



Pregnant!

*National brochure containing information and advice from
midwives, general practitioners and obstetricians*

www.allesoverzwanger.nl

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Colophon

Who produced this brochure?

This brochure is 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 general practitioners, the Dutch College Of General Practitioners (NHG)
- The Erfocentrum
- The Dutch Child & Hospital Foundation (K&Z)
- The Perinatal Care Board (CPZ)
- *De Brancheorganisatie Geboortezorg* (BO)
- Dutch 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 areas of medicines during the pre-pregnancy period and during pregnancy and breastfeeding. It is part of the Pharmacovigilance Centre.
- The Netherlands Nutrition Centre.
- The VSOP –The Dutch Patient Alliance for Rare and Genetic Diseases.

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

You can find this folder in English en Dutch translation in a pdf file at www.pns.nl/folderzwanger. This brochure is financed by RIVM.

The information contained in this brochure can also be found on www.allesoverzwanger.nl. Obstetric health care professionals can order this brochure from the webshop on <http://www.pns.nl/webshop>. Contact: cvb@rivm.nl

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1. You're pregnant!

Introduction

You're pregnant! Being pregnant is very normal, but at the same time very special. Most pregnant women have many questions.

- What can you eat when you're pregnant? And what is better not to eat?
- Do you use medicines? And what should you do about this during pregnancy?
- Can you continue to work and exercise and play sports? And how long can you continue?
- What does the midwife do? And the obstetrician?
- What should you do if you get pregnancy-related symptoms? When should you immediately contact the midwife or obstetrician?

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

Many changes during pregnancy

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

- Some women feel very well for the whole 9 months. Other women may experience pregnancy-related symptoms.
- Some women can continue to work up to 4 to 6 weeks before their due date. Other women have to stop work earlier, or may 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 about the course of the pregnancy itself.

Have you got questions? Is something worrying you or do you have a problem? Talk about this with your midwife or obstetrician.

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

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

From here on we will only write midwife or obstetrician. This also includes a GP who cares for you throughout pregnancy and at childbirth. For the sake of simplicity, we will refer to the midwife and the obstetrician as 'she' even though it may be a man.

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

2. Seeing a midwife or obstetrician

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 or obstetrician. In this case you should make an appointment with the obstetrician. The midwife or obstetrician will inform your GP that you are pregnant.

Making arrangements with your midwife or obstetrician

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

- **How are you feeling?**
Are you happy that you are pregnant? Or do you feel differently?
- **Your due date**
Together with your midwife or obstetrician you will calculate the date you are due to give birth. Your baby will be born around this time. To do this, she 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. The midwife or obstetrician will also do an ultrasound examination. She will be able to see how long you have been pregnant. On the ultrasound scan she can also see if your baby's heart is beating. Or if you are expecting twins.

- **Is this your first pregnancy?**
Your midwife or obstetrician 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 obstetrician will ask you questions about your health. Are you ill now or do you have health problems? What illnesses have you had? Have you had an operation? 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? She will also ask about your partner's health.
- **How healthy is your family and your partner's family?**
Did anyone in your family have diabetes or heart problems at a young age? Is there anyone with a congenital abnormality (a heart defect or spina bifida, for example), or who are carriers of a disease or 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 obstetrician should know?

- **What sort of tests can you have during pregnancy?**

Your midwife or obstetrician will explain the tests you can have when you are pregnant. She will explain about the blood test (see page 21), tests for Down syndrome, Edwards' syndrome, and Patau's syndrome (see page 25), and also about tests for physical abnormalities at the 13-week scan and the 20-week scan (see page 25).

Your midwife or obstetrician will not only ask questions. She will also take your blood pressure and sometimes measure the size of your uterus.

If you have got questions for your midwife or obstetrician, write them down beforehand so you don't forget anything. If you want to take your partner or someone else to your appointment with the midwife or obstetrician, 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 obstetrician once every 4 weeks. Later on this will be every 2 to 3 weeks, and towards the end of your pregnancy every week. Sometimes you might have more or fewer check-ups. This depends on how you and your baby are doing.

What will your midwife or obstetrician do at these appointments?

Your midwife or obstetrician 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 don't forget anything. You will also talk about the birth itself, both early on in pregnancy and again in the later months, so you will be well prepared (see page 26).

At every appointment your midwife or obstetrician will examine you:

- Is the baby growing well? To do this she will feel your abdomen.
- From the 3rd month onwards she will listen to your baby's heartbeat.
- She 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, she will examine you to assess the position of your baby.

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

NB: See page 37 for those warning signs for which you should call your midwife or obstetrician immediately.

NB: 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.

4. Health during pregnancy

In this section you can read how to stay healthy while you are pregnant (page 8), and what you can do about health issues that commonly occur in pregnancy (page 15). It also discusses those rules that apply if you work during pregnancy (page 19).

