

Kraamzorg de Waarden

Care plan



The care plan

In order to ensure that the postpartum period is smooth and successful, our consultant (who will discuss matters with you during your intake interview) and the maternity nurse will use this care plan. The most important details about you, your baby and the arrangements that have been made are easily recorded in this plan. We can therefore tailor your and your baby's care needs and provide clear information to you, the midwife/general practitioner and the lactation consultant, if applicable. The care plan provides useful information, such as tips and advice about feeding your baby.



The maternity care assistant is responsible for making the arrangements together with you. The maternity care assistant will evaluate the care with you every day and decide whether the arrangements need to be changed.

The maternity care

Maternity Care focuses on offering care, support, instruction and education to the mother, her baby and the other family members. The aim of maternity care is to promote the mental and physical recovery of the post-partum woman and to integrate the baby into the family.

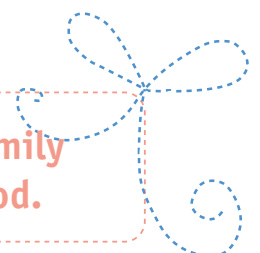
Observations of the maternity care assistant

The maternity care assistant's most important task is to monitor you and your baby. She will closely monitor your physical condition and that of the baby. All observations and arrangements are written down in the care plan every day.

In order to prevent infections, it is important to work as hygienically as possible. The maternity care assistant must therefore wear gloves during all activities involving possible contact with blood and other bodily fluids. The maternity care assistant must also wash her hands before and after all caring actions for the mother or baby.

If there is a (potential) risk of infection with an infectious disease, the maternity nurse will wear personal protective equipment in accordance with national guidelines.

**We wish you and your family
a good confinement period.**



Discussed during the initial consultation

Name of client: Client number:

Name of consultant: Visit/Telephone

Date:

The intake conversation

During the initial consultation, we will discuss how many hours of maternity care you will receive according to the national indication protocol.

You will be informed about the tasks of the maternity care assistant and the employment conditions that you must meet before she starts work. In addition, you will receive information about the following topics:

- ☐ National needs assessment protocol and examination
- ☐ Informal care
- ☐ Insurance
- ☐ The activities of the maternity care assistant
- ☐ The care plan
- ☐ Maternity package and list of requirements
- ☐ Option to borrow articles from Kraamzorg de Waarden and home care organisation
- ☐ Parking costs
- ☐ Options for feeding the baby
- ☐ Extra heating in baby's room
- ☐ Evaluation/assessment
- ☐ Complaints processing
- ☐ continuous parturition support

Safety

- ☐ Hot water bottles
- ☐ Crib/cot/changing table
- ☐ Bath and bath stand
- ☐ Safe sleeping (head protector and duvet)
- ☐ Smoking
- ☐ Safety of electronic devices
- ☐ Living environment (banisters on stairs)
- ☐ Pets
- ☐ MRSA
- ☐ Use of WiFi code

Occupational health check

- ☐ Elevation of the mother's bed to 80 cm
- ☐ Access to the mother's bed
- ☐ Running water on the required floor
- ☐ Care on the 2nd floor
- ☐ Presence of a mop
- ☐ Height of the changing table 90 cm
- ☐ Adjustable base of the cot



Terms and Conditions as related to Occupational Health and Safety Regulations

Available* Care provided to the mother		Arrangements to be agreed after the intake interview (where relevant)
Yes/No	The mother's bed has been raised to 80 or 90cm above floor level.	.....
Yes/No/Nvt	If the mother normally sleeps in a water bed, this bed has been temporarily replaced with a regular bed.	.....
Yes/No/Nvt	The mother's bed is placed against a wall or under a sloping ceiling – arrangements must be made with regard to making the bed.	.....
Yes/No/Nvt	Hot and cold water are available on the floor where mother and child are to be cared for.	.....
Available* Care provided to the baby / safe sleeping facilities		
Yes/No	A baby changing table of at least 90cm high and 70cm deep is present in the home.	.....
Yes/No	A baby bath tub of at least 90cm high is present in the home.	.....
Yes/No	The baby bath tub has a drain stopper.	.....
Yes/No	A cradle or cot is present in the home	.....
Yes/No/Nvt	If a cot is used: The cot has an adjustable base, and does not have a bumper.	.....
Yes/No/Nvt	If a cradle is used: The space in which the baby will sleep is larger than the bassinet of a pram	.....
	If you have ticked 'No', no hot water bottle must be placed in the cradle while the baby is in it.	.....
Yes/No	The hot water bottles have been checked and do not have any leaks.	.....
Available* Household chores		
Yes/No	A washing machine is present in the home.	.....
Yes/No/Nvt	(most importantly) If there is no dryer in the home, there is a drying rack or clothesline on the premises.	.....
Yes/No	A floor mop is present in the home.	.....
Yes/No	There is an ironing board on the premises that can be set to a height of 80-95cm.	.....
Yes/No	The iron comes with a safe cord.	.....
Available* Safe work environment		
Ja/Nee	The staircase has a banister (handrail).	.....
Ja/Nee	The staircase is not steep and does not have any narrow steps.	.....
Ja/Nee	There is a smoke-free environment in which the maternity nurse can do her job.	.....
Ja/Nee	The work environment is sufficiently hygienic.	.....
Ja/Nee	The work environment is free from aggression and violence (inappropriate behaviour).	.....

