that the risk that you will infect your baby is low.

Do you have syphilis, hepatitis B or HIV? It is not only important for you and your baby, it is also important for your partner and for others. Make sure that your partner and others do not also become infected with the syphilis bacteria, the hepatitis B virus or the HIV virus. Make an appointment with your GP or with the GGD to talk about this.

For more information, go to Infectieziekten (infectious diseases) at www.pns.nl/bloedonderzoek-zwangeren.

What happens to your personal blood test data?

Your midwife and gynaecologist will keep your blood test results in your care record. Your personal data and blood test results will be entered into RIVM's national information system Praeventis. If you have antibodies against blood groups, your data and results will also be entered into the national information system TRIX run by the Sanquin Foundation for Blood Supplies. In Section 10, you will find information about why your data is entered into these national data systems, how your privacy is protected and how you can have your data removed from them. For more information, go to *Juridische informatie* (legal information) at www.pns.nl/bloedonderzoek-zwangeren.

6. Screenings for your unborn baby

You can have screenings carried out to see if your unborn baby has a disorder or a physical abnormality. We call this prenatal screening. There are 2 types of screening:

1. Screening for Down's syndrome, Edwards' syndrome and Patau's syndrome with the NIPT.
2. Screening for physical abnormalities: the 13-week scan and the 20-week scan.

The NIPT

The NIPT is a test to find out if your baby has Down's syndrome, Edwards' syndrome or Patau's syndrome. The NIPT can be performed from 10 weeks of pregnancy.

Go to www.pns.nl/nipt to watch a video about the NIPT (in Dutch), or scan the QR code.



QR-code 5

The 13-week scan and the 20-week scan

The 13-week scan and the 20-week scan will enable you to find out if your baby has any physical abnormalities. The ultrasound operator will also look at the fluid surrounding the baby (amniotic fluid). They will also check if the baby is growing properly. At the 13-week scan, the baby is still small, but if there are serious abnormalities, some can already be detected. At the 20-week scan, the baby is bigger and you will be able to see more details. If you have the 13-week scan, you will be taking part in a scientific study (IMITAS).

Go to www.pns.nl/13-wekenecho to watch a video about the 13-week and 20-week scans (in Dutch), or scan the QR code.



QR-code 6

You decide for yourself if you want to have these screenings done

At your first visit, your midwife or gynaecologist will ask you if you would like to know more about these tests. If you wish, they will tell you more about this at an in-depth consultation. You can then decide whether you want these tests or not. Your midwife or gynaecologist will give you the NIPT leaflet and the 13-week scan and 20-week scan leaflet.

Go to www.pns.nl/zwanger for more information and leaflets.

7. Preparing for childbirth and the maternity care period

Your pregnancy is a time when a lot happens. This also applies to the time when your baby has just been born, the maternity care period. If you prepare yourself well for giving birth, you will be able to relax better during labour, which will make giving birth easier. It is also good to think about where you want to give birth. At home? At a birth centre? In a hospital? How prepared are you for the birth? Your midwife or gynaecologist will discuss the birth with you. You can also ask them questions. It is also possible to attend an information session organised by your midwife, the birthing centre or the hospital.

If you follow an antenatal course, you will learn more about giving birth, and you will be given exercises to help you cope with the contractions.

Good websites where you can read more about giving birth:

www.deverloeskundige.nl/bevalling, *Patiënteninformatie* (patient information) in the *Bevalling* (childbirth) at www.deGynaecoloog.nl, and www.thuisarts.nl/bevalling.

Write down your wishes in a birth plan

Together with your midwife or gynaecologist, you can draw up a birth plan. A birth plan is a document that outlines what is important to you during labour and after the birth of your baby. For example, where you want to give birth and who you want to be present, whether you want pain treatment and whether you want to breastfeed. Together with your midwife or gynaecologist, you can decide whether your wishes are realistic. A birth plan also makes it easier to discuss things with your partner. Also, if you are assigned a different midwife or gynaecologist, they can read the plan and discuss it with you. Your birth plan will be kept in your medical records. Remember that the birth could go differently if there are problems. If this happens, the midwife or gynaecologist will intervene. The health of you and your baby comes first.

You can find an example of a birth plan at www.deverloeskundige.nl/bevalling.

Arrange your maternity care early!

