

Pregnant!

Information and advice from midwives,
general practitioners and obstetricians

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Pregnant!

Being pregnant is very special. You will probably have many questions about your pregnancy and the various check-ups you will be invited to attend. What should you expect during a visit to the midwife, general practitioner (GP) or obstetrician? What tests and examinations are available? What about your diet, sport, work and taking medicine? This brochure offers information about these and many other topics. Most expectant mothers experience symptoms which are quite normal and part of being pregnant. These too are described in this brochure.

Changes

Pregnancy is a period of significant changes, both physical and emotional. Every woman will experience being pregnant differently. Some feel better than ever for nine months, while others may have some health problems. Some can continue working as usual until six weeks before the due date, while others have to adjust their activities somewhat sooner. You may experience emotional changes such as mood swings. For most women and their partners, pregnancy is a happy time. However, there can be concerns about relationships, work, finances or the course of the pregnancy itself.

Care during pregnancy

In the Netherlands, expectant mothers receive expert care throughout pregnancy and childbirth, provided by a midwife or a general practitioner who practises obstetrics. They are specially trained to oversee a normal pregnancy and birth. If you require specialist care during either pregnancy or childbirth, you will be referred to an obstetrician at a nearby hospital. The excellent cooperation between midwives, GPs and obstetricians means that you can always be assured of the best possible care for you and your baby.

About this brochure

In this brochure, we use the term 'healthcare professional'. This may refer to a midwife, your general practitioner or an obstetrician, depending on your situation. Although the brochure focuses on you, the expectant mother, much of the information it contains is also relevant to your partner.

There is a lot of additional information available. A list of websites and other sources is included at the end of this brochure. If you have any further questions, your healthcare professional is there to help.

1 The first visit to the midwife or obstetrician

Pregnant? Make an appointment as soon as possible

As soon as you suspect or know that you are pregnant, you should make an appointment with the midwife or obstetrician as soon as possible. He or she will inform your GP.

You must be careful when taking medicines during pregnancy. You should therefore inform your pharmacist that you are pregnant.

What will the midwife or obstetrician discuss with you?

Your first visit to the midwife or obstetrician will usually involve a short physical examination. She (or he) will measure your blood pressure and may wish to check the size of your uterus. You will have an opportunity to discuss the following aspects:

- **Due date.** During your first or second visit, you will be offered an ultrasound examination (also known as a sonogram or 'echo'). This will help the midwife or obstetrician to determine how long you have been pregnant. The ultrasound also shows whether the baby's heart is beating normally, and whether there is more than one baby: you may be expecting twins! To calculate your 'due date', the midwife will ask whether your last period was normal and on time. You may find it useful to write down the date of your last period and the date on which you stopped taking the contraceptive pill (if applicable) and take these notes with you to the appointment.
- **Previous pregnancies.** The midwife or obstetrician will ask whether this is your first child. If not, you will be asked about the course of previous pregnancies: were there any problems?

- **Your health.** To form a general impression of your health, the midwife or obstetrician will ask about your medical history: any diseases you have had, operations and treatments, and whether you have ever received a blood transfusion. Have you been taking medication in the last few months? Do you have any current health complaints? She will also ask whether you smoke, drink alcohol or use drugs, or have done so in the past.
- **Health of your family members.** You will be asked about the health of both your own family and your partner's family. Is there any history of diabetes, cystic fibrosis, spina bifida, Down's syndrome, muscular disorders or heart defects, for example?
- **Your personal situation.** Do you live alone or with a partner? What does your work involve? What hobbies do you have? You should tell the midwife about any unusual circumstances and keep her informed of any subsequent changes, e.g. in your relationship, finances, home or work situation.
- **Tests and examinations.** Your healthcare professional will explain the blood tests (see page 18) and will discuss the optional screening for Down's syndrome (see page 18) and the 20-week ultrasound scan (see page 21).

Ask questions

You are encouraged to provide as much information as you can and to ask any questions you may have. You may find it useful to write down your questions before the appointment so that you don't forget. You are welcome to bring your partner or a friend/family member to any appointment.



2 Check-ups during pregnancy

From once every four weeks to once a week

Your midwife or obstetrician will monitor the course of your pregnancy at regular intervals. Usually, you will be invited for a check-up every four weeks during the first half of the pregnancy. The frequency then increases to weekly appointments as the due date approaches. However, this is only a general indication: more or fewer appointments may be scheduled depending on your personal situation.

What do these check-ups involve? First, your midwife or obstetrician will ask how you are feeling and how you are experiencing the pregnancy. Once again, you are encouraged to ask any questions you may have. Towards the end of your pregnancy, you will discuss the birth itself and any wishes and expectations you may have.

Physical examination

Every appointment includes a physical examination:

- Your abdomen and uterus will be checked to ascertain that your baby is growing normally.
- From the third month onwards, the midwife will also check the baby's heartbeat.
- During the final months of pregnancy, the midwife will check the position of the baby in the womb: has the head dropped down into the pelvic area? In some cases, the baby is 'upside down' (known as a breech presentation); this is nothing to worry about but it is best to know in advance.
- Your blood pressure will be measured. Low blood pressure during pregnancy is not a cause for concern but can cause some minor problems, such as feeling faint or dizzy when standing up. High blood pressure does not cause any symptoms but will require extra care for you and your baby.