*) Delete as appropriate

Tips and advice

General

When you leave hospital

If you come home from hospital and the maternity care assistant has not yet arrived, it is sensible to take it easy. Ensure that the baby is warm and place a hot water bottle in the bed or cot to warm it up for the baby. This will ensure that the bed is nice and warm before you put the baby in it. Don't let the baby become too cold and under no circumstances should you leave the baby in a car seat.

Contact the midwife or general practitioner in case of emergency.

If the baby wakes up, you can offer him/her a feed. Refer to the information on breastfeeding and formula feeding on the following pages.

Tips and advice for the post-partum woman

Emotions

The birth of a baby is a life-changing event. The stress from the birth needs to be discharged. Changes in hormone levels can cause you to feel emotionally off balance. The infamous baby blues usually strike on the third or fourth day after the birth. For most women, this feeling passes after a day or so.

Hygiene

Because hygiene is very important in the confinement period, it is a good habit to wash your hands before and after each action when caring for both yourself and your baby. This naturally applies to everyone who comes into direct contact with you and your baby. Wear house shoes or slippers when you are out of bed, for hygiene purposes.

Rest

It is sensible to get plenty of rest during the first days. Your maternity care assistant may advise you to reduce your activity levels. In addition, resting for two hours in the afternoon is important for a good recovery from the pregnancy and childbirth. It is wise to stick to these hours of rest during the first few weeks.

Lifting

It is sensible not to lift any heavy objects during the first six weeks. Lifting places a lot of pressure on the pelvis, which can result in a prolapsed uterus and/or back problems.

After the birth

The golden hour

Immediately after the birth, it is nice to place your child on your chest (skin to skin contact). Not only is this a nice way to catch your breath after the birth, it is also a way of keeping your baby warm and taking a good look at him or her. Your child will remain calm and start searching for your nipples. The breathing is steady, the temperature is stable and the blood sugar level is maintained. (source: www.opvoeden.nl)

Afterpains

After the birth you may experience afterpains. If you are breastfeeding your baby, these pains can occur whilst feeding. There is a purpose to afterpains. They cause the uterus to contract. Afterpains can be painful. The use of painkillers should be discussed with the midwife or doctor.

Clots/lochia

It is normal for you to pass blood clots during the first 24 hours after the birth. These clots can vary in size from the size of an egg to the size of a fist. You should contact the midwife or general practitioner in the event of excessive blood loss during or after the first 24 hours after the birth (excessive = two soaked maternity pads in half an hour).

Urination

A full bladder can cause excessive lochia (post-partum bleeding). The bladder prevents the uterus from contracting properly. Therefore, we recommend that you try to urinate every two hours after the birth. However, you may not feel the need to urinate immediately after the birth. What can you do: Drink more fluids, take your time when urinating and don't push/squeeze. Contact your midwife or general practitioner if you have not urinated within 6 hours after the birth.

Rinse with lukewarm water after urination, to improve hygiene. Your labia may have small tears which can be sensitive during urination. Rinsing whilst urinating or urinating under the shower can ease this pain. If you are using a bedpan, place a towel or cellulose mat under your coccyx (tailbone). Remove dressings with a plastic bag and place the bedpan properly on the bed, with assistance from your partner, the maternity care assistant or someone else if necessary. After urinating in the bedpan, rinse with lukewarm water and remove the bedpan and (ask someone to) empty and rinse it. Place the bedpan bag in the rubbish bag for hygiene purposes.

During the confinement period

Stitches

The wound that has been stitched can cause pain or discomfort between the fourth and seventh day.

There are various options to ease the pain:

- Place a wash cloth - containing an ice pack - against the painful area.
- Lie in bed without using a maternity pad or cellulose mat. This promotes the healing process. Try this, for example, when resting in the afternoon.

The maternity care assistant will check the wound that has been stitched once or twice a day during the confinement period to check for (impending) infection

Temperature rise

During the confinement period, your general immunity may be reduced as a result of fatigue or a low iron concentration. This puts you at increased risk of developing, for example, flu or an infection in your bladder, uterus or breasts. An infection will cause your temperature to rise.

This can vary from 38 °C to a high fever with spikes.

The maternity care assistant will monitor this during the confinement week. Please contact your midwife if your temperature goes over 38 °C during the evening or night. Depending on how high the fever is and its cause, your midwife can give you advice or take further action.

Breast engorgement

In the first days after the birth, usually around the third day, your breasts may increase in size and feel hard/painful and warm to the touch. This is called engorgement. Engorgement is a natural process and will disappear without treatment after a few days, once balance has been achieved between supply and demand. Applying heat before feeding will open the milk ducts and promote the let-down reflex.

Heat can be applied in the following ways:

- Dry, warm towels.
- Wet warm towels, under the shower or a plunge bath.

Although cold compresses can ease the pain, they are best avoided, because the cold causes the milk ducts and blood vessels to contract.