See page 37 for those warning signs that mean you should call your midwife or obstetrician immediately.

Healthy living

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 want to become pregnant, you are pregnant, or if you are breastfeeding. Alcohol is bad for your baby. The more you drink the worse it is for your baby, but no amount of alcohol is safe. If you drink alcohol, you can damage your baby's brain and other organs. Your baby will not grow well and could be born too early. Or he or she could be too small at birth.

Do you have problems with alcohol? Do you find it difficult to stop drinking? Did you drink alcohol before you knew you were pregnant? Talk about it with your midwife, obstetrician or GP. You can also find more information on www.alcoholinfo.nl.

Infectious diseases

You can get an illness caused by a bacteria 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 with the cytomegalovirus (CMV), for example. This virus can be harmful to the health of your unborn baby. So you should try and 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 or anyone else's child, and do not put a child's dummy or pacifier in your own mouth. Do not feed your 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 (the Fifth disease). These diseases can be harmful to the health of your unborn baby. This is also true of whooping cough. If you have been in contact with someone who has one or more of these diseases, telephone your midwife or obstetrician. For more information about infectious diseases during pregnancy see <http://rivm.nl/zwangerschap-en-infectieziekten>.

Drugs

Do not use drugs when you are pregnant. No soft drugs and no hard drugs. Do not use drugs if you want to become pregnant or if you are breastfeeding. Drugs are very bad for your baby. Drugs are even worse for your baby if you smoke and drink alcohol as well. Drugs can harm your baby's brain and other organs. It may also mean that your baby does not grow properly. It is also possible that your baby will develop withdrawal symptoms after birth. Examples of soft drugs are marijuana, weed and hash. Examples of hard drugs are cocaine, ecstasy (XTC) and heroin.

It is also better not to use nitrous oxide (laughing gas) or mushrooms, because we don't know how harmful they are to your baby. Did you use drugs before you got pregnant or have you used them during your pregnancy?

If you take hard drugs but have stopped during pregnancy this is good, but your unborn baby could develop withdrawal symptoms. Tell your midwife or obstetrician about it. She can refer you to a doctor specialised in this.

For more information about drugs see <http://www.drugsinfo.nl>.

Eating and drinking

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. It is not necessary to eat much more than normal. Your body uses a little more energy because the baby has to grow, but towards the end of pregnancy you often don't move as much as normal. The *Wheel of Five* produced by the Netherlands Nutrition Centre will help you eat healthily.

Below are a few tips about healthy eating:

- Eat enough fruit and vegetables. Eat a varied diet.
- Do you eat meat? Alternate between meat, fish, pulses and eggs.
- Eat fish twice a week. Once an oily fish such as salmon, and once a low-fat fish such as tilapia.
- When you are pregnant you need more iron. Too little iron means you can develop anaemia. This is why you should eat enough meat or meat substitutes, chicken, fish and eggs. You can also get iron from whole grain products (such as wholemeal bread) as well as pulses, unsalted nuts and dark green vegetables. Eat products containing a lot of vitamin C, such as fruit and vegetables at every meal. This makes it easier for your body to absorb iron.
- Are you vegetarian? Ensure that you get enough iron, iodine, calcium, protein and vitamins B1 and B12. These vitamins are contained in wholemeal bread and wholemeal pasta, potatoes, pulses (brown beans, chick peas, lentils), eggs and milk, yoghurt, quark and cheese. Do you eat very little or no meat or fish? Then it is important to get enough vitamin B12. You could take vitamin B12 pills for example.

- Are you vegan? If you are vegan, make an appointment with a dietician. A dietician can give you advice about what to eat so you and your baby get enough essential nutrients.
- Calcium is important to build healthy bones in your baby. You will get enough calcium if you follow the recommendations to have 300-450 millilitres (2-3 portions) of milk products and 40 grams of cheese.

What is better not to eat?

Below is a list of things it is best not to eat if you are pregnant:

- Raw eggs and food containing raw eggs.
- Cheese that is made from raw milk. Only eat cheese that is made from pasteurised or sterilised milk. Look at the label or ask in the shop. If you see 'au lait cru' on the label it means that the cheese is made from raw milk.
- Don't eat raw meat such as carpaccio, raw fish or raw sea food such as oysters. Make sure that you heat meat and fish thoroughly so it is well done when you eat it.
- Don't eat sandwich fillings that are made from raw meat such as raw ground beef, raw beef sausage or salami.
- Don't eat smoked fish. Smoked fish may contain bacteria (such as listeria) that are bad for your baby. You can only eat smoked fish if you heat it thoroughly.
- Don't eat fish that eat other fish (predator fish). This includes tuna, sword fish, pike perch, shark and king mackerel.
- Don't eat raw sprouting shoots such as bean sprouts and alfalfa. If you heat up these products for a short time you can eat them.
- Don't eat liver or liver sausage or liver pâté. Liver contains a lot of vitamin A. Too much vitamin A is bad for your baby's health.
- Avoid taking herbal pills. Some herbal pills contain things that are bad for your baby.
- Only eat a maximum of 2-3 liquorice sweets a day.