Your healthcare professional may wish to conduct an additional ultrasound as a precaution, especially if:

- there is any doubt about the size and growth of your baby.
- you have experienced unusual blood loss.
- the position of the baby cannot be determined by external examination.

Look on page 35 to see which symptoms mean you should contact your midwife or obstetrician immediately.

Please remember to bring your progress chart to every appointment!

3 Health during pregnancy

When you are pregnant, looking after your health becomes more important than ever. After all, your health affects that of your baby. You can expect many physical changes. Most are a normal part of being pregnant but may nevertheless cause some anxiety.

This chapter describes some of the most common health problems experienced by expectant mothers and offers advice about how to ensure a healthy pregnancy. If you have any questions, your healthcare professional is there to help.

Haemorrhoids

Haemorrhoids (piles) are enlarged and swollen blood vessels in or around the lower rectum and anus which can cause itching and pain. Unfortunately, they are very common during pregnancy. Pressure can worsen the symptoms and it is therefore advisable to ensure regular, soft bowel movements (see page 15).

Alcohol

Women who are pregnant, who wish to become pregnant or who are breastfeeding are strongly advised not to drink alcohol. Drinking alcohol during pregnancy can harm the unborn child. No 'safe' intake has been established, although it is known that in some cases even a very small quantity of alcohol can have harmful effects. For further information, see www.stap.nl (includes information in English) and www.alcoholinfo.nl.

Contagious diseases

If you catch a contagious disease while pregnant, the health of your unborn child could be affected. If you come into contact with anyone who is suffering from a contagious disease, you should contact your healthcare professional. This is particularly important in the case of childhood diseases which cause spots or rashes, such as German measles (rubella), chickenpox or fifth disease ('slapped cheek syndrome').

Blood loss

Inform your healthcare professional if you experience any loss of blood (vaginal bleeding) during pregnancy. There is no need to panic: blood loss is relatively common during pregnancy, particularly during the first three months. There are several possible causes, such as the fertilized egg implanting itself into the womb or a small abrasion to the cervix. It is far less common for miscarriage to be the cause of the bleeding.

Heartburn

Some expectant mothers experience frequent or severe acid indigestion ('heartburn'). It is often made worse by drinking coffee, orange juice or fizzy drinks, or by eating fatty foods. Try cutting these out of your diet. If this does not relieve the problem, ask your midwife or obstetrician for advice.

Drugs

You are strongly advised to avoid all (recreational) drugs during pregnancy. The use of soft drugs (marijuana, weed, hash) can seriously harm your baby, especially in combination with alcohol or tobacco. Hard drugs, such as cocaine, ecstasy (XTC) and heroin, are known to carry a very high risk. As yet, there is insufficient research on which to base any statement about the safety of eating 'magic mushrooms' while pregnant. Depending on the drug concerned, your baby could be born with a congenital defect, a developmental disorder or withdrawal symptoms.

If you use hard drugs, stopping during pregnancy can cause withdrawal symptoms in the unborn child. Always seek professional help and advice.

For more information about drugs see www.drugsinfo.nl or www.mainline.nl.

Emotions during pregnancy

For most women, pregnancy is a time of great changes. It can bring about many different emotions for you and your partner. Those emotions can be either positive or negative, sometimes in rapid succession ('mood swings'). If the negative emotions dominate, you should discuss them with a professional such as your midwife or obstetrician.

Folic acid

Folic acid can reduce the risk of your child being born with spina bifida. You are probably already taking a folic acid supplement. If not, and if you are still in the early stages of pregnancy, it is not too late to start. You should take folic acid until the tenth week of pregnancy (i.e. ten weeks after the first day of your last period). The recommended dose is 0.4 or 0.5 milligrams per day. Folic acid tablets can be obtained 'over the counter' from any pharmacist or high street chemist: no prescription is required. For further information (in Dutch), see www.slikeerstfoliumzuur.nl.

Braxton Hicks contractions

You may experience sudden spasms of the uterine muscles. These are termed Braxton Hicks contractions (popularly known as 'practice contractions') and are very common. Occasional contractions are not a cause for concern. However, if you experience them regularly or with increasing frequency, it is advisable to inform your midwife or obstetrician.

Gardening and the litter box (toxoplasmosis)

You should always wear gloves when working in the garden or cleaning a cat's litter box. Cat excrement (and particularly that of kittens) can contain a parasite which causes toxoplasmosis, a disease which can harm your unborn child. Children's sandboxes can also be a source of toxoplasmosis. If you have had toxoplasmosis in the past, you have probably developed some immunity.

Eating raw meat is another possible source of toxoplasmosis infection: see page 16.

Medicines

Always tell your healthcare professional about all the medicines you are taking, whether prescription drugs or 'over the counter' remedies (self medication). You must exercise extreme caution in taking any pharmaceutical product. Some can influence the baby's development even in the earliest stages of pregnancy. You should therefore tell a doctor or specialist who is treating you, your dentist and pharmacist that you are pregnant.

If you have pain, you can take paracetamol without worry. See the patient information leaflet for the dosage. If you need to take paracetamol for several days you should discuss the problem with your midwife or obstetrician. Use other painkillers only after talking to your midwife or obstetrician. A sedative for treatment by a dentist is not a problem, but do tell your dentist that you are pregnant.

