



Samen Bevallen

Information booklet





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Introduction

Congratulations on your pregnancy! We are pleased that you have chosen for the course Samen Bevallen, the pregnancy course for couples. You receive this document as a reminder, reference and as extra information for the course you are taking. You can find here all the breathing techniques, matters you need to pay attention to when the birth starts and tips for labour. In the second part you will find practical tips for the period after birth and how to deal with the change. Do you have any questions or comments? Please contact your pregnancy teacher Samen Bevallen.

About the course Samen Bevallen

Samen Bevallen is a pregnancy course for couples, in which you both can prepare for the birth of your child. Whether you are expecting your first or third child, Samen Bevallen offers you the information and practical tips to be well prepared for the birth, and to help with making choices that suit you. You will learn techniques that can be applied during your birth. Think, for example, of breathing techniques or how you can help your partner before and during labor. The association Samen Bevallen trains its pregnancy teachers itself. We are not only excellently qualified, but we also gave birth ourselves and therefore know about birth from our own experiences. Through seminars and further training, we stay well informed about the current developments that are associated with pregnancy and childbirth, so that we can give a high-quality and always up-to-date course. Samen Bevallen is offered throughout the Netherlands.

Yours sincerely,

Vereniging Samen Bevallen





Part 1

Has labour started?

About Braxton Hicks Contractions and Hard Belly and Pre-contractions.

During pregnancy, you may have felt that your uterus sometimes contracts. The more the pregnancy progresses, the more often this occurs. These contractions are caused by hormones and are called Braxton Hicks contractions or as we say in Dutch 'hard belly'. These contractions are sometimes experienced as unpleasant. They are irregular, short and do not increase in frequency or strength. If you take a rest, you often feel that these contractions decrease in intensity. Braxton Hicks contractions are no real contractions. You are not in labor yet.

The pre-contractions, also known as false contractions or false labour are irregular at first and last for a short time; you can still continue your activities. We speak of false contractions when they stop on their own. These contractions soften the cervix.

Real contractions

90% of all births start with contractions. When that happens, you will find that the contractions come more and more regularly, last longer, and increase in intensity. These so-called labour pains do not stop, but continue. In the graph below you can see schematically how the contractions during dilation can develop. Together with your healthcare provider, you agree about the time you call to inform them.

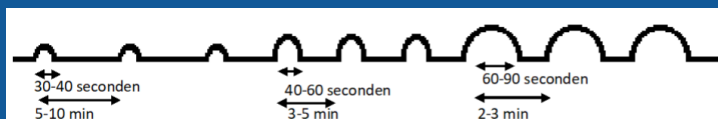


Figure 1. The course of the contractions: the longer you have contractions, the faster they come in succession and the more powerful they become. The height indicates the strength of the contractions. The duration of a contraction is 30-40 seconds in the beginning, to a full minute when labour progresses. The time between the contractions (the long arrows) is getting shorter and shorter.



Amniotic Fluid

10% of all births start with the rupture of the amniotic sac: the breaking of the membranes. Losing amniotic fluid can be drop by drop or a larger amount all at once. Sometimes you can also lose a wave at once. When your birth starts with breaking of the membranes, strong contractions are needed to open the cervix. Usually these contractions start within 24 hours after losing amniotic fluid. As long as there are no contractions yet, it is wise not to take a bath because of the risk of infection (see also reminder)

Where Are You Going to Give Birth?

In the Netherlands you can choose where you want to give birth, if you have had a healthy pregnancy. At home or outpatient in the hospital under the guidance of your midwife. With some medical indications you can still give birth with your own midwife in the hospital. For other medical indications, your birth will be attended by a gynaecologist. This is the case, for example, if you or your baby are already under control of a gynaecologist during pregnancy. But also when you choose pain medication or when a complication occurs during childbirth, your midwife transfers the care to the hospital. In that case, the midwife will no longer be present at your birth.



Tips

Tips for a home birth

- Make sure you have a bag/suitcase ready with things for yourself, your partner and the baby.
- Make sure you have a maternity package at home and that you know where it is.
- Would you like to use a ball or a birthing pool? Make sure you have it in time and have it already set up or blown up.
- A shower chair can be nice, you can borrow or rent it from a home care organization.

