



Rijksinstituut voor Volksgezondheid
en Milieu
*Ministerie van Volksgezondheid,
Welzijn en Sport*

Pregnant!

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

www.allesoverzwanger.nl

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1. You are pregnant!

You are pregnant! Most people have many questions during pregnancy, such as:

- What can you eat when you are pregnant? And what foods should you avoid?
- Are you taking medication? Do you need to change anything about your medication now that you are pregnant?
- Can you continue to work, exercise and play sports? And until what point in your pregnancy?
- What does the midwife do? Or the gynaecologist?
- What should you do if you start having pregnancy-related symptoms? When should you contact the midwife or gynaecologist immediately?

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

Many changes during pregnancy

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

- Some feel fine for the whole 9 months of pregnancy. Others may experience pregnancy-related symptoms.
- Some continue to work up to between 4 and 6 weeks before their due date. Others stop working earlier in their pregnancy or work less.
- Pregnancy is a happy time for most pregnant people and their partners, but not for everyone. Some pregnancies are unplanned. There could also be concerns – about the relationship, work, money or the course of the pregnancy itself.
- Not everyone who is pregnant has a partner. If you do not have a partner, some of the information will not be relevant to you. Where it says 'you and your partner', you can simply read this as 'you'.

Do you have any questions? Are you worried about something, or do you have a problem? Talk to your midwife or gynaecologist.

A midwife or gynaecologist will help you with your pregnancy and at childbirth

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

When we refer to the midwife or gynaecologist in this leaflet, this also includes a GP who helps you with your pregnancy and at childbirth.

www.deverloskundige.nl

Information (in Dutch) about how the midwife will guide you before, during and after your pregnancy, and the different ways you can give birth: lying down, sitting, standing up, or in the bath. The website also offers tips for pain relief during childbirth, and a birth plan form that you can fill out to prepare. You can also locate a midwife in your region.

www.degynaecoloog.nl

Information on minor and major problems that occur during pregnancy and childbirth, and about getting pregnant. Most of the information on the website is in Dutch, but you

can find short videos about pregnancy and childbirth in Dutch, English and Arabic under the heading "*Onderwerpen*".

2. Seeing a midwife or gynaecologist

Do you know you are pregnant? Then make an appointment with a midwife as soon as possible, unless you are already being treated by a gynaecologist. In that case, you should make an appointment with your gynaecologist. The midwife or gynaecologist will inform your GP that you are pregnant.

If you want to take your partner or someone else to your appointment with the midwife or gynaecologist, you may do so.

What will you discuss with your midwife or gynaecologist?

This is what your midwife or gynaecologist will discuss with you at your first appointment.

- **How are you feeling?**

Are you happy that you are pregnant? Or not?

- **Your due date**

Together with your midwife or gynaecologist, you will calculate when you are expected to give birth. Your baby will be born around this time.

To calculate your due date, they will ask you some questions:

- What was the first day of your last period? When did you have your last period?
- Was your last period on time? And was your last period a normal one?
- Were you taking the pill, using condoms, or using some other form of birth control? If so, when did you stop?

- **Is this your first pregnancy?**

Your midwife or gynaecologist will ask you if this is your first pregnancy. Have you been pregnant before? How did that pregnancy go? Have you ever had a miscarriage?

- **How healthy are you?**

Your midwife or gynaecologist will ask you questions about your health. Are you currently ill, or do you have health problems? What illnesses have you had? Have you had any operations? Have you ever had a blood transfusion? Do you take any medication? Do you smoke, or have you ever smoked? Do you drink alcohol or use drugs, or have you used them in the past? They will also ask about your partner's health.

- **How healthy are your family and your partner's family?**

Are specific diseases more common in your families? Such as diabetes, congenital heart defects, muscular diseases, cystic fibrosis or congenital anaemia? Some diseases can be passed on to your baby. If necessary, your midwife or gynaecologist can check. This could be important to your baby's health.

You can find information (in Dutch) about checking for hereditary diseases on the Erfocentrum website: www.erfelijkheid.nl/kinderwens/ben-ik-drager.

- **Home and work**

What sort of housing do you live in? Do you live alone or with a partner? How is your relationship going? Do you and your partner both work? Could your work be dangerous for you or your baby? Do you have money problems?

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

Your midwife or gynaecologist will explain the tests you can have when you are pregnant. They will explain about the blood test (page 19), the NIPT to screen for chromosomal abnormalities (page 22), and the scans to screen for physical abnormalities in week 13 and week 20 pregnancy (page 22).

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

www.zwangerwijzer.nl

This website (only in Dutch) is a questionnaire to help you prepare for your pregnancy. It takes about 15 minutes and helps you check if there might be risks to you or your baby. If so, you will get information and advice. At the end, it gives you an overview of the questions and all your answers, so you can take it along to your midwife or gynaecologist. The questionnaire is for you and your partner.

www.patientenfederatie.nl

The website of the Dutch Patient Federation offers information (mostly in Dutch) that you can use to choose the best options for you. You can make choices to influence the care you receive.

Arrange your maternity care early!

When your baby is born, you can get maternity care. The maternity carer helps you (and your partner) gain confidence so that you can care for your baby yourself. She also carries out checks on you and your baby.. Your midwife or gynaecologist can tell you more about maternity care.

You can choose your own maternity care organisation, ideally before week 16 of your pregnancy. You will have an intake with the organisation between week 22 and week 32 of your pregnancy. This appointment can be at your home, digital, or over the phone. During the intake, you will discuss how your pregnancy is going and receive tips on preparing for the maternity care period. This is also when you will hear how much maternity care you will receive.

Maternity care is covered by your health insurance. However, you will have to pay a personal contribution per hour. If you have supplementary insurance, the care insurer will sometimes pay the personal contribution. If you want maternity care but are worried that you will not be able to pay the personal contribution, tell the maternity care organisation or your midwife. They can work with you to find a solution, for example by arranging it through your local municipality.

Arrange your maternity care early! Preferably before week 16 of your pregnancy. Read more about maternity care (page 27).

3. Check-ups during pregnancy

During the first half of your pregnancy, you will usually have an appointment with your midwife or gynaecologist once every 4 weeks. Later on, this will be every 2 to 3 weeks. Towards the end of your pregnancy, they may want to see you every week. You may have more or fewer check-ups, depending on how you and your baby are doing.

What will your midwife or gynaecologist do at these appointments?

Your midwife or gynaecologist will ask you how you are feeling and how you are experiencing your pregnancy. You are encouraged to ask any questions you may have. You will also talk about the birth itself, both early on in your pregnancy and again in the later months, so you will be well prepared (page 23).

