

midwives
sage-femmes



hebammen
ostetrica

VERLOSKUNDIGEN
101



Giving birth



GIVING BIRTH

From 37 weeks until 42 weeks of pregnancy your labour and delivery will be guided by us. We believe it is important to offer a choice and control over the type of birthing you choose. This can be a home birth, in the birthing centre or in a hospital, a water birth, on the birthingstool, with or without pain relief, it's your decision! We will guide you one-to-one throughout your labour and delivery. In these last weeks of pregnancy you will have **weekly consultations** at our practice. We measure your blood pressure, check the growth and position of the baby, listen to the heartbeat and answer all questions you may have.

Preparation for birth can take away any fear and insecurities you might have. This allows you to be more relaxed during labour and birth. The more confident and relaxed you are when labour starts, the better you are able to handle the pain during contractions. Twice a month we organise an information evening about birth. However, due to the COVID-19 pandemic we have had to cancel these and will provide it digital via Zoom, together with this handout to fully prepare you. At approximately 35 weeks we will also plan a consultation to talk about your birth wishes and answer all questions you may have.



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PREPARATION BIRTH CHECKLIST



DOORBELL & NAMEPLATE

Please make sure your **doorbell** functions and there's a **nameplate** at your front door. We want to make sure we won't wake up your neighbor in the middle of the night.



KRAAMPAKKET

Make sure you have a **kraampakket** at home. If your insurance company doesn't provide you with one, you can buy the medical things (gauzes, umbilical cord clip, alcohol and cotton balls, etc.) at the pharmacist and most of the other things at the PRENATAL.



BEDRAISERS

From 37 weeks onwards please place bed raisers under your bed to make sure the height of your bed will be **70-90 cm**. This is also necessary in case of a hospital birth (after birth when you're home again. These **bedraisers** can be borrowed from Cordaan. They will be delivered to your home along with a bedpan when you call Cordaan on 0800 - 288 77 66. When it is impossible to raise your bed with bedraisers (or for instance beercrates) or you happen to have a waterbed, make sure you organize a raised (single) bed.



HOSPITAL BAG

Please have a readily packed hospital bag for the baby and yourself ready. On the next page we will share what to bring to hospital and what not. Don't forget to pack your **insurance card**, **ID** and **verloskundigen101 envelope** in there as well.



HOSPITAL BAG

BABY ESSENTIALS

- 1 woolen blanket
- 2 long sleeve bodysuits
- 1 pair of (woolen) socks
- 2 hats
- 1 pair of pants of a onesie
- 1 jumper/vest/cardigan preferable from wool
- 1 Jacket of outdoor onesie (for the trip home)



MOM ESSENTIALS

- Outfit for after birth (loose fitting pants, cardigan)
- Nursing bra
- Toiletries
- Woolen socks (to keep your feet warm during labour)
- Slippers
- Hairband
- Lip balm

PS you don't need magazines/snacks/iPads etc. The hospital will provide food and drinks, and you probably won't eat that much during labour. In the event that you have to stay overnight or even for a few days you can keep a second bag ready at home which your partner can bring to the hospital after birth.

OVERDUE

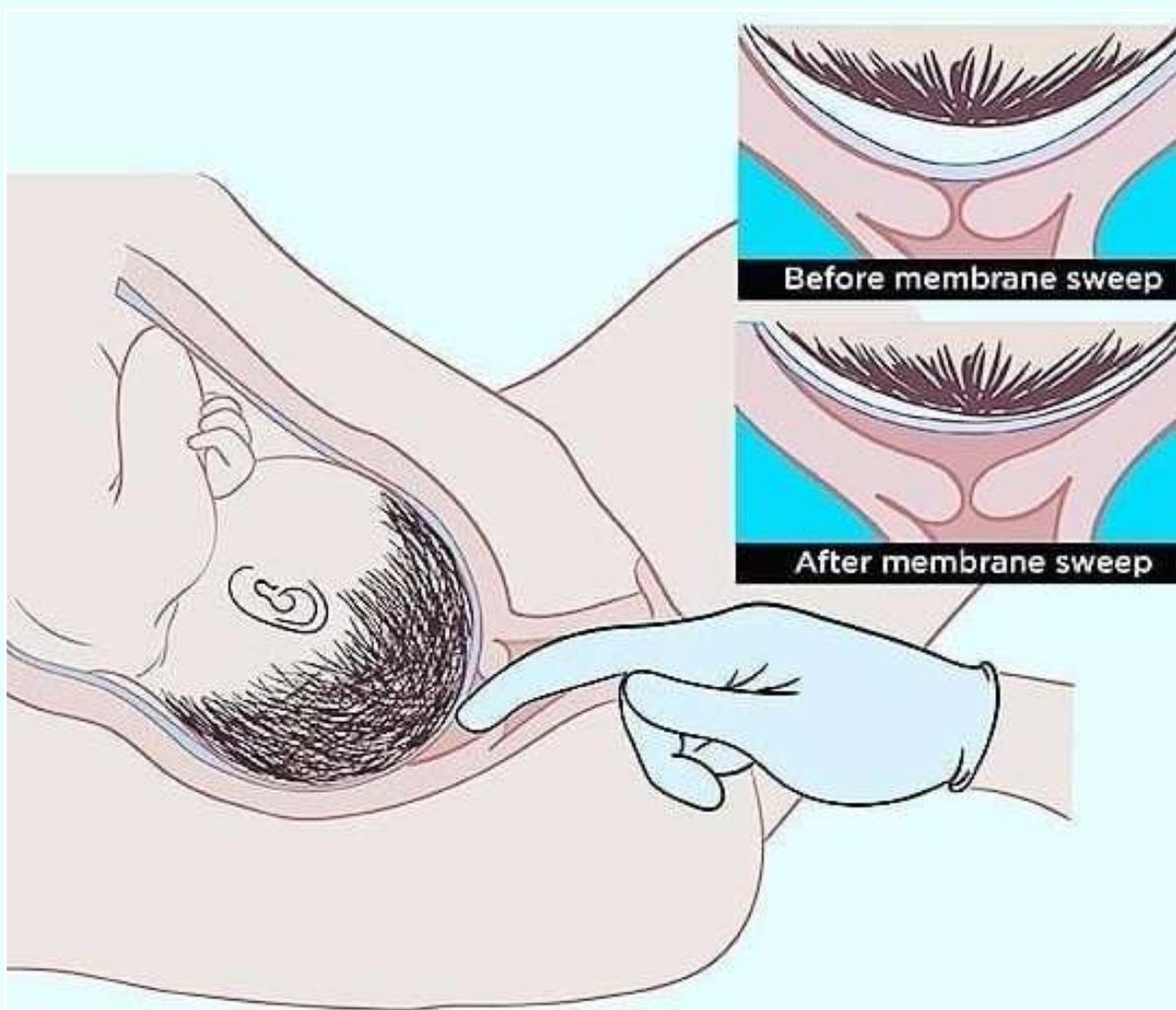
You've had your due date in mind all these months, and then it passes...