Tips for an outpatient delivery (in the hospital or on location with your obstetric care provider)

- Make sure you have a bag/suitcase ready with things for yourself, your partner and the baby.
- Prepare for the ride in advance: know how to get there, where to park and how the parking meter works (coins or card).
- Place a cellulose mat from the maternity package or a garbage bag in the car on your seat in case the membranes break or are broken.
- When birth has started and you leave for the hospital: drive calmly and make sure your pregnant partner is comfortable. In the back seat is often more space to move and to deal with contractions during your journey.
- Do not forget the car seat for the baby and make sure you have already installed it once before.
- For the pregnant woman, it can help to focus on the deep abdominal breathing, or to listen to some music rather than pay attention to the road.



Tips for a medical birth

- Make sure you have a bag/suitcase ready with things for yourself, your partner and the baby.
- Even during a medical birth, your own wishes are leading: indicate concretely what is important to you (for example via the birth plan). Discuss with your healthcare provider what is still possible.
- Try to arrange the birth room in such a way that you feel comfortable: curtains can be closed, light can be dimmed and monitors can be turned off.
- Think of a ball to sit on, but also dimmed light or a quiet atmosphere or different positions for contractions and pushing.
- Make sure your birth plan has been read by each health care provider: when changing shifts, introduce yourself and ask if they have read the birth plan. It is useful to have a printed version with you.
- Ask the nurse to show you how the bed works and how it can be used in different positions. Try to keep moving during labour and change positions, even when the baby (or mom) is being monitored.



What Happens During Labour?

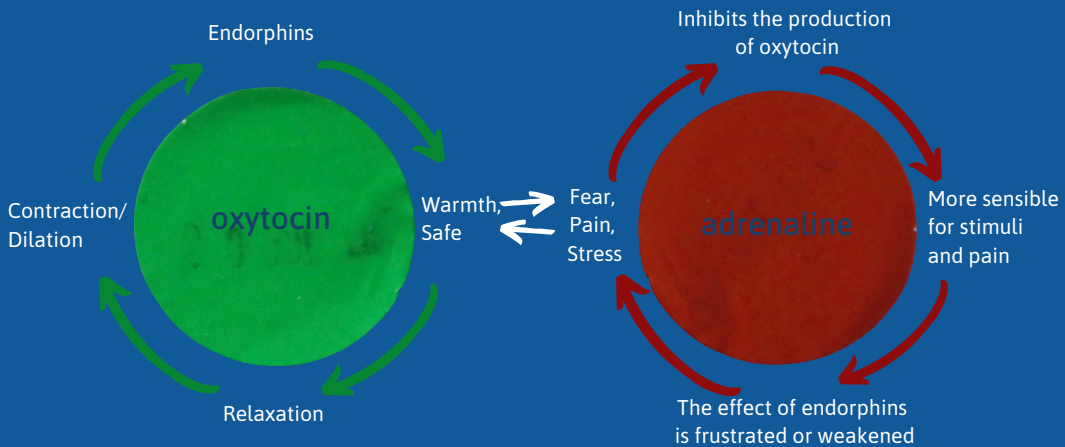


Figure 2. The green circle of oxytocin and endorphins & the red circle of adrenaline

Tips for Childbirth

Childbirth has three stages:

The first stage is when the cervix dilates up to 10 cm, the first stage. During the dilation the contractions will become more and more intense and the uterus will open. This stage can be roughly divided into three phases: 1) the early/latent phase, 2) the active phase and 3) the transition phase. After the transition phase, the second stage begins.

The second stage is the pushing stage when the baby moves down through the birth canal and is born.

The third stage is when the placenta is coming and it stops when the placenta is born.

For all these stages you will find the tips in this section.



The latent phase

The early/latent phase is the start of your birth in which the cervix will open from 0 to 3-4 cm dilation. How long this phase lasts can vary significantly. In this phase, the contractions start and increase in strength and come more regularly and faster. In a 2nd, 3rd or later childbirth, this phase often goes much faster.

Is it still night? Try both to rest.

- Keep moving during the day and keep calmly doing what you were doing.
- Create a nice atmosphere and provide for distraction: games, music, film, etc.
- Apply the deep abdominal breathing for relaxation.
- Your partner can use the massage techniques.
- Take easily digestible food.
- Prepare the hospital bag in case you have to leave.
- As a partner, take good care of yourself.