Nausea

You may experience nausea and vomiting during the first three to four months of pregnancy, especially early in the day ('morning sickness'). It is often worse if you haven't eaten. You should therefore start the day with a light breakfast. After that, try to divide your food intake into several small meals. You will soon discover which foods you can tolerate best.

Tiredness

You may feel very tired, especially during the first three months of pregnancy. Many women feel that they need more sleep. This is usually due to hormonal changes and is only very rarely associated with anaemia. If you are concerned, ask your healthcare professional for advice.



Pigment spots

Exposure to ultraviolet light (sunlight or a sunbed) may cause brown patches on your face, known as melasma or 'the mask of pregnancy'. This is due to hormonal changes and is nothing to worry about. You should avoid exposure to direct sunlight where possible. Do not use a sunbed; wear a hat and apply a sunscreen lotion when outdoors. If you do develop pigment spots, they will usually disappear in time.

Frequent urination

When you are pregnant, you will probably feel the urge to urinate more often than usual. As your womb expands, it exerts greater pressure on the bladder. If you need to urinate very often and you experience a burning sensation when you do pass water, you may have a bladder infection. Take a urine sample to your GP for testing. If you do have an infection, he or she will prescribe medication.

Smoking

Expectant mothers, women trying to become pregnant and those who are breastfeeding are strongly advised not to smoke. If you do smoke, stop now – and that goes for your partner too! You will both find it far easier to quit if you support each other. Smoking during pregnancy carries a serious risk. Cigarette smoke contains harmful substances which can impede the flow of blood to the placenta. The unborn baby therefore has less oxygen and may not grow as much as he or she should. Babies whose mothers smoke are often more vulnerable than others:

- They have a lower birthweight.
- They are more likely to be born prematurely.
- They are more likely to suffer from childhood asthma.

Secondhand smoke can also have an adverse effect during pregnancy. Moreover, there is some evidence to suggest that cot death (sudden infant death syndrome) is more frequent among babies who are exposed to smoke.

If you need help to quit smoking, ask your healthcare professional. See also www.rokeninfo.nl

Backache and pelvic pain

During pregnancy you may experience pain in the (lower) back or pelvic region. Good posture may help to alleviate the symptoms. If not, seek advice from your healthcare professional. Gentle exercise is also good for you. Some general advice:

- Bend your knees when stooping or lifting.
- Support your lower back with a cushion when sitting.
- If you have difficulty getting out of bed, first turn onto your side and then lift your upper body sideways from the waist.

Chemicals and other hazardous substances

In everyday life, you regularly come into contact with chemicals in products such as acetone-containing nail polish remover, turpentine-containing paint, hair dye, or pesticides. The air in your home may also contain chemicals (released by new carpeting or a freshly painted wall, for example) which you will then inhale.

If you are pregnant, it is important to use chemical substances cautiously. Your unborn child is susceptible to such external influences. Not all chemicals are harmful. This depends on the type of chemical in question and on the quantity to which you are exposed.

For this reason, you should always check the labels of beauty products or do-it-yourself products, for example, to see what chemicals they contain. Try to reduce any contact with such products to a minimum. It is also important to ventilate your living area regularly by opening windows or ventilation grills, for example.

Sex

Intimacy and sexuality can be experienced differently during pregnancy. This varies from one person to another and even from pregnancy to pregnancy. In a normal pregnancy, there are no firm rules or guidelines. Sexual intercourse cannot cause a miscarriage and will not harm the baby.

If you have any questions or problems with regard to sex during pregnancy, you should discuss them with your healthcare professional. He or she can then take them into account during any physical examinations and during childbirth itself. You should also mention any previous unpleasant sexual experiences, or if you should have any problems with having an internal examination.

Varicose veins

Some women develop varicose veins during pregnancy, usually on the lower legs although they can also affect the labia. Try to remain active and avoid lengthy periods of sitting or standing still. When you do wish to sit or lie down, elevate your legs using a footstool or cushion. Well-fitting elastic support stockings can also help to reduce the risk of varicose veins. If they do occur, they will generally shrink and fade once the baby is born.

Sports

You can continue to play sports during pregnancy unless you start to feel more tired than usual or you experience any specific problems. Try not to exert yourself more than you did before you were pregnant. Ensure that you drink enough fluids.

Swimming, cycling, walking and fitness exercises can all be continued until the very last days of pregnancy. However, you should avoid sports in which there is a risk of physical contact, especially with the abdominal region (your 'bump'), or in which you may fall: hockey, volleyball, football and skiing, for example. Diving with breathing apparatus is discouraged during pregnancy due to the increased risk of decompression sickness ('the bends').

Radiation

An MRI scan during pregnancy carries absolutely no risk to you or your baby. Similarly, there is no evidence to suggest that (computer) monitors, television screens or microwave ovens have any harmful effects in normal use. But if you are referred for an X-ray examination, you must inform the radiographer that you are pregnant. In many cases it will be possible to postpone the investigation until after the baby is born. Alternatively, your uterus can be shielded so that the baby is exposed to as little radiation as possible.

Vaginal discharge

Vaginal discharge often increases during pregnancy. This is normal but check with your healthcare professional if the discharge has an abnormal smell or colour, or if you experience itching, pain or a burning sensation. These can all be signs of an infection. If necessary, you will be prescribed medication.