What is better not to drink?

Below is a list of things it is best not to drink, or drink too much of when you are pregnant:

- Don't drink raw milk, for example milk that comes straight from the farm. Only drink pasteurised or sterilised milk. Always look at the label. Milk from the supermarket is pasteurised or sterilised.
- Don't drink too many drinks containing caffeine, such as coffee and soft drinks that contain caffeine. Don't drink more than one energy drink a day.
- Do not drink alcohol.
- Don't drink breastfeeding tea or herbal teas containing fennel or aniseed. Drink no more than 1 or 2 cups of star mix or liquorice tea a day. It is also better not to have too much cinnamon. It is safe to drink black tea and green tea as well as red bush, camomile, ginger, mint, vervain and fruit teas.

- Does your house have lead water pipes? Use bottled water instead of tap water. Do you have new water pipes or taps, in a newly-built house for example? If so, for the first 3 months run the tap for 2 minutes before you use the water in the mornings.

For more information see www.voedingscentrum.nl/zwanger. You can also download the *ZwangerHap* app to your mobile phone from this site. *ZwangerHap* contains a lot of information about what to and what not to eat and drink during pregnancy.

Don't get sick from eating and cooking

When you are pregnant it is extra important not to get sick from eating or cooking. During pregnancy your resistance is lowered. This means it is easier to get an infection from food. Most food infections are only unpleasant for you. But infection caused by some germs can have serious consequences for your baby. Below are a few tips:

- Wash fruit and vegetables thoroughly before eating them.
- Wash your hands with warm water and soap after you have been to the toilet, and before cooking.
- If you touch raw meat always wash your hands with warm water and soap and dry them on a dry towel. Also wash the knife or other equipment you used for the raw meat. Dry the knife and other equipment with a dry tea towel.
- Make sure you heat the meat thoroughly so that it is well done.
- Look at the expiry dates on the food and drink that you buy. Only eat and drink things up to their 'Use by' date.
- For more information see www.voedingscentrum.nl/zwanger.

Dieting and fasting

During pregnancy you gain around twelve kilos in weight. This is due to the baby and the uterus growing. You develop more fatty tissue and more blood in the blood vessels. Don't diet if you are pregnant, but don't put on too much weight either.

If you want to fast, during Ramadan for example, then discuss this with your midwife or obstetrician.

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, then start to take it and continue taking it until you are 10 weeks pregnant. Take one 0.4 or 0.5 milligram tablet of folic acid every day. These tablets can be purchased from a pharmacy or chemist. You don't need a prescription from the doctor.

For more information about folic acid see www.strakswangerworden.nl.

Iodine tablets

It is important to have iodine tablets at home when you are pregnant. You will need to take these in case of a nuclear accident. They will protect your baby from thyroid cancer.

NB: You may only take them when the government issues a statement telling you to do so, not before. You can buy these tablets from the pharmacy or chemist. They cost around 3 Euro. For more information about iodine tablets see www.waaromkrijgikjodiumtabletten.nl.

The litter box and gardening

Cat poop 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. Don't 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 vegetables or fruit.

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

For more information see www.rivm.nl/toxoplasmose or www.rivm.nl/zwangerschap-en-infectieziekten.

Whooping cough: vaccination during pregnancy

Whooping cough is a very infectious disease which is very dangerous for newborn babies. It can cause babies to develop pneumonia and brain damage. Sometimes babies may die from whooping cough. Babies are vaccinated against whooping cough when they are a few months old. This means they can get whooping cough in the first few months of life. If you get vaccinated against whooping cough when you are pregnant, you and your baby cannot get whooping cough. For this reason it is sensible to be vaccinated against whooping cough when you are pregnant. Your midwife or obstetrician will tell you about this. You can be vaccinated from your 22nd week of pregnancy onwards. If you have the vaccination, your baby will need one less injection and will start being vaccinated one month later. You will need to make an appointment for this vaccination yourself.

For more information see www.rijksvaccinatieprogramma.nl/22wekenprik. On this site you can also see where to make an appointment.

Medicines

Are you taking medicines? Tell your midwife or obstetrician which medicines you are taking. This also includes medicines that can be bought without a doctor's prescription. This is necessary because some medicines are not good for your baby. You should therefore tell your general practitioner, your medical specialist, your dentist and your pharmacy 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 then discuss this with your midwife or

obstetrician. Only use painkillers other than paracetamol after consulting your midwife or obstetrician.