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

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

Tip: Write down your questions for the midwife or gynaecologist.

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

Sometimes you will have an additional ultrasound scan. An additional scan may be needed if your baby is not growing well, if you have any bleeding, or to check whether your baby is in the right position.

See page 33 for warning signs for which you should call your midwife or gynaecologist immediately.

Are you taking any medication? Tell your chemist that you are pregnant. The chemist will know which medications you can use during pregnancy, and which you cannot keep taking. See also page 12.

4. Health during pregnancy

Read about what you can do to stay as healthy as possible while you are pregnant, and what you can do about health issues that are common during pregnancy. This section also discusses the rules that apply to working during pregnancy.

The topics in this section are listed in alphabetical order.

Healthy living: A to Z

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

Alcohol

Do not drink alcohol if you are pregnant, or trying to get pregnant. You usually do not find out you are pregnant until several weeks later. Even in the early weeks of pregnancy, alcohol is bad for your baby. If you drink alcohol, you are more likely to have a miscarriage. Alcohol can harm your baby's brain and other organs. Your baby will not grow as well, and could be born too early. No amount of alcohol is safe during pregnancy.

You should not drink alcohol when you are breastfeeding either. Alcohol gets into the breast milk, which is not good for your baby. If you do have any alcohol, wait for three hours per glass before breastfeeding again. That is how long it takes for the breast milk to be free of alcohol.

If you did drink alcohol and are concerned about it, talk to your midwife, gynaecologist or GP. You can also find more information from the Trimbos Institute at www.trimbos.nl/english, or you can make an anonymous call to the Alcohol Info Line (0900-1995).

Cat litter and gardening

Cat poop and garden soil can contain a parasite that causes toxoplasmosis. This disease can be very bad for your baby's health. You should wear gloves when you clean the cat litter tray and also when you work in the garden. Always wash your hands afterwards. Wash your hands and your children's hands after playing in a sandpit.

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

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

For more information, go to www.rivm.nl/en/food-safety/foodborne-diseases/foodborne-infections/foodborne-infections-and-pregnancy

Drugs

You may sometimes use weed, ecstasy (XTC), cocaine or other drugs, such as nitrous oxide (laughing gas) or hallucinogenic mushrooms. Do not take any drugs at all if you are trying to get pregnant.

Drugs can cause serious problems for your baby if you use them during your pregnancy. Do not use drugs when you are breastfeeding either, since your baby will also be exposed to the drugs through your breast milk.

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

Food and drink

Healthy foods

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

The following advice is also important when you are pregnant:

- Take folic acid (page 10) and vitamin D (page 14) every day.
- Eat fish twice a week: an oily fish such as salmon (tinned or baked) or trout once a week, and a low-fat fish such as tilapia or plaice the other time. If you eat enough fish, it is less likely that your baby will be born too early.

There are some types of fish that you should avoid eating while you are pregnant, because they contain harmful substances. Check the Netherlands Nutrition Centre's *ZwangerHap* app to see which types of fish you can eat.

If you are unable to eat enough fish, then take fish oil capsules containing omega-3 with 250–450 mg DHA.

For more information (in Dutch) about healthy eating, go to www.voedingscentrum.nl/zwanger.

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

- Calcium is mainly found in dairy products such as milk and yoghurt. You will get enough calcium if you eat or drink 3 to 4 servings of dairy every day (about 500 ml). Calcium is important to help your baby grow healthy bones. If you get enough calcium, your baby is less likely to be born too early. It is also less likely that you will have high blood pressure or pre-eclampsia.
- Iodine is mainly found in bread, but also in dairy products, eggs and fish. You will get enough iodine if you have 5 slices of bread and 3 to 4 servings of dairy products (around half a litre) per day and eat fish twice a week. Iodine is important for your baby's growth and brain development.
- Iron is found in meat and fish, as well as in bread and wholegrain products, beans, nuts and some vegetables. Your midwife will check whether you have enough iron in your blood.

If you are unable to eat enough foods containing calcium, iodine or iron, take supplements to make sure you get enough of these nutrients..

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

You can still eat and drink most things during pregnancy. However, some foods and drinks can be harmful, such as liver, alcohol, and certain types of fish (mackerel, eel, sardine, tuna, crab and shrimp). There are also things you should not have too much of, like sweet or salty liquorice, coffee, black tea and soy products.

Food safety

During pregnancy, your immune system is less resistant to disease. This means you are more likely to get an infection from food. Here are a few tips to prevent foodborne infections:

- Wash your hands with soap and water before cooking and before eating.
- Set your fridge to 4°C. Eat products that have been stored in the fridge before the use-by date or within 2 days after opening.
- Cook the following products before you eat them: raw meat, raw and smoked fish, raw eggs, raw sprouts, soft cheeses made from raw milk (labelled 'au lait cru') and raw milk bought directly from a farm or country shop. Please note that milk from the supermarket is never unpasteurised.
- Do not share spoons or forks with your child or anyone else's child, and do not put a child's dummy or pacifier in your mouth. Read why on page 10.

Dieting and fasting

Most people gain 6 to 14 kilos in weight during pregnancy, as the baby grows and the uterus enlarges. You also develop more fatty tissue and have more blood in your blood vessels, and may also retain fluid. All these things are a normal part of pregnancy.

Do not try to lose weight by restricting your food intake when you are pregnant. This could be harmful for both you and your baby. Your baby needs nutrients to grow. If you want to go on a diet, wait until after you give birth. If you want to fast (such as during Ramadan), discuss this with your midwife or gynaecologist.

Tip: download the ZwangerHap app at www.voedingscentrum.nl/zwangerhap. (in Dutch). The app makes it easy to check if you can eat or drink a specific product during pregnancy.

Folic acid

Folic acid reduces the risk that your baby might be born with spina bifida, a cleft lip or a cleft palate. You are probably already taking a folic acid supplement. Continue taking it until you are 10 weeks pregnant. If you are not taking folic acid, you should start to take it and continue until you are 10 weeks pregnant. Take one 400 or 500-mcg tablet of folic acid every day; this is the same as 0.4 or 0.5 mg. These tablets can be purchased from a pharmacy or chemist. You do not need a prescription from a doctor.

For more information about folic acid, watch the information video at www.strakszwangerworden.nl. The video is available in several languages, including English.