Holidays and long journeys

Inform your healthcare professional if you are planning to travel abroad. If you intend to visit a country outside Europe, contact your GP or Municipal Health Department (GGD) for travel advice and any necessary vaccinations. You must inform them that you are pregnant. There are no medical grounds to preclude expectant mothers from flying. However most airlines will not carry passengers who are more than 32 weeks into pregnancy, simply because they would prefer you not to give birth while in the air. (Some apply a 34-week limit.)

Constipation

Your digestive system works more slowly during pregnancy. You may therefore find that you have to visit the lavatory less often and that your stools are harder. A high-fibre diet which includes raw vegetables, fruit and wholemeal products can help. You can also try adding bran to your regular meals. You should drink about two litres of fluid every day and maintain a reasonable level of physical activity.

Vitamin supplements

Provided you have a healthy and varied diet, vitamin supplements are unnecessary. If you nevertheless wish to take a supplement, either as a pill or a drink, choose one which is formulated especially for expectant mothers. These supplements contain an adapted amount of vitamin A. Too much vitamin A can damage your child's health. Check whether the supplement contains vitamin D. If it does, you will not need to take any extra vitamin D (see the next section).

Vitamin D

Your body can make vitamin D but needs daylight to do so. This explains the advice to spend some time each day outdoors. The Health Council of the Netherlands concluded that, in principle, pregnant women do not need extra vitamin D. However, they do advise all pregnant women to take 10 micrograms of vitamin D per day 'to be sure'. You can decide for yourself what to do. Extra vitamin D is mainly necessary if you do not get outside in the sun much (less than 30 minutes a day), if you often wear a scarf, veil or hijab, or you do not get sunlight on your skin, for example because you wear make-up with a sun protection factor. If you have a dark-coloured skin, you need to be outside longer to make enough vitamin D. Pregnant women who have a dark skin are advised to take a vitamin D supplement. Vitamin D is also found in certain foods, for example in oily fish like salmon and mackerel and in table margarines, meat and eggs. Please note that food is unlikely to provide enough vitamin D to meet your daily requirement.

Fluid retention

Your body retains more fluid when you are pregnant and this may cause swollen feet and ankles. The problem is often worse in warm weather or if you remain inactive for lengthy periods. Take adequate exercise and elevate your legs while sitting or lying.

Diet and nutrition

It is essential to have a fresh, varied and healthy diet during pregnancy. The 'Food Triangle' produced by the Netherlands Nutrition Centre (www.voedingscentrum.nl) provides a handy guide. Contrary to popular belief, you are not 'eating for two'.

However, it would not be wise to go on a weight-loss diet during pregnancy. If you wish to fast for any reason, you should probably postpone doing so until after the baby is born. Discuss this with your healthcare professional.

What can you eat during pregnancy and what should you avoid?

- **Vegetarians:** you can safely avoid meat and fish during pregnancy but you must ensure that you get enough B vitamins and iron. B vitamins are mainly found in unrefined (wholemeal) cereal products, potatoes, legumes, eggs and dairy produce. Legumes and eggs are also good sources of iron, as are meat substitutes such as soya.
- **Unpasteurized cheeses:** You should avoid any cheeses made with unpasteurized milk. These are labelled 'au lait cru' and are not on general sale in Dutch supermarkets, although you may encounter them on holiday or at a farmhouse. Listeria bacteria can thrive in unpasteurized milk. A listeria infection can seriously harm

your baby's health. There is no risk in drinking pasteurized milk or in eating cheese made from pasteurized milk.

- **Raw meat, fruit and vegetables:** Avoid raw meat (such as steak tartare) or undercooked meat (such as filet americain, rare steak or continental-style roast beef). Raw fruit and vegetables must be thoroughly washed before eating. Raw meat and uncooked fruit or vegetables are potential sources of toxoplasmosis, a disease which can harm your baby's health.
- **Liver.** It is preferable to avoid eating liver. You should limit your consumption of products which contain liver (such as leverworst or pâté) to no more than one small portion a day. Liver contains a high level of Vitamin A, which can be harmful to your unborn child.

See www.voedingscentrum.nl for more information.

Work

Whether your work presents any risks during pregnancy will depend on the nature of that work and the working conditions. Are you exposed to vibration (driving a truck or agriculture machinery), ionizing radiation, chemical substances or infectious agents? All carry some degree of health risk, as does physically demanding work such as frequent lifting, pulling, pushing or carrying. If your work exposes you to any level of risk, consult your employer who is legally required to make the necessary adjustments for employees who are pregnant or have recently given birth.

If you have any questions about health and safety in the workplace, you can also consult your company medical officer or contact the Labour Inspectorate (www.arbeidsinspectie.nl). Your employer may offer you a (voluntary) preventive consultation with the company medical officer, who will assess the work-related risks and advise your employer accordingly. Of course, you can also consult your midwife, obstetrician or GP at any time.

If you usually work shifts, you can ask your employer to modify your hours of work. Pregnant women are also entitled to extra breaks. In principle, you cannot be required to work night shifts or overtime. These rules continue to apply for the first six months after you have given birth. If it is not possible to adjust your regular work so that it is entirely risk-free, your employer is required by law to offer you alternative employment. For further information (in Dutch) see: www.zwangerwijzer.nl and www.strakszwangerworden.nl (risico's op het werk).

Pregnancy classes

There are many classes available to help you stay fit and healthy while you are pregnant, and to prepare you for the delivery itself. Your healthcare professional can tell you which classes are available in your region and how to register.