When your baby is born, you can get maternity care. The maternity carer will help with the care of you and your baby. They may also help at the birth. Your midwife or gynaecologist can tell you more about maternity care.

You can choose your own maternity care organisation. Ideally, you should do so before week 16 of your pregnancy. You will have an introductory conversation with the maternity care organisation when you are between 22 and 32 weeks pregnant. This can be at your home or over the phone. In the conversation, you will talk about how your pregnancy is going. You will also be given tips on preparing for the maternity care period. During the conversation, you will find out how much maternity care you will receive.

The care insurer pays for the maternity care. However, you will have to pay a personal contribution per hour. If you have supplementary insurance, the care insurer will sometimes pay the personal contribution. If you want maternity care but are worried that you will not be able to pay the personal contribution, tell the maternity care organisation

or your midwife. They can work with you to find a solution, through the municipality, for instance.

Arrange your maternity care early! Preferably before week 16 of your pregnancy. Read more about maternity care on page 26.

Where are you going to give birth?

If you see a midwife during your pregnancy and there are no problems with your pregnancy, you can choose where you want to give birth. At home? At a birth centre or a birth hotel, or in hospital as an outpatient? Your midwife will then help you at the birth. If you are seeing a gynaecologist during your pregnancy, or if there are problems with your pregnancy or your delivery, you will usually give birth in hospital. This may be necessary if your blood pressure is too high, for instance, or if, instead of the head, your baby's bottom is facing downwards (breech position). In this case, a hospital midwife and a gynaecologist will help you at the birth.

Consider breastfeeding

Breastfeeding almost always provides the best nutrition for your baby. You can take a course on breastfeeding when you are pregnant. If you have questions about breastfeeding, ask your midwife, your gynaecologist or a breastfeeding specialist (lactation consultant). After you have given birth, you can also ask your maternity carer, youth healthcare services and of course your midwife or gynaecologist. If you are on medication, ask your pharmacist about combining breastfeeding and your medicines. Are you unable or unwilling to breastfeed? Then you can give powdered milk from a bottle. Breast milk from another woman is sometimes also an option.

For more information on breastfeeding, go to www.borstvoeding.nl or www.voedingscentrum.nl/borstvoeding.

Home visit when you are pregnant

Do you have any questions or concerns about things that are happening now, or about what might happen when the baby arrives? Are you having problems at home? Could you use a little extra support? If so, a home visit from youth healthcare services might help. You can request a visit yourself or make a request through your midwife. Once they have received your request, youth healthcare services will contact you to make an appointment. They will come and visit you to see what they can do to help you. They will support you and your family and help work out some possible solutions. Home visits are free of charge.

What should you organise before your baby is born?

Before your baby is born, there are a few things you need to organise. If you want a surname other than the standard legal choice, you must register this with the civil registry. This can be done before the baby is born. If you are not married and not in a registered partnership, your partner can acknowledge your baby so they can share parental authority with you. It is best to take care of this before the birth, as it saves a lot of extra work afterwards. For more information, go to www.rijksoverheid.nl/kindkrijgen.

8. Childbirth

If you are having the baby at home or at a birth centre, a midwife will assist you with the birth. They will often be assisted by a maternity carer. If you are having the baby in hospital, a gynaecologist will deliver the baby, or a midwife who works at the hospital together with nurses at the hospital.

When does labour start?

Your midwife or gynaecologist will calculate the approximate date on which you will give birth. However, only 1 out of 20 women will give birth on that exact date. Most women give birth a little earlier or later.

- If everything goes well with your pregnancy, and if labour starts between 37 and 42 weeks, you can choose where you want to give birth. At home, for instance.
- If you have problems during pregnancy, or if labour starts before week 37 of pregnancy, it is best to have the baby in hospital. A gynaecologist will assist you with the birth. Your midwife will discuss this with you.
- If you are 41 weeks pregnant with a single baby and your baby is not in the breech position, your midwife or gynaecologist will discuss with you if you want to wait until labour starts on its own. The midwife can also help to induce labour. You can also opt to have the hospital gynaecologist assist with the birth. They will discuss the advantages and disadvantages with you.
- If you are 42 weeks pregnant and labour has not yet started on its own, it is safer to give birth in hospital. Your midwife will discuss this with you.

How does labour start?