The active phase

The birth continues: the contractions come now with more regularity, about every 5 minutes, and last a full minute. You may have more difficulty keeping up with your daily activities and you need to focus on dealing with the contractions. In this phase the dilation progresses from about 4 cm to about 8 cm. If you cannot or do not want to give birth at home, this will be the time to leave home.

- Write down the duration of the contractions and the intervals, you can use an app for this.
- Try to rest and relax in the time between the contractions.
- Make sure that when you call the midwife, you know the duration of the contractions and the intervals, time of (possible) broken membranes.
- Go to the toilet frequently to empty your bladder.
- Ice cubes and lip balm are nice for dry lips.
- Have a bucket nearby: you may become nauseous or vomit during the first stage.
- As a partner you can help with the breathing techniques and act as the spokesperson for the pregnant woman.



The transition phase

This phase is often experienced as more intense, and sometimes you already feel the urge to push during the contractions. The contractions become more intense and come faster in succession, about every 2-3 minutes. As a partner you are desperately needed during this phase. Just be there, do not demand or ask anything. Help especially with the puffing or panting. The rapid shallow breathing can be very demanding for the women's body. Some women have to vomit, tremble, sweat, get cramps or are in their own world and no longer aware of what is happening around them.

Support your partner in this phase by being there, encourage her, the baby is almost there!

Do you have the urge to push already and are you not yet allowed to? Turn gravity around and kneel with your head down on the bed or floor and keep your bottom up

The pushing stage

Listen to your body during the pushing stage. Follow your urge to push. If you do not have the urge to push, your obstetric care provider will give you instructions.

Tips for the partner

- Encourage your partner and show your confidence: the baby is almost there!
- Help her with the pushing technique.
- Help her to relax in the time between the contractions.
- Coach her to apply the deep abdominal breathing between the contractions.



Tips for pushing

Tips for pushing

- Ideally put your feet firmly on the ground.
- Round your back, relax your shoulders and look in the direction where the baby is going to be born.
- Keep your hands on the outside of the knees and your legs spread.
- If it is necessary to lift the feet off the ground (to get more space in the pelvis), do it yourself and also hold your legs yourself.

During a contraction:

- When the contraction starts: breathe in and out to get some extra oxygen.
- Take a small breath of air and keep it for several seconds.
- Look at where the baby is going to be born / so you know the direction in which you are pushing.
- Push down, tighten your abdominal muscles from top to bottom.
- Round your back while placing your hands from outside in the knee cavities.
- Push along as long as you feel the urge to push, do not be distracted by the monitoring during a medical birth.
- Push for several times during a contraction.
- When the contraction is over, exhale well and switch to calm breathing.
- Who catches the baby after birth.
- Will you wait until the pulsation of the umbilical cord stops, before cutting it.
- What happens to the placenta.
- Whether you want to breastfeed.
- Are there things you fear during childbirth or immediately afterwards.



Positions during childbirth



Figure 3.

Bron: Koninklijke Nederlandse Organisatie van Verloskundigen, 2012

Birth plan

In a birth plan you describe your preferences and wishes regarding the birth. It is intended for yourself, your partner, your midwife and other healthcare providers. Remember that a birth plan is not a list of requirements. The goal is to inform the person who will supervise your birth of your wishes as much as possible. During the birth you can always deviate from your birth plan yourself. Make sure the birth plan is concise, up to 1 A4. Discuss your birth plan prior to birth during one of the check-up appointments with your midwife or gynaecologist, and make also a print and bring it with you to the location where you are going to give birth.

Here are some points of what you might put in your birth plan:

- Where do you want to give birth, not only the location, but also which room, which atmosphere etc.
- Who may be present at your birth.
- Expectations and mindset.
- How do you want to be approached by the healthcare providers.
- Pain relief, think of natural ways (massage, warm water, heat etc.) but also pain medication.
- What is your opinion about medical interventions.
- Positions you want to use during the first stage and the pushing stage.