Maternity leave

It is important that you are well rested when labour begins. You are entitled to 16 weeks' maternity leave, which will usually begin in week 35 of your pregnancy. Maternity leave continues for ten weeks after the birth of your baby. If you give birth earlier than the calculated due date, your maternity leave entitlement remains 16 weeks in total. If you give birth later than the due date, the leave is extended accordingly. Alongside the maternity leave arrangements there are also provisions for 'parental leave'. For further information (in Dutch) go to www.rijksoverheid.nl and search for '*bevallingsverlof*'.

4 The blood test

During your first appointment, your health care professional will tell you about an optional blood test. It will only be conducted with your express consent. If you agree to give a blood sample, it will be sent to the laboratory to determine:

- Your blood group: A, B, AB or O.
- Your Rhesus D- and Rhesus c-blood group.
- Whether your blood contains antibodies to foreign blood groups.
- Whether you have been exposed to syphilis, hepatitis B or hiv.

If the blood test reveals any risk, it is often possible to provide treatment during pregnancy to protect your baby. For this reason, the test is offered at the earliest possible moment so that treatment can also be commenced promptly. Often the laboratory will also be asked to check your blood glucose level and your haemoglobin (Hb) level. If the haemoglobin level is too low, you are suffering from anaemia. This is mostly easy to treat and poses no risk to your baby.

Antibodies to foreign blood groups

During pregnancy and childbirth, red blood cells from your baby can enter your own bloodstream. If your child has a different blood group to your own, your body may produce antibodies to this 'foreign' blood group. The laboratory can check whether this is the case. It is important to know, since some antibodies can enter the baby's blood through the umbilical cord and 'attack' the baby's own red blood cells leading to anaemia. The antibodies can also have this effect in subsequent pregnancies.

If such antibodies are found, further testing may be necessary. Your healthcare professional will explain what this involves.

Rhesus blood group

Women with either of two specific blood types have a greater likelihood of producing antibodies to other blood groups: those with Rhesus D-negative blood and Rhesus c-negative blood. These women need extra attention during pregnancy. As part of the blood test, the laboratory will therefore determine your Rhesus D- and Rhesus c-blood group.

Do you have Rhesus D-negative blood?

If you are D-negative, your blood will be re-tested for antibodies to foreign blood types in week 27 of your pregnancy. This time, the laboratory will also determine whether your baby is D-negative or positive.

If your baby is D-positive, there is a chance that your body will produce antibodies against his or her blood. To reduce this chance, you will be given an 'anti-D' injection in week 30. This presents absolutely no risk to you or your baby. After delivery, you will be given a further injection. Very occasionally, a third injection is required. Your healthcare professional will tell you if this is the case.

If both you and your child are D-negative, the injections are not necessary since your body will not produce any antibodies.

Do you have Rhesus c-negative blood?

If you are c-negative, it is possible that your body will start to produce antibodies to your child's blood. This will be investigated by means of a blood test in week 27. No injection is available to stop you producing these antibodies. Therefore, if such antibodies are found, your midwife or obstetrician will wish to increase their supervision of your pregnancy, with additional check-ups to ensure that your baby's health is not at risk.

You can find more information about antibodies at www.rivm.nl/bloedonderzoek-zwangeren.

Infectious diseases

Syphilis

Syphilis is a sexually transmitted infection (STI) which, if untreated, can be passed on to the unborn child. It is therefore important to test for syphilis early during pregnancy, and, if the test is positive, to begin treatment as soon as possible. You will be referred to a specialist and given a course of antibiotics.

Hepatitis B

Hepatitis B is an infectious disease which affects the liver. Some people experience no symptoms and are therefore unaware that they are carriers of the hepatitis B virus. The blood test will determine whether you are a hepatitis B carrier. The virus is not harmful to your baby's health during pregnancy, but there is a risk of transmission during childbirth.

If the blood test reveals that you are carrying the virus, your baby will be given an injection of antibodies soon after birth to protect him or her against the virus. It is also important that your baby builds up immunity to hepatitis B. This is why the baby is immunized. The first immunization takes place within 48 hours after birth, and the next ones will be at the ages of 2, 3, 4, and 11 months.

Hiv

Hiv stands for human immuno-deficiency virus, which can lead to aids. You can contract hiv through unsafe (unprotected) sex with an infected partner, or through contact with infected blood.

If the blood test reveals that you are hiv-positive (you have the virus) you will be referred to a specialized hiv centre. You can pass on the virus to your baby during pregnancy or childbirth, or in your milk during breastfeeding. You can significantly reduce the risk of transmission by taking antiretrovirals during pregnancy. For further information, go to www.soaids.nl or www.hivnet.org.

Syphilis, hepatitis B or hiv: what now?

If you discover that you have syphilis, hepatitis B or hiv, there could be implications for both your health and your social life. It is essential that you take appropriate measures to prevent your partner or others becoming infected. Your GP or local GGD can advise you. A positive test result for hiv may have consequences if you wish to take out life insurance.

Further information about living with hiv/aids and insurance-related matters can be found at www.weldergroep.nl, www.soaids.nl or www.hivnet.org.

You can find more information about the testing for infectious diseases at www.rivm.nl/zwangerschapsscreening.

For more information about blood tests see www.rivm.nl/zwangerschapsscreening.

See page 30 for further information about the privacy of your personal data.

