

CLIENT INFORMATION

MATERNITY ASSISTANCE* CUSTOMISED ACCORDING TO THE NATIONAL NEEDS ASSESSMENT PROTOCOL (LIP)

Introduction

Since 1 January 2006, health care insurance companies cover maternity assistance under the basic health insurance for everyone. This has been chosen because in the Netherlands, we find maternity assistance extremely important. Maternity assistance helps the mother and child to make a good start in this really special stage of life.

The organizations¹ involved in maternity assistance have agreed, as from 1 January 2007, to organise the assignment of maternity assistance in such a way that it has been adapted to the specific needs of each mother and her newborn baby.

The national needs assessment protocol

To achieve this, these organizations have meticulously developed a *national needs assessment protocol for maternity assistance*: this manual provides a standard way for maternity assistants, midwives and health insurance companies throughout the country to determine which maternity assistance is needed. Each individual situation gets assessed. So every person in the Netherlands can count on **customised maternity assistance** with an equitable distribution of the available means and capacity.

Maternity assistance and informal care

Everyone in the Netherlands is entitled to maternity assistance. Maternity assistance means that the required care and support are provided to mother and child *at home*. The persons who provide maternity assistance are specially trained to do so. Maternity assistance goes hand in hand with informal care. The mother of the newborn baby is responsible for arranging this informal care herself. Just like in other situations where care is needed. The term “informal care” refers to the help that people give each other voluntarily and which is given by the partner, members of the household, grandmother, grandfather, and the neighbours. The maternity assistant performs the basic domestic tasks that are related to the care for mother and child. For the additional domestic tasks, which the mother is unable to carry out temporarily, informal care is required, such as caring for the other children in the family, grocery shopping, preparing the evening meal. It is important that you make arrangements in due time with the persons in your environment for the informal care during the period after childbirth.

How are things organized in practice?

On the basis of the national needs assessment protocol for maternity assistance it will be determined as objectively as possible what maternity assistance applies to you. This needs assessment protocol is used as a guideline to assess the nature (substance of the care) and the extent (the number of hours of care) of the maternity assistance *that is needed*.

An assessment for what maternity assistance is needed takes place **three** times. This is called the care assessment.

The first assessment is carried out during the pregnancy, at a maximum of 36 weeks. The “intaker”, a professional who is competent in this matter, then assesses the required *content* of the maternity assistance: what care is necessary for this specific mother-to-be in this specific family? The *number of hours* of maternity assistance to be provided is initially based on this assessment.

When you are expecting your first child, the professional will normally come and see you at home. For the next baby, an assessment could take place in your home or telephonically, depending on the situation.

But not all the details are known before the birth. For this reason there are at least two other times during which your care needs are assessed. This happens on the day of the confinement if you gave birth at home, and also on the third or fourth day after the birth. For it is not until this time that it becomes clear what sort of care the mother and child will need.

If you gave birth elsewhere, in a hospital for instance, your situation will be assessed on the day of your return, when maternity care starts. Depending on when you return home, the care that you and your baby will need is assessed later, according to your situation.

Your midwife (or family doctor) and maternity assistant will jointly conduct the second and third assessments. Your midwife or family doctor determines the needs assessment. Where necessary the provided care will be adapted to the new situation. This is called a *needs reassessment*. This means that you could be given more maternity assistance than originally granted. But it is also possible that less care could be granted, namely if the care originally offered no longer seems to be necessary.

The details of your maternity assistance and the reasons why it was provided are recorded in your maternity file. In this way, it is always possible to check how things went.

Customised Maternity Assistance

Working in this manner results in your receiving the maternity assistance that you need to give you and your baby a good start. The Maternity assistant provide care for the mother and child, gives instructions, advices and information, ensures proper hygiene and carries out some basic household duties. The maternity assistant also pays attention to the situations where the mother and partner need support with the upbringing of the baby and/or the other children in the family.

The maternity assistant observes the situation so that she can also inform the midwife/family doctor about the way things are progressing. If everything runs smoothly during the birth, then you will be given the basic 49 hours of maternity care. This number may be extended or reduced depending on your personal situation.

Finally

We hope that this information clearly explains how maternity assistance is granted and that the provision of maternity assistance is provided on the basis of an assessment that is applicable to everyone. Your maternity assistance provider and your insurer can give you further details. There is a statutory personal contribution that must be paid by everyone.

¹The following organizations have drawn up this national needs assessment protocol and have agreed to work in this way: the Royal Dutch Organization of Midwives (KNOV), Netherlands Home Care Sector Organization (BTN), ActiZ (sector organization of home care, maternity care and nursing & care), Sting, the national professional association of care and Health Care Insurance Companies (ZN, the sector organization of insurers).

- In The Netherlands Maternity assistance is translated as Kraamzorg.

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