

Pregnancy

Dear (prospective) parents,

You have one of the volumes of The Growth Guide in your hands. The Growth Guide consists of seven practical booklets:

- Planning for Parenthood
- Pregnancy
- Breastfeeding
- Post-natal period
- 0-4 years old
- 4-12 years old
- Puberty

In this Growth Guide you will find a great deal of information about pregnancy and the development, care and parenting of your child during the various phases of his life. You will also find practical tips for the sometimes difficult and troublesome moments in parenting. The Growth Guide can also serve as a guidebook for the many major and minor doubts or concerns which in practice, all parents are faced with. The conveniently arranged index makes it easy to find the subject you want to know more about. Every section also offers you space for you own notes and for filing vaccination papers and messages, notes or records from the agencies you will be dealing with. You may perhaps want to add an ultrasound result or photos. There is also space for this. In this way, you will

have a nice overview of your child's development from the very beginning.

For the ease of reading, we have decided not to use both 'he' and 'she' continually in the text when talking about your child. A child is, therefore, consistently referred to as 'he' and 'him', but of course, it also includes girls.

We hope you enjoy reading this!



Tip

The information (in Dutch) of the Growth Guide can also be found on www.groeigids.nl.



This Growth Guide belongs to:

Due date:

Prenatal care with the midwives or gynaecologists:

Other important addresses:

(for example, well-baby clinic, parenting support centre,
maternity centre)

Appointments

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A baby on the way!

You are pregnant; there is a baby on the way. Perhaps you do not notice anything yet. Or maybe you already feel quite different than how you normally do. It also takes some time getting used to the idea to be pregnant. You may feel, not only happy and proud, but also uncertain. The midwife or the gynaecologist will help you in the coming months to prepare for the delivery and to begin parenthood full of trust and confidence. In this volume of the Growth Guide we try to give you some added support.



space ultrasound photo

Visits to the midwife or gynaecologist

Midwife or gynaecologist?

In the Netherlands we differentiate between pregnancies with and without a medical indication. If your pregnancy progresses normally and you have no medical problems, the midwife is responsible for your prenatal care and assist you through your delivery. If there are complications, or there is a possibility that complications may develop. You will then, in general, have your baby in a hospital under the care of a gynaecologist. If applicable to your situation, you can also substitute 'midwife' in this booklet for 'gynaecologist.'

Giving birth at home or in hospital

Should complications arise during pregnancy, you will then generally give birth in hospital. However even without such a medical indication, it is your decision as to where you give birth, at home or in a hospital. Many women choose to give birth at home in their own, familiar surroundings. Others feel more comfortable in a hospital. Should you decide to have your baby in hospital and there are no complications, you will then be cared for by your own

midwife. There is then no gynaecologist present at the birth. However should complications arise, your midwife will then call in the help of the gynaecologist. This is a similar to the procedure by a homebirth. You can talk to your midwife about what you feel the best place is to give birth. You may of course always change your mind.

Create your own ambiance

At home you can create a calming atmosphere by ensuring that there is warm lighting, pleasant music and generally a comfortable environment in which to give birth. If you are giving birth in hospital, more and more hospitals have single-room delivery suites. Every effort will be made to create a comfortable and familiar environment. Many things are also possible in 'regular' delivery rooms. For example, you can ask whether there is a CD player or you can take your own MP3 player. You can easily create your own ambiance in the maternity unit if you bring a curtain or grand foulard. You could also bring pictures or posters. In the hospital, you can also put the baby clothes or carrycot in plain view. When you are having a difficult time, you can look at them and find new energy!

The first visit

During your first appointment with the midwife or gynaecologist, you will be asked a number of questions regarding your general health, the health of your partner and both families and about your lifestyle. There is also an abdominal examination at this time. The midwife or gynaecologist takes your blood pressure and checks the size of the uterus. If you are three months pregnant, she will try to hear the heartbeat of the baby. There is time to ask questions and tell her things about yourself that may be relevant to the pregnancy. For example, if you have or have had a tendency towards depression, because of the hormonal swings in pregnancy a temporary dip can develop into a depression. This is nothing to be ashamed of or feel guilty about, but something to be given some extra attention. You can also at this time discuss pain control during labour and whether or not you are considering using it.



Tip

If you write down your questions and comments beforehand, you will not forget anything when you are at your appointment with your midwife or gynaecologist.

Is this your first pregnancy?

If this is not your first pregnancy it is important for your midwife to know how the previous pregnancies went. Miscarriages and abortions also count as pregnancies.

How far along are you?

When determining how far along you are, the calculation begins with the first day of your last menstrual period. Conception took place approximately two weeks after this first day. If, according to the calculation, you are four weeks pregnant, the foetus is then approximately two weeks old. A full term pregnancy lasts around 40 weeks. The baby is then approximately 38 weeks old.