Being overdue is actually way more common than you might think. More than 70% of women deliver past their due date as only 5% of babies are born on the actual due date. 95% of women give birth spontaneously before 42 weeks. In France and New Zealand they've set the due date at 41 weeks. Which actually makes sense as it's a much more accurate due date than the 40 weeks.

Starting at 41 weeks of pregnancy we will do a checkup averagely every other day to check your blood pressure, the growth, position and heartbeat of the baby and we offer to conduce a membrane sweep.

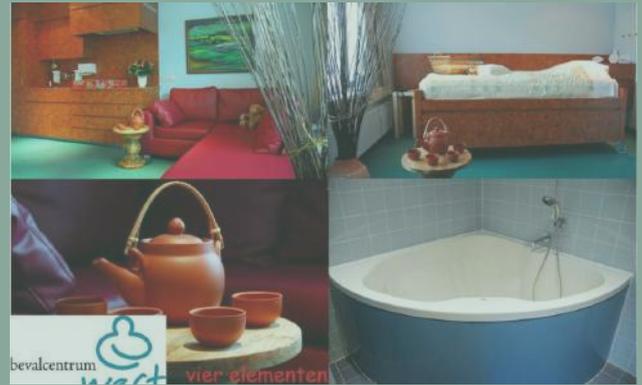
A membrane sweep is a way of trying to bring on labour to avoid going too overdue. During an internal examination, we will try to insert a finger into the opening of your cervix (neck of your womb) and then gently but firmly move the finger around. This action should separate the membranes of the amniotic sac surrounding your baby from your cervix. This separation releases hormones (prostaglandins) which may kick-start your labour. A membrane sweep increases the likelihood of labour starting within 48 hours. It has a higher chance of succes if your cervix is already softening and preparing for labour. It can be uncomfortable, as the cervix is often difficult to reach before your labour begins. You may experience some slight spotting of blood, cramps or irregular contractions immediately afterwards.

At every checkup between 41 and 42 weeks together we decide when an induction is necessary. However if you've reached 42 weeks, your labour will be induced in hospital. There are different ways to medically induce labour. The hospital wil advise which type of induction is preferred depending on whether your cervix has already softened and if there is some dilation.



WHERE AND HOW TO GIVE BIRTH

In the Netherlands, women with an uncomplicated pregnancy may choose where and how to give birth. As mentioned above, this can be at home, in a birthing centre or the hospital. We will assist you and arrange everything for you concerning the birth. In the uneventful case of a complication we will refer you to a gynecologist. If you would like to deliver in a hospital by choice (poliklinische bevalling), you don't need make any arrangements in advance. When the delivery has started we will organise everything for you and guide you through it. Many people think hospital births are safer because doctors and medical equipment are nearby. However, we use the exact same medical equipment at home as in the hospital.



HOME BIRTH

If you choose a home birth, we will attend your birth, aided by a maternity assistant. We will bring our own equipment, which always includes a neonatal resuscitation set and oxygen, iv-drip, suturing set and other necessities. Research has shown women labor more easily at home due to the fact that less stress hormones are produced in an intimate, quiet environment. Moreover, home births have shown to increase maternal satisfaction. In the comforts of your home surroundings, it is easier to relax, and you are free to move around according to your own wishes.

BEVALCENTRUM ("BCW" BIRTH CENTER)

Sometimes you cannot or do not want to give birth at home. Your house may not be suitable due to renovation. Or you might have the feeling you can better relax in the proximity a hospital. In this case you can choose to go to Bevalcentrum West which has a more homely feeling. There are 4 rooms, of which 2 have a big birth pool. They offer the same freedom and comfort of a home birth, while ensuring that total medical support is standing by just a few steps away. All facilities are designed to emphasize the normality of birth. BCW provides gas & air.



HOSPITAL BIRTH (BY CHOICE)

When you would like to give birth in hospital by choice (without a medical reason) it's called a "poliklinische bevalling". You will have to pay the hospital around €380. Some health insurances will cover this expense. Your birth will still be attended by one of us and an (obstetric) nurse who is employed by the hospital. Usually, and contrary to other countries, women will leave the hospital a couple of hours after birth.