5 Testing for congenital conditions

If you are pregnant, you will be offered three screenings:

1. Screening for antibodies against blood groups and infectious diseases: you will find further details about this in chapter 4.

2. Screening for Down's syndrome

The screening for Down's syndrome (trisomy 21) involves tests to determine the risk of your unborn child being affected by this disorder. The risk of two other disorders will also be examined: trisomy 13 (Patau's syndrome) and 18 (Edwards' syndrome). This screening is carried out at an early stage of the pregnancy.

Your midwife or gynaecologist will ask you if you would like more information about this screening. If so, then there will be an in-depth consultation. You will also be given a leaflet, so you can read through it all again later.



3. The 20-week ultrasound scan

The 20-week ultrasound scan is an ultrasound scan of your unborn child that can be carried out around the 20th week of pregnancy. This is to check whether your unborn child has spina bifida or anencephaly. It can also reveal other physical abnormalities that may be present.

Your obstetrician or gynaecologist will ask you if you would like more information about the 20-week ultrasound scan. If so, then there will be an in-depth consultation. You will also be given a leaflet, so you can read this information again later, at your leisure.

You can also find further details at the following websites:

www.rivm.nl/downscreening and www.rivm.nl/zowekenecho.

Here, too, you can find the leaflets that contain further details on both subjects.

6 Preparing for the birth

A birth plan

It is important to prepare thoroughly for childbirth. You can take pregnancy classes, read about what is involved, and talk about it with your healthcare professional. You should think about your wishes and expectations beforehand:

- What do you expect from those who will be helping you at the time,
- and how you wish to deal with pain during childbirth?

A written ‘birth plan’ will help you to discuss your wishes with healthcare professionals and your partner. Your midwife or obstetrician will advise you whether your wishes are realistic.

You can find more information at: www.knov.nl > ‘voorbereiden op de bevalling’ or ‘pijnbestrijding’, and at www.nvog.nl > voorlichting > NVOG voorlichtingsbrochures > ‘Pijnbestrijding tijdens de bevalling’.

Location of childbirth

If you are under the care of a midwife and the pregnancy has proceeded normally, you can generally decide whether you would prefer to give birth at home or at the hospital (attended by your own midwife). If you have been under the care of an obstetrician, if there have been any complications or if complications are expected, you should give birth in hospital. For example, this may be necessary if you have high blood pressure or if the baby is in a breech presentation (‘upside down’). If this is your first child, there is a 50% chance that you will be advised to give birth in hospital, or will be transferred to hospital during labour. If it is not your first baby, the likelihood of your requiring hospital care falls to just 6%.

Arrange maternity care

You must arrange your maternity care in good time, and in any case by the 16th week of pregnancy. You can choose which organization you wish to provide this. Ask your health insurer what form of maternity care you are entitled to. The maternity nurse can provide support during the birth, either at home or in a birth centre, and sometimes in a hospital. Your midwife or obstetrician can give you more information.

Maternity care in the Netherlands is organized on a different basis to most other countries. Ask your midwife or obstetrician to explain the Dutch system of *kraamzorg*.

Breastfeeding

Breastfeeding is now recommended as first choice for all babies. Prenatal classes are available to help you prepare, or you can seek advice from a lactation consultant. If you have any questions about breastfeeding after you have given birth, ask your maternity carer or the staff of the child healthcare centre ('Consultatiebureau'). The pharmacist can advise you about medications during breastfeeding. For further information (in Dutch) see www.borstvoeding.nl or ask your healthcare professional. If breastfeeding is not an option for any reason, formula milk is a good alternative.

See www.borstvoeding.nl for further information.

7 After childbirth

The first weeks with your baby

Pregnancy and childbirth are joyous events, but they can also take their toll, both physically and emotionally. Your body will need time to recover, which may well take several weeks or months. This is perfectly normal. Your daily routine will change considerably now there is a new member of the family. Allow yourself time to adapt.

Registering the birth

You or your partner must register the birth with the local authority ('municipality') within three working days. Remember to take a valid ID. A copy of the registration certificate will be forwarded to the child healthcare centre and the organization which arranges postnatal tests such as the 'heel prick'. You will need a copy of the certificate to claim child support.

Maternity care

You will receive maternity care for the first week after giving birth. The maternity nurse takes care of the mother and child, but can also offer advice to the partner. It is important that you indicate what you need, so that the maternity nurse can take this into account as much as possible."

Medicines and breastfeeding

Are you breastfeeding and do you need to take new medication? Then you should tell the pharmacist that you are breastfeeding. For pain it is safe to take paracetamol. But if you need to take paracetamol for several days, please consult your midwife or doctor.

Jaundice in newborn babies

Most babies have a slight yellowish tinge for a few days, regardless of their natural skin colour. This is due to the presence of bilirubin, a natural breakdown product of the baby's blood. The yellow tinge is usually entirely harmless and will usually disappear after a few days. In some cases, the bilirubin level remains too high and medical intervention is required. Your baby will therefore be carefully monitored for several days. If the jaundice persists, bilirubin levels can be measured with a simple skin test or a small blood sample. If they remain too high, the standard treatment is phototherapy: exposure to a special bright light at your local hospital.

The ‘heel prick’

During the first week of life, a few drops of blood will be taken from your baby’s heel and sent to the laboratory. It is then tested for a few extremely rare hereditary diseases. Although these conditions cannot be cured, they can be managed effectively by means of medication or diet. It is therefore important for your baby to have the heel prick (also known as the Guthrie test).