Labour can start in a number of ways:

- Labour usually starts with contractions. Contractions are when the muscles of your uterus tighten up and then relax. They help to push your baby out. The first contractions are usually short and irregular and not so painful, but the first contractions can sometimes come in quick succession and be painful.
- Your labour may also begin when your water breaks. When that happens, you lose amniotic fluid from your vagina. You may lose a lot of amniotic fluid, as if you were urinating. It may also be such a small amount that you hardly notice it. Labour usually starts within 24 hours of the water breaking.

You will have made arrangements with your midwife or gynaecologist about when you will need to call after labour has started.

How does childbirth progress?

Later on, the contractions will get stronger. The strong contractions make the neck of the womb (cervix) more supple and thinner, and it opens up. This is called dilation. At first, this usually happens slowly, but later on, it speeds up. Once your cervix is 10 centimetres wide, you are fully dilated and will get pushing contractions. You will have the feeling that you need to push along with the contractions. This is called the urge to push. Your midwife or gynaecologist will assist you to deliver your baby.

When your baby is born, he or she will be laid on your bare chest for as long as possible, preferably an hour. Skin-to-skin contact is important for bonding and breastfeeding. Sometimes, stitches may be required after childbirth. This will be done under local anaesthesia.

On page 22, you will find tips for good websites where you can read more about giving birth and caesarean sections.

Coping with pain during labour

Giving birth is painful. It is a good idea to prepare yourself. For example, you can take a course to learn about the best ways to cope with pain. Your partner can help you with this. If you are able to relax, it will reduce the pain and may speed up the contractions.

There are also other ways to reduce pain during labour. If you are giving birth at home, there are ways to reduce pain without medicine, such as a bath, a massage or a mild electrical current (TENS). If you want medicine to relieve the pain, such as an epidural, nitrous oxide (laughing gas) or an infusion, you cannot have these at home. You will have to give birth in hospital or in a birth centre.

For more information, go to www.thuisarts.nl/omgaan-met-pijntijdens-bevalling or read the *Pijnbehandeling* (pain management) section at www.deverloeskundige.nl/bevalling. There is also a video you can watch.

When is the placenta (afterbirth) delivered?

The placenta will be delivered within an hour after your baby is born. The placenta ensures that your baby receives nutrition and oxygen during pregnancy.

What if there are problems?

If there are any problems during your delivery, your midwife or gynaecologist will discuss with you what should happen. There may be a reason why you have to give birth in hospital instead of at home. For instance, if your baby has pooped in the amniotic fluid. It is then safer for you and your baby if you give birth in hospital. 5 out of 6 women give birth to their first baby in hospital, but this happens much less often with their second baby.

Sometimes, a baby will need to be born with a ventouse (vacuum pump) or caesarean section. This can happen for a range of reasons. 1 out of 6 women will have a caesarean section with their first baby. This means that the baby is born in hospital by means of an operation. And 1 out of 15 women have their first baby by means of a vacuum-assisted delivery. A vacuum-assisted delivery also takes place in hospital.

9. After childbirth

The period after childbirth is known as the maternity care period. When you are at home again after giving birth, your midwife will visit you regularly to check on your baby. They will also discuss with you how you and your baby are doing.

Registering your baby's birth with the municipality

When your baby is born, you must let your municipality know within 3 days. Your partner may also do this.

Bring a passport, an identity card or a Dutch foreign national's document. The municipality will inform youth healthcare services that your baby has been born. They will also inform the organisation that they will give your baby the heel prick test. Only when the municipality knows that your baby has been born can you receive child benefit. You will receive a letter about this from the Social Insurance Bank.

See the website of your municipality for more information about this.

Maternity care

After your baby is born, you will receive maternity care. The maternity carer is specially trained to support you and your baby during the maternity care period. They will help you in all sorts of ways and make sure that you and your baby are doing well. For instance, they will take your temperature and weigh the baby. If something is not going too well, they will contact the midwife after consulting with you and your partner. The maternity carer will also help you with the care of the baby. They will help you breastfeed or bottle feed and explain how to sleep safely and how to build up a bond with your baby. The maternity carer will make sure that, at the end of the maternity care period, you are able to take good care of yourself and your baby. And that you know where to turn for help if you are not sure about anything.