Hazardous substances

You may come into contact with hazardous substances. These chemicals are found everywhere, and you cannot always avoid them. They can be very bad for the health of your unborn baby. Here are some examples:

- Have someone else paint the nursery. All paints and sealants contain solvents. These chemicals can harm your unborn baby.
- Do not use mosquito repellents that contain DEET or icaradin.
- Use non-acetone nail polish remover.
- Avoid using lice repellent that contains dimethicone. To treat head lice during pregnancy, comb out your hair daily with a lice comb.
- Candles and incense can fill the air with soot particles. If you want to use them anyway, make sure that the room is well ventilated.

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

Most products are fine to keep using during pregnancy. But sometimes you want to check the contents to make sure. Read more (in Dutch) about chemicals found in everyday products that you may want to be aware of:

- During pregnancy: www.waarzitwatin.nl/themas/zwanger
- For your newborn baby: www.waarzitwatin.nl/themas/baby

This will help you make informed choices about what to use. Remember that baby clothes and bedding should always be washed before the first use.

Holidays and long trips

Do you want to go on holiday, or are you planning a long trip? Discuss this with your midwife or gynaecologist. Are you planning a holiday in a foreign country? Make an appointment with your GP or the Municipal Public Health Service (GGD), scheduled for 6 to 8 weeks before you leave, for a travel advisory for that country. If necessary, you will also be given vaccinations. Remember to tell your GP and the GGD that you are pregnant. For more information about travel vaccinations during pregnancy, go to www.ggdreisvaccinaties.nl/moeders-en-kinderen (Dutch) or www.lcr.nl (Dutch and English).

Air travel is still possible during pregnancy. However, airlines often do not accept passengers who are more than 32 weeks pregnant, because they do not want you to give birth during the flight!

Infectious diseases

Bacteria or viruses can make people ill. Some infectious diseases are also bad for the health of your unborn child. You can reduce the risk of getting an infectious disease by frequently washing your hands with soap.

This is important to protect against diseases like the cytomegalovirus (CMV). This virus can be harmful to the health of your unborn baby, so you should try to avoid all contact with this virus. CMV is commonly found in the saliva and urine of young children.

You should wash your hands after wiping children's noses, changing nappies or helping a child on the toilet. Do not share spoons or forks with your child or anyone else's child, and do not put a child's dummy or pacifier in your own mouth. Do not feed your child or anyone else's child from your own spoon or fork.

There are also infectious diseases that give you a skin rash. These include chicken pox, rubella and parvovirus. These diseases can be harmful to the health of your unborn baby. If you have been in contact with someone who has any of these diseases, contact your midwife or gynaecologist.

For more information, go to www.rivm.nl/zwangerschap-en-infectieziekten (in Dutch).

Iodine tablets

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

Note: You may only take iodine tablets if the government issues a statement telling you to do so, not before.

These tablets can be purchased from a pharmacy or chemist. They cost around €3. The government provides more information (in Dutch) about iodine tablets at www.waaromkrijgikjodiumtabletten.nl. This website also lists the nuclear power plants that are relevant to the Netherlands.

Medication

Are you taking any medication? Tell your midwife or gynaecologist and your chemist which medicines you are taking. This includes over-the-counter medicines that can be bought without a doctor's prescription, such as from the pharmacy, chemist or supermarket. It also includes herbal remedies, homeopathic products and other alternative medicines. If you are taking medication for which you need a doctor's prescription, ask the pharmacist or chemist for a print-out of all the medication you are currently taking. Show your doctor or GP, so they can check if all of the medication is necessary.

If you are in pain, you can take paracetamol. Read the package leaflet to see how many tablets you can take. If you need to take paracetamol for longer than a few days, discuss this with your midwife or gynaecologist. Do not use painkillers other than paracetamol until after consulting your midwife or gynaecologist. If you need to have a local anaesthetic at the dentist, you can, but do tell the dentist that you are pregnant.

Some medicines are not good for your baby. Would you like to check the safety of over-the-counter medicines during pregnancy and breastfeeding? For more information (in Dutch), go to www.medimama.nl/download or www.lareb.nl/mvm-kennis

Radiation

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

Sex

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

Have you had unpleasant experiences related to sex? Or are you uncomfortable with your midwife or gynaecologist examining your vagina? If so, discuss this with your midwife or gynaecologist. They can take this into account when examining you and at childbirth.

www.zanzu.nl

Information in 16 languages about sexual health, pregnancy, childbirth and maternity care. The website can also read the text out loud in 16 languages.

Smoking

Quitting smoking is very important to give your child a healthy start. It will reduce your risk of having a miscarriage or an ectopic pregnancy (a non-viable pregnancy that develops outside your uterus, which is a life-threatening condition). If you do not smoke while you are pregnant, your baby will get more oxygen and food. Your baby will grow better and be less likely to develop birth defects. There is also less risk of your baby

being born too early or being too small at birth. A baby that is born too early or has a low birth weight may develop problems during and after birth. For more information (in Dutch), go to www.ikstopnu.nl/zwanger.

You should also not **vape (use e-cigarettes)** while you are pregnant. Many vapes contain nicotine. Nicotine is bad for your baby's growth. For example, it can cause your baby to be born too early or have a low birth weight. You should therefore stop vaping when you are pregnant .

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

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

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

Health insurers will often cover the costs to help you quit smoking. Ask your insurance company about the options.

Sports

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

You can walk, cycle, swim and work out until the end of your pregnancy. However, you should be cautious with sports that could involve anything hitting your belly, involve bumping into others, or could cause you to fall. These include football, hockey, volleyball and skiing. You should not dive underwater with an oxygen tank while you are pregnant. If you are interested, you can ask about classes for pregnant women in your area.

Stress and tension

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

Vaccinations during pregnancy

Whooping cough vaccination

The whooping cough vaccination protects you and your baby against whooping cough. Whooping cough is very contagious. This infectious disease is dangerous for newborn babies, and can cause pneumonia and brain damage. Babies may even die from whooping cough.

If you get vaccinated against whooping cough while you are pregnant, your baby will be protected against whooping cough for the first three months after birth.. You will be protected as well.

You can be vaccinated from week 22 of pregnancy onwards. The vaccine you will be given is the combined DTaP vaccine. It protects against whooping cough, as well as diphtheria and tetanus. Contact the youth healthcare services (the well-baby clinic) to make an appointment for the maternal whooping cough vaccination.

You will receive a leaflet from your midwife or obstetrician. For more information, visit www.rijksvaccinatieprogramma.nl/en/vaccinations/maternal-whooping-cough. You can also find out where to make an appointment there. If you have any questions, contact your local well-baby clinic.