Provided you have registered the birth promptly, no further action is required: a health visitor from the child health care organisation (GGD) or your midwife will visit you at home to take the blood sample. Towards the end of your pregnancy, your healthcare professional will give you a brochure about the heel prick and the postnatal hearing test.

See also www.rivm.nl/hieelprik.

Hearing test

Good hearing is important for your child’s development. A child who does not hear well will have extra difficulty in developing normal language and speech, which in turn may affect his or her learning ability. The earlier any hearing loss is discovered, the sooner appropriate action can be taken. Your baby’s hearing will therefore be tested shortly after birth, usually at home between four and seven days after birth. The test takes only a few minutes and does not cause any pain or discomfort. The hearing test is generally conducted during the same visit as the heel prick, although in some regions it is carried out when the baby is a few weeks old and takes place at the child healthcare centre (‘Consultatiebureau’). In this case, you will receive an invitation by post. See also: www.rivm.nl/gehoorscreening.

The child healthcare centre (‘Consultatiebureau’)

If you are at home in the first few days after birth, the midwife and maternity nurse will provide the necessary care. After that, your local child healthcare centre will assume responsibility for providing all necessary care for you and your baby. No action is required on your part: someone from the centre will contact you for an introductory visit.

Vaccinations

The government invites all children in the Netherlands to take part in the National Vaccination Programme. They can then be vaccinated (‘immunized’) against diphtheria, whooping cough (pertussis), tetanus, polio, Haemophilus influenzae type B (HiB) diseases, pneumococcal infections, mumps, measles, German measles (rubella), meningococcal meningitis C, and hepatitis B.

Most contagious diseases are difficult to treat and pose a serious threat to your child's health. You will be sent an information package within four to six weeks after your child is born. It contains the registration card for the vaccination programme, a vaccination certificate (which will be completed as each vaccination is given) and a brochure about the National Vaccination Programme.

These vaccinations are not mandatory but most children (over 95%) take part in the programme. There is no charge to you: all vaccinations are paid for by the government. For information and advice, please contact your child healthcare centre or GGD. Information (in several languages) is also available at www.rijksvaccinatieprogramma.nl.

8. Privacy

1. Information about your pregnancy and delivery

Use of information for your healthcare

Your midwife, obstetrician or general practitioner registers information about your pregnancy in a healthcare file. This is a legal duty of every healthcare professional. This registration is necessary in order to be able to provide good care for you and your child. In the file is information about your health status and that of your child, and information about the tests that have been carried out and treatments. Healthcare professionals who are involved with your treatment have access to your information when it is necessary for their work. Because the various healthcare professionals who are directly involved in your care may share the information on you and your child with each other, they know what each one is doing and what has been agreed. All these healthcare professionals have a legal obligation of confidentiality (professional secrecy or privilege).

Use of information for improving national quality of care and for research

The midwife, general practitioner, obstetrician or the paediatrician who has treated your child provides information to the Perinatal Registry (perinatal refers to the period around the pregnancy and birth). Information from the different healthcare professionals over the whole period is collected in this registry. This information can be used to improve the quality of healthcare, including via the perinatal audit (during a perinatal audit healthcare professionals analyse the healthcare actually provided in a critical and structured way). This information is further used for scientific research, which can help expand medical knowledge about pregnancy and birth. Only anonymous information is used for scientific research. Information that could be traced back to you or your child is only used if you give your express permission for this.

Perinatal Registry

The Netherlands Perinatal Registry is administered by the Stichting PRN (Perinatale Registratie Nederland). Your midwife, general practitioner or obstetrician will ask you if you give permission for the registration of information that can be traced back to you in the Perinatal Registry. If you decide, for whatever reason, not to give this permission, then no information that can be traced back to you or your child can be stored in the registry. This will not, of course, have any influence at all on the quality of care you receive.

More information on how your privacy is protected by the Perinatal Registry can be found on the information webpage 'Registratie van gegevens, informatie voor zwangeren' on the PRN website www.perinataleregistratie.nl → 'Wat wordt geregistreerd'.

For information about the Perinatal Audit, please see www.perinataleaudit.nl.

2. Screenings during the pregnancy

Information about the screenings

During the pregnancy it is also possible for you to participate in a few screenings and after the birth you will be offered screenings for your baby. A screening enables certain diseases and disorders to be discovered at a very early stage. It is good to know what you can expect from a screening. This is why you are given information by your midwife and in this brochure. More information about the screenings can be found on the RIVM websites which are given in this brochure. Information about the 12-week blood test can be found at the end of this chapter*. You may decide for yourself whether you or your child will participate in the screenings.

Information about the screening in a national information system

If you participate in a screening during the pregnancy, your name, address, date of birth and test results from the screening will be entered into a national information system. In order for your child to be invited for the heel prick and hearing tests, the civil register of the local municipality passes on its information on your newborn child. This information is also entered in the information system for screenings. The information systems are necessary to allow the

screening to progress well and to monitor the quality of execution of the screening. Anonymous information and test results are also used for national statistics and for scientific research in order to improve the screening and the treatment provided. More information about your privacy in the screening programmes during pregnancy can be found in the brochures and on the RIVM websites for the different programmes. These are given in chapter 9.