HOSPITAL BIRTH (MEDICAL REASON)

Women who have an increased obstetrical risk will give birth in hospital (without extra costs). A clinical midwife or an obstetrician in training will attend to you during labour and birth. They will call upon an obstetrician if a serious complication arises. After birth, when you are back home again, we will step in and take care of you and your baby together with the kraamzorg (maternity nurse).

FALSE LABOUR

"How will I know when I'm in labour?", it's a question we get asked frequently. The answer is, you will know when time passes by. If you're having real contractions, which get progressively stronger, longer and more frequent, chances are you're in labour. But you may also experience Braxton Hicks contractions (sometimes called "practice contractions") long before the big day arrives. Braxton Hicks contractions can easily be mistaken for the real thing, especially if you haven't had a baby before. False labor contractions are unpredictable. They usually come at irregular intervals and vary in length and intensity. Although real labor contractions may be irregular at first, over time they start coming at regular and shorter intervals, become increasingly more intense, and last longer. Furthermore, false labor contractions may subside on their own, when you start or stop an activity, or when you change position. Real labor contractions persist and progress no matter what you do. How to know the difference between Braxton Hicks contractions and labour contractions?

Braxton Hicks contractions:

- Are infrequent, and usually happen no more than once or twice an hour, a few times a day.
- Often stop if you change activity. So walk around if you've been sitting, and sit down if you've been on your feet for a while.
- Are usually irregular, or if they are regular, only stay that way for a short time.
- Don't last long, usually less than a minute.
- Continue to be unpredictable and non-rhythmic.
- Don't increase in intensity.

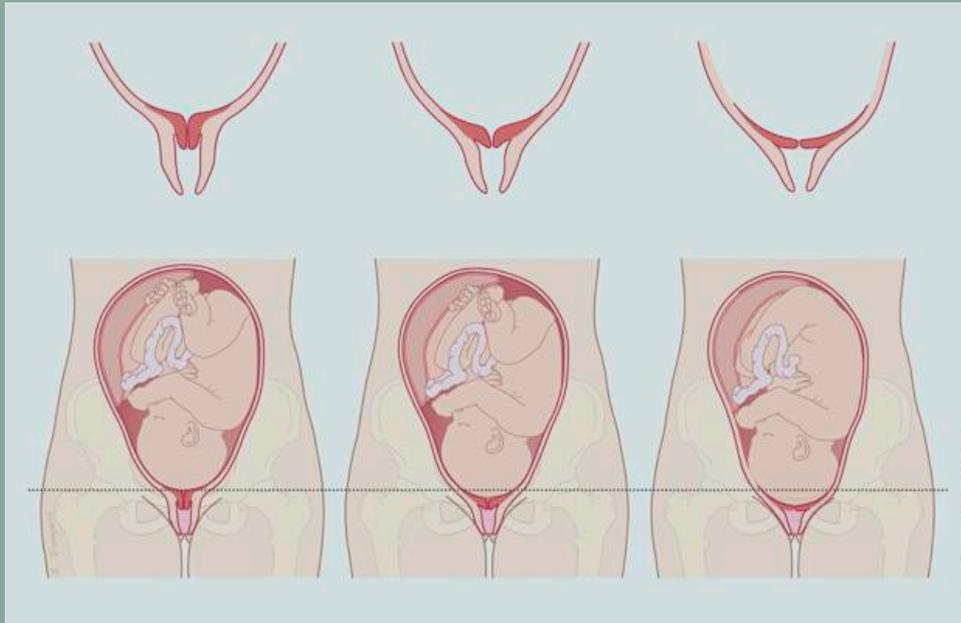
Labour contractions:

- are noticeably, and increasingly, longer
- are more regular
- are more frequent
- are more painful



STAGES OF LABOUR

LATENT PHASE



Early labour may feel like a backache, ache in your lower abdomen, cramps, or low-intensity contractions. During a contraction the uterus contracts. Most women describe it as an extreme version of menstrual cramps. Contractions occur just like waves do, just before the wave breaks, the pain is most fierce and afterwards it gets less. Between contractions there is no pain. The stronger, more frequent and regular the contraction gets, the more labour progresses. The hormone responsible for making contractions is **oxytocin**. During the first stage of labour, the cervix starts to soften so it can open. This is usually the longest stage of labour and is called the latent phase. During this phase you will feel irregular contractions every 5 - 7 mins apart and lasting 30-50s (see picture below). Also the intensity of the contractions will vary. It can take many hours, or even days, before you're in established labour. Established labour is when your cervix has dilated to more than 4cm and regular contractions are opening up the cervix.

Breathing exercises, massage and taking a warm bath or shower may help ease pain during this early stage of labour. Staying at home in early labour gives you a better chance of having a shorter and more positive experience of active labour. You're less likely to need medical interventions in the form of drugs to speed up your labour, or to help you give birth. This makes sense when you realise that it's much easier to rest and relax in your own home. You'll be able to save your energy for the hard work that's about to come.

In the latent phase you don't have to inform us labour has started. Use your energy to cope with the contractions, try to doze away between contractions or have a warm shower/bath to ease the pain.

LATENT PHASE: irregular short contractions every 5 - 7 mins, lasting 30 - 50s
 making the cervix soft and flat and dilate 1 - 3 cm.