Emotions

After giving birth, you may experience many emotions. You may be very happy, but you may also experience negative emotions. Many women cry at first, or they feel uncertain. Now that your baby has been born, your hormones are changing again. Give yourself time. It may help if you talk about it with your partner, family or friends. You can also talk to your maternity carer, midwife, gynaecologist or GP. The negative emotions last longer in some women. If this happens, ask for help. From your GP, for instance. You are not alone.

What if you are breastfeeding and taking medicines?

Are you breastfeeding and taking medicines? Or will you be taking new medicines? Discuss this with your GP, midwife or gynaecologist. Tell your pharmacy that you are breastfeeding. Your pharmacy knows which medicines you can take while you are breastfeeding and which you cannot.

If you experience pain, you can take paracetamol. Read the leaflet to see how many tablets you are allowed to take. If you want to take paracetamol for more than one day, discuss this with your GP, midwife or gynaecologist first. Only use painkillers other than paracetamol after consulting your GP, midwife or gynaecologist. For more information, go to www.moedersvanmorgen.nl/kennisbank.

Does your baby's skin look yellow?

Most babies look a little yellow for a few days after birth. This is due to a substance (bilirubin) in the blood of newborn babies. This yellow colour is usually not a problem and generally goes away after a few days. If your baby's skin turns too yellow, it may be necessary to test your baby's blood. If there is too much of this substance in your baby's blood, your baby may need to have light therapy in hospital. Consult your midwife, gynaecologist or maternity nurse if you think your baby's skin is yellow. For more information, go to www.thuisarts.nl and search for *gele huid baby* (baby yellow skin).

The heel prick test

In the first week after the birth, a small amount of blood will be taken from your baby's heel. This is called the heel prick test. Someone will come to your home to do this. If your baby is in hospital, the heel prick test will be done there. A laboratory will test your baby's blood for serious diseases. These diseases are rare, but they can cause serious harm to your baby's physical and mental development. We cannot cure most of these diseases. However, your baby can be given medication or a special diet. It is important to examine and treat your baby quickly. This way, serious harm can be prevented or reduced as much as possible. This is why the heel prick is so important. At the end of your pregnancy, your midwife or gynaecologist will give you a leaflet about the heel prick test and the hearing test.

Go to www.pns.nl/hielprik to watch a video about the heel prick test (in Dutch), or scan the QR code.



QR-code 7

Hearing test

Your baby will also have a hearing test after birth. This is usually done at the same time as the heel prick test. Someone will come to your home to do this. The hearing test only takes a few minutes and does not hurt. Babies usually do not notice they are having the hearing test. In some parts of the country, the hearing test is done at the Well-Baby Clinic when the baby is a few weeks old. If this is the case in your area, you will receive a letter about it. The hearing test is important. This is because, if your baby cannot hear well, they will not be able to speak properly later on. If you know early on that your baby cannot hear well, treatment can begin quickly. At the end of your pregnancy, your midwife or gynaecologist will give you a leaflet about the heel prick test and the hearing test.

Go to www.pns.nl/gehoortest-baby to watch a video about the hearing test (in Dutch), or scan the QR code.



QR-code 8

For more information about the heel prick and hearing tests your baby will have after birth, go to www.pns.nl/geboren.

What do youth healthcare services do?

During the maternity care period, a youth healthcare services nurse will contact you to make an appointment for your baby. You do not have to do anything for this. You may already be familiar with youth healthcare services from when you had your whooping cough vaccination, from a home visit during pregnancy, or from the heel prick test or hearing test. Youth healthcare services for children aged 0 to 4 are often called the Well-Baby Clinic. Youth healthcare services will help you monitor the health, growth and development of your child until they are an adult. Youth healthcare services can also answer all your questions about taking care of and raising your child, and about being a parent. Children also get their vaccinations from youth healthcare services.

Vaccinations for your baby

All babies and children in the Netherlands can have injections (vaccinations) against diphtheria, whooping cough, tetanus, polio, *Haemophilus influenzae* type b (Hib), pneumococcal disease, mumps, measles, rubella, meningococcal ACWY, hepatitis B and HPV. These are infectious diseases that can make your baby very ill and be harmful to your baby's health. Doctors and hospitals cannot always treat these infectious diseases properly. Starting in 2024, a vaccine will be offered against the rotavirus. This is not an injection; it is a vaccine to drink.

Even in later life, people who have not been vaccinated can become very ill from these infectious diseases. For this reason, the government has decided that everyone can be vaccinated against these infectious diseases. This is called the National Immunisation Programme.

