

midwives  
sage-femmes



ostetrica  
hebammen

## VERLOSKUNDIGEN 101

### AFTER THE FIRST WEEK

In the first week after birth we have visited you at your home and we have been the first contact point for occurring problems. The kraamzorg has helped you along the way in taking care of your baby. The coming weeks are all about finding a balance in this new family situation. Pregnancy and birth are physically intense. Therefore, the body needs time and rest to recover. We hope you have felt well guided by us and can look back positively on your pregnancy and birth. We would love to hear your feedback, and would be incredibly grateful if you could take a couple of minutes to write a quick review for us (via [Google Zorgkaart Nederland](#) or Facebook). This will allow us to improve our service and let others recognise and value the care we provide. We will be happy to provide you with some tips and advice in support of the coming weeks as we will transfer the medical care back to your general practitioner (G.P.) and the consultatiebureau (baby clinic). However if you have any birth related questions, please call or email us.

Thank you for your trust in us, we hope we have contributed to a positive pregnancy and birth experience and we wish you all the best in this exciting new stage of your lives with your new baby.

### HUISARTS / G.P.

Your general practitioner will take care of your health from now on. If you have questions or concerns about the health of yourself or your child, please contact the general practitioner immediately. In case your baby has a fever in the first three months after birth ( $>38.0$ ), contact the G.P. immediately. When it's only a slight fever ( $37,6 - 37,9$ ), check the temperature again after one hour. If you can't reach your G.P., you can call us and we will refer you to the pediatrician.

### CONSULTATIEBUREAU

At the consultatiebureau, doctors and nurses who specialise in care for newborns to four year olds work together. They will follow your child in his or her growth and development. Furthermore, they provide vaccinations, information and parental advice. At the consultatiebureau you can ask all your questions regarding the growth and development of your baby. In the second week after birth, you will receive a home visit from the nurse. She gives advice, weighs your baby and will answer your questions. She will also give you information about the health care system of the Netherlands concerning newborns and young children. The consultatiebureau has weekly weighing-in hours where you can weigh your baby without an appointment (for example, if nursing is not optimal). You can also weigh your baby at our practice on all weekdays as we have a digital scale in our waiting room for you to use.

## RECOVERY AFTER BIRTH

After birth all women will have blood loss. Because the amount of blood in your body rises by about 50 percent during pregnancy, your body is well prepared to the blood loss you will experience in the first weeks after birth. The vaginal discharge during the postpartum period is called "lochia" (a Greek word meaning "relating to childbirth"). It consists of blood, tissue shed from the lining of the uterus, and bacteria. For the first few days after birth, lochia contains a fair amount of blood, so it'll be bright red and look like a heavy period. It may come out intermittently in small gushes or flows more evenly. If you've been lying down for a while and blood has collected in your vagina, you may see some small clots when you get up. You should have a little less discharge each day, lightening in color. Call us if your blood loss suddenly increases again or if you still have blood loss 6 weeks after birth. You might need an ultrasound to check if a small piece of placental tissues is still in the uterus.

## EXERCISE AFTER BIRTH

Whether this is your first, second, or fourth trip around the postpartum block, there's a good chance your post-baby body feels a lot different than your pre-pregnancy self. But if you're eager to get moving, you might be wondering when it's safe to return to exercise and what types of workouts are best in the first few weeks and months after childbirth. While your pregnancy, type of birth, and any complications you experienced during delivery will dictate specific exercise guidelines, the most important factor to consider is how you feel. That's because easing into any type of workout after giving birth is key to both the long-term success of your fitness plan and your overall health. In other words, try to be patient and realistic about what you're capable of doing. In general, if you had a healthy pregnancy and delivery, you can start working out when you feel ready. For some women, this may be as soon as a few weeks after giving birth.

If you had a cesarean delivery or other complications such as diastasis recti or severe vaginal tears you'll need to wait at least 6 weeks to return to an exercise program. During your 6 week checkup we can test if your diastasis recti has disappeared and if it's safe to start working out your abdominal muscles.

After having a baby, it is important to restore the stomach muscles and pelvic floor gradually, understanding and connecting the core muscles and ensuring they are functioning before moving onto any kind of strengthening exercises. Try to build your pelvic floor exercises into your daily life, continuing the exercises you did while you were pregnant. It'll benefit you in the long term, and through any further pregnancies. Pelvic floor exercises will help your perineum and vagina to heal more quickly. That's because the exercises improve circulation to the area, helping to reduce swelling and bruising. If you have stitches, exercising your pelvic floor won't put any strain on them. In the first few days or weeks, it's normal to feel as if nothing is happening when you do your pelvic floor exercises. Keep going, as the feeling in your pelvic floor will return and it will be effective even if you can't feel it.

# HOW TO DO PELVIC FLOOR EXERCISES

You've probably heard of pelvic floor exercises or Kegels, generally described as squeezing or clenching as if you're trying to stop the flow of urine.

But whilst Kegels or traditional pelvic floor squeezes may 'tighten up' your pelvic floor muscles in the short term they are simply not enough, and there is a vital element missing in the way these are often performed. The relax-phase of any muscle action is every bit as important as the contract-phase, and nowhere is this more important than in the case of your pelvic floor. A hypertonic (too tight) pelvic floor is equally as likely to be the problem as a 'too loose' pelvic floor. So if you are Kegel-ing and you are doing any of the following: bending your knees, tucking your backside under, or clenching your bum muscles... you're not actually getting to the deep pelvic floor muscles at all. And if you're consciously or unconsciously squeezing them all the time, then your muscles have nowhere else to go when you really need them. In other words, if a muscle is always switched on, then it cannot work or contract when you really need it to (to prevent you peeing yourself).