If you need to have a local anaesthetic at the dentist you can, but tell the dentist that you are pregnant.

On www.moedersvanmorgen.nl/boekje you will find a booklet showing ten 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 obstetrician.

For more information about medicines during pregnancy see www.moedersvanmorgen.nl/kennisbank.

Smoking

Don't smoke when you are pregnant. Smoking is very bad for your baby. It is important that your partner also does not smoke, because you smoke along with them. This is also very bad for your baby. If you smoke you have a higher risk of having a miscarriage or a pregnancy that develops outside your uterus (ectopic pregnancy). It also increases the risk that the placenta will come off the wall of the uterus. If you smoke you damage your baby's organs and the baby may develop abnormalities. Your baby will not grow well and could be born too early. Or he or she could be too small at birth. This could cause your baby to develop problems during and after birth. It also means that your baby is at higher risk of developing a disease such as cardiovascular disease, diabetes and obesity when he or she is older.

Are you finding it difficult to stop smoking? Talk about it with your midwife, obstetrician or your GP. For more information see www.thuisarts.nl/stoppen-met-roken.

It is also very bad for the baby if you smoke after birth, or if anyone else in the house smokes. This increases your baby's risk of cot death, and also of developing asthma or other lung diseases. For more information see www.rokeninfo.nl. Or search on www.rijksoverheid.nl for the words 'zwanger roken' - 'pregnancy smoking'.

Harmful substances

You can come into contact with harmful substances. Harmful substances are found everywhere and you cannot always avoid them. Harmful substances can be very bad for the health of your unborn baby. Pay special attention to the things listed below:

- DIY products such as benzene and turpentine. Paints, glues and sealants also often contain solvents.
- Poison for vermin. Also think of anti-mosquito and anti-tic agents that you apply to your skin.
- Nail polish remover, some nail polish removers contain acetone.
- Lysmeral, this is a fragrance that smells like lily of the valley. It can be found in detergents, cleaning products, shampoos and deodorants.

Try to avoid contact with these products and substances when you are pregnant, and do not inhale them. The air in your home may also contain harmful substances. Open a door or a window every day to air your house.

On www.waarzitwatin.nl/themas/zwanger you will find information about harmful substances in everyday products. On www.waarzitwatin.nl/themas/baby you will find information 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.

Sex

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

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

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, then exercise less.

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 in water 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 an examination, or if the dentist wants 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, obstetrician 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.

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 obstetrician. Do you want to go on holiday to a faraway country? Make an appointment with your GP or the municipal health service (GGD). Do this 6 to 8 weeks before you go. 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, see www.lcr.nl and www.ggdreisvaccinaties.nl/aandachtspunten/zwangerschap-en-reizen. You can still fly if you are pregnant. However, airlines often do not accept women 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, in margarine, meat and eggs. However, these foods contain less than your body needs. Your body also makes vitamin D when you're outside in daylight. That's 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.

It is especially important to take a vitamin D pill every day if:

- you spend less than half an hour in the sun every day,
- you often wear a veil or headscarf,
- you get no sunlight on your skin, for example if you use make-up that protects your skin from the sun,
- you have a dark skin.

You can buy the pills at a supermarket, chemist or pharmacy. Do not take more than 10 micrograms a day, unless a doctor prescribes it for you.

Vitamin pills

If you eat a healthy and varied diet, you do not need to take vitamin pills. If you want to take vitamin pills, then take multivitamin pills that are made especially for pregnant women. 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, then you don't need to take vitamin D pills separately.

What health complaints can you get during pregnancy?

When you're 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. See page 37 for those warning signs that mean that you should call your midwife or obstetrician immediately.

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 she will check for this again. Sometimes this test will be repeated if you have any health complaints. Are you anaemic? This is often because you don't 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 9 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 see www.deverloeskundige.nl or www.thuisarts.nl and search for 'bloedarmoede' - 'anaemia'.

Blood loss

Blood loss from the vagina is common when you are pregnant, especially in the first three 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 obstetrician. Keep the panties or panty liners that show the blood loss.

Heartburn and stomach ache

Some pregnant women experience heartburn and stomach ache, or a burning and painful sensation in the oesophagus. Heartburn can be made worse by coffee, orange juice, drinks with bubbles, fizzy 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 then consult your midwife or obstetrician.

Brown patches on your face

During pregnancy you may develop brown patches on your face from the sun or a sunbed. These are called pigmentation marks. Stay in the shade as much as possible and don't 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 then discuss them with your midwife, obstetrician or GP.