N.B.: Fluid restriction has no effect on engorgement.

You can offer your baby a feed more frequently to allow the baby to drink away the worst pressure. The baby may struggle to latch on properly when the breasts are engorged; take

your time and you will usually succeed. There are also other feeding positions that you can try. Ask the maternity care assistant to discuss these positions with you. It is a good idea to wear a sturdy bra.

Cracked nipples

Cracked nipples can occur when your baby does not latch on to the nipple properly, or when your baby suckles instead of drinking. It is therefore important to ensure that your baby has the nipple and approximately 2/3 of the areola in the back of the mouth. Be extra careful about hygiene if you suffer from cracked nipples. Wear a clean bra every day and ensure that your breasts are dry after feeding. You can rub some of your breast milk on the nipple and allow this to air-dry. Be sure to change the nursing pads regularly for hygiene purposes and to keep the nipples as dry as possible. Start feeding your baby on the least painful side. It is a good idea to feed your baby more often and for shorter periods. This will ensure that the baby is less hungry and suck at the nipple less forcefully.

Bowel movements

Don't worry if you haven't had a bowel movement. Bowel movements usually only start about three or four days after the birth. A high-fibre diet and extra fluids will help to keep your stools soft. Your maternity care assistant can give you more tips.

Fluid restriction has no effect on engorgement.



Tips and advice for the baby

In this document, we mostly refer to the baby as “he, him or his”, but this also applies to a girl.

Contact with your baby

The first year is the most important year for your baby. During this year, a bond will develop between you and your baby. Bonding is a long-term emotional relationship between you, your partner and your baby, a bond that will last a lifetime. Your baby will try to bond with you from the moment that it is born (refer to the golden hour). His behaviour ensures that you respond to him. Think of a baby that is tired or hungry, for example. The Maternity Nurse teaches you what your baby needs, for example hungry, tired, dirty diaper, just be with you. What signals do you see and how can you react effectively? One of the ways to make contact is through (bare) skin on skin contact. Regardless of how you feed your baby, you can offer this time of contact every day and so can your partner! This promotes a good/strong bond with your child, which is good for his social/emotional development. (source: www.nji.nl, www.wij-leren.nl, www.borstvoeding.com).

Nausea

The baby may be nauseous from the amniotic fluid during the first few days. Sometimes the baby can become short of breath after swallowing or regurgitating amniotic fluid. Don't panic, keep the baby upright and gently rub his back. If this doesn't help, place the baby leaning forward on his stomach and rub his back forcefully in the direction of his neck. If necessary, you can slap the sole of baby's foot. Mucous in the mouth or throat can be removed with a gauze wrapped around your finger. This often causes the baby to cry and spit out the mucous. Ask the maternity care assistant to demonstrate these actions.

Changing nappies

When using disposable nappies, you should insert a paper towel or use a nappy with indicator strip to check the baby's urine production. Vaseline should be applied to the baby's bottom during the first days, due to the sticky meconium that baby produces. Use a piece of tape to close the nappy when using cloth nappies. If the baby has produced stools, the bottom can be cleaned using wet cotton wool or wipes containing oil or lotion.

Meconium

A baby's first stool (meconium) is sticky and black. This can best be removed using cotton wool soaked in water or special lotion wipes. After a few days the stools will become brown/yellow (transitional stools), sometimes green and then yellow, depending on how your baby is being fed. Stools with breastfeeding: the stools can initially be runny, even watery. This is normal. After four or five days, breastfed

babies can start producing stools after each feed. On average, a baby will pass stools 2-5 times in 24 hours during the first weeks. Stools with formula feeding: formula-fed babies produce stools once a day on average. These stools are also yellow but are firmer in structure.

Urine/urates

The urine will initially be dark in colour (concentrated) and may contain urates. Urates are waste products from the kidneys and can be recognised as an orange sediment in the nappy. If the baby is receiving enough fluids, the urine will become clear in colour and the urates will disappear without intervention.

Pseudo-menstruation

Girls can produce a blood discharge and/or some mucous from the vagina during the first week of life. This is called pseudo-menstruation. This is caused by the female hormones that the baby has received from her mother. This disappears on its own.

Swollen breasts

Both boys and girls can have swollen breasts. This is caused by the female hormones that the baby has received from the mother. No action is required. This is normal and disappears on its own.

Colic (stomach cramps)

A baby's intestines are not yet fully developed. Your baby may therefore experience stomach pains after being fed, for example if he drinks too quickly or greedily. Your baby will let you know by crying inconsolably after feeding and by kicking his legs. This is completely normal. The stomach and the intestines still need to get used to digesting milk instead of amniotic fluid.

A couple of tips to ease colic:

- Place a warm cloth on your baby's tummy.
- Babies are soothed by contact; hold your baby close to your body, sing, walk around slowly.
- Give your baby a warm bath or bucket-bath.
- Place the baby on his tummy resting on your arm and combine this with rubbing his back.

N.B. sometimes babies just feel the need to cry for a while. It is hard to distinguish this from colic.

