Post-natal period

Dear (future) parents,

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

- Planning for Parenthood
- Pregnancy
- Breast-feeding
- Post-natal period
- 0-4 years old
- 4-12 years old
- Adolescence

In this Growth Guide, you will find a great deal of information about pregnancy and about the development, care and parenting of your child during the various phases of his life. You will also find practical advice for the difficult and troublesome moments you will sometimes encounter in parenting.
The Growth Guide can also serve as a manual to help you out with the many major and minor doubts or concerns which, in practice, all parents will come to face.

The clear table of contents at the front and the conveniently arranged index at the back of the booklet will enable you to go straight to the subject you want to know more about. At the back of each Growth Guide volume, there is room for medical data and information so that you always have these at hand. Each volume offers you space for your own notes and for filing away vaccination records and information from agencies you will be dealing with.

* Want to get hold of one or more of these booklets? Go to www.groeigids.nl/boekenbestellen and order it from the printer. The first 5 booklets are available in English.

To make sure that the Growth Guide is easy to read we have decided not to use both 'he' and 'she'. We will therefore consistently refer to a child as 'he' and 'him' whether it is a boy or a girl.

This Growth Guide contains a number of (registration) forms. At the end of the maternity period, your maternity assistant will transfer the responsibility for your child's care to the Youth Health Service, by handing over a form called 'Overdrachtsformulier Kraamperiode en Borstvoeding' (Transfer Form for Post-natal period and Breast-feeding). This information will inform the health service about your post-natal period, and you will be able to turn to them with your questions about breast-feeding. You will find these transfer forms (in Dutch, as that is the working language) on pages 122 – 127.

If you are giving birth in a hospital or a maternity centre make sure to have this Growth Guide for the Post-natal period with you.

Since 2012, every municipality has its own Youth and Family Centre (CJG). Depending on where you live, it may have a different name, like 'Jong-in' 'Oké-punt' or 'OKC'.
(Foster) parents, future parents and carers are welcome at the CJG with questions concerning their children's health, parenting and development. Usually, the CJG will have a website with information on training courses, opening hours and local news.

This Growth Guide belongs to: _____ (Name of) child:

Parent(s): _____

_____

Midwives/gynaecologists: _____

Telephone: _____

Maternity centre: _____

Telephone: _____

Maternity assistant(s): _____

_____

Family doctor: _____

Telephone: _____

Child Health Care Centre/Youth and Family Centre:

Telephone: _____

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Getting re-acquainted

The arrival of a new baby never ceases to be a miracle. You and your baby have got to know each other during your pregnancy, but seeing him in the flesh is something completely different. For the first time, you and your baby will be face to face. Time for re-acquaintance. Wonderful and strange. You will have to get used to it.

At home (or once you get home from the hospital) a maternity assistant will be on hand to help you during the first 8 or 10 days following delivery. She takes care of the woman who has given birth. She helps both parents to be able to take care of their child themselves as quickly as possible. This volume of the Growth Guide contains information about the first contact with your baby, the recovery process of your own body, about the baby's adaptation to life outside the womb and about caring for your child.

Go to www.groeigids.nl (in Dutch) to make your own digital booklet, including your own photographs. Or you can use the GroeiApp (Growth App). Print your child's own booklet, including the growth curves, vaccinations and other milestones!

Your baby's arrival

Face to face with your baby

Immediately after birth, the baby is often awake and alert for a while.
This is a beautiful moment for a first meeting outside the womb, in the real world. The baby 'knows' where he belongs. He recognises your voice and that of your partner. These were the voices that he heard most often during pregnancy. They sound a bit different outside the womb but his recognition of the rhythm and intonation of the voices is infallible. It is wonderful for him to be held and cuddled by you and your partner. After all, he has arrived safely and performed very well! He will love the close skin contact with you or your partner.

Immediately after delivery

Straight after birth is a good moment to lay the bare baby on your breast. Usually he will find your breast himself within not more than 1,5 hours.

Immediately after his birth the baby is extremely alert and watchful. This is how you get to know each other. If you hold your child and stroke him gently, he will feel comfortable in the new situation.

The first hours with your baby

Your maternity assistant, or the hospital, has given you extensive instructions. Even so, you may still feel uncertain. Is everything going OK?

The following is a list of topics about which parents usually have questions.

Restless

Babies can be very restless and may want to stay close to you. There are several possible causes: birth stress and exertion, all those new impressions, a dirty nappy, a need to suck, feeling hungry, being too cold or too warm.

Skin on skin contact

A baby will love feeling his bare skin against your bare skin or that of your partner (make sure the baby wears a cap and put a blanket over him). He will calm down, because it is a pleasant way of getting to the right temperature, because he smells your scent and because he loves cuddling, caressing and hearing your voice. A great bonding experience.

Baby feels nauseous

If, during the delivery, the baby has swallowed some of his mother's fluid or blood, he may feel nauseous for the first 24 hours, especially if he has a headache as a result of (prolonged) pushing. Babies may vomit or spit; the colour of the slime can range from clear to a reddish brown. Don't worry if the baby momentarily sees blue. He should recover his normal colour quickly. Turn the baby over on his side and tap his back gently.

Breast-feeding

The baby will want to drink often, up to 12 times a day. But nausea and/or fatigue may reduce the need during the first 24 hours. Try to put your baby to the breast at least every three hours. Or it may be that he wants to sleep a lot. Nothing to worry about. You can safely put him to your breast when he wakes up from his deep sleep or makes some noise. Do not worry if you think he is not getting very much food. Colostrum (the first milk) is highly concentrated and nutritious. A small dose is enough to fill baby's tiny stomach.
If breast-feeding does not work immediately, express some milk manually and let your baby lick it off your finger. In the first 24 hours, do not give your baby any formula food or fluids, unless the hospital or the midwife have instructed you otherwise.
If you are still worried, contact your midwife. And read the information about the fluid balance on pages 68 and 69. More information is to be found in the Growth Guide on Breast-feeding, where you can read how to recognise when your baby is hungry or thirsty.

The maternity assistant will help you to learn to express milk from your breast manually (without a pump). On-line instruction can be found at www.borstvoeding.com/kolven/afkolven1.html#6

Dummy or pacifier?

If you are breast-feeding and you want to give your baby a dummy, be aware that this will reduce your ability to recognise your child's first feeding signs. For this reason, many breast-fed babies do not get a dummy until breast-feeding is working smoothly and the risk of confusion between nipple and dummy is eliminated.

Formula
Every three hours, offer your child a bottle with the quantity advised by your midwife.

Too cold, too warm?
The normal temperature for a newborn baby is between 36.5 and 37.5 degrees. Hands and feet are often colder, so they are not the right place to take the temperature. Put your finger in your baby's neck. If it feels warm, your baby's temperature is fine. You can also use a thermometer to take the temperature. The thermometer tip is inserted 1.5 cm into the baby's anus: otherwise the temperature indicated will be too low.
To help your baby stay at the right temperature, he should wear a cap (even in summer) until his temperature is stable. A baby's head is relatively large and a lot of heat leaves the body through the head. Sometimes you may need a hot water bottle (see page 20 and the tip on page 57). Another way of keeping the baby at the right temperature is by skin-to-skin contact.

First defecation
The baby's first defecation (meconium) is very dark in colour and sticks to the buttocks. It is easier to remove if you apply some oil to a cotton swab. When cleaning your baby, keep the nappies and make a note of the time for the maternity assistant. That will allow her to assess whether your child has defecated and urinated enough.

The umbilical clamp
You do not have to do anything. If there is some blood coming out of the stump, inform the midwife.

Your first hours as parents

Whether your delivery went smoothly or not, your first night will probably be sleepless. Delivery has released a large quantity of hormones, making sure you will be wide awake!

Your first days as partners/parents

Do not feel guilty if you, the partner, fall soundly asleep once your child has arrived. You will need the rest and the energy, as you will bear a lot of responsibility in the near future. Make sure to accompany the new mother every time she goes to the toilet, as she may feel dizzy. Try to pick up some useful tips from the maternity assistant and the midwife, who will drop by a number of times in the first week.
Because of the fatigue and the hormones, most young mothers find it difficult to concentrate and to absorb new information. You, as the partner, can be a great help by taking temporary care of most of the cleaning and caring work.

Afterpains

As the word suggests, afterpains can be painful. Afterpains following a second or subsequent deliveries are often even more serious than those after the first delivery. Afterpains are best absorbed in the same way as labour pains during delivery. If the pain is serious, you can take paracetamol. Read the leaflet carefully to see how much paracetamol you can safely take.

Urinating

It is important that you should urinate within 4 to 6 hours after delivery. The fuller your bladder, the more difficult it is for your

placenta to contract. As a result, you could lose more blood. It is advisable to urinate every 3 to 4 hours, even when you feel no immediate need. If you are unable to urinate, call your midwife. See below.

Loss of (blood) clots

Losing blood after giving birth is comparable to intense menstruation. It is quite normal for the sanitary pads to be completely soaked every two hours on the first day. One or two orange-sized blood clots are nothing to be afraid of. If you lose more blood, warn your midwife.

When to call the midwife?

You may always call if you are worried. You MUST call if:

- the baby moans while breathing;
- the baby's temperature is below 36.5 or above 37.5 degrees;
- you yourself feel ill;
- you have not urinated for 6 hours;
- you are losing too much blood.

What can the baby do?

The first thing the midwife or gynaecologist will look at, is the baby's reflexes. Reflexes are those movements that we people make instinctively. We are not in control. Some reflexes will persist throughout our lives, others will disappear as soon as the child is able to direct his own movements.

- The **rooting reflex** will be visible when the baby is hungry. His mouth will start looking actively for the place where he knows

he can expect food. If you slide your nipple across his lips, he will open his mouth wide and stick out his tongue a little.
- The **sucking and swallowing reflex** allow the baby to drink from the breast or the bottle and then to swallow the milk;
- The baby's **grabbing reflex** helps him to hold on to your finger tightly when you touch the inside of his hand;
- If you hold the baby upright, with your arms under his shoulders and with his feet resting on the ground, you will notice the walking reflex. His legs will start to make walking motions. This reflex will disappear when he is around 6 weeks old.

Talking, cuddling and eye contact

All children, especially new born babies, just love being touched, caressed, held and cuddled. Not only do they love it, they need it too. Contact (by touch, by looking and by speech) is just as important as good nutrition and care. A baby feels safe and loved. He needs that feeling of love and care to grow and develop. Contact will help him not only to get to know his parents: he will also discover his own body.
For instance, when you caress or rub his legs or feet, he will feel your touch in that part of his body. That will help him become aware of his body and all its parts. He finds out that you are there for him. What is more, he discovers himself.

A 'good talk' with your baby

It will be a while before your baby can communicate with words. That is not to say communication is impossible. On the contrary! Your baby reacts to your voice, your smell, the rhythm of your breathing and the way you touch him. He himself also 'says' a lot, for instance with the look on his face and his body language. It can be tense, or limp, but also firm and relaxed.