Braxton-Hicks contractions

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 sometimes have a hard abdomen, that is not a problem. If you often feel a tightening of your abdominal muscles and it starts getting worse call your midwife or obstetrician.

Nausea

You may feel nauseous especially in the first 3 to 4 months of pregnancy. This is often 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 also eat several small meals. You will soon discover what you can and cannot eat. For more information about nausea during pregnancy see <https://www.thuisarts.nl/zwanger-misselijk-en-overgeven> or www.deverloskundige.nl/zwangerschap or www.deGynaecoloog.nl and search for the texts on 'Zwanger, misselijk en overgeven' - 'Pregnant, nausea and vomiting'.

Tiredness

You may feel tired, especially in the first three 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 four 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. Talk it over with your midwife or obstetrician. She 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, then 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, then it is best to lie down.
- If it is difficult for you to get out of bed then first turn onto your side, then 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.

NB: 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 have of recovering. For more information see:

www.bekkenfysiotherapie.nl.

Passing urine

When you are pregnant, you have to pass urine 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 passing urine.

If you experience this, take a urine sample to your doctor the same day. The doctor 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 pass urine and you are on your way to the toilet. It may also happen when you crouch down, laugh or cough and sneeze. This is called urine loss. Nearly 1 in 3 women experience this during pregnancy. Sanitary towels or panty liners 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 to hold back urine and faeces. Ask your midwife or obstetrician 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 see: www.bekkenfysiotherapie.nl.

Do you have difficulty defecating? Are you constipated?

Problems with piles?

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 is 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 raw and cooked vegetables, fruit, wholemeal bread, wholemeal pasta and bran.
- 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 then sitting or standing for a long time is not good. Keep moving around. When you are 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 obstetrician 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 (a discharge). This is normal. If the discharge has a strange colour, if it smells strange or if it itches, hurts or burns discuss this with your midwife or obstetrician. You could have an infection. If this is the case, you may be given medicine.

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 don't 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.

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 chemical substances.
- 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 may 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. You can also request information from the Inspectorate SZW (www.inspectieszw.nl). You can also discuss this with your midwife or obstetrician.

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 shift or overtime when you are pregnant. This also applies to the first six 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. NB:

- If you give birth earlier than the due date then you are still entitled to 16 weeks' leave.
- If you give birth later than the due date then 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 partner leave for your partner. For more information see www.rijksoverheid.nl. And search for 'bevallingsverlof' – 'parental leave'. For more information see www.zwangerwijzer.nl, www.rivm.nl/zwangerschap/werk. Or search on www.rijksoverheid.nl, for 'pregnancy and work' - 'zwanger en werk'

5. Blood tests

At your first appointment, your midwife or obstetrician 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 get sick. 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?

Below you can see the things that the laboratory tests for in your blood. We will then explain some of these tests:

- 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?
- Do you have 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.

The laboratory often also tests:

- How much glucose (sugar) do you have in your blood?
- How much haemoglobin (Hb) do 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 15.

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 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 obstetrician will tell you what should happen.

Extra attention in week 27 if you have a blood group Rhesus D-negative or Rhesus c-negative

If you have blood group Rhesus D-negative or Rhesus c-negative, then 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.

Do you have 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. If this happens, you will be given an 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 obstetrician 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 obstetrician will give you additional check-ups. These extra check-ups are necessary to make sure that your baby is doing well.

Do you have 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 obstetrician will give you additional check-ups. These extra check-ups are necessary to make sure that your baby is doing well.

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

For more information see

www.pns.nl/bloedonderzoek-zwangeren

under 'bloedgroepen en antistoffen' 'blood groups and antibodies'. You can also download brochures from this website.

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 an obstetrician. The obstetrician 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 during childbirth it is possible that your baby could catch the hepatitis B virus from you.

If you have the hepatitis B virus your baby will have an injection of antibodies against the virus within two hours of birth. These antibodies 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, he or she will be vaccinated again. Subsequent vaccinations are given at 3 months, 5 months and 11 months. Your baby will have these vaccinations at the baby and toddler 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 and also during childbirth or through breastfeeding.

If you have the HIV virus then 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 will also reduce the risk that you will infect your baby.

Do you have syphilis, hepatitis B or HIV? Please be careful! 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 doctor or with the GGD to talk about this. For more information see www.pns.nl/bloedonderzoek-zwangeren under 'infectieziekten' 'infectious diseases'.

For more information see www.soaids.nl or www.hivvereniging.nl/gezond-leven/kinderwens-en-zwangerschap or www.hivvereniging.nl and search for 'zwanger' - 'pregnant'.

What happens to your personal blood test data?

Your midwife and obstetrician will keep your blood test results in your care record. Your personal data and blood test results will be entered into the 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 Blood Supply Foundation. 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 see www.pns.nl/bloedonderzoek-zwangeren under 'Juridische informatie' 'Legal information'.