Belly button

There should be no bleeding from the umbilical stump. Consult the general practitioner or midwife if the stump does bleed. The belly button should be checked every day. The maternity care assistant will show you how to care for the umbilical stump.

Baby's temperature

Your baby's normal temperature will vary between 36.5 °C and 37.5 °C. Babies should wear a hat during the first few days for good temperature regulation.

The maternity care assistant will give you tips about how best to maintain your baby's temperature.

If the baby's temperature is:

- <36.5°C put on a beanie, place a (second) hot water bottle in your baby's cot and/or use a second blanket.
- >37.5 °C check that the baby is not dressed too warmly, remove (any) hot water bottle, remove the hat and/or the second blanket.

Contact the midwife immediately if your baby's temperature drops below 36.0°C or goes above 38.0°C during the evening or the night. The midwife will advise you and/or take immediate action.

Hot water bottles

Most babies need a hot water bottle during the first days. If the baby's temperature is between 36.5 °C and 37.0 °C, we recommend one hot water bottle. If the baby's temperature is 36.5 °C or lower, we recommend two hot water bottles. Only give the baby two hot water bottles if his temperature is too low. When his temperature is higher, giving two hot water bottles simultaneously may increase the risk of heat build-up and the risk of cot death. If your baby's cradle is small, no hot water bottle must be placed in it. We cannot properly guarantee your baby's safety if there is a hot water bottle in a small cradle with less than a hand's breadth's distance between the bottle and the baby. In such situations, your baby's delicate skin runs a significant risk of getting burnt. Kraamzorg de Waarden recommends hot water bottles rather than other warming aids during the confinement period, to raise or maintain your baby's temperature.

Filling the hot water bottle

Follow the manufacturer's instructions and those of the maternity care assistant when filling a hot water bottle.

Before the baby's delivery, be sure to check the hot water bottle yourself as outlined below: Fill the hot water bottle in accordance with the instruction given below. Leave the hot water bottle in an empty bucket or basin overnight to check whether there are any leaks.

You can find an instructional video on how to examine a hot water bottle on Kraamzorg de Waarden's website.

The hot water bottle must be properly maintained. Check the hot water bottle for leaks before each use by rolling it across a dry surface several times. If the stopper (cap) leaks, replace



the stopper, or replace the hot water bottle in its entirety. After checking the bottle, insert it into its soft cover. After the postpartum period, hot water bottles must only be used to pre-heat the bed.

Place the hot water bottle in the cot, on the blanket, next to your baby, with the stopper facing the lower end of the bed (if you use two bottles, place them on top of the blanket, beyond the baby's feet, in an L-shape). On no account place the hot water bottle directly against your baby. Always maintain a hand's breadth's distance between the baby and the bottle, with a layer of cloth in between – for example, a thick fold in the blanket. The hot water bottle must not be placed too close to the baby, and must never be used in a small cradle or baby nest, due to the risk of burning the baby's delicate skin. If your baby's cradle is small (the same size as, or smaller than, the bassinet of a pram), please do not put a hot water bottle in it while the baby is in it, since it will be impossible to observe the right distance between the bottle and the baby. Don't use hot water bottles in your baby's pram, either, while your baby is in it. However, you can use hot water bottles to pre-heat your baby's cradle or pram.

Tip: wrap the hot water bottle in an absorbent nappy or bed sheet and tie this cloth with a double knot at the side of the hot water bottle. Place the hot water bottle with the knot towards the baby. The knot will ensure a safe distance from the hot water bottle and prevent the baby from rolling towards it. Place the hot water bottle in the cot with the cap facing down and past the feet. Never place the hot water bottle against your baby and always maintain a hand's breadth from the baby with a layer of cloth in between, for example a deep fold in the blanket. The hot water bottle should not be placed too close to the baby, because of the risk of burning the baby's delicate skin.

Jaundice

Most babies will become slightly yellow a few days after the birth, regardless of their own skin colour. This is because a certain waste product (bilirubin) travels from the baby's blood to the skin. This is usually harmless and will disappear on its own within a few days. If your baby does look slightly yellow, it is important that your baby gets plenty of food. This promotes the functioning of the intestines, so that the bilirubin can leave the body with the meconium. If you are breast-feeding, you can offer your baby a feed more frequently, because colostrum (first milk) has a laxative effect. Sometimes the concentration of bilirubin in the blood can become so high that it can cause brain damage. Your baby will therefore be closely monitored during the first days. If the baby becomes too yellow or displays (a combination of) other signs, the bilirubin concentration can be tested by means of a skin test or a blood test. If the result is too high, your baby will usually be admitted to the hospital for light therapy. For more information, visit: www.babyzietgeel.nl (only available in Dutch)

Evening and night routine

Babies can be awake during the evening or at the start of the night, usually for a feed. As the baby gets older, this night feed may no longer be necessary. Each baby will vary. If you have any questions about this, please contact the community nurse from Youth Health Services.

Crying

All babies can cry. This doesn't always mean that the baby is hungry. Particularly during the initial period after the birth, the baby needs to adjust to his new surroundings. A clean nappy, a warm bath, a new hot water bottle or a nice cuddle may soothe the baby.