The national information system and your privacy

The national information systems are well protected. Only those people who need to see your information to perform the screening have access to the data. The legislation on the protection of your privacy is applicable here. If you do not want your data or that of your child to remain in the information system after the screening, please read the section under the heading 'Juridische informatie' on www.rivm.nl/bevolkingsonderzoek on how you can have your data deleted. Here you can also read about which information systems there are and what data are stored in them.

*** Information about the 12-week blood test**

Early in the pregnancy you can have your blood screened for infectious diseases and for antibodies to certain blood groups. You can read more about this in chapter 4 of this brochure. The results of this test are entered into your own healthcare file by your midwife or obstetrician. Your data are also entered into the national information system (Praeventis) for the screening. In the section above you can read why this is necessary, what happens to your data, how your privacy is ensured and how you can have your data deleted. Your data may, in certain cases, also be registered in a national information system (TRIX) that is managed by the blood bank (Sanquin Foundation for Blood Supplies). If, in the future, you should need blood, the blood transfusion laboratory can view your data. The Dutch Data Protection Act applies to this registry. Your data will never be made available to third parties without your permission.

9 More information

Website of the midwives

www.deverloeskundige.nl

The professional organisation for midwives (KNOV) has a website where you'll find a lot of information about pregnancy and childbirth. Here you can find details of the guidance and supervision provided by the midwife before, during and after your pregnancy. You can also download leaflets about childbirth positions and pain relief, for example. To be sure that you are well prepared for the birth, there is an online birth plan that you can fill in. The website also makes it easy for you to find a midwife in your area.

Website of the obstetricians

www.nvog.nl

The website of the professional association for obstetricians provides many information brochures for pregnant women. You can find them by going to the NVOG home page and clicking on 'Voorlichting' and then on 'NVOG voorlichtingsbrochures'. There are brochures covering

Website of the general practitioners

www.thuisarts.nl

By searching on 'zwangenschap' or 'bevalling' in this website you can find information about these topics on this website, for example, about problems during the pregnancy, about your diet, anaemia, and the period around the birth.

The Dutch National Institute of Public Health and the Environment (RIVM) offers information about the routine tests and screenings for pregnant women and newborns and the national vaccination programme through various websites:

www.rivm.nl/bloedonderzoek-zwangeren: 12-week blood test for pregnant women

www.rivm.nl/downscreening: screening for Down syndrome

www.rivm.nl/zowekenecho: the 20-week ultrasound scan (echo)

www.rivm.nl/gehoorscreening: the screening of newborns' hearing

www.rivm.nl/hielprik: the heel prick screening for newborns

Brochures with general information about the routine tests and screenings can be found on the websites in English, French, German, Spanish, Portuguese, Turkish, Papiamento, Chinese and Arabic.

www.rivm.nl/rijksvaccinatieprogramma provides information about the national vaccination programme. Under the heading 'brochures' is one on hepatitis B and pregnancy.

The National Information Centre for Heredity, Pregnancy, and Medical Biotechnology (Erfocentrum) provides information via several websites

www.erfelijkheid.nl: much information about heredity, DNA testing and genetic disorders.

www.zwangerwijzer.nl has information about life styles, folic acid, chronic disorders and pregnancy.

www.prenatalescreening.nl: information about prenatal screening and diagnostics.

Website of the pharmacists

www.apotheek.nl

By searching on the term 'pregnancy' in this website you can find much information about using medications during pregnancy and the breastfeeding period. By entering the name of a medication you can find information about its use during pregnancy and the breastfeeding period.

Contact your midwife or obstetrician immediately if you have any of the following symptoms

Are you worried? Discuss your concerns with your midwife

Discuss your worries about your own health or that of your baby with your midwife. Being anxious or uneasy is always a reason to phone. If you do not understand the explanation or information you are given, please tell the midwife. Ask for more time to be planned for you when you make an appointment.

Vaginal bleeding

If you have vaginal bleeding you should contact your midwife and keep your underwear or sanitary pad to show her.

Headache, dizziness, vomiting, pain in upper abdomen or upper back

If you are more than 20 weeks pregnant and have one or more of the following symptoms: headache, dizziness, vomiting, feeling a tight band around your head or upper abdomen, pain in the upper abdomen or between your shoulder blades, or sudden fluid retention in your face, hands or feet, you should contact your midwife.

Your baby is moving less than normal

If you are 26 weeks or more pregnant and you feel your baby is moving less than you are used to, you should contact your midwife.

Less than 37 weeks pregnant and you have stomach pain or backache that comes and goes. If you are less than 37 weeks pregnant but have stomach pain or backache that comes and goes with a certain regularity, you should contact your midwife.

If you lose water (amniotic fluid)

If your waters break, you will suddenly notice you are losing fluid via your vagina. It can be a gush of fluid or you may lose just a trickle. The waters (amniotic fluid) are often clear and do not smell. Sometimes they may have a yellow, green or brownish colour. Contact your midwife and try and save some of the water to show her.

This patient safety card has been compiled in collaboration with the Federation of Patients and Consumer Organisations in the Netherlands (NPCF) and the Royal Dutch Organisation of Midwives (KNOV).

This patient safety card was made on www.mijnzorgveilig.nl, an initiative of the Federation of Patients and Consumer Organisations in the Netherlands (NPCF).

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Ordering

Healthcare professionals can order copies of this brochure from
www.rivm.nl/pns-folders.



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