For more information see www.pns.nl/bloedonderzoek-zwangeren under 'infectieziekten' - 'infectious diseases'.

6. Screening tests for your unborn baby

You can have screening tests carried out to see if your unborn baby has a disorder or a physical abnormality. We call this prenatal screening.

There are two types of screening:

1. Screening for Down syndrome, Edwards' syndrome and Patau's syndrome with the NIPT or the combined test.
2. Screening for physical abnormalities in your baby: the 13-week ultrasound scan and the 20-week ultrasound scan.

You decide for yourself if you want to have these examinations done.

The NIPT

The NIPT is a test to find out if your baby has Down syndrome, Edwards' syndrome or Patau's syndrome.

The NIPT can be performed from 11 weeks of pregnancy. If you have the NIPT then you will be taking part in a scientific study (TRIDENT 2).

The 13-week ultrasound scan and the 20-week ultrasound scan

The 13-week ultrasound scan and the 20-week ultrasound 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 ultrasound scan, the baby is still small, but if there are serious abnormalities some can already be detected. At the 20-week ultrasound scan, the baby is bigger and you will be able to see more details. If you have the 13-week ultrasound scan, you will be taking part in a scientific study (IMITAS).

You decide for yourself if you want to have these scans

At your first visit, your midwife or obstetrician will ask you if you would like to know more about these tests. If you wish, she 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 obstetrician will give you the NIPT brochure and the 13-week ultrasound scan and 20-week ultrasound scan brochure.

For more information see www.pns.nl; under 'Ik ben zwanger' - 'I am pregnant'. You can also download brochures from this website.

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 obstetrician will discuss the birth with you. You can also ask her 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 under 'Bevalling' and www.deGynaecoloog.nl, under 'Informatieteksten' under 'Bevalling', www.thuisarts.nl, search for 'Bevalling'.

Write down your wishes in a birth plan

Together with your midwife or obstetrician, 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. Together with your midwife or obstetrician, 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 obstetrician they can read the plan and discuss it with you. Your birth plan will be kept in your medical records. Remember that if there are any problems, things may change. The health of you and your baby comes first. You can find an example of a birth plan at www.deverloeskundige.nl under 'Bevalling' 'Childbirth'

Where are you going to give birth?

If you see a midwife during your pregnancy and if there are no problems with your pregnancy, then 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 are you seeing an obstetrician during your pregnancy, or if there are problems with your pregnancy or your delivery, then it is best to 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 an obstetrician will help you at the birth.

Arrange your maternity care early!

When your baby is born you can get maternity care. The maternity nurse helps with the care of you and your baby. She may also help at

the birth. Your midwife or obstetrician can tell you more about maternity care. You can choose your own maternity care organisation.

The health insurance company pays for the maternity care. However, you will have to pay a personal contribution per hour. If you have supplementary insurance the health insurance company will sometimes pay the personal contribution. If you want maternity care, but are worried that you won't be able to pay the personal contribution, tell the maternity care organisation or midwife. They can work with you to find a solution, through the municipality for instance.

NB: Arrange your maternity care early! Before the 16th week of your pregnancy. Read more about maternity care on page 30.

Consider breastfeeding

Breastfeeding is almost always the healthiest thing for your baby. You can take a course on breastfeeding when you are pregnant. If you have questions about breastfeeding then ask your midwife, obstetrician or a breastfeeding specialist (lactation consultant). After you have given birth, you can also ask your maternity nurse, child health care provider and of course your midwife or obstetrician. If you are on medication then 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 see www.borstvoeding.nl.

What should you organise before your baby is born?

Before your baby is born, there are a few things you need to organise. You and your partner decide together which surname your baby will have. It does not matter whether or not you are married, or whether or not you are in a registered partnership.

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. For more information see www.rijksoverheid.nl and search for 'aangifte geboorte' - 'register birth'. This will give you more information about the standard legal choice of surnames.

If you are not married or do not have a registered partnership, then your partner can acknowledge your baby and apply for parental authority. It is best to do this before the birth as it saves a lot of extra work afterwards.

For more information see <http://www.rijksoverheid.nl> and search for 'erkenning kind'. There you will also find information on what surname you can give your baby. For more information on breastfeeding see www.borstvoeding.nl.