Safe sleeping

The WHO (World Health Organization) advises parents to let their baby sleep in their room for the first 6 months, if this can be done safely. You will learn to recognise the sounds your baby makes, which will make it easier for you to respond to them (see p. 13, 'Signs of Hunger and Stress'). This may have a positive effect on your breastfeeding and may also make it easier to feed your baby at night.

Advice on safe sleeping:

Never let a baby sleep on his tummy. A healthy baby can sleep on his back from the first day. If circumstances require the use of a different sleeping position, then this will be discussed with the midwife. Be careful of providing too much heat. The baby can overheat if too many blankets are used in combination with clothing, high room temperature and the use of a hot water bottle. This danger increases if the baby is sick and has a raised temperature.

Use a sheet and one blanket, or a fitted sleeping bag for the first two years. Kraamzorg de Waarden recommends using a sheet and blanket. Use of a duvet is not recommended at this age.

Make up the bed so that the baby's feet are virtually touching the foot end. During the confinement week, in consultation with the midwife, the maternity care assistant may use a blanket folded double or 2 blankets in order to stabilise the baby's temperature. After the confinement week, a sheet and one blanket will suffice. Avoid folding a blanket double, either in a cover or by using two blankets, as this increases the risk of overheating.

Use a cot with ventilating sides, but make sure that the space between any bars on the sides should be no more than 4.5 to 6.5 centimetres and that the bars are vertical.

If the cradle has bars, or sides that have openings, a loosely woven fabric can be used, too. The cradle or cot comes with a perforated bed base or a slatted bed base, to ensure that the mattress can be properly ventilated and health hazards (such as the formation of mildew) can be averted in the long term. If your baby's mattress has a mattress protector with a ventilating top layer or a honeycomb structure, our maternity nurse may advise you to remove the mattress protector from the cot temporarily. After the postpartum period, if your baby does not get cold during the night, and once hot water bottles are no longer used, you can start using the mattress protector again. Be sure to put your baby on his/her back, though, when you put him/her to sleep.

It is best not to place a bumper, pillow, baby nest, pillow-like cuddly toys or nursing pillows in the cot. Your baby's face may sink into such objects, covering his/her nose and mouth, which may prevent him/her from breathing. When you buy cuddly toys, make sure there is no soft plastic inside them. Keep a close eye on your baby if you put him/her in a baby nest, and do not place the nest in your baby's cot.

More information on safe sleeping and related articles can be found on www.veiligheid.nl, www.opvoeden.nl or www.consumentenbond.nl.

During the confinement period, the emphasis will be on learning to recognise your baby's body language. The maternity care assistant will help you with this. She will explain how you can tell whether your baby is hungry or tired. These signals cannot be recognised as easily if you swaddle your baby. If you want to start swaddling your baby after the confinement period, contact the Child Healthcare Centre for advice on how to do this.

If your baby spends the first months of his life lying on the same side of his head, then this can result in a flat head.

The maternity care assistant will teach you how to prevent this using the JGZ guideline.

During the day, it is a good idea to place your awake baby on his tummy at regular intervals, with supervision. This is essential for development of motor skills. There may be reasons to deviate from this advice. However, you should never do this without consulting your doctor.

Smoking

Tobacco smoke creates air pollution. Breathing in this smoke is harmful and irritating, especially for small children.

Children who spend time in a smoky environment will absorb the harmful substances from tobacco smoke in their body. Such substances can be detected in their urine, blood and nails. Even a single hair can be used to demonstrate that a child has passively inhaled smoke.

Babies are extra vulnerable to smoke

Children suffer more from second-hand smoke than adults. This is because their airways are smaller. Children of parents who smoke will visit a doctor or hospital more often in their first two years of life than children of parents who do not smoke: for respiratory conditions, middle ear infections and the fitting of grommets in the ears. Not all parents know that smoking near a baby significantly increases the risk of cot death. Many parents do not realise that tearing eyes or a runny nose can be caused by tobacco smoke. All too often people think: "it's probably just a cold".

Safe environment

Children depend on adults for their safety. As a parent, you want what's best for your child. You provide a safe environment, love and good food. This will allow your child to develop healthily. Providing clean air is another responsibility in this care.

Would you like to know more?

If you would like to know more about these topics, go to page 18 for useful addresses and websites.

Going outside for the first time

It's best to check with the midwife or general practitioner about when your baby may go outside. You can dress your baby as normal, perhaps with an added jacket, depending on the season of course. Your own clothing serves as a useful guide. You can pre-heat the pram with a hot water bottle if necessary.

Feeding

Feeding on demand

Every time your baby latches on, you will produce more milk. Don't wait for your baby to cry, but watch for early feeding

**Children suffer more
from smoke than adults.**

signals from your baby. This is called feeding on demand. Formula milk is also provided on demand. The maternity care assistant will advise you about the quantity of formula, in consultation with the midwife. Your baby will tell you how often and how much milk he wants to drink each time, but this should not result in the baby being underfed or overfed. Ensure that your baby drinks the required amount, but don't exceed this.