3 mins

7 mins

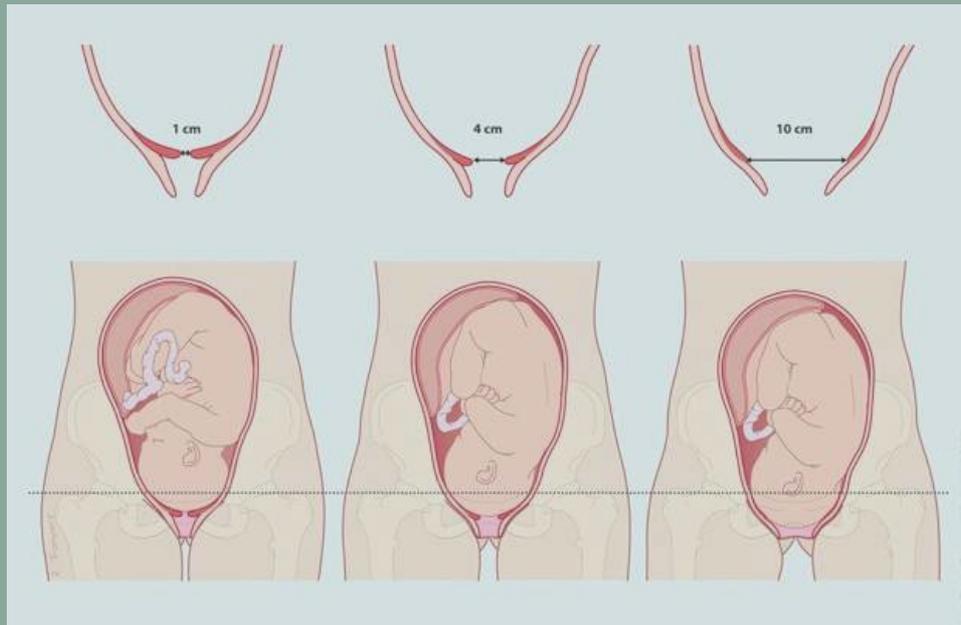
5 mins

30-50sec

30-50sec

STAGES OF LABOUR

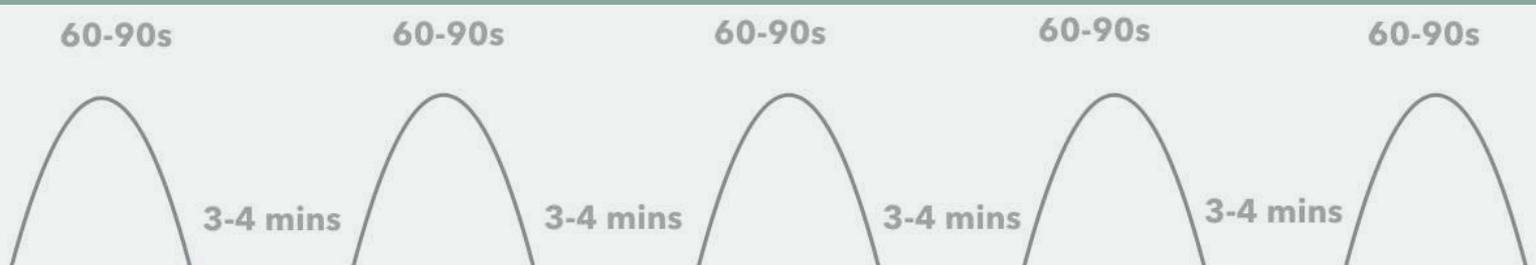
ACTIVE PHASE



The main sign that you're moving into active (established) labour is experiencing painful, regular contractions. These gradually become more frequent, longer, and stronger in intensity. Contractions during established labour are regular and tend to occur every 3 to 4 minutes with a duration of 1 to 1,5mins. Some women experience the pain mostly in their lower abdomen, where other feel it in their back or even legs. While you're in active labour, listen to your body and pay attention to how you're feeling. As your labour progresses, you may start to turn your awareness inward, focusing in on each contraction and using your breath to help you to cope. Changing position during active labour is also advised to help to progress labour. Furthermore we encourage to urinate frequently (every 2 hours) as a full bladder can slow down labour and to keep yourself hydrated. Usually most women are not that hungry during labour, so just a snack once in a while is enough to keep yourself going.

As the dilation progresses, contraction will be stronger and more frequent. At the end of the active phase, when the cervix has dilated between 8 and 10 cm, the contractions will be at their peak of intensity, but there will always be a (little) break between contractions to regain your energy. During active labour we will monitor the dilation with internal exams every few hours and whenever necessary. When you are about 5 - 6cm dilated, and you prefer to give at the hospital or birthing centre, this is the time to go. You can go with your own car and we will drive right behind you, or take a taxi/Uber. From of that moment on we will stay with you and give one to one care.

ACTIVE LABOUR: regular contractions every 3 - 4 mins lasting 60 - 90s
dilating the cervix until 10 cm (fully dilation).



HOW TO DEAL WITH CONTRACTIONS

When in labour your body immediately responds to the pain of the contractions by making **endorphins**. These are natural pain killers your body makes to feel less pain. Anxiousness and fear can obstruct the production of endorphines. That's why it's important to try to be as relaxed and comfortable as possible. Try not to focus too much on the pain as long as possible during labour. Try to get on with what you were doing and seek some **distraction** by listening to music for example.

In between contractions there is always a break. In early labour the time between contractions is sometimes long enough to even doze away. Use those moments to relax again and prepare for the next contraction, even if the break gets shorter. Try to stay physically relaxed and not to tighten your muscles in your neck, back, bum and legs too much. **Breath in and out** during a contraction and try to focus on your breathing so you are less focussed on the pain. This will help you endure the contractions.