8. Childbirth

If you are having the baby at home or at a birth centre, a midwife will assist you with the birth. The maternity nurse can also help. If you are having the baby in hospital, then an obstetrician 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 obstetrician calculates 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, then you can choose where you want to give birth. At home, for instance.
- If you have problems during pregnancy, or if labour starts before the 37th week of pregnancy, then it is best to have the baby in hospital. An obstetrician will assist you with the birth. Your midwife will discuss this with you.
- If you 41 weeks pregnant with a singleton (one baby) and if your baby is not in the breech position, then your midwife or obstetrician 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 obstetrician 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, then 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 sometimes the first contractions can come in quick succession and they are painful.
- Your labour may also begin when your water breaks. Then you lose amniotic fluid from your vagina. You may lose a lot of amniotic fluid, as if you were passing urine. It may also be such a small amount that you hardly notice it. Labour usually starts within 24 hours of the waters breaking.

You make arrangements with your midwife or obstetrician about when you will need to call when labour has started.

What if there are problems?

If there are any problems during your delivery then your midwife or obstetrician 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. Or if you need medication for the pain. It is then safer for you and your baby if you birth in hospital. Often one of the hospital midwives will take over from your midwife to assist with the birth. She will do this together with the obstetrician and nurses at the hospital.

Roughly 2 out of 3 women go to hospital to have their first baby, but this happens much less often with their second baby. Roughly 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 5 women have their first baby by means of a vacuum-assisted delivery. A birth assisted by a ventouse (vacuum pump) also takes place in hospital.

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 open you are fully dilated and you 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 obstetrician will assist you to deliver your baby. When your baby is born he or she will be laid on your chest straight away.

When is the placenta (afterbirth) delivered?

After your baby is born, the placenta will be delivered. The placenta ensures that your baby receives nutrition and oxygen during pregnancy.

On page 35 you will find tips for good websites where you can read more about giving birth and caesarean section.

9. After childbirth

When you are at home again after giving birth, your midwife will visit you regularly to check on your baby. She will also discuss with you how you and your baby are doing.

Registering your baby with the municipality

When your baby is born, you must let your municipality know within three days. Your partner may also do this. **Please note! Take a passport, an identity card or a Dutch foreign national's document. The municipality informs the child health services that your baby has been born. They will also inform the organisation that 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.

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 nurse, midwife, obstetrician 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.

Maternity care

After your baby is born, you will receive maternity care. The maternity nurse will help you in all sorts of ways. She will make sure that you and your baby are doing well. For instance, she will take your temperature and weigh the baby. If something isn't going too well, she will contact the midwife after consulting with you and your partner.

The maternity nurse also helps you with the care of the baby. She will help you breastfeed or bottle feed, explain how to sleep safely and build up a bond with your baby. The maternity nurse makes sure that at the end of the period of maternity care you are able to take good care of yourself and your baby. And that you know where to turn for help if you're not sure about anything.

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 obstetrician. 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 have pain you can take paracetamol. Read the leaflet about the number of tablets you are allowed to take. If you want to take paracetamol for more than one day discuss this first with your GP, midwife or obstetrician. Only use painkillers other than paracetamol

after consulting your GP, midwife or obstetrician. For more information on breastfeeding and medicines, see

www.moedersvanmorgen.nl/kennisbank.

Does your baby's skin look yellow?

Most babies look a little yellow 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, obstetrician or maternity nurse if you think your baby's skin is yellow. For more information see www.babyzietgeel.nl.

The heel prick test

In the first week after birth, your baby will have the heel prick test. Someone will come to your home to do this. If your baby is in hospital then the heel prick test will be done there. Your baby's blood will be examined by a laboratory to see if your baby has any 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 obstetrician will give you a brochure about the heel prick test and the hearing test.

For more information see <http://www.pns.nl/hielprk>.

Hearing test

Your baby will have a hearing test in the first week 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 it 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 baby and toddler 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, he or she 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 obstetrician will give you a brochure about the heel prick test and the hearing test. For more information see www.pns.nl/gehoortest-baby.

For more information about testing your baby after birth, go to www.pns.nl/hielprk and www.pns.nl/gehoortest-baby.

What do the child health services do?

After the maternity care period, the child health care services provide medical care for your baby. A child health care nurse will automatically contact you to make an appointment. You do not have to do anything for this.

Vaccinations for your baby

All babies and children in the Netherlands can have injections (vaccinations) against diphtheria, whooping cough, tetanus, polio, Hib disease, pneumococcal disease, mumps, measles, rubella, meningococcal ACWY, hepatitis B and HPV. These are infectious diseases that can make your baby very sick and be harmful to your baby's health. Doctors and hospitals cannot always treat these infectious diseases properly. 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 Vaccination Programme. The vaccinations are free. 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 Vaccination Programme. It contains a leaflet about the vaccinations, call-up cards for the vaccinations and a vaccination certificate for your baby.

Want to know more about these vaccinations? Make an appointment with the child health services, the Youth and Family Centre or your local municipal health services. For more information see www.rijksvaccinatieprogramma.nl.

Are you returning to work?