Even his arms and legs may tell you how he feels: is he moving in a calm and concentrated manner, is he straining his legs, or is he stamping his feet wildly? You will try to make sure he does not go hungry, but if he does, his crying sounds quite different from the crying sound he makes when he is trying to go to sleep, or when he feels lonely and wants to be held. If you pay attention, you will learn to react to the different signals that your baby uses to express his needs. That is incredibly important, for now and for the rest of his life. In the first days of his life, your child makes an important step towards confidence, in himself ('I can let them know what I need') and in his parents ('they understand me and will take care of me'). Just look at this: your baby listens when you talk to him and he also looks you in the eye; all his attention is focused on you! Talk to him a lot. For example, you can tell him what you are doing. No matter how small he is, it is always good to talk to your baby a lot. You are bonding with him and promoting his development.

Crying

Crying is your baby's primary mode of communication. It is quite normal for you and your partner to need some time to learn to understand your baby. You will actually learn your baby's intentions by trying out different approaches. What does he want? This may pose a bit of a problem if it is not quite clear immediately, but when you and your baby are happy again it will be a wonderful feeling. He wanted to drink; he needed comforting; he was cold; he had a dirty nappy; he was tired… so, that was the problem! During the first days and weeks after birth, the baby cries when he is hungry, tired, wants physical contact, has a tummy ache or simply does not feel well.
A baby's intestines need further development, which may cause

intestinal cramps. There is no medication: comfort and warmth will help. Intestinal development is a natural process, the cramps will gradually disappear. Sometimes there is no answer to his crying. Comfort and rest are the best you can give your baby on these occasions, however difficult it may be to see and hear that you cannot take away the cause of his crying.
The average baby cries for around two hours per day, although some babies cry much longer. Crying time peaks around the age of six weeks. As a parent, you can feel fairly powerless and even become angry. It can help to keep track of the length of time your baby cries because it often seems longer than it really is. Never let it get to the point that you, out of sheer helplessness and anger, shake the baby! That could be dangerous.
You can always ask for help from the Youth Health Centre if the crying is too much for you. In any case, it is good to know that it is impossible to spoil young babies. Don't let just any little sound make you get him out of bed, but there is no harm in doing so if he goes on crying.

Why is it dangerous to shake a baby?

A baby's head is large and heavy in comparison to the rest of his body. If the head is not supported, it will shake to and fro, because the neck muscles are not strong enough to keep it in position. Shaking the baby exerts serious pressure on the head and may cause tiny blood vessels in the head to burst, possibly leading to blindness, deafness, epilepsy, learning difficulties, brain damage or even death. This is called the 'shaken baby syndrome'.

The baby's day-and-night rhythm

In the uterus, the baby was often active at night. That was when

you were resting and he had enough space to move around. In his new world, the baby will have to change his routine. You

Important advice

Even if it looks as if the baby has stopped breathing, do not shake him. Medical advice is to give a slight tap on the sole of the foot, to cradle the cot gently or to pick up the baby (don't forget to support his neck).

can help him a bit by (for example) drawing the curtains at night and leaving them open during the day. You can also talk to him and cuddle him more during the day than at night. Even so, some parents really relish the opportunity of quiet and intimate contact with their baby when the house is quiet. They enjoy these shared moments of peace and quiet, while the rest of the household is fast asleep.

Breathing

New-born babies have an irregular breathing pattern. Quite often, you can hear the baby 'sigh'. That is nothing more than a deep gulp of air. This irregular breathing has to do with the lungs, which are still small and not fully grown. As long as the colour of your baby's skin is normal and healthy, there is nothing wrong with his breathing.

The baby in your bedroom

For the safety of your baby (the risk of 'cot death'), it is best not to put him in a room of his own for the first six months, but to let him sleep in his own bed in the parents' bedroom. There, he will have less chance of falling into a deep sleep. In this, the first period of

his life, deep sleep is best avoided. As your baby is close by, you will also learn to recognise his hunger signs. For safety reasons, do not take the baby into your bed. If you, or your partner, are a sound sleeper, there is a risk of rolling onto your baby without noticing. There is also a risk of the baby getting under the sheets or the duvet, or that he may get much too warm. His own bed is a much safer place.

Hot water bottle in bed

Staying at the right body temperature is very hard for a new-born baby. It may be necessary to (pre-)warm his bed with a hot water bottle. Best buys are electric or metal hot water bottles, with a screw stopper. Check (especially if the bottle is not new) the quality of the rubber in the stopper, so that there is no leakage. Fill the bottle to the brim with hot water, seal it off and put it in a sack, top down, on top of the blankets in the baby bed. Remove the bottle when the baby is put to bed, unless your midwife or maternity assistant advises otherwise. In that case, make sure there is some space left between the baby and the hot water bottle.

Sleeping safely.

For a new-born baby, cots and bedsteads are large. To make sure your baby does not get stuck under the blankets (risk of

If a baby gets too warm, or if there is not enough air so that he cannot breathe freely, the risk of cot death may increase. The most important piece of advice to reduce this risk is to always let the baby sleep on his back. There are other things you can do. Go to www.veiligslapen.info and read all about it.

cot death!), it is best to make up a 'short' bed. This means that you do not use the upper part of the bed and put your baby, on his back, with his feet against the foot end of the bed. Fold the sheets and the blankets in such a way that they reach the baby's shoulders. Tuck the blanket in tightly, so that the baby is stable. Your baby will sleep better if he cannot move his arms and legs all over the place. No cuddlies in the bed. Do not swaddle a new-born baby.

Registering your baby

You are legally obliged to register your baby within three days after birth. Any later registration will require authorisation from the Public Prosecutor's Office [Openbaar Ministerie]. Registration takes place at the Civil Registry in the municipality of birth. If your baby was born in a hospital in a municipality other than where you live, he must be registered in the municipality of that hospital. The registration can be done by the father

Don't forget to inform your health insurance company. If you haven't done this within four months, you will be responsible for all medical expenses.
Your baby must be added to your personal liability insurance. And take a good look at the insurance of your house/apartment and its contents: the sum insured may need to be increased.

or by any other person present at the birth. If the child is a Dutch citizen, married parents are free to choose their first child's surname: either the father's or the mother's surname.
This choice will apply to all subsequent children born into this family. If it is to be the mother's surname, both parents must register that with the civil registry, preferably in your own muni-

cipality or borough. In the absence of a joint statement to that effect, your child will be given the father's surname.

Unmarried parents may also choose their child's surname. If you want the baby to have your partner's surname, then he must acknowledge the baby either before or after birth. You deposit a joint personal statement at the civil registry. Without such a statement, your baby will have the mother's surname (and her nationality). For full information go to: www.postbus51.nl or call the Info line, tel. 0800 - 8051 (free).

Heel prick for newborn babies

After registration, his birth details are passed on to the Youth Healthcare Services (the Child Health Centre) and the national Central Vaccine Administration [Centrale Entadministratie] which will make sure that your baby is registered in the national vaccination programmes. The Central Vaccine Administration arranges the heel prick ('hielprik'). In the first week after birth, the midwife or someone from the Youth Healthcare Services will visit you at home. The heel prick and the hearing test are usually done at the same time. If your baby is still in hospital, the heel prick is done there. Using a special device to prick the baby's heel, a small blood sample is taken and then tested in a laboratory for rare, but serious disorders. Babies do not like the heel prick and will probably cry. But the test is important! It is designed to look for disorders which, if untreated, may be seriously damaging to the physical and mental development of your baby. If detected early enough, they can be treated with medication or a special diet. Examples: disorders affecting the thyroid and adrenal glands, sickle cell disease and various metabolism disorders. Most of these are hereditary and fortunately quite rare. The blood is also tested for another serious

Important
The heel prick must be carried out on time. If nobody has come by after five days, call the Youth Healthcare Service or the Vaccine Administration in your area. More information on rivm.nl/hielprik, where you can find heel prick information in several languages.

and hereditary disease: cystic fibrosis. The earlier the detection, the sooner treatment can get under way and the better the quality and the longer the expectancy of the child's life. More information is to be found on www.rivm.nl/hielprik; www.erfelijkheid.nl and www.ncfs.nl. The test results go straight to your family doctor. No news is good news: if you hear nothing, that means the results are good.

No guarantee

If the heel prick test does not show up any disorder, this does not automatically mean there is nothing wrong with your child. If you have any doubt concerning your child's health, contact your family doctor.

Sickle-cell disease and carriership

If the blood test indicates that your child is a carrier of sickle cell disease, it does not mean he is sick. What it does mean is that one or both parents carry that disease. They may pass it on, without having the disease themselves. It may have consequences for possible future pregnancies. Your midwife will give you more information. If you prefer not to be informed about possible carriership, tell the person conducting the heel-prick test. Your decision will be registered on the heel-prick card. For more information: www.rivm.nl/hielprik and www.hielprik.nl

Privacy

Your, and your baby's, personal and medical data, along with the results of the medical test are handled with the utmost care. They are included in a register protected by the Personal Data Protection Act [Wet bescherming persoonsgegevens]. You may request to see your own data in the Central Vaccine Administration in your region.

Heel prick blood is conserved

After the heel prick, the baby's blood drops are stored in the laboratory for one year, as it may be necessary to go over the test again. The National Institute for Public Health and the Environment (RIVM) may then use the blood for scientific research for another four years. This research is necessary to prevent diseases and improve treatment methods. Scientific research is always anonymous. If you object to the blood being used for research purposes, tell the person conducting the heel prick. Your objection will be noted on the heel-prick card. If you do not want the blood to be used for scientific research, it will be destroyed one year after the heel-prick.

Hearing test

A Youth Health Care professional will come by to give your child a hearing test. This test should take place within 3 to 4 weeks after birth, in your home or in the Youth Health Care centre (consultatiebureau). Good hearing is essential for the overall development of your child. For the test, a small bud is inserted into the baby's ear and connected to a sound level meter. The bud contains a small amplifier which emits a rattling sound. If functioning normally, the ear will return a sound when it picks up the rattle.

The bud also contains a microphone to pick up the sound returned by the ear. In this way the measuring device registers whether or not the baby's ears are functioning well.
This test is not stressful for the baby. He can sleep straight through it. Generally, the hearing test is done on the same day as the heel-prick. If this test was done in the hospital, the hearing test is carried out later by someone from the Youth Health Service.

Checking your baby daily

To see if the baby is adjusting well to life outside the womb, the maternity assistant and/or the midwife will pass by for a daily check. They record their findings in the Growth Guide. Hospital checks are carried out by nurses and the midwife or gynaecologist.

Temperature

A new-born baby is not yet able to regulate his own body temperature adequately. It will take him about a week to do so. So the maternity assistant will take his temperature regularly during the first few days.
A temperature between 36.5°C and 37.5°C is normal.
Be on the watch-out for unusual behaviour in the baby. Is he less active? Is he crying more? Is he drinking less? Is he reacting to you? If you are not sure, or if his temperature drops below 36.5°C or goes above 37.5°C, contact your midwife.

Urine

The maternity assistant will make a daily record of the number of wet nappies. This allows her to see if the baby is drinking enough and if the kidneys are functioning well. A four day old baby should have at least four wet nappies per 24 hours.
Sometimes urate crystals may colour the urine pink or red. It is nothing to worry about and will disappear if the baby drinks enough.
Girls may have some blood in their nappies in the first days. This phenomenon is called 'pseudo-menstruation' (or phoney menstruation). It is caused by the reduced flow of female

hormones from the mother to the baby girl. This too is quite harmless.
Save all nappies until the maternity assistant has seen them.