Flu vaccination

Newborn babies and pregnant people can occasionally become very ill from influenza (flu). They can even end up in hospital. If you get vaccinated against flu during pregnancy, your baby will be less likely to get infected. You will be protected as well. The flu vaccine is safe for you and for your baby. You can get a flu vaccination if you are at least 22 weeks pregnant during flu season (between 15 October and 1 March). Your midwife or gynaecologist will tell you more about the flu vaccination.

For more information (in Dutch) about vaccinations during pregnancy, go to www.rivm.nl/zwanger-en-vaccineren.

Vaccinations on the same day

You do not need to worry about leaving time between vaccinations. You can get all of these on the same day and at the same time. Do you need an anti-D injection during pregnancy? (page 19) This injection is not a vaccination, and you can get it on the same day as a vaccination. Your midwife or gynaecologist can also tell you more about vaccinations.

Vitamin D

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

Vitamin supplements

If you are pregnant, or if you want to become pregnant, it is important to take folic acid (page 10) and vitamin D (page 14). If you eat a healthy diet that is sufficiently varied and follows the advice for nutritional needs during pregnancy, you do not need to take vitamin supplements. If you want to take vitamin supplements, take multivitamin pills

that are made especially for pregnant people. These special pills contain less vitamin A, because too much vitamin A is bad for your baby. If these multivitamin pills also contain vitamin D, you do not need to take vitamin D pills separately. For more information (in Dutch), go to www.voedingscentrum.nl/zwangersupplementen.

Pregnancy-related symptoms: A to Z

When you are pregnant, a lot of things in your body change. This is a normal part of pregnancy. However, you may also develop pregnancy-related symptoms. You should keep an eye out for these. Here is a list of the possible symptoms and some suggestions on what to do about them.

Anaemia

You may become anaemic during pregnancy. This means that you have too few red blood cells in your blood, or that the red blood cells are not working properly. You may feel dizzy, short of breath or tired. You may also look very pale, or faint. Your midwife will check whether you are anaemic at the beginning of your pregnancy. At 30 weeks of pregnancy, they will check for anaemia again. In some cases, this test may be repeated if you have any relevant symptoms.

If you are anaemic, it is often because you do not have enough iron in your blood. The best solution is to eat foods that contain a lot of iron. Read more about food and drink on page 9. If eating iron-rich foods does not help enough, your midwife will give you iron supplements. If your anaemia could also have a different cause, the midwife will refer you to the GP.

For more information (in Dutch), go to www.thuisarts.nl/bloedarmoede.

Blood loss

Vaginal bleeding or spotting can sometimes happen when you are pregnant, especially in the first 3 months. It does not have to be serious. It may be due to the fertilised egg implanting itself in your uterus, or you may have a small abrasion on your cervix. However, blood loss may indicate that you are having a miscarriage. If you are experiencing vaginal blood loss, call your midwife or gynaecologist. Keep the panties or pantyliners that show the blood loss.

See page 33 for warning signs that mean you should immediately call your midwife or gynaecologist.

Brown patches on your face

During pregnancy, you may develop brown patches on your face. These pigmented areas are sometimes called the 'pregnancy mask' (melasma). They are more common among people with darker-toned skin, and sunlight often makes them worse. Stay in the shade as much as possible and do not use a tanning bed. If you go out in direct sunlight, use sun block or wear a hat. These brown patches usually disappear after pregnancy. For more information (in Dutch) www.thuisarts.nl/melasma.

Frequent peeing

When you are pregnant, you have to urinate (pee) more often than usual. This is because your uterus is growing and pressing against your bladder. If you have to pee very often, you may have a bladder infection. If so, you may feel a burning sensation or

pain when urinating. If this happens, take a urine sample to your GP the same day. The GP will then check if you have a bladder infection. If you do, you will be given medicine.

During pregnancy, you can sometimes suddenly pee your pants a bit. This can happen if you feel the need to pee but do not quite make it to the toilet, or when you bend over, laugh, cough or sneeze. This is called urine loss. Nearly 1 in 3 pregnant people experience this. You can use sanitary towels or pantyliners to catch the urine.

To counteract urine loss and prevent it from getting worse, you can do pelvic floor exercises. Your pelvic floor muscles are the muscles that help you hold back urine and faeces. Ask your midwife or gynaecologist for advice.

Urine loss usually goes away on its own six months after childbirth. To help it pass more quickly, you can train your pelvic floor muscles. A pelvic physiotherapist can help you if needed. For more information (in Dutch), go to www.bekkenfysiotherapie.nl.

Fluid retention

When you are pregnant, your body holds on to more fluid. You may develop swollen feet and ankles as a result. This can get worse in hot weather or if you do not move around much. Make sure you exercise enough, for example by walking or cycling. When sitting or lying down, use a stool, a chair or a cushion to keep your legs elevated. If you suddenly start retaining fluid in your legs, hands or face, you could have high blood pressure. Call your midwife or gynaecologist immediately. See also page 33.

Haemorrhoids or difficulty pooping

If you are finding it more difficult to poop, or if your poop is more solid than usual, this is because your bowels work more slowly during pregnancy. If you push too hard when pooping, you may get haemorrhoids. Haemorrhoids are small bulges near your anus. They can hurt or itch. If you push too hard when pooping, they can get worse. This is more likely to happen when your poop is too solid.

Here are some tips that can make it easier for you to poop:

- Do not delay going to the toilet. If you put it off, your poop will only get more solid.
- Eat lots of fruit, vegetables, and whole-grain bread and pasta. Include beans more often, and eat a handful of unsalted nuts every day.
- Drink enough fluids: at least 2 litres a day.
- Make sure you get enough exercise, for example by walking or cycling.

Heartburn and stomach pain

During pregnancy, you may have heartburn and stomach pain, or a burning and painful sensation in the oesophagus. If you have heartburn, you should avoid coffee, orange juice, carbonated drinks and fatty foods, since all these things can make it worse. If the heartburn does not go away, consult your midwife or gynaecologist.

Mental health during your pregnancy

Many changes happen when you are pregnant. You may feel highly emotional or prone to mood swings. This is normal. 1 out of 10 pregnant people experience mental health problems during or right after pregnancy. A lot of things are changing for your partner as well. Everyone can experience mental health problems during or after pregnancy, even if this has not happened to you before.

Do you or your partner worry a lot? Are you or your partner tense, very anxious or depressed? Have you experienced mental health problems before? Did you take any

prescription medication for it, such as antidepressants? Discuss this with your midwife or gynaecologist.