Warmth helps you to relax as well. Make sure the temperature of the room is pleasant and use a **hot pack** on your stomach or back during contractions. Most women like to take a (long) **shower or bath** to ease the pain of the contractions. Applying warmth is a tried-and-tested way of relaxing aching, tense muscles. So it's no surprise that it's an effective way to provide some relief of labour pain. **Massage**, particularly having someone rub your back, will warm your skin and stimulate your body to release endorphines as well. Labouring in warm water can relax you and make contractions more bearable, just as having a bath helps to ease stomach ache or backache. Using a birth pool is likely to shorten the first stage of your labour and help you cope with the pain. Research has found that women who spend some time labouring in water are less likely to need an epidural or other pain relief than women who spend their entire labour out of water.

Focusing on your breathing is a really helpful way of getting through each contraction. Follow these tips to help make the most of your breathing:

- As you breathe, think of the word "relax" in two stages. Take a deep breath at the beginning of the contraction and think "re-", then as you breathe out, think "-lax" and let go of any tension.
- Continue by breathing in through your nose and out through your mouth
- Repeat this a few more times. Concentrate as hard as you can on breathing in as the contraction builds up, and out as it fades away.
- Keep a good rhythm going. Don't worry about how deeply you're breathing, or for how long. Just try not to let the in-breath become longer than the out-breath.
- When the contraction is over, try to relax as much as possible.
- This rhythmic breathing will conserve your energy and help to ease your pain, too.



Staying upright and gently active will help you cope as your labour progresses. There's good evidence that staying in upright positions or walking around can help to shorten labour by over an hour. Unless you're really tired, try not to lie on your back once you're in active labour. Doing so can make your contractions slower and more painful. As labour progresses, lying on your side may help you to rest and keep your pelvis free and open.

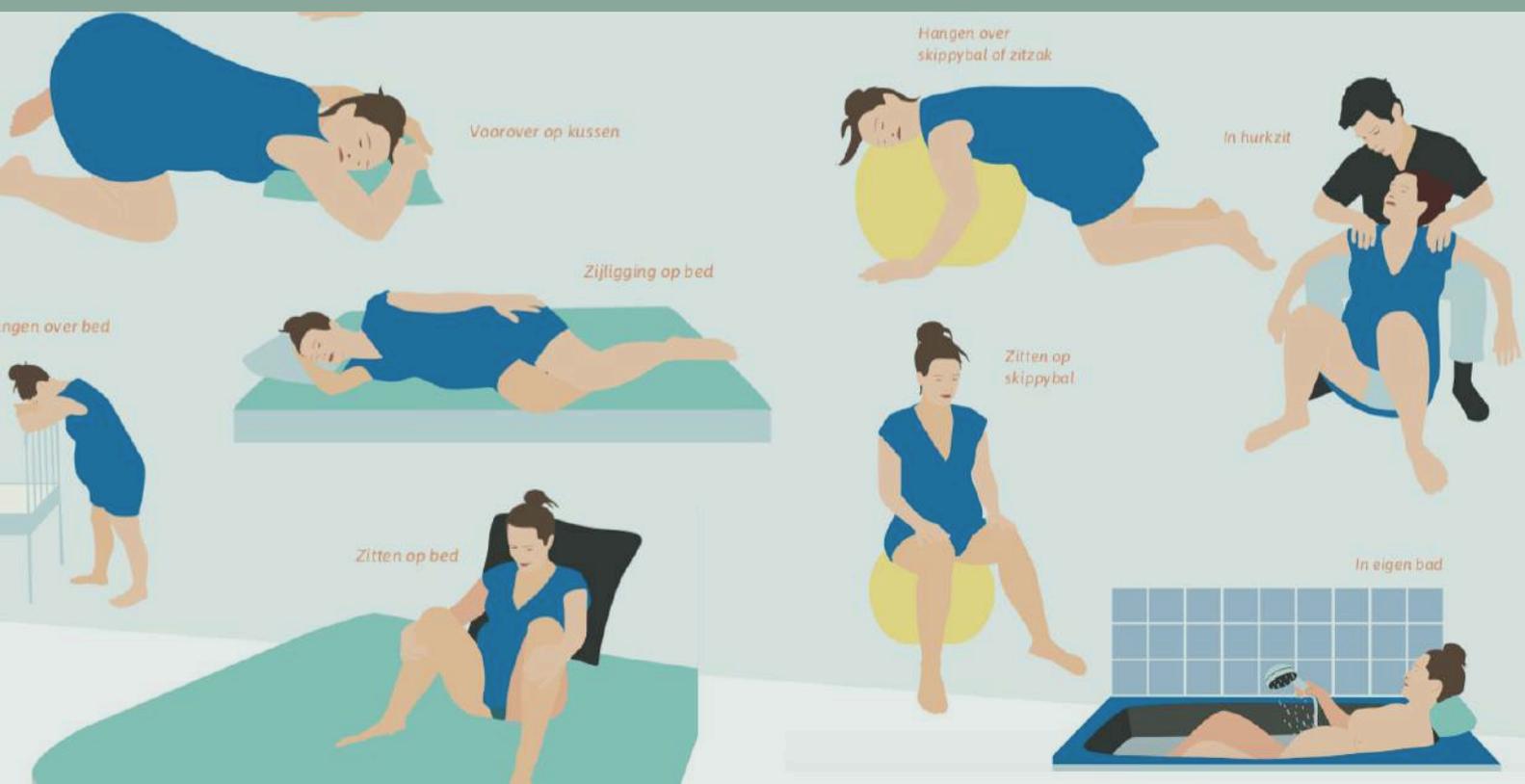
Try out different positions to see what's most comfortable. You could:

- Stand up and lean on the bed or your partner.
- Kneel down on a mat or pillow and lean on the seat of a chair or birth ball.
- Get on all fours to help ease backache. It's likely to be less painful for you and may also help your baby get into a better position for birth.
- Sit for a while in a chair or on a birth ball, then get up and walk around.
- Rock your hips to help your baby to move down.