Weight and weighing

Whether or not to weigh daily is a decision which differs depending on the region and different midwife practices. Light, or relatively heavy babies, or babies having difficulty with drinking, are usually weighed more often. Always in consultation with the midwife. All babies lose some weight in the first few days after birth. The baby will need some time to settle into his own feeding rhythm. Adjusting to life outside the womb requires a lot of energy. It takes approximately ten days for a baby to reach his birth weight again. If you are breast-feeding, it is advisable to have your baby weighed regularly for the first two months.

Umbilical cord stump

The stump remaining after the umbilical cord is cut, dries up slowly, turns black and will fall off around a week after birth. Generally, you can leave the umbilical stump alone. A bit of blood may ooze out. If that happens, make sure to show it to the maternity assistant.

Jaundice (seeing yellow)

If the baby is in normal health, his skin will take on a normal colour soon after birth. In some cases, the baby's skin and the whites of his eyes can look a bit jaundiced (yellowish) a few days after birth. This happens if the baby cannot yet break down his own waste products. Make sure your baby stays alert and drinks well so that these waste products can leave the body through natural excretion. The midwife and the maternity assistant will always look at the baby's colour when they check him. The yellow colour will usually fade away within two weeks. In some cases, the colour will persist for more than three weeks. Possible causes are mother's milk and, very exceptionally, a liver disease. If the yellow colour persists for more than three weeks or if the colour intensifies, contact your family doctor or paediatrician. A blood test will be conducted to determine the bilirubine level. For more information, go to www.babyzietgeel.nl

Taking care of your baby

Changing nappies

There are cotton nappies, nappy pads and disposable nappies in all types, brands and sizes.

During the day, a new-born baby should be changed every 3-4 hours, immediately after feeding or after the first breast if you are breast-feeding. The baby is usually wide awake when his nappy is being changed. A perfect moment for you to establish eye contact and talk to your child. You can tell him what you are about to do and how he reacts to this. This makes the messing about with his body more pleasant, or at least acceptable.

Even if he is unable to show that he understands what you are telling him, he is probably giving you his full attention.

- You should change the nappy after defecation to prevent rash or irritation to his buttocks.
- When cleaning the genitals, wipe from front to back. This prevents defecation bacteria getting into a girl's vagina.
- When changing the baby do not lift him up by his feet to free his buttocks. To prevent hip problems, lift the buttocks by using the flat of your hand to move his knees towards his stomach.

Important
Make sure you have everything you need close at hand. Never leave your baby alone on the dressing table once you have put him there. Always hold at least one hand to your baby's tummy. If you really must go, put the baby back in the crib or cradle.

Vernix

In the womb the baby's skin is covered with a fatty, white layer. This is called vernix. Vernix waterproofs the baby's skin to prevent it from being weakened by the amniotic fluid. After the birth, vernix can remain visible. It does not have to be washed away. After a day or two the skin will have absorbed it. You can simply wash off what is left.

Skin blemishes

Where the skin is folded (like behind the ear, in the neck, the groin, the knees and elbows, armpits, between the buttocks and below the chin), it does not dry as easily. This can lead to skin blemishes caused by perspiration, saliva or laundry moisture. Intensely red spots will appear, which may be moist or slightly swollen. Keep the skin clean and dry. A thin layer of zinc ointment may be helpful.

Nappy rash

Nappy rash is troublesome and painful, but unfortunately quite common. A baby's skin is irritated and damaged more quickly than that of an adult. If your baby has sensitive skin, it will help to let him lie bare-bottomed (without his nappy) as much as possible. He will be less exposed to urine and faeces and the fresh air is good for his skin.

If you are using oil wipes to clean your baby, stop doing so for a while. Use cotton wool and water instead and dab the skin gently with a hydrophilic nappy.

In the bath

Most babies love being bathed, even if not every day as that would dehydrate the skin. You can bathe your baby any time of day, preferably not immediately after a feeding. Picking the best moment is entirely your own decision.

The warmth and the ease of movement he has in the water will remind your baby of the time he spent in your safe womb. Some babies may be taken aback by the amount of space they get in the bath. In that case you should hold the baby's feet against the foot end of the bath, with his buttocks pressed to the bath floor and your free hand on his tummy. That will make your child feel safe. Some babies hate all the messing about that goes on when they are being prepared for bath and when they are being dressed or undressed.

Be aware that it is not strictly necessary to bathe and wash your child from head to toe every day.

It will be enough to use hydrophilic washcloth or clean cotton wool and clean the baby's hands, genitals, between the buttocks and under the armpits.

The maternity assistant will demonstrate the correct bathing technique to you and your partner the first few times. The temperature of the water should be around 38°C. If you use a bath thermometer, check the water temperature first with your elbow. Unfortunately, not all bath thermometers are reliable.

And finally: do not forget to dab and dry your baby's navel after his bath.

Important

Always start a bath with cold water, never with hot water. Add the hot water later. Mix the water well so it is the same temperature everywhere in the bath. Fill your baby bath with buckets of water. Lifting a full bath is much too heavy for your back. A tummy tub needs much less water.

Eyes

Your baby probably sees very little when he first enters the world. His eyes must learn to work together. That is why nearly all babies are cross-eyed now and then. Your baby will manage to focus on you for one or two seconds, especially when he briefly stops moving his arms or legs. These are moments to cherish.
Babies born to white parents all have blue eyes at birth. Babies born to coloured parents have dark, blue-ringed eyes.
The true colour of your child's eyes will only appear in the course of the first year. The baby's eyes may produce a yellowish discharge. You can wipe it off carefully, using a sterile gauze made damp with tap water. Always wipe from the outside to the inside of the eye and use a clean gauze for each wipe. If the eye is red or irritated, go to your family doctor.

Ears and nose

Babies may have some earwax in their ears. It is harmless, you can ignore it. Never clean the ears with a cotton wool swab, as this may push the earwax further into the ear. Contact with the cotton swab will only encourage the ear to produce more wax. If you like, you may carefully clean the outer ear gently with a damp cloth but it is not really necessary. Similarly, only the outside of your baby's nose needs to be cleaned.

Nails

Baby nails grow very quickly and they may scratch their own face. What you can do is file the nails with a cardboard file. Often, the nails simply break off by themselves. In the beginning, it is best not to cut the nails: you could cut off too much or leave sharp edges with which the baby can scratch himself. Besides, there is the risk of cutting the nail or the finger, which may lead to an infection.

After two to three months, you can start using special nail scissors for babies. Cut them straight, to prevent ingrown nails.

Swollen breasts

Both boys and girls can have slightly swollen breasts in the first weeks after birth. They may even excrete a drop of milk. It is caused by the hormones produced during the mother's pregnancy to aid her preparation for breast-feeding. There is absolutely nothing wrong here and it will disappear by itself. Pressing or squeezing the breasts is seriously discouraged as it may harm the underlying tissue.

Descended testicles

Immediately after birth, boys are examined to see if the testicles have descended. Sometimes they are still in the groin. From the age of six months, a reflex retracts the testicles when it is cold. So special attention is given in the first months to verify if the testicles have descended right to the bottom of the scrotum. This information is also recorded in the Growth Guide.

Genitals

In the first weeks a girl's labia may be somewhat swollen and stuck together. A baby boy's foreskin is usually stuck. Do not try to loosen it and only clean the places you can reach.
Male circumcision is discouraged in the Netherlands because of the risk of infections and complications.
Female circumcision in any form is forbidden in the Netherlands and punishable by law.

Fontanels

The head of a new-born baby is usually not perfectly round. Passing through the birth canal may have caused dents or

swelling. This looks more frightening than it is: no need to worry, the dents or swelling will disappear by themselves.

The birth canal is extremely narrow. To facilitate the passage, the bony parts of the baby's skull are still loose, which makes it possible for them to overlap during delivery.

It takes between twelve and eighteen months for the bony parts of the head to come together. The soft parts of the head, the so-called fontanels, are clearly visible, especially in the first few months. You can also feel them.

Pimples and spots

The baby's skin may show small red spots. These develop because the baby's blood vessels have not yet completely 'settled down'. Another possibility is that the baby's blood circulation is not yet working 'at full speed'. Not enough blood is being pumped to all the extremities of the body. For example, the baby's hands may turn bluish when he is sleeping. This is harmless. As soon as you pick up and cuddle your baby, the colour generally returns to normal quickly. Occasionally you may see tiny white pimples in the baby's face: baby acne, caused by sebaceous glands. After around six weeks most of the spots and pimples will have disappeared by themselves. Approximately half of all babies are born with an unpredictably shaped red or light pink mark in the neck, forehead or one of the eyelids. These are groups of expanded blood vessels.

Because these spots often occur in the neck, they are sometimes called 'stork bite' in Dutch. They look like the place where the stork held the baby when delivering him to his mother.

The baby may have a bluish mark on his lower back, the ankles and wrists. This is called a 'Mongolian spot' because these spots were first seen among the Mongols in China. Mongolian spots mostly occur in coloured babies.

Thrush

Thrush looks like white coating or white spots on the baby's tongue, on the inside of his mouth or his palate. You cannot wipe it off. If a baby has thrush, he will cry more and may refuse to drink. Thrush is an unpleasant fungus infection (candida) affecting the skin and mucous membranes. A few days later the infection will make its way through the intestines and nappy rash is likely to occur. Thrush infections generally only heal with medication prescribed by your family doctor to you and your baby.
If you are breast-feeding, you and your baby may infect each other. As a result, your nipples may feel burning and painful. It may lead to fissures. Painful nipples and pain inside your breast may indicate that you and your baby are suffering from thrush. Even more hygiene is essential: wash your hands and change wet breast pads. Bra's and towels should be washed regularly.

The baby's skin

The skin of a new-born baby is very fragile because the natural protective layer is not yet in place. In a sense, the skin is not yet completely finished. Do not forget how sensitive a baby's skin is!

- By using as little soap as possible you maintain the natural protective coating of the skin.

- The vernix in the groin and armpits can be left untouched for the first few days. You can (if you want) spread it out; your baby will like the feeling on his skin.
- Use hydrophilic nappies to dab and dry the baby's sensitive skin.
- If your baby has a dry skin, you may gently massage him with baby oil after his bath.

Going outside for the first time

The maternity assistant's last day may be the right time to take your baby outdoors for the first time. You don't have to: it is more important that you make a good recovery. If you are feeling fit, you might like to get some fresh air before that time. If you want to take your baby outside, his growth curve should be pointing up and he should be almost back at his birth weight. He must be able to retain his temperature. In the pram, he should be well protected against the elements: rain, wind, cold, sun and noise. Turn up the hood, but don't curtain it off because of the ventilation. Take somebody with you and do not overestimate your own strength: the way back is often longer than you expected. Remember, for now and all later occasions, always to have your mobile phone with you.

Vitamins K and D

If the baby is being breastfed, it is advisable to give him vitamins K and D. Vitamin K is for coagulation and Vitamin D makes the bones stronger. From week 1 (day 8) up to and including the age of 3 months, breast-fed babies need a daily dose of 150 mcg vitamin K. The vitamin K-drops are best administered during or just after feeding.

Once formula feeding is up to 500 ml, you can stop giving vitamin K-drops. The purpose of vitamin D is to improve the absorption of calcium in the bones. All children up to the age of 4 need a daily extra dose of 10 mcg of vitamin D, regardless of whether they are

being fed from the breast or from the bottle.