For more information (in Dutch) about mental health, go to www.mentaalvitaal.nl/voor-mij-zwangerschap-en-mentale-gezondheid

Nausea

You may feel nauseous, especially in the first 3 to 4 months of pregnancy. This often happens in the morning when you wake up. You may also vomit. If you feel nauseous, do not stop eating, because this can make it worse. Begin the day with a light breakfast and eat it before you get out of bed. Eat several small meals spread out across the rest of the day. You will soon discover what you can and cannot eat. If you vomit often and for long periods of time, your GP can give you some medicine that will help. For more information (in Dutch) about nausea during pregnancy, see www.thuisarts.nl/zwanger or www.deverloeskundige.nl/zwangerschap search for 'Zwangerschapssymptomen'.

Pain in your back or pelvis

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

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

- When you want to pick something up or you need to lift something, squat down – do not bend over.
- When sitting on a chair or a sofa, make sure your lower back is supported.
- If your pelvis hurts and you want to rest, lie down.
- If it is difficult for you to get out of bed, first turn onto your side, then use your arms to push your upper body up to a sitting position. Now swing your legs over the edge of the bed, put both feet on the floor and stand up.

A pelvic physiotherapist can treat you for pain in your back or pelvis. The sooner you start treatment, the more likely it is that your back and pelvis will recover. For more information (in Dutch), go to www.bekkenfysiotherapie.nl.

Tightening of your abdominal muscles

When you are pregnant, you may experience tightening of your abdominal muscles ('hard belly'). This happens when the muscles of your uterus contract. If you only feel it occasionally, that is not a problem. If it happens often, and starts getting worse, call your midwife or gynaecologist.

Tiredness

You may feel tired, especially in the first 3 months of pregnancy. This happens because the hormones in your body are changing. It is rarely caused by anaemia. Try to take it easy if you can. You may want to sleep more. After about 4 months of pregnancy, you are likely to have much more energy.

Varicose veins

During pregnancy, you may develop varicose veins on your legs, and sometimes also on your labia. This can be painful. If you have varicose veins, you should avoid sitting or standing for a long time. Move around frequently. When sitting or lying down, use a stool, a chair or a cushion to keep your legs elevated. You can also wear elastic support stockings, which can help reduce the discomfort. Ask your midwife or gynaecologist for advice. After giving birth, your varicose veins will shrink on their own.

Vaginal discharge

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

Always discuss these symptoms with your midwife or gynaecologist.

Working while pregnant

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

Work

You can still do your work as usual when you are pregnant. However, there are some jobs that are best avoided. This includes:

- Working with vibrations – for example, driving a lorry or operating farm machinery;
- Working with radiation;
- Working with chemicals;
- Working in settings where you may be exposed to bacteria or viruses;
- Doing heavy work that requires lifting, pulling, pushing or carrying.

Your employer is required to ensure your health and safety during work. Your employer must not allow you to do any work that is bad for your health or the health of your baby. If necessary, discuss options for alternative work as soon as you know you are pregnant. You can also consult the company doctor or the job health and safety department. They can review your work activities, see what you can and cannot do, and advise your employer accordingly, so your employer can adapt your work in time. For more information (in Dutch), go to the [Job Health and Safety Portal](#).

Night shifts and shift work

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

Leave

Dutch law states that you have the right to 16 weeks of paid leave from work. Your leave can start when you are between 34 and 36 weeks pregnant. You can choose when you want to start your leave. In any case, you must stop working when you are 36 weeks pregnant. You are entitled to 10 weeks of paid maternity leave.

- If you give birth earlier than your due date, you are still entitled to 16 weeks' leave.
- If you give birth later than your due date, you are still entitled to 10 weeks' maternity leave, so your leave lasts longer. You can also take part of your maternity leave later in that first year.

Your partner may be entitled to post-birth leave. In addition, both of you are entitled to parental leave. There are special schemes for people who are self-employed and people who are receiving benefits. For more information about maternity leave, go to www.government.nl/topics/pregnancy-and-childbirth/applying-for-maternity-leave.

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

5. Blood tests

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

The laboratory tests your blood for the following:

- What is your blood group: A, B, AB or O?
- Do you have antibodies in your blood that act against your baby's blood group? Or is it possible that your body might start making them?
- Is your blood group Rhesus D-negative or Rhesus c-negative?
- Do you have an infectious disease that you could pass on to your baby? This blood test checks for syphilis, hepatitis B and HIV.

These blood tests are explained on the next few pages.

The laboratory often also tests your blood levels of glucose (sugar) and haemoglobin (Hb). If your Hb is too low, it means you are anaemic (page 15). This can often be helped by eating iron-rich foods or taking iron supplements.

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

Blood group tests during pregnancy

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

Then you and your baby may have different blood groups. During pregnancy, some of your baby's blood cells may get into your blood. If that happens, you will produce antibodies against the baby's blood. You may also have produced these antibodies during a previous pregnancy or childbirth, or after a blood transfusion. If you have antibodies in your blood that act against other blood groups, your antibodies may break down your baby's blood. If this happens, your baby will become anaemic.

If the laboratory finds antibodies to other blood groups in your blood, your midwife or gynaecologist will tell you what needs to be done.

For more information, go to www.pns.nl/en/multiple-languages/english/blood-tests.

Extra blood test in week 27 if your blood group is Rhesus D-negative or Rhesus c-negative

If your blood group is Rhesus D-negative or Rhesus c-negative, there is a slightly higher risk that your body will make antibodies against other blood groups. In that case, you will have another blood test in week 27.

Is your blood group Rhesus D-negative?

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

- Is your baby Rhesus D-positive? If so, your body may start making antibodies against your baby's blood. For this reason, you will be given an anti-D injection in week 30 of

your pregnancy. This injection reduces the risk that your body will make antibodies against your baby's blood. Your baby will not be affected by the injection. After delivery, you will have the same injection again. You may sometimes need an extra injection, for example if you have fallen on your stomach. Always tell the midwife or gynaecologist immediately if this happens.

- Is your baby Rhesus D-negative like you? Then your body will not produce antibodies against your baby's blood. You do not need an injection.
- If the laboratory finds antibodies against other blood groups, your midwife or gynaecologist will give you additional check-ups. These extra check-ups are necessary to make sure that your baby is doing well.

For more information (in Dutch) see a video at www.pns.nl/video-rhesus-d-negatief

Is your blood group Rhesus c-negative?