Saving energy in early labour is important, but sometimes a short, gentle walk can ease pain and speed up your contractions. That's because it encourages your baby to move into a better position. Just try not to overdo it, as you'll need plenty of energy later on.

During labour we give one to one care. We inform you throughout labour, focus on shared decision making and guide you through. Once the active phase commences we will provide continuous support of labour. Together with the support of your partner, you're likely to give birth more quickly and easily and will be less likely to use pain relief than someone without continuous support. Overall, you're more likely to be more satisfied with your birth experience.

Sometimes all natural pain relieving methods just won't do the trick and you need medical pain relief. Because this can cause complications during birth, your heartbeat, blood pressure and breathing will be monitored closely. The fetal heartbeat also needs continuous monitoring. Therefore medical pain relief is only administered at the hospital and your care will be handed over to the hospital staff. One exception is gas & air as there is no chance of complications, no referral is needed so we will still guide you one to one.



PROS

Gas & Air

CONS

combination of oxygen & nitrous oxide
administered by inhalation starting around
of 5-6 cm dilation



works after 1 minute

it takes the peak of the pain away
it won't directly interfere with your labour
helps to relax and reduces anxiety

no extra monitoring needed for you and the
baby, which means:
you will keep our one-to-one care!

after administering gas & air, its out of your
body within minutes

it does not slow down labour



its a mild painkiller, it won't take all the pain away

some women experience nauseousness / dizziness

you can't use it while pushing

availability, as it's only available at the
Bevalcentrum and Amstelland Ziekenhuis

PROS

CONS

Pethidine

single shot in leg (or bottom) of morphine
type of drug that wears out in 4 hours
administered in early labour



works after 10 - 15 minutes

helps to relax and reduces anxiety

1 in 3 women are happy with the effect of
pethidine

it makes you sleepy, sometimes you can even
sleep for some time which can help to regain
your energy

after 4 hours you'll be under our care again



you can experience nauseousness / dizziness

you can't walk or stand

the baby can be sleepy when it's born within an
hour after the injection and on very rare occasions
could need medication to help him breath

your care will be handed over to the hospital
staff for 4 hours

you need extra monitoring in hospital for you
and your baby (i.e. blood pressure, heart rate,
fetal condition/CTG)

PROS

CONS

Remifentanyl

IV drip with morphine type drug
self dosage



works after a few minutes

helps to relax and reduces anxiety

it takes the peak of the pain away

you can dose yourself which gives you a
feeling of being more in control

after stopping the IV, it's out of your body
quickly



you can experience nauseousness / dizziness

it can affect your breathing

it can slowdown labour which gives you more chance of
getting an IV drip with oxytocin
after a 5 hours it doesn't work anymore

you can't use it while pushing
you can't stand or walk

you need extra monitoring in hospital for you
and your baby (i.e. blood pressure, heart rate,
blood oxygen rate, fetal condition/CTG)
your care will be handed over to the hospital
staff (medical indication)

PROS

CONS

Epidural

regional continuous anesthetic in lower back
administered by anesthesiologist
a tube will be placed in the epidural space in your spine



most effective pain relief

it allows you to rest/sleep if labour is prolonged

you'll still feel clear-headed and more in control of your birth experience

it can be administered starting at 2 - 3 cm of dilation



1 in 8 women say it doesn't work properly

some women develop a fever or low blood pressure
you need a urinary catheter

it can slowdown labour which gives you more chance of an IV drip with oxytocin

more chance of assisted delivery

you need extra monitoring in hospital for you and your baby (i.e. blood pressure, heart rate, blood oxygen rate, fetal condition/CTG)
your care will be handed over to the hospital staff (medical indication)