The vaccinations are free of charge. You can decide for yourself whether your baby should have these vaccinations. Almost all babies and children have these vaccinations.

Within 4 to 6 weeks after the birth of your baby, you will receive a package of information about the National Immunisation Programme.

It contains:

- a leaflet about the vaccinations;
- invitation cards for the vaccinations;
- a vaccination certificate for your baby.

Want to know more about these vaccinations?

Make an appointment with youth healthcare services, the Youth and Family Centre or your local Municipal Public Health Service. For more information, go to www.rijksvaccinatieprogramma.nl.

Go to www.rijksvaccinatieprogramma.nl to read more about vaccinations for your baby.

Are you returning to work?

Do you want to return to work after your maternity leave? You will probably notice that it is not always easy at first. Therefore, there are special arrangements and rules for women who have recently given birth. There are also arrangements for women who are breastfeeding. For more information, go to the [Health and Safety Portal](#). See the QR code at the bottom of this page.



QR-code 9

10. What happens to the personal data of you and your baby?

No one is allowed to simply use the personal data of you and your baby. This is only allowed if the law states that it is allowed or required, or if you give your permission. When you are pregnant, various people and organisations use your personal data. This section discusses what they do and why they do it.

Personal data about your pregnancy

Your midwife, gynaecologist, GP and maternity care provider record information about your pregnancy and maternity care period in a care record. This is required by law. The personal details in your care record enable them to provide good care to you and your baby.

What is in your care record?

Your care record contains information about subjects such as:

- your health;
- your birth plan with your wishes for the birth;
- the health of your baby;
- tests you have had;
- tests that your baby has had;
- your treatments;
- your baby's treatments.

Who is allowed to view and use your personal data?

Your midwife, gynaecologist, GP and other healthcare professionals who treat you are permitted to view and use your personal data. They are only allowed to do so if this is necessary for your treatment or for the treatment of your baby. Because they are allowed to do this, they know exactly what is going on with you and what the agreements about your treatment are.

Your personal data remains confidential

Your midwife, gynaecologist, GP and other healthcare professionals must keep your details confidential. They may only share your personal data with each other, and not with anyone else. This is laid down by law.

Personal data for quality improvement and research

Better care

To improve the quality of care provided to pregnant people and babies, your personal data will also be entered into a national register: the perinatal register. Your midwife, gynaecologist, GP and possibly a paediatrician will ensure that your and your baby's details are entered in the perinatal register. The Perined organisation manages the data on pregnancy and births in the Netherlands. Taking the data of all pregnant people and babies together, care providers can improve the care provided to pregnant people and babies.

Care providers regularly discuss the care they have provided. They do this to improve the care provided to pregnant people and babies. They can also use the data from the perinatal register for this purpose.

If you do not want your data to be given to Perined, tell your care provider. Your data will not be sent to Perined. If your data has already been sent to Perined, Perined will delete it.

Research

Researchers also use this data for scientific research. This allows them to learn more about pregnancy and births. These researchers do not know whose data they are using. They are only allowed to know that the data is about you if you give them permission for this.

Would you like to know what the Perined organisation does with your personal data? And how Perined protects your privacy? For more information, go to 'Privacy' in the *Over Perined* (about Perined) section at www.perined.nl.

Tests (screenings) during pregnancy and after the birth of your baby

During your pregnancy, you can choose for you and your baby to take part in tests. After birth, your baby will have a heel prick test and a hearing test. We call these screenings. Your midwife or gynaecologist will give you information about these tests. The decision whether to participate or not is yours. More information about these tests can be found in Sections 5 (pregnant people's blood tests), 6 (test of your unborn baby) and 9 (heel prick and hearing tests) of this leaflet, and on a website hosted by RIVM: www.pns.nl.

Data about you and your baby is entered into a national information system

If you have screenings during pregnancy, your name, address and date of birth and the results of the screenings are entered into a national information system. In order to be able to invite your baby for the heel prick test and the hearing test after the birth, the municipality passes on information to RIVM and youth healthcare services. This information is also entered into an information system.

These systems are necessary to ensure the smooth running of the screening programmes. Data about you and your baby and your blood test and screening results is also used to compile national statistics. Data, results, leftover blood and sometimes ultrasound images can also be used for scientific research to improve the screening programmes. The way in which you give consent for this use is different for each screening programme. You can find more information in the screening leaflets and at www.pns.nl.