Breathing techniques

The different rhythms of breathing that you learn at Samen Bevallen will help you to relax during your birth. Breathing also gives you focus and distraction with which you can endure the contractions. It is also very important that you and your baby get enough oxygen. Some techniques can also be used before and after the baby is born.

Deep abdominal breathing

This breathing can be used already during pregnancy. The deep abdominal breathing helps you to relax with the Braxton Hicks contractions and when the real contractions start. Furthermore, this breathing can be used in the time between the more intense contractions and between the contractions during the pushing stage. It can also be used for dealing with the afterpains. This is also a relaxing breathing technique.

- With the deep abdominal breathing, the abdomen expands with the inhalation and with the exhalation the abdomen goes back passively; then a short rest follows. It can be pleasant to breathe in through the nose and exhale through the mouth. Try to breathe as deep as possible but keep your belly relaxed.

Slow abdominal 'pump' breathing

You use this breathing in pregnancy for the Braxton Hicks contractions or for constipation. During childbirth especially during labour, you use the slow abdominal 'pump' breathing to deal with the contractions if they become more intense and you need more concentration. You use this breathing for as long as it feels comfortable. By alternating the tightening and relaxing of the abdominal muscles, you ensure a good blood flow in the abdominal area, so that the uterus, placenta and child are also well supplied with oxygen.

- During an inhalation, the belly comes forward as relaxed as possible and during the entire exhalation the belly goes back again while you tighten the abdominal muscles with a smooth movement, as far as feels comfortable. Do not pull the abdominal muscles too strongly and also not shockingly. Then the belly gently bounces back and then you automatically will go back to a quiet inhalation. It can be pleasant to breathe in through the nose and exhale through the mouth.



Rapid abdominal 'pump' breathing

You use this breathing in the first stage when the contractions become more intense and the slow abdominal 'pump' no longer helps. The slow and the fast abdominal 'pump' breathing can be combined well during a contraction. In this way you save strength. Moreover, this requires extra concentration so that you will be distracted from the pain.

- The implementation of the fast abdominal 'pump' breathing is the same as the slow abdominal 'pump' breathing, but now the pace becomes about one full breath (in and out) per second. This breathing is more shallow. You breathe in through the nose and out through the mouth. The abdominal muscles are less tensed than with the slow abdominal 'pump' breathing and the exhalation is immediately followed by a new inhalation.

Rapid shallow breathing (puffing/panting/sighing)

You use this breathing for the powerful labour contractions when the other breathing techniques are no longer sufficient or when you have the urge to push, but are not yet allowed to. You can use this technique also during the second stage, when the midwife indicates that you should sigh or puff. In addition, you can always use the rapid shallow breathing when you need it.

- You start with a big exhale. Then you breathe in a small amount of air and with this little air you start breathing in and out quickly and superficially at a pace that is pleasant for you. Make sure your exhalation and inhalation are equal, the last exhalation may take a little longer. You breathe all the way in the front of the mouth and not in the back of your throat. Practice in a rhythm, for example, a rhythm of 7 or a rhythm of 5.

Tips for the partner

- Make sure you know how to coach your partner during the different breathing techniques. Does it help to give instructions out loud, or to count?
- Make sure you know what breathing techniques your partner prefers and what positions appeal to her
- Practice in the course and at home, so that you are well attuned to each other



Massage

Simple massage techniques can help you to relax during pregnancy and childbirth. As a pregnant woman, sit backwards on a kitchen chair, and rest your head on a pillow. This way your partner can sit well behind you, make sure you can sit comfortably. It is nice when the feet touch the ground.

Tips for the masseur

- Take off your watch and sharp jewellery.
- Make sure you have warm hands.
- Use an oil that is as natural as possible and warm it in your hands before you start.
- Before the massage, make contact and rest your hands on your partner's back.
- Keep in touch with the skin at all times during the massage and make sure your fingers are closed next to each other.
- Do not tickle, not even as a joke.
- Check if the breathing is calm and if your partner is comfortable.
- Make calm, slow movements, do not stroke.
- Do not put any pressure on the spine.
- Stop immediately when your partner becomes nauseous or dizzy during the massage.
- Give your partner a glass of water after the massage, to remove waste products.