Signs of hunger and stress symptoms

The maternity care assistant will teach you how to recognise signs of hunger in your baby, or when the baby has had enough. Signs of hunger include searching (rooting), lip-smacking, sucking on hands and restlessness. When your baby has drunk enough, he shows stress symptoms, he, for example, spreads his fingers and toes, lets milk run from his mouth, turns his head away, wrinkles his eyebrows, makes noises when swallowing or pushes the breast/bottle away.

Breastfeeding

You can feed your baby both in lying and seated positions. Find the position that is most comfortable for you and your baby in a quiet environment. When the baby latches, it is important to check that the baby has the nipple and areola in his mouth and that the tongue is under the nipple. Make sure that the baby is not sucking on the nipple, as this can cause cracked nipples. We recommend placing your baby to your breast 8-12 times per 24 hours to start and/or stimulate breastfeeding. At first, always try to feed from both breasts during each feed. It can take several days for the milk production to start.





In these first days it is hard to measure whether the baby is drinking enough. Most babies lose 5 to 10% of their birth weight. If they are drinking enough, they normally start gaining weight again after five to six days. It is important that the nappies are really soaked in urine after the fourth or fifth day. The urine should be clear and the baby should be passing stools regularly. It is also a good sign when a baby falls asleep soon after a feed and sleeps for three to four hours between feeds.

The step-by-step plan for latching:

Use the following steps when breastfeeding.

- Find a comfortable position - sitting or lying down - with support under your arms and feet, whatever feels relaxed.
- Your baby should be awake and relaxed. A crying baby should be soothed first.
- Lying down: on your side, stomach to stomach. Sitting: baby in the crook of your elbow, your forearm supporting his back and your hand supporting his hips and thighs. Your baby should lie completely on his side, with his face turned towards you and his nose level with your nipple. Ears, shoulders and hips should be aligned.
- Support your breast with your other hand: four fingers under the breast and the thumb loosely on top. The fingers should not be too close to the nipple, because the milk reservoirs that the baby needs to empty by massaging with his jaws are located three centimetres around the nipple.
- Encourage the baby to open his mouth by gently stroking his top lip with your nipple.

It can take about 10 to 120 seconds for the baby to respond and open his mouth wide with the tongue in the bottom of his mouth against the lower jaw.

- At that point you should guide your baby to the breast, whilst giving him the breast with your other hand. This will ensure that the baby has the entire nipple and enough of the areola in his mouth to ensure that his jaws are positioned over the milk reservoirs surrounding the nipple. The baby's hips lie firmly against your body.
- If feeding hurts, the baby is probably not latched on properly. The baby can then be removed from the breast - by breaking the vacuum by inserting your little finger into the corner of his mouth - and you can try latching again.

Check

The let-down reflex can feel painful, but that tingling sensation soon disappears. You can check whether the baby is properly latched on. If he is drinking with his mouth wide open, the lips are curled outwards and his tongue is visible when you gently pull down his lower lip, then he is latched on properly. After the fast, rhythmic sucking to trigger the let-down reflex, the baby will start drinking at a slower rate and may even take short breaks. This will continue until he triggers the let-down reflex again and the pattern repeats itself. Allow the baby to drink until he releases the breast himself and offer him the other breast too, if he still wants feeding.

Frequency days

During the first few months, the baby may sometimes be more fussy than usual, cry a lot and want to feed much more frequently than usual. This is due to an increased demand for breast milk.

The frequency days are:

- around 10-14 days,
- around six weeks,
- around three months.

Several tips:

- Feed more frequently. The more often you feed, the sooner the milk production will be adjusted to meet the new requirement and the sooner the baby will settle into a new rhythm.
- Feed on demand.
- Get plenty of rest.
- Ensure that you are eating properly and drinking a lot.
- Be wary of a preferred feeding position; change positions regularly.

Expressing milk

Sometimes you may need to express breast milk. Depending on why you are expressing breast milk, the baby can drink this milk or it can be discarded. Expressing milk can be done manually, using a manual pump or an electrical pump (can be rented and/or purchased from www.dadashop.nl).

Storing expressed breast milk

Materials:

- Plastic containers
- Bottles/bags

Method:

- Ensure that all materials are clean; wash as normal when washing dishes and then boil the materials for 10 minutes.
- Do not add warm breast milk to cooled breast milk.
- Allow the breast milk to cool first, before placing in the fridge or freezer.
- Place the milk towards the back of the refrigerator, where it will remain coolest.
- Don't add fresh breast milk to frozen breast milk.

- Write the date on the bottles/bags/containers.
- It is best to freeze small individual portions to prevent waste.

Defrosting:

- Allow the frozen breast milk to defrost in the fridge or place under a running tap that is gradually switched from cold to warm.
- Never defrost in the microwave (= loss of quality), directly under hot water (= loss of quality) or at room temperature (= bacterial growth).
- Once defrosted, breast milk should not be frozen again and must be used within 1 hour.

Heating

- In a bottle warmer.
- Au bain marie: in a pot of water at a maximum of 35°C
- Once breast milk has been heated, it may not be heated again.
- It is best not to use a microwave when heating breast milk. This increases the risk of losing valuable antibodies and vitamins from the breast milk.
If you do use a microwave, use it at the lowest setting and gently swirl the breast milk at intervals so that the milk is heated evenly.