Finding your pelvic muscles and learning how to contract and importantly, how to relax, is key. To find your pelvic floor lie on your back with your knees bent and your feet flat. Breathe deeply and easily for a few breaths, then: Purse your lips and exhale as you consciously lift your pelvic floor – right in the middle – imagine gently drawing up the walls of your vagina, as if pulling a tampon deep up inside. Don't 'tuck your tailbone' under.

Relax your muscles as you inhale (don't push away – just fully relax) and repeat.

Your shoulders, chest or pelvis do not move – so you don't tuck your tailbone underneath as you contract the muscles, and don't squeeze or clench your backside or your inner thighs.

The inhale-relax phase is absolutely vital, remember this isn't all about the squeeze! Too much contraction, with not enough relaxation of the muscles will exacerbate the problem.

*If your rib cage rises or thrusts, if your shoulders hunch or if you're sucking in your stomach – then it's not working right. All these movements will do is displace air and body mass upwards into your ribcage. This increases the pressure inside, not decreases it.*

It is unwise to return to any intensive pre-baby exercise routine too soon after giving birth. Going straight back to high impact exercise when you have a weakened core and pelvic floor is essentially an attempt to strengthen something that doesn't work, which is impossible. If you are considering any kind of intensive, high impact workout after pregnancy it is important that your core is fully healed first, to avoid any further damage. There are different postnatal classes and pelvic floor physiotherapists offering exercises to restore your pelvic floor and core muscles.

[Mom in balance - Back in shape](#)

[Workout Amsterdam](#)

[Aurora - pelvic floor therapist](#)

[Mutu system - workouts from home](#)

[Haptomotion](#)



# MASTITIS

Mastitis is painful inflammation of your breast tissue. It's most common during the first month of breastfeeding, but you can develop it any time – including after you wean your child. The inflamed area may be red, swollen, unusually warm, painful, or hard to the touch. Symptoms can come on gradually or suddenly, and the condition usually affects only one breast at a time. Mastitis may or may not be caused by an infection. Signs of an infection include chills, a fever of 39+ degrees or higher, and fatigue. Mastitis makes some women feel very ill. You may feel like you've come down with the flu. Mastitis can be caused by engorgement, plugged milk ducts, or milk that remains in the breast after a feeding (milk stasis). These conditions can also lead to an infection, as can cracked or damaged nipples because germs can enter the breast this way.

Does the fever go up despite taking paracetamol (<38,5°) or does the fever last longer than 24hrs, your breast is red and you feel ill? Call your G.P., he will prescribe antibiotics to help fight the infection. This won't affect the baby, he might get slight stomach cramps. Keep nursing the baby to optimise the milk flow. If you stop breastfeeding while having mastitis, this will make it worse.

You could also consider consulting a lactation consultant (i.e. [Myrte van Lonkhuijsen, de Boezemvriend](#))

## TIPS

### Rest

Plan to stay home in bed and rest as much as possible.

### Nurse your baby often

Breastfeeding can be painful when you have mastitis, but it's crucial to treat the condition and keep up your milk supply. Nurse as often and as long as your baby is willing. Aim for every two hours to keep the affected breast empty.

### Use a cold compress or cold pack

On your breast between feedings to relieve pain and swelling. Never apply a cold pack directly to your skin because that can cause skin damage. Wrap it in a clean cloth or towel before use.

### Apply a warm compress

On the affected breast for several minutes (or take a hot shower) just before each feeding. This can stimulate your letdown reflex and make nursing more tolerable.

### Gently massage your breast

From the swollen area towards the nipple, and from the nipple toward the armpit.

### Take pain medicine

Take paracetamol with a maximum of 4 times 2 tablets of 500mg each per 24hours.

### Eliminate pressure on your breasts

Wear loose bras or go braless. Don't sleep on your stomach or let your baby rest on your chest.

## BABY: VITAMIN K

All babies will receive vitamin K directly after birth with your permission. This is the amount of vitamin K he needs for the first week and helps the blood to coagulate. Three months after birth babies can make enough vitamin K themselves. Until then it's advised to supplement the baby daily by giving him 150mcg vitamin K drops. You can buy it at a pharmacy or drugstore.



## BABY: VITAMIN D

Vitamin D is also advised to supplement after the first week for strong bones and teeth. Babies from the first week after birth to four year of age should be given a daily supplement containing 10mcg of vitamin D.

## CONTRACEPTION

Having another baby is probably the last thing on your mind as a new mum. But you could become fertile again before you know it. Your periods will return any time from about six weeks to three months after your baby's birth if you are formula-feeding or combining breast and formula feeds. Your periods may not start again until you cut down breastfeeds or stop breastfeeding altogether. You could still be fertile before you realise it as two weeks before you have your first period, you will have your first ovulation. That's why it's advisable to start thinking on what contraception will suit you when necessary. During the lactating period, condoms, Implanon, the "mini-pil" (Cerazette) and the IUD (coil) are possible as the normal birth pill influences your milk supply. **Do you wish to have a coil, minipil or Implanon? Make an appointment at the practice as Inge is a certified midwives to place them.**



## 6-WEEK CHECKUP

You are welcome to make a six-week postnatal check up appointment at the practice. This consultation is not obliged but you may still be dealing with some pregnancy- or childbirth-related aches and pains or may have some questions about how your body changed. We will also talk about how you experienced pregnancy and birth and will discuss postpartum issues like breastfeeding, birth control, exercise and work. At this consultation we will answer your questions and look back on your pregnancy and birth and any other issues you'd like to discuss. To book in this appointment please call the practice from Mon-Fri 9 a.m. to 3.30 p.m.