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

For more information (in Dutch) see a video at www.pns.nl/video-rhesus-c-negatief

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

Tests for infectious diseases during pregnancy

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

Syphilis

Syphilis is a sexually transmitted infection (STI) caused by bacteria. You can get syphilis if you have unprotected sex with someone who has syphilis. If you have syphilis, your baby can get it too. You can pass it on to your baby during pregnancy, so it is important to know as soon as possible. If you have syphilis, you must see a gynaecologist. The gynaecologist will give you antibiotics to reduce the risk that you will infect your baby.

Hepatitis B

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

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

For more information, go to www.soaids.nl/en or <https://en.hivvereniging.nl/weten-over-hiv/als-je-zwanger-bent> (in 6 languages)

HIV

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

your baby may also get HIV. This can happen during pregnancy, but also at childbirth or through breastfeeding.

If you have the HIV virus, you must go to an HIV centre. The HIV centre will give you virus inhibitors. Thanks to these medicines, HIV is now a chronic disease. The virus inhibitors mean that the risk that you will infect your baby is low.

For more information, see www.pns.nl/en/multiple-languages/english/blood-tests.

Do you have syphilis, hepatitis B or HIV? You need to know as soon as possible. It is not only important for you and your baby, but also for your partner and for others. Make sure that your partner and others are not exposed to syphilis, hepatitis B or HIV. Make an appointment with your GP or with the Municipal Health Services (GGD) to talk about this.

6. Screenings for your unborn baby

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

- Testing for chromosome abnormalities, like Down syndrome, using NIPT.
- Screening for physical abnormalities: the 13-week scan and the 20-week scan.

It is up to you to decide whether to have these tests.

The NIPT

The NIPT is a test to find out if your baby has a chromosomal abnormality, such as Down's syndrome. The NIPT can be performed from 10 weeks of pregnancy. For more information (in Dutch) see the video at www.pns.nl/video-nipt.

The 13-week scan and the 20-week scan

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

For more information, go to www.pns.nl/en/multiple-languages/english/nipt-and-13-and-20-week-scans or see the video www.pns.nl/video-13-20-wekenecho (Dutch)

It is up to you to decide if you want to do prenatal screening

At your first visit, your midwife or gynaecologist will ask you if you would like to know more about these tests. If you do, they will tell you more about the options at an in-depth consultation. You can then decide if you want to have the tests. Your midwife or gynaecologist will give you leaflets about prenatal screening.

For more information, go to www.pns.nl/en/multiple-languages/english. The page includes an overview of the tests you can have done during pregnancy, as well as a timeline.

7. Preparing for childbirth and the maternity care period

Your pregnancy is a time when a lot happens. There will also be a lot happening just after your baby is born: the maternity care period. If you prepare yourself well for giving birth, you will be able to relax better when it happens, which will make it easier. It is also good to think about where you want to give birth. At home? At a birthing centre? In a hospital?

How to prepare for childbirth

Your midwife or gynaecologist will discuss the birth with you, and answer any questions you have. You could also go to an information session organised by your midwife, the birthing centre or the hospital. If you take a prenatal course, you will learn more about giving birth, and learn exercises to help you cope with contractions once you go into labour.

More information (in Dutch) about childbirth can be found at www.deverloeskundige.nl/bevalling and www.degynaecoloog.nl/onderwerpen/overzicht-informatie-bevalling/.

Write down your preferences in a birth plan

Together with your midwife or gynaecologist, you can draw up a birth plan. A birth plan is where you can write down what is important to you during labour and after your baby is born. Where do you want to give birth? Who do you want to be present? Do you want any pain treatment, and are you planning to breastfeed?

You can talk to your midwife or gynaecologist about what you would prefer and whether it is actually possible to arrange. A birth plan also makes it easier to discuss things with your partner. Your birth plan will be added to your medical records.

Sometimes, it is important to act quickly during labour to protect the health of you and/or your baby. There may not always be enough time to discuss all the options with you. In an exceptional, life-threatening situation, your midwife or obstetrician may only be able to briefly explain what treatment is needed and why.. Even if you plan for a home birth, you may end up needing to go to hospital. If the plan needs to change, it is not because of anything you did.

You can find an example of a birth plan (in Dutch) at www.deverloeskundige.nl/geboorteplan.

Where are you going to give birth?

If you are attended by a midwife during your pregnancy and there are no complications, you can choose where you want to give birth. At home? At a birthing centre or a birth hotel? Or in hospital as an outpatient? If you opt for an outpatient hospital birth, your midwife will help you at the birth.

If you are seeing a gynaecologist during your pregnancy, or if there are problems with your pregnancy or your delivery, you will usually give birth in hospital. This may be necessary if your blood pressure is too high, or if your baby is turned around with its bottom facing downwards (breech position). In this case, a hospital midwife and a gynaecologist will help you at the birth.

Please note: The amount you have to pay may vary depending on your health insurance policy.

If you give birth at a birthing centre, you will often have to pay an additional daily charge on top of your contribution towards maternity care.

If you choose to give birth in hospital without a medical reason, you will often have to pay a contribution towards the cost. The amount depends on your health insurance policy.

Consider whether you want to breastfeed

Breastfeeding almost always provides the best nutrition for your baby. You can take a course on breastfeeding during pregnancy. If you have questions about breastfeeding, ask your midwife, your gynaecologist or a breastfeeding specialist (lactation consultant). After you have given birth, you can also consult with your maternity carer, youth healthcare services, and of course your midwife or gynaecologist.

If you are on medication, ask your chemist about whether you can breastfeed. Are you unable or unwilling to breastfeed? Then you can bottle-feed the baby with infant formula. Breast milk from someone else is sometimes also an option.

For more information on breastfeeding, go to www.borstvoeding.nl/english-pages or www.voedingscentrum.nl/borstvoeding in Dutch.

Home visit during your pregnancy

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

What should you organise before your baby is born?

You can choose from several options for your baby's last name: your own last name, the co-mother's or your partner. As of 1 January 2024, you can also give your baby the last names of both parents. You must go to the civil registry together to have this registered. You can do this before the birth.

If you are unable to choose a last name or do not register one in time, your baby's last name will be determined automatically by law, depending on your personal situation. If you are not married and not in a registered partnership, your partner can acknowledge your baby so they can share parental authority with you. It is best to take care of this before the birth, as it saves a lot of extra work afterwards. For more information, go to www.government.nl/topics/registering-a-birth-and-name-of-child.

For more information about the consequences for benefits, medical expenses and insurance for your baby, go to www.government.nl/faq/checklist-having-a-baby.

8. Childbirth

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

When does labour start?

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

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

How does labour start?

Labour can start in a number of ways:

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

By this point, you have already made arrangements with your midwife or gynaecologist about when to call after labour has started.