Big four stroke



- Move your full hands actively (do not stroke) upwards over the long back muscles on both sides of the spine, to the neck (1). Your hands go the same way back to the buttock seam but now passively, so do not apply any pressure.
- Now you go the same way up but bend to the shoulders (2). Massage up actively and go back passively.
- The next step is to the armpits (3). Massage up actively and go back passively. Finally you go to the waist (4). Again, the first stroke is active, the one back to the buttock seam passive.





The edge of the pelvis

- The next step is to find the two dimples in the back. These are located at the bottom of the back, just at the top of the buttock gap, left and right of the middle.
- When you have found it, you go from the dimple over the edge of the pelvis and then you make an oval movement back to the dimple. You use your entire, flat hand: do not push with your fingertips, you would massage too deeply.



Fan

- Now put your thumbs on the dimples and hold the hands on the body. Move your thumbs from the dimples outwards. You always start from the dimple and switch from left to right. Later on you can also go from the buttock seam, thumb over thumb to the dimples on the right and then you do that on the left as well.



Spinning in circles

- Put both your hands on top of each other and give pressure in a circular movement. Turn clockwise.
- Then put your thumb on a dimple and make small circles. Make sure you do not overstretch your thumb. The pregnant woman indicates how much pressure you can give.



Give counter pressure on the S.I. joints

With back pains, it is often nice to get counter pressure from the partner. You do this by placing both hands on top of each other or next to each other and pressing at the level of the dimples or something above them. Sometimes you can use the flat side of the fists for more pressure. The exact location is determined by the woman. To remember the right place, you could put a cross on it with a waterproof marker so that you can easily find the spot again during the next contraction. You push on the back with your palms slightly tilted down and from that position you press towards the navel (a bit up). The woman determines how firmly you need to press. Do not be shocked if that is really hard. Communicate well with each other.





Part 2

Maternity Plan

Just like the birth plan, you can also work with a maternity plan. When making a maternity plan, you can already delve into the maternity period. What can you expect from the maternity assistant and what is important to you? By recording this and discussing it with maternity care, you know what you can expect from each other.

What can you record in a maternity plan?

- What do you find important in the guidance in the family?
- Handling and scheduling the visits.
- Moments of rest.
- How do you want to be approached?.
- Culture/religious beliefs.
- Allergies/diets/medication use.
- Interaction with other children in the family.
- Pets.
- Contact person in case of emergency.



Nutrition

There are several choices when it comes to nursing your baby: breastfeeding, feeding with donor milk or feeding with formula. Find information about all possibilities and above all choose the way that suits you.

- Your baby's stomach is very small. For the first few days, one drop of breastfeeding at a time is sufficient. If you give formula, be aware of the fact that the amounts on the packaging in most cases apply to 10 days old babies. The maternity care and midwife advise you on the amount of formula for your child.
- Your baby will lose weight in the first days after birth. Do not worry: a baby has some reserve and will be back to birth weight within about two weeks. This gives both the mother and the baby time to master breastfeeding.
- Breastfeeding is based on a system of supply and demand. Latching on more often and letting the baby empty the breast well stimulates the production of milk. Have faith in your body! If your child drinks milk from a bottle, you also follow your child's needs. He determines when he needs nutrition, on average this is every 2 to 4 hours for the first few weeks.
- Offer different positions each feeding. With bottle feeding, you change sides or positions with each feeding. This way you prevent your baby from developing a preferred position. With breastfeeding, this often happens automatically, because you always start with a different breast.
- If you are unsure whether your baby is getting enough when breastfeeding, pay particular attention to the amount of wet diapers that your baby has in a day. From the 4th day a child has 6 really wet diapers per day.
- In case of problems with nursing seek for help and do this in time! You can get help from your maternity care or a lactation consultant. You can think of engorgement, nipple fissures, problems with latching on or when breastfeeding is not going well yet.



- When buying formula, make sure you buy formula number 1: this is for 0 to 6 months old babies. In the Netherlands, strict requirements apply to the composition and safety of formula. The basic composition of every brand of formula is the same. How to prepare a bottle is indicated on the packaging.
- While feeding with a bottle, hold your baby just like breastfeeding, nicely against your bare skin. Nursing a baby is more than just giving the required amount of milk, skin-to-skin contact is important for the health of your child as well.
- If you plan to continue breastfeeding after your maternity leave, make sure you start pumping in time to get enough practice. Your baby needs time to learn how to drink from a bottle. So practice this before you start working again. Also make agreements with your employer about pumping during working hours and know your rights.