Formula

If you cannot, or do not want to, give breast-feeding, there is a variety of formula foods to choose from. The maternity assistant, and later the Youth Health Service, will help you select the right food for your baby. Make sure you get the right advice, because changing frequently will unsettle your baby. When preparing formula food, make sure you use water and milk powder in the right proportions. Tap water in the Netherlands is so safe that you do not have to boil it first.
Do not reheat leftover milk, as there is a risk of bacterial infection. Wash the bottle immediately after use. This is best done as follows:

- Immediately after use, rinse the bottle and the dummy in cold water;
- After every feeding, wash the bottle and the dummy in a dishwasher at not less than 55°C. Or use a special bottle brush to clean the bottle and dummy in hot water and soap;
- Let the bottle and dummy dry upside down on a dry, clean cloth.

In some older houses or apartments, lead piping is still used. If this is the case, you should avoid using tap water for bottle feeding as it can cause lead poisoning. Instead, you should use bottled water (still, not fizzy) to prepare the formula food.

A mother needs to recover

Pregnancy and delivery have a severe impact on the mother's body. Delivering a baby is, quite rightly, often compared to running a marathon! Your body needs time to recover from it. Below is a list of common ailments that you may have to deal with. The list looks more serious than it is.
Not every condition affects every new mother, and not every new mother is affected by every condition.
First of all, giving birth and the subsequent period are special and beautiful moments for most people. Getting to know your child is your primary activity in this period.
If you want to know what is going on inside your body, you can read all about that here, or discuss it with the maternity assistant.

Position of the uterus

After delivery, the womb contracts back to its original size. Immediately after delivery the uterus is still stretched right up to the navel. It is important that the womb contracts well so that you do not lose more blood than necessary. The maternity assistant will check the position of the uterus regularly by carefully pressing your belly with her hand.
To help contraction it is important to urinate every three hours so that your bladder is well emptied. Breast-feeding your baby makes the uterus contract. You will feel cramps in your lower abdomen (afterpains).

Bleeding

The contraction of the uterus rapidly reduces the size of the wound left there by the placenta. The blood you lose from this wound is called lochia. It contains mucus remains from

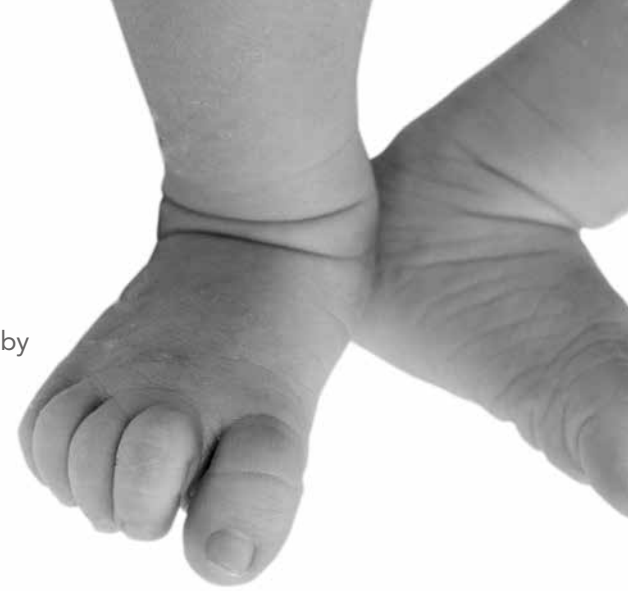
the uterus, clots and white blood cells. Lochia has a sweetish smell, just like menstrual blood. If the discharge smell becomes stronger, talk to your midwife or family doctor. Immediately after delivery the colour is bright red. This will change slowly to pink or brown. Your maternity assistant will do a daily check on the amount of blood and clots you are losing. The bleeding will last for six weeks at most.

Perineum and stitches

The skin between your vagina and the anus is called the perineum. After the delivery, it is often swollen and painful. If you have stitches these may also be painful. It can help to sit up straight on a hard surface now and then. The counter-pressure may help to reduce the swelling.
When urinating, the urine can sting the wounds and the stitches. It helps to urinate in the shower or to pour lukewarm water over your vagina when urinating on the toilet. This dilutes the urine and helps to reduce the pain. Stool movements will generally start up again a couple of days after delivery. Your stool may be a bit harder. It helps if you drink a lot and eat fibre-rich food. Some stitches dissolve naturally, others have to be removed after a number of days.

Recovery after a Caesarean section

A Caesarean section is abdominal surgery and therefore the recovery requires more time than a vaginal delivery. You should also take even more care of yourself. For example: no heavy lifting.
Some extra help for household work would be welcome. After a while, you'll be able to take full care of your baby and yourself.



Headaches

Giving birth may be followed by headaches.
Sufficient rest (no visitors!), good food and enough fluids may help prevent or reduce the headaches.

Breasts

Whether or not you are breastfeeding, the maternity assistant will examine your breasts daily. The tissue of your breasts changes during pregnancy and the lactation period and therefore a bracket bra is not recommended, as it may damage the milk ducts and the tissue, which could lead to an infection.

Engorgement

Engorgement is a natural phenomenon starting on the third or fourth day after delivery as the breasts fill up with mother milk. This can happen even if you are not breast-feeding. Your breasts may feel hard and very full. A good bra will serve to give good support to your breasts. For women experiencing engorgement during the lactation period, relief can be had from a warm towel over the breasts, a hot shower or allowing their baby to drink all the available milk from the breast.
If the relief is not sufficient, it is perfectly OK to take paracetamol (not more than 3000 milligrams in 24 hours). You can find more information in the Growth Guide volume on Breast-feeding, or just ask your midwife.

Nipple fissures

Not latching on properly is the most common cause of nipple fissures. So it is important that you learn to latch on properly in the post-natal period. The maternity assistant or your midwife can help you here. They can also inform you about how to prevent nipple fissures (sore nipples). You can also consult a lactation expert.

Pelvic pain

It is quite normal for your pubic bone to be sensitive and your pelvis to feel wobbly after you have given birth.
Here too, the right combination of exercise and rest will help you recover. What you can do is lie on your side with a pillow between the legs so that they are exactly parallel to each other. If the symptoms persist, consult your family doctor. More information is to be found on www.bekkentherapie.nl.

Post-delivery exercises

After delivery, you can actively work on your recovery by doing exercises. During your pregnancy therapy sessions, you learned how to exercise your legs in order to improve your blood circulation. You can do these lying down. Another advantage of these exercises is that they help prevent thrombosis. Other exercises are flexing and relaxing your pelvic muscles. This helps these muscles to recover and so to prevent or reduce urine loss, which is not uncommon after giving birth. You can start these exercises on the very first day.

From about six weeks after delivery you can go to post-natal fitness sessions: they help you get back in shape. And you will get to know other women who have just become mothers. Those contacts may be pleasant and, as they can lead to valuable mutual support and the exchange of experiences, they can also be very useful.

Haemorrhoids

The pushing phase of delivery involves a great deal of pressure, not just on the birth canal but also on the anus. This can cause haemorrhoids. Haemorrhoids are swollen blood vessels which can be on the inside as well as the outside of the anus. They may be painful when you move around or go to the toilet. If you have haemorrhoids, make sure to keep the area around them (as well as your anus) clean. If you are in serious pain, you should consult the midwife, your family doctor or the maternity assistant.

Getting up and moving around

In the first days after delivery your body needs rest, so that it can recover. But you should move around a little to reduce the risk of thrombosis. Things you could do include taking a shower or going to the toilet by yourself. If that does not work, try dangling your legs out of bed once a day. Generally speaking, you will be able to take on the care for your baby completely as soon as the maternity assistant leaves you after around a week.

Lifting

When lifting something, pay attention to how you stand.
The best way is to place your feet apart, to bend your knees and to keep your back straight. It is best not to turn your body and lift at the same time.

Muscle pain

Giving birth requires an enormous effort. This is the reason for the aching muscles you may have afterwards. You have just used muscles you probably did not even know that you had.

Baby blues

The post-natal period is a time of keenly felt emotions. A lot of change is taking place in your body which needs to recover. Important changes are taking place in your hormone system. A new member has been added to your family and this baby needs a lot of attention. That is a big responsibility, requiring radical changes in your daily routine. You will have to get used to the fact that your days will be different than before. As a result, you may experience mood swings: happy, gay and smiling one moment, bursting into tears the next. This is such a common phenomenon that there is even a word for it in the dictionary: 'baby blues'. These blues affect most women, but not all. Timely support for you and your child is advisable. You can, if you wish, be accompanied by your partner, friends or relatives. More information on www.kopopouders.nl

Being a parent is not always what you had expected, at least not immediately. Make sure to talk about this with your maternity assistant and/or someone from the Youth Health Service. They will be able to help

Occasionally, baby blues may develop into a postnatal depression. If you think this might happen to you, talk to your midwife or family doctor.

Hormonal changes

After you have given birth, major changes in your body's hormone production will take place. It will take a while before you are physically back to normal. This post-partum process can take between 3 and 6 months.

Rest

Try to get sufficient rest. You can use the post-natal period to figure out how to get your rest once the maternity assistant leaves. Maybe you could get some sleep when the baby sleeps. Or you could lock your front door for a number of hours per day, disconnect your phone and ignore the social media. Do not underestimate the amount of rest you will be needing for some time.

Lose weight?

After giving birth, you are probably still heavier than before your pregnancy. However, this is definitely not the time to start a rigorous diet and certainly not if you are breastfeeding.
On the contrary, this is the time you need to eat good and varied food and to drink enough to get back to feeling fit.
It may sound strange, but this is the way for you to get back to your original weight quickly and easily.

Smoking, drugs and alcohol

Smoking is not good for anyone and certainly not for you, now that your body is recovering. For your baby, breathing in cigarette or cigar smoke is extremely harmful.
The same is true, and to a much greater degree of course, for all types of drugs. It is extremely important that you and your partner make sure nobody smokes in the vicinity of the baby. Preferably, there should be no smoking in the house at all.

This applies not only to the home but also to the car, or if you are visiting somewhere else. If you want to smoke yourself, do so in the garden or on the balcony. It is quite normal to ask your family and visitors to go outside if they want to smoke.

Growing up in a smoke-free environment
There is an increased risk of cot death (SIDS - sudden infant death syndrome) if the baby is exposed to second-hand smoke! More information on www.rokeninfo.nl

When there is a child in the home, at least one older person should remain sober. So be careful with alcohol and drugs. If you are breast-feeding, do not drink alcohol. Alcohol gets into the breast milk quickly and so the baby drinks it too, which is certainly detrimental to his development.

Contact with others

Visitors

Happy and proud parents that you are, you want to show your baby to the world. But you also need rest.
So you could decide that in the first weeks you only want those family members and friends to visit you who will be able to support you. It is a good idea to spread out the visits: mention the resting hours on the announcement card, with a telephone number and a request to make an appointment for the visit.

Lip blisters (herpes labialis)

New-born babies are to be kept away from people who have lip blisters or cold sores. The baby may contract a serious herpes infection which could even be life-threatening. Make absolutely sure that visitors with a lip blister do not kiss or cuddle your baby. Carers with blisters follow a strict hygiene protocol. They will never kiss or cuddle your baby.

Anyone coming into contact with your baby, including brothers and sisters, should wash their hands first. At school and while playing outside, their hands have touched all sorts of things.