The national information system and your privacy

The national information systems are well secured. Only people who need your data to carry out the screening programme can access the information. The legislation on the protection of your privacy is applicable here.

For more information, go to www.pns.nl. This site:

- contains information about your privacy;
- lists the existing information systems;
- states what information the systems contain about you and your baby;
- explains how you can give consent for your data and leftover blood to be used for scientific research;
- explains how you can have your data removed from the information systems.

For more information, go to www.pns.nl/juridisch.

11. Would you like more information about pregnancy and childbirth? Look online

Listed below are some reliable websites where you can find more information.

Midwives' website

www.deverloskundige.nl

Here, you will find a lot of information on pregnancy and childbirth, such as how the midwife will guide you before, during and after your pregnancy and the different ways you can give birth: lying down, sitting, standing up or in the bath. Also, what you can do to prevent pain at childbirth. You can also fill in a birth plan on the website. This will help you to prepare for the birth of your baby. The website can also help you find a midwife in your neighbourhood.

Gynaecologists' website

www.deGynaecoloog.nl

Here, you will find information on minor and major problems that occur during pregnancy and childbirth. There is also information about getting pregnant. Look under the heading *Patiënteninformatie* (patient information) for *Zwangerschap* (pregnancy) or *Bevalling* (childbirth). Under the heading *Informatiefilms* (information videos), you will find videos that explain pregnancy and childbirth. These are also available in English and Arabic.

Family doctors' (GP) website

www.thuisarts.nl

Here, you will find information about health issues during pregnancy, eating, anaemia and the maternity care period. You can find this information by typing in the words *zwangerschap* (pregnancy) or *bevalling* (childbirth).

Perinatal Care Board website

www.allesoverzwanger.nl

Here, you will find the information also contained in this leaflet on care during pregnancy and childbirth. Additionally, the website provides information and advice from midwives, gynaecologists and GPs. You will also find information on how birth care is organised in the Netherlands and what choices you have.

At www.allesoverzwanger.nl/film, you will find a video about birth care in Dutch, English, Polish, Arabic and Turkish. The Perinatal Care Board brings together all care providers involved in the birth of babies.

RIVM website about screening

www.pns.nl

On this website, you will find information about tests during your pregnancy and after the birth of your baby. You will also find a link to a video about the tests you might have, as well as a timeline.

At www.pns.nl/bloedonderzoek-zwangeren, you will find information about blood tests for pregnant people.

At www.pns.nl/zwanger, you will find information about the screenings for Down's syndrome, Edwards' syndrome and Patau's syndrome with the NIPT, and about the 13-week and 20-week scans for physical abnormalities.

At www.pns.nl/gehoortest-baby, you will find information about the hearing test for babies.

At <http://www.pns.nl/hielprik>, you will find information about the heel prick test for babies.

On each of these web pages, look in the *Folders* (leaflets) section. All leaflets are also available in English, Polish, Turkish and Arabic.

Websites about vaccinations

Vaccinations for pregnant people:

- www.rivm.nl/zwanger-en-vaccineren

Here, you will find information about the flu vaccination and the 22-week vaccination.

- www.deverloeskundige.nl – search for *vaccinaties* (vaccinations). Under the heading *Covid-19-vaccinatie* (COVID-19 vaccination), you will find a number of videos.
- www.coronavaccinatie.nl, under *Zwangerschap* (pregnancy).

Vaccinations for your baby:

- www.rijksvaccinatieprogramma.nl

RIVM websites about infectious diseases

www.rivm.nl/toxoplasmose

Here, you can read more about toxoplasmosis.

www.rivm.nl/zwangerschap-en-infectieziekten

Here, you can learn how to avoid contracting infectious diseases.

Erfocentrum website

www.erfelijkheid.nl

Here, you can find independent, reliable, up-to-date and easy-to-understand information about heritability, genetic testing and hereditary diseases.

Erasmus MC and Perined website

www.zwangerwijzer.nl

Here, you will find a questionnaire to help you prepare for your pregnancy. In about 15 minutes, you can find out if there are any risks to you or your baby. You will then receive information and advice. At the end of the questionnaire, you will be sent an overview of all your answers that you can take with you to your doctor, GP, midwife or gynaecologist. The questionnaire is for you and your partner. If you give your consent, your data will also be used for research and to make improvements to care.