Tips for the partner

- Make sure your partner can sit comfortably in a quiet place.
- Breastfeeding takes a lot of energy! Make sure the mother eats well and drinks enough.
- You can support her for example, by changing the diaper before or after feeding (also at night).
- Make sure you know enough about (the process of) breastfeeding so that you know how to help your partner and ask questions to the postnatal maternity care or lactation consultant.
- In case of bottle-feeding, you can take over feeding moments at night, so that your partner can focus more on her recovery.



Maternity assistant

Your child is born. The maternity nurse, together with your midwife, keep an eye on the health of mom and baby during the postnatal maternity period. When you come home from the hospital, you make an appointment with the maternity care about the time that she will arrive. The hospital will give you advice until you go home. At home, maternity care takes over.

The maternity assistant will do daily check-ups, for example, by feeling your belly to check that your uterus is shrinking properly, she keeps an eye on your temperature and guarantees hygiene and infection guidelines. She also guides you and your partner in the nursing and care of your child and provides you with all the information you need. In addition to all these checks, she also watches over your emotional state. The maternity week is an intensive week. Taking rest is also very important in this period.

Between day 3 and day 6 after birth, a member of the Child Health and Welfare Service (JGZ) staff will come by to perform the heel prick and hearing test of your child. More information about this can be found on the RIVM website. After the maternity week, the monitoring and the advisory role is taken over by the maternity consultation office (JGZ). The midwife is medically responsible for your health up to 6 weeks after birth.



With your baby

Uncertainty is Normal

Becoming parents can be overwhelming and very demanding at the beginning. It is good to talk about it and if needed do not hesitate to ask for help.

"Enjoy this time!" You hear it all too often - and of course you want to - but it is simply not always possible. One in ten women develops depression to a greater or lesser extent after giving birth. Sometimes this also occurs with the partner. Many mothers suffer from maternity tears or the baby blues after birth. This is because your hormone balance fluctuates and you have to get used to less sleep, a new rhythm and caring for your child.

You are also still recovering from childbirth. Sometimes these baby blues turn into depression: you can recognize this by a negative feeling or the feeling that you cannot enjoy being with your child. Mood swings, no or less appetite, insomnia and irritability are also signs of depression. As a partner, you can play an important role by signalling this. Get help yourself or for your partner if these signals persist for more than 2 weeks. Sometimes a small tip or someone who thinks along with you is enough to help you get back on track. Gloomy feelings after birth is nothing to be ashamed of and does not mean you are a bad parent. Contact your doctor: the sooner you do this, the sooner you or your partner can get help.

Baby's First Days

Even your child has to work hard. The things that were normal in the womb, such as keeping the right temperature, drinking, urinating, defecating, the day and night rhythm, must now be accomplished by hard work of your child. So it is normal that your child is more restless at night, and that you can sleep a bit more during the day. Your child has to process the birth too. It is important that you get to know your child well in that first period and that you take care of him under the guidance of your maternity assistant.



The maternity assistant keeps an eye on the entire feeding process during the maternity period. All children lose weight, up to 7-10% is normal. Your baby will also have to learn to keep himself at temperature. Whether it is summer or winter, one or more jugs are often needed. The maternity nurse will also check the colour of your child. Because the liver is not yet functioning optimally, it is possible that your child may look a bit yellow. Babies, just like their mother, have a disturbed hormone balance. For this reason, girls can get pseudo menstruation and both girls and boys can get swollen breasts. These phenomena are normal. And your maternity assistant will explain this to you when this occurs.

Making Contact with Your Child

Making contact with your baby can be done in many ways: talk or sing to your child and see how he or she responds to you. You can also delve into baby language: by relying on the sounds that your child makes, you can respond to his or her needs in a better way. You also learn to understand crying behaviour: it is very normal that a child cries a little more in the first six weeks.