Pets

Pets too will have to get used to the new situation. Be careful: a pet's behaviour may change as a result of the changing pecking order in the household. The pet may start to feel jealous of the newcomer who is suddenly getting so much more attention.
Even if your cat or dog appears to accept the baby, do not let them lick the child. And certainly do not ever allow them in the baby's cot or bed. Pets must not be allowed near the baby's bed and they should also be barred from the room where the baby sleeps. Loose hairs and skin flakes, shed by your pet, may cause irritation. Make sure you check your pets carefully for worms, ticks and fleas.

Never, under any circumstances, leave your pet alone with your baby. More information on www.minderhondenbeten.nl.

Transporting your baby safely

Almost all babies love to be carried around. Baby slings, baby carriers, kangaroo carriers and portable car seats are available in all brands and sizes but they are not always suitable for every baby. Read the instruction manual carefully to make sure that your baby carrier is suitable for the age and weight of your baby.
If you carry your baby against your body make sure that he is not dressed too warmly. Your body is warming him too!
If the hair in his neck is wet then he is certainly too warm and it is better to remove a layer of clothes.
Another thing babies enjoy tremendously is being pushed around in a baby buggy. In the beginning the baby should be laid flat as this is better for his back.

In the car a baby may only be transported in an approved car seat, not on your lap or in a carrycot.
That could be extremely dangerous in the event of the car making an unexpected manoeuvre or braking suddenly.
Extensive and reliable information on safe ways to transport your baby is available at www.veiligheid.nl.

In the event that you have to drive somewhere with your baby unexpectedly, both parents must know how the car seat works and how to mount it in the car. So practice before your baby arrives.

When the baby is asleep

In the first weeks the baby will have to learn to sleep in a bed. Before he was born, the baby was being carried all day long, he heard the sounds from his mother's body and he was gently lulled to sleep. Some babies need help to make the transition from being carried and sleeping in the womb to lying in a bed.

Being carried and being with mother or father is a trusted and familiar feeling for a baby. New-born babies can fall asleep in your arms. If you then put them in a bed, they may find the transition startling and will wake up. Too much coming at them at the same time. Before being born, the baby was used to falling asleep near to his mother, in tune with all the sounds and movements of her body.
So there is nothing wrong with the baby falling asleep on your arm or in a sling, as long as you yourself are comfortable with it. Babies need time to learn to sleep in a bed. When you are carrying your baby, look for a quiet and peaceful place. Some babies make a swift and easy transition to sleeping in a bed; others may need some more time. In the end, they all succeed.

The position of the baby in bed

The recommended position for the baby is on his back in a bed made up halfway. The baby should not sleep on his stomach. It is better to let your baby sleep in the playpen, on the couch or on the dressing table. The floor of the pen is too hard and there is the danger of rolling off the couch.

Preferred sleeping position

Some babies like to keep their head turned to the right, others to the left and then there are those who keep their head in the middle. A preference for left or right may slow down the development of your child in the first six months. The skull, which is still quite soft, may be somewhat flattened in the area where the head is laid to rest most often. Normally speaking, this effect will disappear gradually. Sometimes it does not, or not entirely. It is quite harmless, even though it may not be a pretty sight. Here are three pieces of advice to help your baby grow symmetrically and prevent a preferred sleeping position. If nevertheless a preferred position emerges, you can turn to the Youth Health Service for advice.

Tip 1: when awake

Put your baby on his stomach at least three times a day, when he is awake and somebody is watching over him. Start in the first weeks, for instance when you are changing his nappy, by doing it three to five times for one to five minutes. Increase this to five times 15 minutes or three times 30 minutes per day at the age of three months.

Tip 2: when feeding

Alternate between your right and left arm when holding your baby or put him on your legs, straight in front of you.

Tip 3: when sleeping

Don't let your child sleep on his side or on his stomach: this increases the risk of cot death (SIDS). Always put your baby on his back and turn his head left or right, alternating regularly.

Never let your baby sleep on the dressing table or in your bed. The plastic dressing cushion does not ventilate. This may cause hyper-thermia, which in turn could lead to cot death.

Dresser or changing table

For changing the baby, it is best to use a table or dresser that are between 75 and 80 cm above the ground and a changing cushion with a raised edge, so that your baby cannot roll off the table. Even if you use a changing cushion, that does not mean can leave the baby unattended. Always keep your hand on his stomach if you have to turn your head away, for example to pick up a towel. Never leave your baby alone on the changing cushion, not even to open the door or answer the phone. In such cases, take the baby with you or put him back in his crib for a moment. See tip on p 28.

Temperature

The baby needs to be safe and secure when he is asleep. The room where he sleeps should not be too warm or too cold: between 16°C and 18°C is just fine. Do not dress the baby too warmly in bed and pay attention to the combination of clothing, bedding and room temperature. A baby is warm enough if his neck feels pleasant to the touch. If the hair in his neck is moist from perspiration, that is usually a sign that he is too warm.

Use the metal hot-water bottle to heat the crib and the baby's clothes. While bathing the baby, place the hot-water bottle (with the clothes wrapped around it) in the crib. Be careful! Metal poppers or buttons may heat up from being in contact with the hot-water bottle. Remove the hot-water bottle from the crib when you put the baby in!

Completion of post-natal care

The period for post-natal care usually ends eight days after you have given birth. By then, most mothers are fit enough to take on the care for the baby and the rest of the family again. During the post-natal period, you will have seen your midwife a couple of times. After the first eight days, the care of your baby is transferred to the Youth Healthcare Services.

Go to www.groeigids.nl or use the GrowthApp to make a digital file for your child. Print your child's own booklet, including the growth curve, list of vaccinations and other important milestones.

Your first appointment with the Youth Healthcare Service generally takes place when your baby is between two and four weeks old. You can always go to the Child Health Centre to have your baby weighed. You can always call them if you have questions.

More information on the Internet:

Information on parenting, child development and education:
www.groeigids.nl offers the possibility to make your own website for your children, including keeping track of growth curves and teeth, vaccinations and development milestones.
www.positiefopvoeden.nl

Nutrition and breastfeeding
www.borstvoeding.nl, or call (0343) 57 6626 26.(The website will direct you to the Breastfeeding Naturally Society [Vereniging Borstvoeding Natuurlijk], the La Leche League, the Care for Breastfeeding Foundation [Stichting Zorg voor Borstvoeding], or the Dutch Society of Lactation Consultants [Nederlandse Vereniging van Lactatiekundigen].
www.voedingscentrum.nl
www.lareb.nl (about medication)

Safety and security
www.veiligheid.nl
www.wiegendood.nl (about SIDS)
www.lareb.nl (about medication)

Feelings of depression
www.kopopouders.nl

Smoking, alcohol and drugs
www.rokeninfo.nl (Trimbos Institute, about the effect of smoking and how to quit)
www.alcoholpreventie.nl (Stichting Alcohol Preventie) (about alcoholism)

www.drugsinfo.nl (about the foetal alcohol syndrome and the harmful effects of alcohol during pregnancy and when breast-feeding)

Heel-prick
www.rivm.nl/hielprik
www.erfelijkheid.nl
www.ncfs.nl

Other information:
www.minszw.nl (Ministry of Social Affairs, on parental leave)
www.babyopkomst.nl (maternity leave regulations)
www.kinderopvang.pagina.nl (everything about childcare)
www.minvws.nl (Ministry of Health, Welfare and Sports)
www.socialezekerheid.nl (or call (030) 230 67 55)
www.soa.nl (on sexually transmitted diseases)
www.hivnet.org (on HIV)
www.anticonceptiekompas.nl (on birth control)

Professional organisations:
www.knov.nl (Royal Dutch Organisation of Midwives [Koninklijke Nederlandse Organisatie van Verloskundigen or KNOV])
www.nvog.nl (Dutch Society for Obstetrics and Gynaecology [Nederlandse Vereniging voor Obstetrie en Gynaecologie or NVOG])
www.gezondebaby.nl (Board of Health Insurance Providers [College van Zorgverzekeringen]) nhg.artsennet.nl (Dutch Society of family doctors)
www.zorginstituut.nl (National Health care Institute)
www.ajn.artsennet.nl (Dutch paediatricians)
www.venvn.nl (Association of Nurses and Carers - Vereniging voor Verpleegkundigen en Verzorgenden)

Exercises after delivery

www.zwangerschap.pagina.nl
www.samenbevallen.nl
www.mensendieck.nl
www.yoga.pagina.nl
www. haptonomie.pagina.nl

Colophon

The Growth Guide is a publication from the Amsterdam Municipal Health Service (GGD).
It consists of seven volumes*:
- Planning for Parenthood
- Pregnancy
- Breastfeeding
- Post-natal period
- Ages 0 to 4
- Ages 4 to 12 (in Dutch only)
- Adolescence (in Dutch only)

Together these seven volumes make up the Growth Guide. They can be used separately.

The following persons and organisations contributed to the texts of the Growth Guide
Amsterdam Pediatricians, Royal Dutch Association of Pediatricians, Gynaecologists and pediatricians, Maternity centres, Amsterdam Breast-feeding Association, Lactation experts, Youth Health Service Central Holland, Youth Health Service Jong Florence, CJG The Hague, Youth Health Service Amsterdam Health Services, Amsterdam Municipal Youth Health Service, Amsterdam Municipal Health Promotion and Epidemiology Service, Educational experts, Dieticians, Lactation experts, Speech therapists, Eigen Taal en Cultuur, Baby Biz, Crebas CC+G (social work in school), Parents.

* Want to get hold of one or more of these booklets? Go to www.groeigids.nl/boekenbestellen and order it from the printer. The first 5 booklets are available in English.

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*omcirkelen wat van toepassing is

ingevuld door datum / /

zwangerschapsduur

partus thuis/poliklinisch/klinisch*

naam verloskundige / ziekenhuis

duur ontsluiting

uitdrijvingsduur

vruchtwater kleurloos / geelgroen / dik meconium

wijze van geboorte spontaan / vacuüm / forceps / (on)geplande sectio

medicatie tijdens partus

bijzonderheden partus:

placenta geboren om compleet / incompleet

bloedverlies ml

gaaf / labium / ruptuur: 1e gr. / 2e gr. /subtotaal / totaal / episiotomie*

hechtingen verwijderen ja/nee aantal

anti D ja/nee*

ziekenhuisopname moeder ja/nee*

reden:

verloop/beleving van de partus: snel - normaal - langdurig - heftig -

anders:

bijzonderheden moeder

Overdracht Verloskundige zorg naar Kraamzorg

*omcirkelen wat van toepassing is

naam baby geboortegewicht

geboortedatum geboortetijd

geslacht jongen/meisje

prematuur / a terme / serotien / dysmatuur

ligging kind hoofdligging / onvolkomen / volkomen stuit / anders*:

apgar-score na 1 min: na 5 min: na 10 min:

3 navelvaten ja/nee* testes ingedaald li. ja/nee* re. ja/nee*

postpartum mictie ja/nee* meconium ja/nee*

temp. post partum 2 uur post partum

vitamine K toegediend ja/nee*

aangeboren afwijkingen ja/nee*

controle kinderarts ja/nee*

reden:

naam kinderarts

aangelegd binnen een uur na de geboorte ja/nee*

eerste voeding om bv/kv*

bijzonderheden:

borstvoedingsoverdracht (zie bladzijde 124-127)

Working arrangements

On the first day that the maternity assistant comes to your home, she and you will discuss working arrangements (the exact tasks of maternity care, who does what, her work hours). If both parties agree, these arrangements can be modified at any time.