There are three ways to clean the pump:

1. Clean with hot water and washing-up liquid after each use, after which the pump can be cleaned once day in the dishwasher.
2. Boiling.
3. In the microwave using the microwave steriliser.

Lactation consultants

Our lactation consultants are on hand to offer you more breastfeeding support tailored to your situation.

The maternity care assistant will initially guide you through the breastfeeding process. She receives annual training from our lactation consultants so that she can provide optimum support for breastfeeding. If any problems arise, e.g. you have problems getting your baby to latch or you don't produce enough milk, then the maternity care assistant, the midwife or you can contact our lactation consultant at any time. She will offer advice over the telephone or make a home visit during or after the confinement period. Many health

insurance companies offer full or partial reimbursement for these consultations.

Our lactation consultants are available on all working days, for home visits or telephone consultations, also after the confinement period, via telephone number +31 (0)88 130 17 17. At weekends and on public holidays, they offer a telephone consultation from 10:00 - 12:00 and can be contacted on the following number +31 (0)88 130 17 18. For consultation prices, please visit our site www.kraamzorgdewaarden.nl (see heading on feeding).

Vitamins K and D

All babies will be offered a vitamin K injection after birth. If you are breastfeeding, the midwife will prescribe vitamin K to reduce your baby's risk of a brain haemorrhage. Vitamin D is prescribed for both breast and bottle fed babies, starting from day 8. This ensures that babies grow strong and healthy bones. You can buy vitamin D before the baby is born. Are you planning to breastfeed your baby? If so, you will still be offered a vitamin K injection. The dosage can vary per brand, it is important to read the instructions properly. Vitamins K and D are administered at the midwife's discretion.

Formula feeding

At Kraamzorg de Waarden, we prefer to use plain tap water at the correct temperature for the formula. In the Netherlands, it is safe to use ordinary cold tap water to prepare formula. The water does not need to be boiled first. The water only needs to be brought to the correct temperature. The cold tap water produced in the Netherlands is safe enough to be used in the preparation of formula. If the tap is not used regularly, then it is sensible to flush the taps first. If your home still contains lead water pipes, then we recommend preparing the formula with water from a bottle or pack.
(source: www.ncj.nl)

Requirements for preparing formula:

- Clean bottle and teat.
- Formula (check the shelf life).
- Measuring scoop.
- Mineral water, if necessary.
- Knife.
- Plate.
- Tap within reach.
- A pan or microwave to heat the water.

Storage period of breast milk

	At room temperature (20°C)	In the fridge (5°C)	In the freezer section of the fridge	In the freezer	After heating
Fresh breast milk	4-8 hours	4-8 days	2 weeks	6-12 months	as soon as possible
Defrosted breast milk	1 hour	24 hours			as soon as possible

Source: www.lalecheleague.nl, www.borstvoeding.com

Instructions for preparing and giving formula:

- Prepare one feed each time.
- Wash your hands.
- Read the instructions on the packaging.
- Measure cold running tap water in the bottle.
- Heat the water to 37 °C (in a pan or microwave).
- When using mineral water from sealed packaging, the water can be used immediately. If the mineral water is from a package that has previously been opened, it must be boiled for 1 minute.
- Add the required number of scoops of formula powder to the water.
- Screw the lid and teat on the bottle.
- Mix the formula by gently shaking the bottle.
- Pour any excess formula from the bottle.
- Check the temperature of the formula by placing a few drops on the inside of the wrist; the drops should not feel hot on the skin.
- Place a cloth under the baby's chin.
- Hold the bottle so that the teat is filled.
- Place the teat on the tongue and burp the baby at intervals, if necessary.
- Discard any remaining formula.
- Rinse the bottle and teat with cold water after use and wash with hot water and washing-up liquid using a bottle cleaner.

Requirements for boiling the bottle and teat:

- A bottle.
- A teat for new-borns.
- A pan big enough to boil the bottle and teat in.
- A bottle cleaner (store in a plastic bag in the fridge).
- Table vinegar, if necessary.

Instructions for boiling the bottle and teat:

- Read the instructions for the bottle and teat before starting.
- Wash your hands.
- Clean the bottle and teat using hot water, washing-up liquid and a bottle cleaner.
- Place the bottle and all components in the water.
- Add a small amount of table vinegar if desired to prevent limescale.

- Bring the water to the boil.
- Boil the bottle, teat and lid according to the manufacturer's instructions.
- Rinse the bottle and teat thoroughly and place on a clean cloth to dry and then store in a dry, clean place.
- Other materials should preferably be stored in a sealed plastic container.

The bottle and teat do not need to be boiled if you have a good dishwasher. In that case, the bottle and teat can be cleaned once a day in the dishwasher. The bottle should be rinsed with cold water after each feed and then cleaned with hot water and washing-up liquid. The bottle and teat should then be rinsed thoroughly to remove any traces of washing-up liquid and placed on a clean cloth to dry. If you do not have a dishwasher, the bottles can be boiled once a day as described above.