Your love, attention, closeness and physical contact are of vital importance to your baby. Your baby needs to know that he or she can rely on you and that you are always there for him or her. This ensures that your baby can develop into a child who can step into the world full of confidence. In your maternity period you immediately start to make a good foundation. Or rather, the foundation has already been laid during conception! That is why we also speak of the first 1000 days, which are so important to build a good relationship with your child.

Keep your baby near as much as possible, hold him on your chest, let him sleep close to you, for example in a co-sleeper, and carry him during the day in a sling or a baby carrier.

Baby massage is also a very nice way to meet baby's need for closeness and physical contact.



Coping with Change or Crying

Has the birth been tough for you and your baby? Did it, for example end in an assisted birth by means of a vacuum extractor? Is your baby having a headache or other physical pain? Or do you still experience sadness from your birth? Your baby can also experience or feel this. He or she may express this by crying. Talk to your baby about your shared experience. This can help you both with the processing of a tough birth.

Sometimes you do not know why your baby is crying. Do you notice some difficulty understanding why your baby is crying? Or are you very tired so that you no longer have much patience to comfort your baby? Ask for help and talk about it with your partner.

Ask friends or family; they can relieve you by doing, for example, some groceries, cooking, or taking over the care of the baby for a few hours, so that you can sleep for a while.

Unfortunately, research has shown that about 1 in 20 babies experience shaken baby syndrome. This sometimes happens when parents no longer know how to deal with their child and feel powerless. It is therefore important that you can ask for help if it becomes too much for (both of) you. More information about this subject can be found on YouTube: search for Shaken baby syndrome.



Tips

- Have you already made agreements about visits? When can visitors come by and who are you going to call first?
- Ask the visitors to help you: let them bring groceries or prepared meal.
- Make sure you already have prepared meals in the freezer.
- Take it easy and let everything sink in calmly, also try to take time for yourself.
- Natural materials, such as blankets, hats or clothing made of 100% (merino) wool, can help your child to better regulate the temperature.
- Think about where your child is going to sleep: in your bedroom you immediately hear and see the needs of your child and you get to know your child faster.
- Make sure you have all forms for birth registration with the municipality at hand (within 3 days after the birth). After receiving a BSN, you can register your child at the healthcare insurance company.
- Make sure you have cool packs at home or sandwich bags with ("appelstroop") in the freezer. You can use this to cool; this can be nice with stitches, haemorrhoids and engorgement.
- Think about contraception: <https://patient.info/sexual-health/contraception-methods/contraception-after-having-a-baby>
- Start carefully with gentle pelvic floor exercises. This recovery can take at least 12 weeks. It is important not to strain too quickly: do not lift too heavy stuff and ask your maternity assistant for exercises or download a pelvic floor exercises app.
- It can be good to talk about your experiences of giving birth frequently. You can also discuss it at a follow-up appointment (after 6 weeks) with your midwife or gynaecologist and ask questions if you have any.



Reminder



- What to do when your membranes break (drip, pee, splash)
- Check the colour of the amniotic fluid, try to catch a little in a container / sandwich bag.
 - Is it clear? Pink? Flakes? Write down the time and call your healthcare provider during the day.
 - Is it green/brown? Then call your healthcare provider, also at night.
 - Take your temperature to monitor any development of infection.
 - Try to get some rest, find relaxation or continue with your daily activities.
 - Is your baby's head not yet engaged? Then call your healthcare provider, also at night.
 - Do the membranes break before the 37th week? Then call your healthcare provider, also at night.
 - When you have made other agreements with your healthcare provider, follow the agreements you have made with them.
 - Always call when you are worried.

If you get contractions

- Write down the time and course of contractions for your healthcare provider.
- Call, with a first child, when the contractions come every 3 minutes.
- Call, with a next child, when the contractions come every 5 minutes.
- Call when you have made other agreements with your healthcare provider!
- Always call in case you are worried.

Do I have a contraction?

- Contractions have a clear beginning and an end.
- They come in a wave movement.
- They come with regularity and increase in strength and frequency.
- The pauses between contractions are getting shorter and shorter.
- A contraction lasts about 1 minute.

Do you have everything ready?

- Maternity package.
- Bag to move to the hospital or other location.
- Car seat.
- Data hospital, midwife and maternity care organization.



Thank you for participating in the
course Samen Bevallen.

We wish you a good
pregnancy
and a beautiful birth.