What happens during labour and childbirth?

The contractions will get stronger over time. The strong contractions make the cervix more flexible and thinner, so it opens up. This is called dilation. At first, this usually happens slowly, but it speeds up as labour progresses. Once your cervix is 10 centimetres wide, you are fully dilated and will get pushing contractions. You will have the feeling that you need to push along with the contractions. This is called the urge to push. Your midwife or gynaecologist will assist you to deliver your baby.

When your baby is born, the newborn will be laid on your bare chest for as long as possible, preferably an hour. Skin-to-skin contact is important for bonding and breastfeeding. It should always be done safely, while keeping a close eye on your baby's wellbeing and temperature. Sometimes a few stitches after childbirth may be required. This is done under local anaesthetic.

Page 23 offers tips for good websites where you can read more about childbirth and C-sections.

Coping with pain during labour

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

There are also other ways to reduce pain during labour. If you are giving birth at home, there are ways to reduce pain without medicine, such as a bath, a massage or a mild electrical current (TENS). Pain medication cannot be given during a home birth. If you want pain relief treatment, such as an epidural, nitrous oxide (laughing gas) or an IV drip, you will have to give birth in hospital or at a birthing centre.

For more information (in Dutch), go to www.deverloskundige.nl/bevallling search for 'Bevallingspijn' en 'Medicijnen tegen bevallingspijn'.

When is the placenta (afterbirth) delivered?

The placenta will be delivered within an hour after your baby is born. During pregnancy, the placenta delivers nutrients and oxygen to your baby.

What if there are problems?

If there are any problems during your delivery, your midwife or gynaecologist will discuss with you what will need to happen. There may be a reason why you have to give birth in hospital instead of at home. For example, if your baby has pooped in the amniotic fluid, it is safer for you and your baby to give birth in hospital. In the Netherlands, 5 out of 6 pregnant people give birth to their first baby in hospital, but home births are much more likely with a second baby.

Sometimes, a baby will need to be born with a ventouse (vacuum pump) or C-section. There are various reasons why this may be necessary. 1 out of 6 pregnant people will have a C-section with their first baby. This means that you have surgery in hospital to help the baby be born. And 1 out of 15 pregnant people have their first baby by means of a vacuum-assisted delivery, which always takes place in hospital.

9. Postnatal care

The period after the birth is called the postnatal (or maternity care) period. If you are at home during this time, the maternity carer and midwife will visit you. The maternity carer supports you during the first few days and checks how you and your baby are doing. The midwife will also visit you during the postnatal period. She will examine you and your baby and talk to you about how you are both doing.

Registering your baby's birth with the municipality

Register your baby's birth with the municipality as soon as possible. Ideally, you should do this on the day your baby is born or the following day, but no later than three days after the birth.. Read how at www.rijksoverheid.nl/themas/familie-zorg-en-gezondheid/aangifte-geboorte-en-naamskeuze-kind

Bring a passport, identity card or foreign national document issued by the Dutch government. The municipality will inform the youth healthcare services (JGZ) that your baby has been born. Registering the birth on time is also important so that your baby can have the newborn heel prick test. Child benefit can only be awarded once the municipality knows that your baby has been born. You will receive a letter about this from the Social Insurance Bank (SVB).

In some municipalities, you may be able to register your baby's birth online. See your municipality's website for more details.

Maternity care

After your baby is born, you will receive maternity care. The maternity carer is specially trained to support you and your baby during the maternity care period. They will help you in all sorts of ways and make sure that you and your baby are doing well. For instance, they will take your temperature and weigh the baby. If anything is less than optimal, they will contact the midwife after consulting with you and your partner.

The maternity carer will also help you take care of the baby. They will help you breastfeed or bottle feed, and explain how to sleep safely and how to bond with your baby. The maternity carer will make sure that you are able to take good care of yourself and your baby by the end of the maternity care period. They will also make sure that you know where to turn for help if you are unsure what to do.

Emotions

After giving birth, you may experience many emotions. This is normal. Give yourself time. It may help if you talk about it with your partner, maternity carer, midwife, gynaecologist or GP. Do you find yourself worrying a lot or do you feel tense, very anxious or depressed? And are these feelings persisting? Ask for help – for example from your GP. You are not alone.

If you have questions about your own mental health, or somebody else's, you can find more information (in Dutch) at www.mentaalvitaal.nl.

Breastfeeding and medication

Are you breastfeeding? And are you taking any medication? Or planning to start taking new medication? Discuss this with your GP, midwife or gynaecologist. Tell your chemist that you are breastfeeding. Your chemist knows which medication you can or cannot take while you are breastfeeding.

If you are in pain, you can take paracetamol. Read the patient information leaflet to see how much you are allowed to take while breastfeeding. If you want to take paracetamol for more than one day, discuss this with your GP, midwife or gynaecologist first. Only use painkillers other than paracetamol after consulting your GP, midwife or gynaecologist. For more information (in Dutch), use the Medimama app (www.medimama.nl/download) or go to www.moedersvanmorgen.nl/kennisbank.

Turning yellow?

When babies are a few days old, it is common for them to turn a bit yellow. This shows most in their skin and the whites of their eyes. This is caused by bilirubin, a natural substance found in the blood of newborn babies. This is usually not a problem and goes away on its own after a few days.

However, if the yellow colour is too dark, your baby may need a blood test to check for jaundice. If the bilirubin levels are too high, your baby may need light therapy in hospital. Consult your midwife, gynaecologist or maternity carer if you think your baby's skin or the whites of the eyes are too yellow.

For more information (in Dutch), go to www.thuisarts.nl/geelzucht-baby.