What does the family expect from the maternity assistant?

The new-born baby; arrangements for caring and feeding:

The mother: her care and resting times:

Caring for the other children:

Communication with other caregivers:

Domestic chores:

Habits/wishes:

Procedure for (repeat) medical indication

The fluid balance

The fluid balance is to be found on pages 70 to 74 of this post-natal file. This is important information, to be recorded accurately. The maternity assistant will use the information to assess, together with you, whether the baby is receiving enough nutrition. The information is on a daily basis: it starts at 1 o'clock in the morning (01.00 hrs).

You can fill out the list every day. The maternity assistant will note the baby's weight on the day he is weighed.

If you are breast-feeding, put a cross in the breast-feeding ('borstvoeding') column at the time that your baby has drunk.

If you are giving expressed breast milk (mm), note the time of drinking and the number of cc in the appropriate column ('afgekolfde mm').

If you are giving formula, note the time of drinking and the number of cc in the appropriate column ('kunstvoeding').

In the event that your baby is getting both breast milk and formula, make a note in both columns of how much your baby has drunk.

In the first 24 hours after birth, it is no problem if your baby does not want to drink, provided his weight at birth is normal and he is in good general shape.
If his weight is below or above normal or if there are other special circumstances, you will receive information concerning your baby's feeding pattern.

The last two columns are for the dirty nappies, whether from pee

or poo. Note the time you changed your baby's nappy and what was in that nappy.
Keeping your dirty nappies and marking the changing time will provide your maternity assistant with valuable information.

In the first few days, your baby's urine will come in small quantities, which may also be somewhat concentrated. The urine may contain urates, recognisable by the pink/red colour. After a few days, the urine will lose its colour and the quantity will increase.
The defecation will change from day to day, from dark meconium to a soft yellowish substance.

In the first few days, baby girls may have some vaginal discharge containing blood (pseudo menstruation) and slime. This is quite harmless. Both the blood and the slime will usually disappear within a week.

Ps
The forms themselves are in Dutch (the working language for your carers).

Vochtbalans

mm = moedermelk / kv = kunstvoeding

Dag 1							Dag 2						
datum				gewicht			datum				gewicht		
uren	borstvoeding (8-12)	afgekolfde mm	kunstvoeding	urine (1)	ontlasting		uren	borstvoeding (8-12)	afgekolfde mm	kunstvoeding	urine (2)	ontlasting	
1							1						
2							2						
3							3						
4							4						
5							5						
6							6						
7							7						
8							8						
9							9						
10							10						
11							11						
12							12						
13							13						
14							14						
15							15						
16							16						
17							17						
18							18						
19							19						
20							20						
21							21						
22							22						
23							23						
24							24						
totaal							**totaal**						
uraten ja/nee		kleur urine					uraten ja/nee		kleur urine				
kleur ontlasting							kleur ontlasting						

Vochtbalans

mm = moedermelk / kv = kunstvoeding

Dag 3							Dag 4						
datum				gewicht			datum				gewicht		
uren	borstvoeding (8-12)	afgekolfde mm	kunstvoeding	urine (3)	ontlasting		uren	borstvoeding (8-12)	afgekolfde mm	kunstvoeding	urine (4)	ontlasting	
1							1						
2							2						
3							3						
4							4						
5							5						
6							6						
7							7						
8							8						
9							9						
10							10						
11							11						
12							12						
13							13						
14							14						
15							15						
16							16						
17							17						
18							18						
19							19						
20							20						
21							21						
22							22						
23							23						
24							24						
totaal							**totaal**						
uraten ja/nee		kleur urine					uraten ja/nee		kleur urine				
kleur ontlasting							kleur ontlasting						

Vochtbalans

mm = moedermelk / kv = kunstvoeding

Dag 5							Dag 6						
datum				gewicht			datum				gewicht		
uren	borstvoeding (8-12)	afgekolfde mm	kunstvoeding	urine (5)	ontlasting		uren	borstvoeding (8-12)	afgekolfde mm	kunstvoeding	urine (5)	ontlasting	
1							1						
2							2						
3							3						
4							4						
5							5						
6							6						
7							7						
8							8						
9							9						
10							10						
11							11						
12							12						
13							13						
14							14						
15							15						
16							16						
17							17						
18							18						
19							19						
20							20						
21							21						
22							22						
23							23						
24							24						
totaal							**totaal**						
uraten ja/nee		kleur urine					uraten ja/nee		kleur urine				
kleur ontlasting							kleur ontlasting						

Vochtbalans

mm = moedermelk / kv = kunstvoeding

Dag 7							Dag 8						
datum				gewicht			datum				gewicht		
uren	borstvoeding (8-12)	afgekolfde mm	kunstvoeding	urine (6)	ontlasting		uren	borstvoeding (8-12)	afgekolfde mm	kunstvoeding	urine (6)	ontlasting	
1							1						
2							2						
3							3						
4							4						
5							5						
6							6						
7							7						
8							8						
9							9						
10							10						
11							11						
12							12						
13							13						
14							14						
15							15						
16							16						
17							17						
18							18						
19							19						
20							20						
21							21						
22							22						
23							23						
24							24						
totaal							**totaal**						
uraten ja/nee		kleur urine					uraten ja/nee		kleur urine				
kleur ontlasting							kleur ontlasting						

Vochtbalans

mm = moedermelk / kv = kunstvoeding

Dag 9							Dag 10						
datum				gewicht			datum				gewicht		
uren	borstvoeding (8-12)	afgekolfde mm	kunstvoeding	urine (6)	ontlasting		uren	borstvoeding (8-12)	afgekolfde mm	kunstvoeding	urine (6)	ontlasting	
1							1						
2							2						
3							3						
4							4						
5							5						
6							6						
7							7						
8							8						
9							9						
10							10						
11							11						
12							12						
13							13						
14							14						
15							15						
16							16						
17							17						
18							18						
19							19						
20							20						
21							21						
22							22						
23							23						
24							24						
totaal							**totaal**						
uraten ja/nee		kleur urine					uraten ja/nee		kleur urine				
kleur ontlasting							kleur ontlasting						

Aantekeningen lactatiekundige; kolfbeleid e.d.

Extra aantekeningen verloskundige:

Personal notes or questions you have

Personal notes or questions you have

Baby: Dag 1 - datum:

Algemene indruk kind:

Urine:

- ❑ geconcentreerd
- ❑ uraten
- ❑ helder
- ❑ weinig
- ❑ normaal
- ❑ anders: _____

Ontlasting:

- ❑ meconium
- ❑ overgang
- ❑ bruin
- ❑ groen/geel
- ❑ spuit
- ❑ anders: _____

Kleur:

- ❑ roze
- ❑ (beetje) geel
- ❑ getint
- ❑ bleek
- ❑ anders: _____

Ademhaling:

- ❑ normaal
- ❑ onrustig
- ❑ kreunen
- ❑ anders: _____

Spugen:

- ❑ mondje terug
- ❑ weinig
- ❑ projectiel braken
- ❑ anders: _____

Navel:

Bijzonderheden:

Adviezen en tips:

Moeder: Dag 1

Verloop van de nacht:

Conditie moeder:

Borsten: ❑ soepel ❑ rode plekken
❑ vol ❑ harde plekken
❑ gestuwd ❑ anders: _____

Beleid borstvoeding:

Fundus: _____

Perineum en hechtingen: gecontroleerd ja / nee

Bijzonderheden:

Bloedverlies: ❑ normaal ❑ weinig ❑ stolsels
❑ veel ❑ bijzonderheden/kleur: _____

Urine ja / nee bijzonderheden: _____
Ontlasting ja / nee bijzonderheden: _____

Opstaan: ❑ bedrust
❑ redelijk mobiel
❑ mobiel
❑ anders: _____

Benen: ❑ normaal ❑ spataderen
❑ vochtophoping ❑ trombose
❑ onrustig
❑ anders: _____

Medicatie:

Evaluatie van de dag:

Besproken ja / nee paraaf moeder:

Bijzonderheden/Tips/Aanwijzingen:

Bezoek verloskundige/huisarts paraaf:

Opmerkingen:

Baby: Dag 2 - datum:

Algemene indruk kind:

Urine:

- ❑ geconcentreerd
- ❑ uraten
- ❑ helder
- ❑ weinig
- ❑ normaal
- ❑ anders: _____

Ontlasting:

- ❑ meconium
- ❑ overgang
- ❑ bruin
- ❑ groen/geel
- ❑ spuit
- ❑ anders: _____

Kleur:

- ❑ roze
- ❑ (beetje) geel
- ❑ getint
- ❑ bleek
- ❑ anders: _____

Ademhaling:

- ❑ normaal
- ❑ onrustig
- ❑ kreunen
- ❑ anders: _____

Spugen:

- ❑ mondje terug
- ❑ weinig
- ❑ projectiel braken
- ❑ anders: _____

Navel:

Bijzonderheden:

Adviezen en tips:

Moeder: Dag 2

Verloop van de nacht:

Conditie moeder:

Borsten: ❑ soepel ❑ rode plekken
❑ vol ❑ harde plekken
❑ gestuwd ❑ anders: _____

Beleid borstvoeding:

Fundus: _____

Perineum en hechtingen: gecontroleerd ja / nee

Bijzonderheden:

Bloedverlies: ❑ normaal ❑ weinig ❑ stolsels
❑ veel ❑ bijzonderheden/kleur: _____

Urine ja / nee bijzonderheden: _____
Ontlasting ja / nee bijzonderheden: _____

Opstaan: ❑ bedrust Benen: ❑ normaal ❑ spataderen
❑ redelijk mobiel ❑ vochtophoping ❑ trombose
❑ mobiel ❑ onrustig
❑ anders: _____ ❑ anders: _____

Medicatie:

Evaluatie van de dag:

Besproken ja / nee paraaf moeder:

Bijzonderheden/Tips/Aanwijzingen:

Bezoek verloskundige/huisarts paraaf:

Opmerkingen:

Baby: Dag 3 - datum:

Algemene indruk kind:

Urine:

- ❑ geconcentreerd
- ❑ uraten
- ❑ helder
- ❑ weinig
- ❑ normaal
- ❑ anders: _____

Ontlasting:

- ❑ meconium
- ❑ overgang
- ❑ bruin
- ❑ groen/geel
- ❑ spuit
- ❑ anders: _____

Kleur:

- ❑ roze
- ❑ (beetje) geel
- ❑ getint
- ❑ bleek
- ❑ anders: _____

Ademhaling:

- ❑ normaal
- ❑ onrustig
- ❑ kreunen
- ❑ anders: _____

Spugen:

- ❑ mondje terug
- ❑ weinig
- ❑ projectiel braken
- ❑ anders: _____

Navel:

Bijzonderheden:

Adviezen en tips:

Moeder: Dag 3

Verloop van de nacht:

Conditie moeder:

Borsten: ❑ soepel ❑ rode plekken
❑ vol ❑ harde plekken
❑ gestuwd ❑ anders: _____

Beleid borstvoeding:

Fundus: _____

Perineum en hechtingen: gecontroleerd ja / nee

Bijzonderheden:

Bloedverlies: ❑ normaal ❑ weinig ❑ stolsels
❑ veel ❑ bijzonderheden/kleur: _____

Urine ja / nee bijzonderheden: _____
Ontlasting ja / nee bijzonderheden: _____

Opstaan: ❑ bedrust ❑ redelijk mobiel ❑ mobiel ❑ anders: _____
Benen: ❑ normaal ❑ vochtophoping ❑ onrustig ❑ anders: _____ ❑ spataderen ❑ trombose

Medicatie:

Evaluatie van de dag:

Besproken ja / nee paraaf moeder:

Bijzonderheden/Tips/Aanwijzingen:

Bezoek verloskundige/huisarts paraaf:

Opmerkingen:

Baby: Dag 4 - datum:

Algemene indruk kind:

Urine:

- ❑ geconcentreerd
- ❑ uraten
- ❑ helder
- ❑ weinig
- ❑ normaal
- ❑ anders: _____

Ontlasting:

- ❑ meconium
- ❑ overgang
- ❑ bruin
- ❑ groen/geel
- ❑ spuit
- ❑ anders: _____

Kleur:

- ❑ roze
- ❑ (beetje) geel
- ❑ getint
- ❑ bleek
- ❑ anders: _____

Ademhaling:

- ❑ normaal
- ❑ onrustig
- ❑ kreunen
- ❑ anders: _____

Spugen:

- ❑ mondje terug
- ❑ weinig
- ❑ projectiel braken
- ❑ anders: _____

Navel:

Bijzonderheden:

Adviezen en tips:

Moeder: Dag 4

Verloop van de nacht:

Conditie moeder:

Borsten: ❑ soepel ❑ rode plekken
❑ vol ❑ harde plekken
❑ gestuwd ❑ anders: _____

Beleid borstvoeding:

Fundus: _____

Perineum en hechtingen: gecontroleerd ja / nee

Bijzonderheden:

Bloedverlies: ❑ normaal ❑ weinig ❑ stolsels
❑ veel ❑ bijzonderheden/kleur: _____

Urine ja / nee bijzonderheden: _____
Ontlasting ja / nee bijzonderheden: _____

Opstaan: ❑ bedrust
❑ redelijk mobiel
❑ mobiel
❑ anders: _____

Benen: ❑ normaal ❑ spataderen
❑ vochtophoping ❑ trombose
❑ onrustig
❑ anders: _____

Medicatie:

Evaluatie van de dag:

Besproken ja / nee paraaf moeder:

Bijzonderheden/Tips/Aanwijzingen:

Bezoek verloskundige/huisarts paraaf:

Opmerkingen:

Baby: Dag 5 - datum:

Algemene indruk kind:

Urine:

- ❑ geconcentreerd
- ❑ uraten
- ❑ helder
- ❑ weinig
- ❑ normaal
- ❑ anders: _____

Ontlasting:

- ❑ meconium
- ❑ overgang
- ❑ bruin
- ❑ groen/geel
- ❑ spuit
- ❑ anders: _____

Kleur:

- ❑ roze
- ❑ (beetje) geel
- ❑ getint
- ❑ bleek
- ❑ anders: _____

Ademhaling:

- ❑ normaal
- ❑ onrustig
- ❑ kreunen
- ❑ anders: _____

Spugen:

- ❑ mondje terug
- ❑ weinig
- ❑ projectiel braken
- ❑ anders: _____

Navel:

Bijzonderheden:

Adviezen en tips:

Moeder: Dag 5

Verloop van de nacht:

Conditie moeder:

Borsten: ❑ soepel ❑ rode plekken
❑ vol ❑ harde plekken
❑ gestuwd ❑ anders:

Beleid borstvoeding:

Fundus:

Perineum en hechtingen: gecontroleerd ja / nee

Bijzonderheden:

Bloedverlies: ❑ normaal ❑ weinig ❑ stolsels
❑ veel ❑ bijzonderheden/kleur:

Urine ja / nee bijzonderheden:
Ontlasting ja / nee bijzonderheden:

Opstaan: ❑ bedrust Benen: ❑ normaal ❑ spataderen
❑ redelijk mobiel ❑ vochtophoping ❑ trombose
❑ mobiel ❑ onrustig
❑ anders: ❑ anders:

Medicatie:

Evaluatie van de dag:

Besproken ja / nee paraaf moeder:

Bijzonderheden/Tips/Aanwijzingen:

Bezoek verloskundige/huisarts paraaf:

Opmerkingen:

Baby: Dag 6 - datum:

Algemene indruk kind:

Urine:

- ❑ geconcentreerd
- ❑ uraten
- ❑ helder
- ❑ weinig
- ❑ normaal
- ❑ anders: _____

Ontlasting:

- ❑ meconium
- ❑ overgang
- ❑ bruin
- ❑ groen/geel
- ❑ spuit
- ❑ anders: _____

Kleur:

- ❑ roze
- ❑ (beetje) geel
- ❑ getint
- ❑ bleek
- ❑ anders: _____

Ademhaling:

- ❑ normaal
- ❑ onrustig
- ❑ kreunen
- ❑ anders: _____

Spugen:

- ❑ mondje terug
- ❑ weinig
- ❑ projectiel braken
- ❑ anders: _____

Navel:

Bijzonderheden:

Adviezen en tips:

Moeder: Dag 6

Verloop van de nacht:

Conditie moeder:

Borsten: ❑ soepel ❑ rode plekken
❑ vol ❑ harde plekken
❑ gestuwd ❑ anders: _____

Beleid borstvoeding:

Fundus: _____

Perineum en hechtingen: gecontroleerd ja / nee

Bijzonderheden:

Bloedverlies: ❑ normaal ❑ weinig ❑ stolsels
❑ veel ❑ bijzonderheden/kleur: _____

Urine ja / nee bijzonderheden: _____
Ontlasting ja / nee bijzonderheden: _____

Opstaan: ❑ bedrust
❑ redelijk mobiel
❑ mobiel
❑ anders: _____

Benen: ❑ normaal ❑ spataderen
❑ vochtophoping ❑ trombose
❑ onrustig
❑ anders: _____

Medicatie:

Evaluatie van de dag:

Besproken ja / nee paraaf moeder:

Bijzonderheden/Tips/Aanwijzingen:

Bezoek verloskundige/huisarts paraaf:

Opmerkingen:

Baby: Dag 7 - datum:

Algemene indruk kind:

Urine:

- ❑ geconcentreerd
- ❑ uraten
- ❑ helder
- ❑ weinig
- ❑ normaal
- ❑ anders: _____

Ontlasting:

- ❑ meconium
- ❑ overgang
- ❑ bruin
- ❑ groen/geel
- ❑ spuit
- ❑ anders: _____

Kleur:

- ❑ roze
- ❑ (beetje) geel
- ❑ getint
- ❑ bleek
- ❑ anders: _____

Ademhaling:

- ❑ normaal
- ❑ onrustig
- ❑ kreunen
- ❑ anders: _____

Spugen:

- ❑ mondje terug
- ❑ weinig
- ❑ projectiel braken
- ❑ anders: _____

Navel:

Bijzonderheden:

Adviezen en tips:

Moeder: Dag 7

Verloop van de nacht:

Conditie moeder:

Borsten: ❑ soepel ❑ rode plekken
❑ vol ❑ harde plekken
❑ gestuwd ❑ anders: _____

Beleid borstvoeding:

Fundus: _____

Perineum en hechtingen: gecontroleerd ja / nee

Bijzonderheden:

Bloedverlies: ❑ normaal ❑ weinig ❑ stolsels
❑ veel ❑ bijzonderheden/kleur: _____

Urine ja / nee bijzonderheden: _____
Ontlasting ja / nee bijzonderheden: _____

Opstaan: ❑ bedrust Benen: ❑ normaal ❑ spataderen
❑ redelijk mobiel ❑ vochtophoping ❑ trombose
❑ mobiel ❑ onrustig
❑ anders: _____ ❑ anders: _____

Medicatie:

Evaluatie van de dag:

Besproken ja / nee paraaf moeder:

Bijzonderheden/Tips/Aanwijzingen:

Bezoek verloskundige/huisarts paraaf:

Opmerkingen:

Baby: Dag 8 - datum:

Algemene indruk kind:

Urine:

- ❑ geconcentreerd
- ❑ uraten
- ❑ helder
- ❑ weinig
- ❑ normaal
- ❑ anders: _____

Ontlasting:

- ❑ meconium
- ❑ overgang
- ❑ bruin
- ❑ groen/geel
- ❑ spuit
- ❑ anders: _____

Kleur:

- ❑ roze
- ❑ (beetje) geel
- ❑ getint
- ❑ bleek
- ❑ anders: _____

Ademhaling:

- ❑ normaal
- ❑ onrustig
- ❑ kreunen
- ❑ anders: _____

Spugen:

- ❑ mondje terug
- ❑ weinig
- ❑ projectiel braken
- ❑ anders: _____

Navel:

Bijzonderheden:

Adviezen en tips:

Moeder: Dag 8

Verloop van de nacht:

Conditie moeder:

Borsten: ❑ soepel ❑ rode plekken
❑ vol ❑ harde plekken
❑ gestuwd ❑ anders: _____

Beleid borstvoeding:

Fundus: _____

Perineum en hechtingen: gecontroleerd ja / nee

Bijzonderheden:

Bloedverlies: ❑ normaal ❑ weinig ❑ stolsels
❑ veel ❑ bijzonderheden/kleur: _____

Urine ja / nee bijzonderheden: _____
Ontlasting ja / nee bijzonderheden: _____

Opstaan: ❑ bedrust
❑ redelijk mobiel
❑ mobiel
❑ anders: _____

Benen: ❑ normaal ❑ spataderen
❑ vochtophoping ❑ trombose
❑ onrustig
❑ anders: _____

Medicatie:

Evaluatie van de dag:

Besproken ja / nee paraaf moeder:

Bijzonderheden/Tips/Aanwijzingen:

Bezoek verloskundige/huisarts paraaf:

Opmerkingen:

Baby: Dag 9 - datum: Reden indicatie:

Algemene indruk kind:

Urine:

- ❑ geconcentreerd
- ❑ uraten
- ❑ helder
- ❑ weinig
- ❑ normaal
- ❑ anders: _____

Ontlasting:

- ❑ meconium
- ❑ overgang
- ❑ bruin
- ❑ groen/geel
- ❑ spuit
- ❑ anders: _____

Kleur:

- ❑ roze
- ❑ (beetje) geel
- ❑ getint
- ❑ bleek
- ❑ anders: _____

Ademhaling:

- ❑ normaal
- ❑ onrustig
- ❑ kreunen
- ❑ anders: _____

Spugen:

- ❑ mondje terug
- ❑ weinig
- ❑ projectiel braken
- ❑ anders: _____

Navel:

Bijzonderheden:

Adviezen en tips:

Moeder: Dag 9

Verloop van de nacht:

Conditie moeder:

Borsten: ❑ soepel ❑ rode plekken
❑ vol ❑ harde plekken
❑ gestuwd ❑ anders:

Beleid borstvoeding:

Fundus:

Perineum en hechtingen: gecontroleerd ja / nee

Bijzonderheden:

Bloedverlies: ❑ normaal ❑ weinig ❑ stolsels
❑ veel ❑ bijzonderheden/kleur:

Urine ja / nee bijzonderheden:
Ontlasting ja / nee bijzonderheden:

Opstaan: ❑ bedrust Benen: ❑ normaal ❑ spataderen
❑ redelijk mobiel ❑ vochtophoping ❑ trombose
❑ mobiel ❑ onrustig
❑ anders: ❑ anders:

Medicatie:

Evaluatie van de dag:

Besproken ja / nee paraaf moeder:

Bijzonderheden/Tips/Aanwijzingen:

Bezoek verloskundige/huisarts paraaf:

Opmerkingen:

Baby: Dag 10 - datum: Reden indicatie:

Algemene indruk kind:

Urine:

- ❑ geconcentreerd
- ❑ uraten
- ❑ helder
- ❑ weinig
- ❑ normaal
- ❑ anders: _____

Ontlasting:

- ❑ meconium
- ❑ overgang
- ❑ bruin
- ❑ groen/geel
- ❑ spuit
- ❑ anders: _____

Kleur:

- ❑ roze
- ❑ (beetje) geel
- ❑ getint
- ❑ bleek
- ❑ anders: _____

Ademhaling:

- ❑ normaal
- ❑ onrustig
- ❑ kreunen
- ❑ anders: _____

Spugen:

- ❑ mondje terug
- ❑ weinig
- ❑ projectiel braken
- ❑ anders: _____

Navel:

Bijzonderheden:

Adviezen en tips:

Moeder: Dag 10

Verloop van de nacht:

Conditie moeder:

Borsten: ❑ soepel ❑ rode plekken
❑ vol ❑ harde plekken
❑ gestuwd ❑ anders: _____

Beleid borstvoeding:

Fundus: _____

Perineum en hechtingen: gecontroleerd ja / nee

Bijzonderheden:

Bloedverlies: ❑ normaal ❑ weinig ❑ stolsels
❑ veel ❑ bijzonderheden/kleur: _____

Urine ja / nee bijzonderheden: _____
Ontlasting ja / nee bijzonderheden: _____

Opstaan: ❑ bedrust Benen: ❑ normaal ❑ spataderen
❑ redelijk mobiel ❑ vochtophoping ❑ trombose
❑ mobiel ❑ onrustig
❑ anders: _____ ❑ anders: _____

Medicatie:

Evaluatie van de dag:

Besproken ja / nee paraaf moeder:

Bijzonderheden/Tips/Aanwijzingen:

Bezoek verloskundige/huisarts paraaf:

Opmerkingen:

Checklist (gebaseerd op de Checklist Borstvoeding in de Kraamtijd, met dank aan Stichting Zorg voor Borstvoeding)

Welke onderwerpen zijn er tijdens de kraamtijd besproken?

Borstvoeding

- ☐ aanlegtechniek
- ☐ kolven met de hand ☐ kolven (handkolf, elektrische kolf)
- ☐ houdingen
  - wieghouding (madonna)
  - bakershouding (rugby)
  - liggen op de zij
  - andere houding, nl.: _____
- ☐ verzorging van de borsten / hygiëne
- ☐ frequentie en duur
- ☐ voeden op verzoek / uitleg voedingssignalen
- ☐ vraag en aanbodprincipe / regeldagen
- ☐ toeschietreflex
- ☐ te veel / te weinig melk
- ☐ rooming in
- ☐ wanneer bijvoeden / wanneer extra gewichtscontrole
- ☐ tepel / speen verwarring (i.v.m. drinktechniek)
- ☐ gebruik van (fop)speen en alternatieven voor de fles
- ☐ stuwing
- ☐ preventieve maatregelen verstopt melkkanaaltje en borstontsteking
- ☐ voedingsadviezen moeder
- ☐ vitaminesuppletie D/K
- ☐ spruw / candida
- ☐ info
  - borstvoedingsorganisaties
  - moedergroepen
  - lactatiekundigen
- ☐ preventie tepelkloven

Checklist

Kunstvoeding

- [ ] klaarmaken, bewaren en verwarmen voeding
- [ ] aantal voedingen per dag
- [ ] hoeveelheid per voeding
- [ ] schoonmaken fles en spenen
- [ ] vitaminesuppletie D

Baby

- [ ] hygiëne
- [ ] oorzaken huilen
- [ ] misselijkheid
- [ ] luier verwisselen
- [ ] temperatuur baby / omgeving
- [ ] kruiken
- [ ] urine / ontlastingspatroon
- [ ] uraten / pseudomenstruatie
- [ ] veilig slapen/opmaken bedje
- [ ] voorkeurshouding
- [ ] darmkrampjes
- [ ] aan- / uitkleden baby
- [ ] badinstructie
- [ ] huidverzorging
- [ ] navelverzorging
- [ ] vieze oogjes
- [ ] geel zien
- [ ] dicht neusje
- [ ] nagelverzorging
- [ ] verkoudheid
- [ ] naar buiten
- [ ] spruw / koortsuitslag
- [ ] veiligheid in huis
- [ ] aangeven kind gemeente en verzekeringen

Moeder

- [ ] hygiëne
- [ ] voeding moeder (ook als er geen borstvoeding wordt gegeven)
- [ ] naweeën
- [ ] bloedverlies / stolsel
- [ ] vloeipatroon
- [ ] urineren / spoelen
- [ ] urine / ontlastingspatroon
- [ ] wondverzorging
- [ ] bekkenbodemoefeningen
- [ ] draagtechnieken
- [ ] consultatiebureau
- [ ] babyzwemmen / massage
- [ ] anticonceptie (door verloskundige)
- [ ] gehechtheid
- [ ] veilig vervoer
- [ ] wiegendood
- [ ] shaken baby syndroom
- [ ] afsluiting
- [ ] OKC / CJG
- [ ] evaluatie

Notities bij het afsluiten van de zorg:

Extra aantekeningen:

Overdracht Kraamzorg naar Jeugdgezondheidszorg

Datum:

Naam kraamverzorgende:

Naam Kind:

Geboorte gewicht:

Laatste gewicht eind kraamperiode: gram / /

Bijzonderheden:

Kleur: Temp:

Defaecatie: Mictie: Navel:

Icterus: ☐ ja ☐ nee

Ziekenhuisopname: ☐ nee ☐ ja, reden:

Contact andere zorgverlener: ☐ nee ☐ ja, reden:

▶ Hielprik: verricht

☐ nee ☐ ja datum - - + nr:

▶ Neonatale Gehoorscreening verricht

☐ nee ☐ ja datum - -

Borstvoeding: *Zie aparte Borstvoedingsoverdracht (bladzijde 124-127)*

Kunstvoeding:

Merk en/of naam

Frequentie en hoeveelheid

Bijzonderheden

Beleid en advies

Indruk van de baby:

Eetgedrag:

Slaapgedrag:

Huilgedrag:

Bijzonderheden:

Ten aanzien van de moeder:

Beleving van de partus:

Lichamelijke conditie:

Mobiliteit:

Psychisch welbevinden:

Sociale anamnese/Aandachtspunten:

- ☐ Communicatiebarrière: moeder/vader/beiden*
- ☐ Woon/leefsituatie
- ☐ Huilgedrag baby
- ☐ Psychisch welbevinden moeder
- ☐ Onderlinge relatie ouders
- ☐ Contact met de baby
- ☐ Andere kinderen
- ☐ Contact met hulpverlener
- ☐ Steun uit netwerk

Toelichting:

Reeds ondernomen acties:

- ☐ Er zijn geen bijzonderheden, geen verder actie nodig
- ☐ Overleg teamleider/afdelingshoofd
- ☐ Overleg met verloskundige
- ☐ Overleg jeugdgezondheidszorg

Overdracht besproken Ja / Nee Paraaf cliënt: _____

Borstvoedingsoverdracht

De baby is < 1 uur postpartum aangelegd

De baby gaat zonder moeite/hulpmiddelen aan de borst

De baby meldt zich zelf voor de voeding

De baby wordt gevoed op verzoek

De baby is alert

Frequentie van BV drinken per 24 uur

Het zuiggedrag is goed

De baby lijkt na de meeste voedingen voldaan

Aantal poepluiers per 24 uur

Kleur van de ontlasting

Urineproductie per 24 uur

Duur voeding in minuten

Gewicht van de baby

Moeder

Moeder kan zelfstandig aanleggen

Moeder hoort de baby drinken en slikken tijdens de voeding

Moeder heeft vollere borsten voor de voeding

De borsten voelen zachter na de voeding

Moeder heeft pijnlijke tepels

Gebruikt moeder hulpmiddelen bij het voeden?

Lactatiekundige geraadpleegd zie volgende pagina's

JGZ gebeld zie volgende pagina's

Borstvoedingsoverdracht

Vertrek ziekenhuis: - -		Vertrek kraamzorg: - -	
☐ ja	☐ nee	☐ ja	☐ nee
☐ ja	☐ nee	☐ ja	☐ nee
☐ ja	☐ nee	☐ ja	☐ nee
☐ ja	☐ nee	☐ ja	☐ nee
☐ ja	☐ nee	☐ ja	☐ nee
☐ nog niet	☐ 1 tot 6 X	☐ < 7 X	
☐ 7 tot 12 X	☐ >12 X	☐ 7 tot 12 X	☐ > 12 X
☐ ja	☐ nee	☐ ja	☐ nee
☐ ja	☐ nee	☐ ja	☐ nee
☐ nog niet	☐ 0 tot 1 X	☐ 0 tot 1 X	
☐ 2 tot 4 X	☐ > 4 X	☐ 2 tot 4 X	☐ > 4 X
☐ meconium	☐ overgangspoep	☐ overgangspoep	☐ geel
☐ geel	☐ groen	☐ groen	☐ gifgroen
☐ gifgroen	☐ bruin	☐ bruin	
☐ nog niet	☐ < 4 X	☐ < 4 X	
☐ 4 tot 6 X	☐ > 6 X	☐ 4 tot 6 X	☐ > 6 X
☐ < 10 min	☐ 10 tot 30 min	☐ < 10 min	☐ 10 tot 30 min
☐ 30 tot 40 min	☐ > 40 min	☐ 30 tot 40 min	☐ > 40 min
laatste gewicht: gram		laatste gewicht: gram	
datum: - -		datum: - -	
☐ ja	☐ nee	☐ ja	☐ nee
☐ ja	☐ nee	☐ ja	☐ nee
☐ ja	☐ nee	☐ ja	☐ nee
☐ ja	☐ nee	☐ ja	☐ nee
☐ nee	☐ ja	☐ nee	☐ ja
☐ nee	☐ ja	☐ nee	☐ ja
☐ tepelhoed	☐ kolf/ fles	☐ tepelhoed	☐ kolf/ fles
☐ cup/lepel/vingervoeden		☐ cup/lepel/vingervoeden	
☐ nee	☐ ja	☐ nee	☐ ja
☐ nee	☐ ja	☐ nee	☐ ja

bijzonderheden, beleid en advies: z.o.z.

Borstvoedingsoverdracht (vervolg)

Bijzonderheden, beleid en advies vanuit:

het ziekenhuis: Datum:

ingevuld door: functie:

het kraambureau: Datum:

ingevuld door: functie:

lactatiekundige: Datum:

Don't forget

MESSAGE TO CHILD

When you open this Handbook, you will see what your parents and health workers have recorded about you

MESSAGE FROM PARENTS TO CHILD:

Index Growth Guide Post-natal care