STAGES OF LABOUR

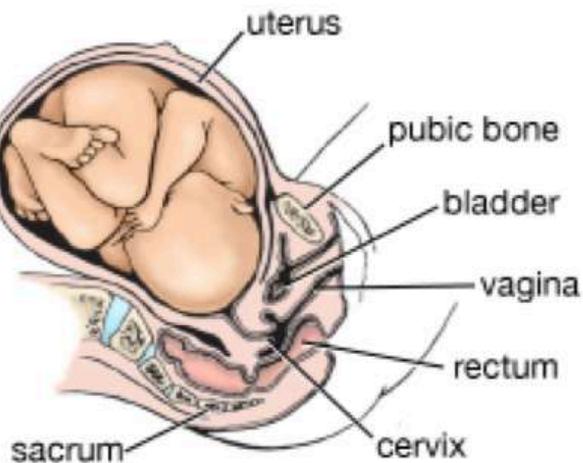
PUSHING PHASE

Once your cervix is fully dilated, you'll begin to feel increasingly powerful contractions, along with an overwhelming urge to bear down. It's best to wait until you feel this urge before you start actively pushing, as pushing before this is likely to achieve little besides exhausting you. Getting into an upright position can help you to push for a shorter time, as gravity, and having an open pelvis, will help your baby to descend. The pelvis is not a rigid, fixed structure, but an elastic system of bones that can widen and stretch, which is very flexible at the joints so that it can open wide during labour. The baby's head will have to make an internal rotation and an external rotation due to the shape of the cavity of the pelvis. With each contraction, you'll probably have three irresistible urges to bear down that last about seven to ten seconds each. Listen to your body, and push in response to the urges, relaxing your pelvic floor as you push so that the muscles can stretch around your baby. With every pushing contraction, your baby will move through your pelvis little by little, but by the end of the contraction, he'll probably slip back slightly. Don't despair. This is normal and gives the muscles of your pelvic floor time to stretch gradually. As long as your baby keeps gradually moving down, you're doing fine. When your baby's head is far down in your pelvis, you'll probably feel a hot, stinging sensation. This will happen as the opening of your vagina starts to stretch around your baby's head. This is called crowning. We will guide you through every contraction and help you to find the best position to give birth. You may want to sit, lie on your side, stand, kneel, or squat, whatever feels best for you. If you've had lots of backache while in labour, kneeling on all fours may help. The last two or three contractions we will ask you to stop pushing and to take short, panting breaths or sighs instead. This helps you to resist the urge to bear down, so that your baby is born gently and slowly and prevents unnecessary tearing. This stage of labour is hard work but we will guide you all the way through.

Onset of labour

Flexion

Internal rotation of head



Extension

External rotation of head



STAGES OF LABOUR

AFTERBIRTH

After your baby is born, you may have a few minutes to rest and enjoy your baby before mild contractions start again. These contractions will be noticeable but weaker when they begin again, as your womb (uterus) contracts down. You may only feel a couple of contractions before you deliver the placenta. The placenta, with the membranes attached, will peel away from the wall and drop to the bottom of your womb, and then into your vagina. Sometimes, if the placenta is still attached to the uterine, we will give you an injection with oxytocin to help the uterus contract. Using the injection results in less bleeding immediately after the birth. Once the placenta is delivered, we will examine the placenta and membranes, to make sure that nothing has been left behind inside your womb. We will also feel your stomach to ensure that your womb is contracting down. This stops the bleeding from the place where the placenta was attached and starts the process of your womb shrinking back down now that your baby has been born.





IF THINGS GO DIFFERENTLY AS PLANNED

We all have a plan in our mind about how we hope our birth will go. Some have a more detailed picture in mind than others but everyone will have some thoughts on where and how to give birth. We encourage you to think about your birth wishes, place of birth and to learn more about the different options for pain relief. However, please keep in mind that as we can't influence how our body will react to contractions, a birth might not go as you might have envisaged it to be.

You can compare giving birth with running a marathon; your legs will need to run and your mind needs to adjust if things go differently than expected. Maybe the wind is harder than hoped for, or your shoes are hurting. The same can happen during labour. Mostly it starts in the night which means you will miss a few hours of sleep which can make it harder to cope with contractions. However, when running a marathon there is one thing that really pulls you through, even with blisters on your feet and muscle cramps all over your body: if you receive continuous support throughout the 40 mile run, if people are cheering at every corner of the street, you will feel much more confident to pull through. This is exactly the same during labour. You will have to adjust your expectations and hopes. However this doesn't mean at all you will have a negative birth experience. Even though you can't control how well your body will labour or if there will be complications, you can control how to cope with how it's going.

For many women there is a discrepancy in the confidence they felt initially and how they actually felt as they went through the experience of giving birth. That's why it's so important to feel fully supported during labour by your (birth)partner and by us to create a positive birth experience even if things go differently as planned.

During your first labour you'll have about 50% chance of developing a medical indication which means your care will be taken over by the hospital staff. Fortunately there is rarely an emergency as 96% are non urgent reasons. The biggest reason for a medical indication is pain relief (except gas & air), followed by an IV drip with oxytocin to speed up labour.

Other reasons to hand over the care is meconium stained amniotic fluid or when contractions haven't started spontaneously after >24hrs of broken membranes.

If your care has to be handed over to the hospital staff, rest assured that they will do all they can to provide you with the support of labour you and need.

We're not going to tell you it is going to be easy, we are telling you it's going to be worth it





POSTNATAL PHASE

THE FIRST HOURS

Immediately after the birth, your baby will be put on your chest or stomach. The heart rate and breathing will slow down and become calmer during skin-to-skin-contact. The baby will be padded dry and wrapped with towels to keep the baby warm. The heart rate, breathing, muscles control, reflexes and the baby's crying will be monitored which allows the midwife to give an Apgar-score. You will most likely not notice this part. Breastfeeding can start within the first postnatal hour. This can take some practicing which we will support you with.

Once the heartbeat cannot be felt in the umbilical cord, this can be cut (by dad!). After which the placenta can be delivered. On average this happens within 30 minutes of the baby's birth. The midwife will assess whether any stitches are necessary (this would happen under local anesthesia). Only in rare situations this cannot be done by us (for example, when part of the anus or mucosa is ruptured). In that case the gynaecologist will perform the stitching in the OR.

We will check your baby from top to bottom, measure its weight, temperature and a variety of reflexes. We will give your baby 1mg of vitamine K orally upon your consent. This will cover its vitamin intake for the first week after which you will be advised to administer this on a daily basis. Vitamine K intake is recommended for the first 3 months, beyond 3 months the body will make enough of this vitamine. Vitamine K helps the blood to coagulate.

After some private time with the three of you, the kraamzorg (maternity assistant) will help you shower. After home deliveries, the kraamzorg will usually leave after four hours. When you have given birth in the hospital, you are usually discharged after 3 or 4 hours (you will have been able to go to the toilet independently). The kraamzorg will come to help you at home the following morning.