Do you want to return to work after your maternity leave? Then 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 see www.rijksoverheid.nl. Search under 'zwanger' and 'werk' - 'pregnant' and 'work'.

For more information see www.rijksoverheid.nl. Search under 'zwanger' and 'werk' - 'pregnant' and 'work'.

10. What happens to your personal data when you are pregnant?

No one is allowed to use your personal data just like that. It 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 concerns what they do and why they do it.

Personal data about your pregnancy

Your midwife, obstetrician, 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 the following subjects:

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

Who is allowed to view and use your personal data?

Your midwife, obstetrician, 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, obstetrician, 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

Quality improvement

In order to improve the quality of care provided to pregnant women and babies, your personal data will also be entered into a national register: the Perinatal Registry. Your midwife, obstetrician, 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 birth in the Netherlands. Taking the data of all pregnant women and babies together, healthcare providers can improve the care provided to pregnant women and babies.

Research

Researchers also use this data for scientific research. In this way, they learn more about pregnancy and birth. 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, see www.perined.nl under 'Privacy'.

Examinations (screening tests) 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 the birth, your baby can have tests. We call these screening tests. Your midwife or obstetrician 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 women's blood tests), 6 (examination of your unborn baby) and 9 (heel prick and hearing tests) of this brochure. And on the RIVM website: www.pns.nl.

For more information, see www.perined.nl under 'Privacy'.

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

If you have screening tests during pregnancy your name, address, date of birth and the results of the screening tests 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, the municipality needs to be able to pass on information about your newborn baby to the child health services.

This information will also be entered into the information system.

These systems are necessary to ensure the smooth running of the screening programmes and to maintain their quality. Researchers use anonymised data and results for national statistics, and also for scientific research to improve the quality of screening and treatment. Researchers do not know whose data they are using.

The national information system and your privacy

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

For more information see www.pns.nl/juridisch. This site contains information on

- a privacy statement with more information about your privacy,
- existing information systems,
- the information they contain about you and your baby,
- how you can have your data removed from the systems.

For more information see www.pns.nl/juridisch.

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

Below are a number of 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. You can read how the midwife guides you before, during and after your pregnancy. You will also find leaflets about how to give birth: lying down, sitting, standing up or in the bath. Also what you can do to prevent pain during 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 to find a midwife in your neighbourhood.

Obstetricians' 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 'Informatieteksten' 'Information texts' or at 'Zwangerschap' - 'Pregnancy' or at 'Bevalling' - 'Childbirth'. Under the heading 'Information films', 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' - 'labour'.

Perinatal Care Board website

www.allesoverzwanger.nl

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

The Perinatal Care Board brings together all health care providers involved in the birth of babies.

RIVM website about screening

www.pns.nl

On this website you will find information about examinations during your pregnancy and after the birth of your baby:

On www.pns.nl/bloedonderzoek-zwangeren you will find information about blood tests for pregnant women. See under 'Folders'.

On <http://www.pns.nl/prenatale-screeningen> you will find information about the screening tests for Down syndrome, Edwards' syndrome and Patau's syndrome, as well as the 13-week ultrasound scan and 20-week ultrasound scan for physical abnormalities. On this website you will also find 'hulp bij het kiezen' - 'decision aid'. This is an aid to help you and your partner decide if you want the tests. Also see under 'Folders'.

On www.pns.nl/gehoortest-baby you will find information about the hearing test for babies. Also see 'Folders'.

On <http://www.pns.nl/hielprik> you will find information about the heel prick test for babies. Also see 'Folders'.

All leaflets are also available in English, Polish, Turkish and Arabic.

RIVM website about the National Vaccination Programme

www.rijksvaccinatieprogramma.nl

Here you will find information about all the vaccinations your baby can have.

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 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, midwife or obstetrician. The questionnaire is for you and your partner.

Mothers of Tomorrow website (part of 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.

Netherlands Nutrition Centre website

www.voedingscentrum.nl/zwanger

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

Call your midwife or obstetrician 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 don't understand what your midwife or obstetrician is saying then tell her. If necessary you can also ask for extra time at your next appointment.

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

Headache. Seeing stars.

Do you feel your baby moving less than usual?

And are you more than 25 weeks pregnant? **Call immediately!**

Nausea or vomiting.

If you are less than 37 weeks pregnant and if you have abdominal pain or back pain that comes on regularly and goes away again, then you may already be having contractions. Call immediately!

Blood loss. If you are bleeding from your vagina. Call immediately! Keep the panties or panty liners that show the blood.

Pain in your upper abdomen, or between your shoulder blades. The feeling that 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.

Are you losing amniotic fluid? Your waters 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 sometimes it may 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 obstetrician. Tell her the colour of the amniotic fluid.

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

This document was produced in collaboration with:
www.allesoverzwanger.nl