GroeiGids

Reliable information (in Dutch) from the youth healthcare services (JGZ) in the Netherlands can be found on the GroeiGids website and in the free GroeiGids app. This includes information about pregnancy, child development and health, and parenting. You can record your child's growth and special moments in the app, and get tips relevant to your current week of pregnancy or your baby's current age. You can also use the chat function to get answers to all your questions about the health, development and raising of your child. Download the GroeiGids app for free at www.groeigids.nl. (Dutch)

Neonatal screening

Heel prick test

In the first week after the birth, a small amount of blood will be taken from your baby's heel. This is called the heel prick test. A healthcare professional will come to your home to do this. If your baby is in hospital, the heel prick test will be done there. A laboratory will use the blood sample to test your baby's blood for serious diseases that can cause serious harm to your baby's physical and mental development. There is no cure for most of these diseases, but proper treatment with medication or a special diet can prevent serious harm. This is why the heel prick test is so important. For more information, go to www.pns.nl/en/multiple-languages/english/heel-prick or see the video at www.pns.nl/video-hielprik. (Dutch)

Hearing test

Shortly after birth, your baby will have a hearing test. This is usually done at the same time as the heel prick test. Someone will come to your home to do this. The hearing test only takes a few minutes and does not hurt. Babies usually do not even notice that they are having the hearing test. In some parts of the provinces of South Holland and Gelderland, the hearing test is done at the Well-Baby Clinic when the baby is a few weeks old. If this is the case in your area, you will receive an invitation. The hearing test is important. If your baby cannot hear well, this can affect how well they can speak later on. If you know early on that your baby cannot hear well, treatment can begin quickly. For more information, go to www.pns.nl/en/multiple-languages/english/hearing-test or see the video at www.pns.nl/video-gehoor. (Dutch)

At the end of your pregnancy, your midwife or gynaecologist will give you a leaflet about neonatal screening: the heel prick test and the hearing test.

For more information about neonatal screening, go to www.pns.nl/en/multiple-languages/english.

The role of youth healthcare services (JGZ)

During the maternity care period, a nurse from the youth healthcare services (JGZ) will contact you to make an appointment for your baby. This will happen automatically; you do not need to take any action. You may already be familiar with JGZ from when you had your maternal whooping cough vaccination, from a home visit during pregnancy, or from the heel prick test or hearing test. The well-baby clinic handles these services for children aged 0 to 4. JGZ will help you monitor the health, growth and development of your child until they are an adult. They can also answer all your questions about taking care of and raising your child, and about being a parent. Children also get their childhood vaccinations from this organisation.

Vaccinations for your baby

All babies and children in the Netherlands can be vaccinated against the following diseases: diphtheria, whooping cough, tetanus, polio, rotavirus, Hib disease, pneumococcal disease, mumps, measles, rubella, meningococcal ACWY disease, hepatitis B, RSV and HPV. These are infectious diseases that can make your child very ill or cause lasting harm. Doctors and hospitals cannot always treat these infections effectively.

From 2025, babies are also offered an injection to protect them against RSV. This virus is most common in autumn and winter. Babies born in autumn or winter are therefore given the injection within 14 days of birth. Babies born in spring or summer are given it in September or October. This means that babies are protected when RSV is most common. Your midwife, obstetrician or well-baby clinic can give you more information. You can also visit rsvirusprik.nl. People who are not vaccinated can also become very ill from these infectious diseases later in life.

These vaccinations are provided through the National Immunisation Programme and are free of charge for children and young people up to the age of 18.

You can decide for yourself whether you want your baby to have these vaccinations. Almost all babies and children receive them.

Within a few weeks of your baby's birth, you will receive a package containing information about the National Immunisation Programme. It includes a leaflet about the vaccinations and your baby's vaccination record. Keep this vaccination record in a safe place.

If you want to know more, please schedule an appointment with your local youth healthcare service, Youth and Family Centre or your Municipal Public Health Service (GGD).

Returning to work

Are you ready to return to work after your maternity leave? It is not always easy at first. For that reason, there are special arrangements and rules that apply in the workplace for

people who have recently given birth or who are breastfeeding. For more information (in Dutch), go to the [Health and Safety Portal](#).

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

10. Personal data about you and your baby

No one is allowed to use your personal data or your baby's data without a good reason. Personal data can only be used if the law states that it is allowed or required, or if you give consent for it to be used. When you are pregnant, various people and organisations process your personal data. This section discusses what they do and why.

Personal data about your pregnancy

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

What is in your medical records?

Your medical records contain information on various topics:

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

Who is allowed to view and use your personal data?

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

Your personal data remains confidential

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

Personal data for quality improvement and research

Better care

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

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

If you do not want your data to be entered into Perined, tell your care provider. In that case, your data will not be sent to Perined. If your data has already been sent to Perined, Perined will delete it upon request.

Research

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

Would you like to know what the Perined organisation does with your personal data? And how Perined protects your privacy? For more information (in Dutch), go to www.perined.nl/over-perined/privacy/privacy-statement.

Tests during pregnancy and after your baby is born

You can choose to take part in prenatal screening during pregnancy. This involves scans and blood tests for you and your baby (page 22). After birth, there is neonatal screening: your newborn baby will have a heel prick test and a hearing test (page 28). Your midwife or gynaecologist will give you information about these tests. It is up to you to decide if you want to participate in prenatal and neonatal screening. For more information, go to www.pns.nl/en/multiple-languages/english.

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

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

These systems are necessary to ensure that the screening programmes run smoothly. Data about you and your baby and your blood test and screening results are also used to compile national statistics. Data, results, leftover blood samples and sometimes ultrasound images may also be used for scientific research to improve the screening programmes.

The national information system and your privacy

The national information system is very secure. Only people who need your data to carry out the screening programme can access the information. Privacy protection laws apply here.

Consent for data processing is different for each screening programme. For more information about personal data and privacy, go to www.pns.nl/en/multiple-languages/english and look at the 'Data and privacy' section for each screening programme, which presents:

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

For more information (in Dutch), go to www.pns.nl/juridisch.

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

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

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

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

Do you have any blood loss? If you have vaginal bleeding or spotting, **call immediately!** Keep the panties or pantyliners that show the blood.

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

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

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

This text was compiled by the Royal Dutch Organisation of Midwives (KNOV) and the Netherlands Patients Federation.

Who produced this leaflet?

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

- The Royal Dutch Organisation of Midwives (KNOV)
- The Dutch Society for Obstetrics and Gynaecology (NVOG)
- The Dutch College of General Practitioners (NHG)
- The national centre for information about heredity and health: Erfocentrum
- The Foundation Child & Healthcare (K&Z)
- The Perinatal Care Board (CPZ)
- The sector organisation for maternity care providers (Brancheorganisatie Geboortezorg, BO)
- GroeiGids, the parenting platform provided by youth healthcare services (JGZ)
- The National Institute for Public Health and the Environment (RIVM)

The following organisations advised the working group:

- Mothers of Tomorrow, the Dutch centre of expertise on medicines during the pre-pregnancy period and during pregnancy and breastfeeding, part of the Pharmacovigilance Centre Lareb
- The Netherlands Nutrition Centre
- Perined, a Dutch organisation that supports improving quality of postnatal care through metrics and consultations
- The Trimbos Institute, a Dutch knowledge institute for alcohol, tobacco, drugs and mental health

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

A PDF of this leaflet can be downloaded at www.allesoverzwanger.nl. Available in Dutch and in English.

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