The first 24 hours postnatal the blood loss can be quite vast, often with clots (these can be the size of an orange). As long as you feel good, this is not a problem. When you need to change the pad every half hour, if you loose two or more orange-sized clots, or if you feel like an open tap you are loosing too much blood. In this case call the on-call midwife **020 - 333 04 20**



POSTNATAL PHASE

THE FIRST WEEK

Dutch maternity postnatal care (kraamzorg) is quite unique in the world. Apart from the Netherlands, there is no country in the world where women receive a maternity nurse (kraamzorg) who support them the first week after birth. The kraamzorg will guide and teach you to care for your baby and helps with breastfeeding and bottle feeding. She monitors your recovery daily and checks the health of the baby (such as color, weight, temperature, drinking, defecation and urination). Your baby will urinate and pass stool within 24 hours after birth. The first stool of your baby has a black colour: meconium. This can last a few days until it will turn brown followed by yellow. The kraamzorg will keep a record of this so please keep all dirty nappies for her to check. Meconium is quite sticky and easiest to remove with some baby oil.

The kraamzorg is in close contact with us and will consult anything that she is in doubt about. She remains remains about 8 days after birth, which can be extended if necessary up to ten days after birth. During the COVID-19 pandemic we will only do consultation by phone, unless there are complication. Then we will obviously come to your house.

A child must be registered within three days of its birth. The father or mother is obliged to register its birth at the municipality where the child is born. Registering a birth must be done in person at the District Council office (stadsdeelkantoor). To make an appointment please visit their website (www.amsterdam.nl).

Postnatal screening tests for newborn babies in the Netherlands consists of the heel prick test and hearing test. Both performed in the first week after birth. For more information, click [here](#).



BREASTFEEDING

THE BASICS

Breastfeeding is the most natural and healthy feeding you can give your baby. The first hour(s) after birth skin-to-skin contact helps the baby to find its way to the breast. Most baby's try to find the breast on its own as every baby has a natural reflex to drink. Skin-to-skin contact is good at any time. It will also help to comfort you and your baby over the first few days and weeks as you get to know each other.

Every pregnant woman makes milk for her baby, which is ready and available at birth. This milk is called colostrum and has a yellow colour. It's very concentrated, so your baby will only need a small amount at each feed (approximately a teaspoonful). The more you breastfeed the more milk you'll produce. It's very normal to nurse your baby 8-12 times per 24 hours in the first week. Some days your baby may even want to feed quite frequently, perhaps every hour. But they will begin to have longer feeds less often when your milk comes in, in a few days. Your breasts will feel heavier, tensed and warm, this is called engorgement and is a sign the milk production is increasing. It will last a few days and can be quite uncomfortable.

Breastfeeding is a skill that needs to be learnt, and it can take time and practice to get the hang of it. There are lots of different positions for breastfeeding which your kraamzorg will support you with.

A good latch; every time you breastfeed your baby check that:

- you are in a comfortable position? Remember to relax your shoulders and arms.
- his chin is touching your breast and he can breath through his nose
- his mouth is open wide
- his latch doesn't hurt
- firstly short sucks and then more slowly and deeply

For more information about breastfeeding check our [website](#)

midwives
sage-femmes



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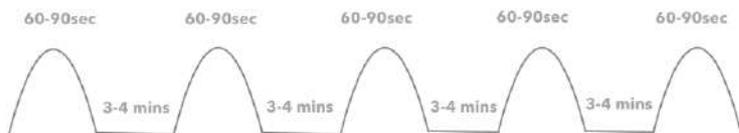
WHEN TO CALL - BIRTH



CONTRACTIONS

For a **first delivery**, call us after 2 hours of regular contractions every 3 - 4 mins with 60 - 90s of duration

For a second or subsequent delivery, call us after 1 hour of regular painful contractions every 5mins with 60s of duration.



BLOOD LOSS

Normal blood loss during labour:

- light red/brown bloody mucus

Call the midwife directly (24/7) when you have:

- bright red thin blood loss, like having a period



BROKEN MEMBRANES

Call the midwife during the day, unless:

- you are not yet 37 weeks
- you have regular contractions
- the color is yellow/green/brown or you are not sure

Call directly (24/7, also at night)



WORRIED

Call the midwife if you don't feel well or if you are worried:

- less/no fetal movements
- strong abdominal pain
- headache
- feeling unwell/having a fever
- if labour has started before 37 wks



MIDWIFE ON CALL

020 - 47 000 67 (press 1)

WHEN TO CALL - AFTER BIRTH



MOM'S HEALTH

- If you haven't urinated within 6 hours after birth.
- If your blood loss is bright red **AND** the pad needs changing every half hour or if you lose two or more orange-sized clots.
- If your temperature rises to above 38.0°C within the first 24 hours.



BABY'S HEALTH

- If the baby's temperature is too low (<36,5) and does not change after an hour of trying to warm him up (skin to skin / add a hat / woolen blanket)
- If the baby's temperature is too high (>37,5) and does not change after an hour of trying to cool him down (remove hat / take off blanket)
- If the baby's lips turn blue during the feed or sleep.
- If the baby has not urinated or had any stool within the first 24 hours.



WORRIED

Call the midwife if you don't feel well or if you are worried:

- strong abdominal pain
- severe headache
- feeling physically and/or mentally unwell
- worries about your baby's health



MIDWIFE ON CALL

020 - 47 000 67 (toets 1)