Netherlands Nutrition Centre website

www.voedingscentrum.nl/zwanger

This website contains information about eating and drinking during pregnancy and about food and drink for your baby.

Rutgers website

www.zanzu.nl

Here, you can find information about sexual health in 16 languages. There is also information about pregnancy, childbirth and the maternity care period. The website can also read the information aloud in 16 languages.

Mothers of Tomorrow website (part of the Netherlands Pharmacovigilance Centre)

www.moedersvanmorgen.nl/kennisbank

This website contains a lot of information on taking medicines during pregnancy and while breastfeeding. If you search for the name of your medicine, you will find the information that applies to you.

Youth healthcare services website and app

www.groeingids.nl

On the GroeiGids website and in the GroeiGids app, you will find information from youth healthcare services about child development and health and about raising children. In the free GroeiGids app, you can also record growth and special moments and get tips that relate to the number of weeks of your pregnancy or the age of your child. There is also a GroeiGids Chat where you can get answers to all your questions about the health, development and raising of your child. You can download the GroeiGids app for free from the [App Store](#) or [Google Play Store](#).

Call your midwife or gynaecologist immediately if you have any of these warning signs!

Are you worried about your health or the health of your baby? **Call immediately!** If you do not understand what your midwife or gynaecologist is saying, tell them. If necessary, you can also ask for extra time at your next appointment.

Do you feel your baby moving less than usual?
And are you more than 26 weeks pregnant? **Call immediately!**

Are you less than 37 weeks pregnant and having abdominal pain or back pain that comes on regularly and goes away again? You may already be having contractions. **Call immediately!**

Blood loss. If you are bleeding from your vagina, call immediately! Keep the panties or pantyliners that show the blood.

Are you losing amniotic fluid? Your water could have broken. **Call immediately!** You may lose a small amount of amniotic fluid from your vagina, but you may also lose a whole lot of fluid. Amniotic fluid usually looks like water, but it may sometimes be yellow, green or brown. Try to collect some of the amniotic fluid, in a cup or a dish for instance. Keep this for your midwife or gynaecologist. Tell them the colour of the amniotic fluid.

Are you more than 20 weeks pregnant? Are you experiencing any of the following symptoms? Call immediately!

- **Headache. Seeing stars.**
- **Nausea or vomiting.**
- **Pain in your upper abdomen, or between your shoulder blades.**
 - It feels like you have a tight band around your upper abdomen.
- **Suddenly retaining fluid. Sudden swelling of the face, hands or feet.**
- **A flu-like feeling without fever.**

This text was compiled by the Royal Dutch Organisation of Midwives and the Netherlands Patients Federation

Colophon

Who produced this leaflet?

This leaflet was produced by a working group. A number of organisations participated in the working group:

- The Royal Dutch Organisation of Midwives (KNOV)
- The Dutch Society for Obstetrics and Gynaecology (NVOG)
- The organisation of GPs, the Dutch College of General Practitioners (NHG)
- The Erfocentrum, the national centre for information about heredity and health
- The Dutch Child & Hospital Foundation (K&Z)
- The Perinatal Care Board (CPZ)
- Brancheorganisatie Geboortezorg (BO)
- GroeiGids, the youth healthcare services platform for parents and expectant parents
- The National Institute for Public Health and the Environment (RIVM)

The following organisations advised the working group:

- Mothers of Tomorrow. This is the Dutch centre of expertise in the area of medicines during the pre-pregnancy period and during pregnancy and breastfeeding. It is part of the Pharmacovigilance Centre.
- The Netherlands Nutrition Centre
- VSOP – the Dutch Patient Alliance for Rare and Genetic Diseases
- The Trimbos Institute, a knowledge institute for alcohol, tobacco, drugs and mental health

This leaflet was compiled using current knowledge. The people and organisations who produced this leaflet are not responsible for any inaccuracies in the leaflet. However, they have paid a great deal of attention to its content. This leaflet is updated every year. You can get personal advice from your midwife, GP or gynaecologist. This leaflet is financed by RIVM.

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For the PDF of this leaflet, go to www.pns.nl/folderzwanger. Available in Dutch and in English.

www.allesoverzwanger.nl