It is important to know when your last period was, whether or not it was normal and when you stopped taking the pill or using the coil. The midwife may send you for an ultrasound to determine exactly how far you are in your pregnancy.

Your health

The midwife wants to know a great deal about your general health. Based on your answers, she can determine if there are additional risks for the health of you and your

baby. If you have questions about this, do not hesitate to ask your midwife.

Heredity

The midwife asks if you, your partner or either of the families have any hereditary diseases, hereditary conditions, congenital defects. Or if you are related to each other. Some diseases or defects can be detected in your baby early in pregnancy. The test that is necessary for this is called prenatal (or antenatal) diagnosis. If your baby has an increased risk for a hereditary disease, the midwife will give you information about the test. Some examples of hereditary diseases are: Down's syndrome, cystic fibrosis, spina bifida, muscle diseases, etc. See also 'Testing for hereditary diseases and congenital defects' and 'heel-prick test' in this booklet. See www.erfelijkheid.nl and www.rivm.nl/hielprik (information in English)

Blood tests

At the beginning of the pregnancy you will have a blood test. The blood is with your permission tested for certain bacteria viruses and other harmful substances. Should it emerge that one of the above are present then early treatment can prevent your baby being affected.

What does the standard test examine?

Blood Type: In case you need a blood transfusion, it is important to know whether you have blood group A, B, AB or O.

Rhesus factor: Whether you are rhesus negative or rhesus positive is a question of heredity, just as, for example, the colour of your hair. Sixteen percent of all pregnant women in the Netherlands are rhesus negative. Now and then this may cause problems. During pregnancy or delivery, it is possible that a small amount of blood from the baby can enter the bloodstream of the mother. If the baby is rhesus positive, rhesus negative mother can make antibodies against the baby's blood. These so-called antibodies can in a subsequent pregnancy cause anaemia in the baby.

If it happens that you are rhesus negative, your blood will be tested again for antibodies at 30 weeks. After birth, the blood type and rhesus factor of the baby will be determined. If necessary,



you will be given an injection to prevent problems in a following pregnancy.

Other antibodies: If other antibodies are found in your blood, the midwife will talk to you about whether or not further testing is necessary and if you are going to be referred to a specialist.

Haemoglobin level (Hb): This test can be done several times during your pregnancy. The Hb level in your blood indicates whether or not you are anaemic (iron deficient). This is in general easy to treat and not harmful for the baby.

Hepatitis B: This virus causes an infection in the liver that sometimes progresses unnoticed. After an infection that person becomes a carrier of the hepatitis B virus, he can then infect others. If a mother is a carrier of the virus, the baby is not harmed by this during the pregnancy. However, after the delivery, the baby can come into contact with the virus and become infected. If you are a carrier of the B-virus, the midwife can tell you how you can prevent where possible those around you from becoming infected. Immediately after birth your baby will be vaccinated by the midwife and later by the Municipal Health Service [GGD].

Lues (syphilis):

This sexually transmittable disease (STD) can be contracted without you knowing it. For that reason, the disease must be treated as quickly as possible to prevent the baby from becoming infected. If a mother has been infected with lues, she is treated with antibiotics (www.soa.nl).

HIV: This is the virus that can cause AIDS. Someone who is pregnant and HIV positive can infect their baby. Therefore, a HIV test at the beginning of pregnancy can be important. By starting medical treatment quickly, the transfer of HIV to the baby can be prevented. If the prospective mother is a carrier of the HIV virus, she will be referred to a specialised HIV centre. (Leaflet 'Testen op HIV, informatie voor zwangere vrouwen' [Testing for HIV, information for pregnant women], see www.gezondebaby.nl and www.hivnet.org)

Registering your data

For medical-scientific and statistical research, it is important to collect data pertaining to pregnancy and birth. Doctors and midwives, therefore, collaborate on this because it can improve medical knowledge and the quality of care. Your midwife will ask if you agree to the registration of your data. If you do not, that will not, of

course, have any consequences for your treatment. Your data will, for that matter, be stored in such a way that you cannot be identified. You may always ask to see your registered data. (www.gezondebaby.nl and information sheet 'Zwanger; registratie van uw gegevens' [Pregnancy; registration of your data]).

Mothers for mothers

During pregnancy, your body produces the pregnancy hormone hCG. This is an important ingredient for a drug which is used to help infertile women become pregnant. For the first four months of pregnancy, there is a great deal of hCG in your urine. If you register with the organisation Moeders voor Moeders [Mothers for Mothers] they will collect your urine until eleven week of pregnancy. In this way your pregnancy can also help other women become pregnant. See www.moedersvoormoeders.nl.

Regular check-ups

In early pregnancy, you will see the midwife every four to six weeks for a check-up.

Towards the end of the pregnancy, the intervals between the check-ups will become shorter. The number of check-ups depends upon how the pregnancy is going. Every time