It is best to feed your baby as much as possible yourself during the early days. It is important to change feeding position regularly to avoid developing a preferred position. Don't worry if the baby occasionally drinks less than normal. Stop feeding when the baby is no longer hungry and always stop after half an hour. The baby may feed faster at some times than others. If the baby drinks a lot and drinks quickly, his need to suckle may not be satisfied. The baby will then start to cry and a dummy can offer a solution. The hole in the teat may also be too large. In that case, try a different brand of teat. A teat should be replaced every 6 weeks due to (invisible) wear-and-tear. The baby will often burp after a feed. This is air that gets into the baby's stomach whilst sucking on the bottle. It may take a while for this burp to come and sometimes it will not come at all. The feeding times and quantities will be determined in consultation with the midwife. This depends on the baby's weight.

Various

The heel prick

A blood sample will be collected from your baby before the seventh day after birth. This is called the heel prick test. Your baby's blood will be tested for 18 different metabolic diseases.

These diseases can be treated effectively if detected at an early stage. You will receive a leaflet about this when registering your baby at the municipality. For more information, visit: www.rivm.nl

Hearing test

Your baby will have a hearing test in the first 2 weeks after birth. This neonatal hearing screening is a new method of detecting hearing loss. Your baby will have a small ear bud placed in his ear. This bud is connected to a measuring device



that tests your baby's hearing. Both ears will be tested separately; this may take several minutes.

Reporting code

All authorities that come into contact with your child must work according to the national reporting code for domestic violence and child abuse. The aim of this reporting code is to help professionals handle signs of domestic violence and child abuse.

The Child Healthcare Centre

At the end of the confinement period, the maternity care assistant and the midwife will send a written report (sometimes also verbal) to transfer the care of your baby to the Youth Health Services in your area.

If you intend to visit the Child Healthcare Centre with your baby, then the Youth Health Services community nurse will make an appointment for an initial consultation at your home. During this visit, she will inform you about the procedures at the Child Healthcare Centre and open a file for your baby. She can also answer any questions you may have about caring for and raising your baby.

At the Child Healthcare Centre, the doctor and Youth Health Services community nurse will give you advice about feeding, caring for and raising your child. A physical examination will be performed regularly, during which your baby's height, weight and motor skills development will be closely monitored. This allows any developmental problems, such as problems with the eyes, hearing, movement or growth, to be detected at an early stage. In addition, your child will be vaccinated against certain diseases.

Check-up after six weeks

You will have a check-up with the midwife approximately six weeks after the birth. You will look back on the delivery. The midwife will discuss your recovery, how your baby is growing and your plans for any subsequent pregnancies. In addition, the midwife or doctor will check your iron level and blood pressure.

General arrangements

On the first day of care, the maternity care assistant will discuss with you what you can expect from her during the confinement period. You can also state your wishes and expectations. Arrangements will then be reached and recorded.

- ☐ 1. Resting times
- ☐ 2. Visits/telephone
- ☐ 3. Cleaning the bathroom and toilet
- ☐ 4. Changing the mother's and baby's bed
- ☐ 5. Cleaning the mother's and baby's room
- ☐ 6. Cleaning other rooms
- ☐ 7. Maternity and family laundry
- ☐ 8. Preparing meals
- ☐ 9. The grocery shopping
- ☐ 10. Caring for other family members
- ☐ 11. Any other issues
- ☐ 12. Wishes and expectations regarding parenting

The client has the following wishes and expectations:



Checklist mother in the post-natal period

These checklists give you the opportunity to indicate whether you want to receive any further information on the points listed below. The maternity care assistant can discuss this with you on the second-last or last day and give you more information.

Breastfeeding

- ☐ proper latching
- ☐ supplementary feeding: why and how
- ☐ night feeding
- ☐ reducing
- ☐ expressing (different methods)
- ☐ storage and heating
- ☐ menstruation and breastfeeding
- ☐ returning to work
- ☐ how long to feed
- ☐ how often to feed
- ☐ breast feeding associations
- ☐ teats/dummies
- ☐ wet nappies, stools (also after the confinement period)
- ☐ fussy days, temporary drop in milk supply
- ☐ cleaning materials
- ☐ rooming-in
- ☐ breast engorgement
- ☐ nipple/teat confusion
- ☐ nipple care
- ☐ let-down reflex
- ☐ maternal nutrition
- ☐ feeding behaviour
- ☐ feeding positions mother
- ☐ benefits of feeding on demand
- ☐ prevent breast infections
- ☐ weight growth chart
- ☐ care from lactation consultant (also after the confinement period)

Formula feeding

- ☐ preparation
- ☐ after confinement period
- ☐ how long to feed
- ☐ number of feeds
- ☐ quantity of feed
- ☐ night feeding
- ☐ wet nappies/stools
- ☐ cleaning materials
- ☐ breast engorgement
- ☐ feeding behaviour
- ☐ feeding positions
- ☐ weight growth chart
- ☐ feeding on demand

Education

- ☐ contraception
- ☐ the new situation
- ☐ emotional aspects
- ☐ exercises after the birth
- ☐ washing your hands
- ☐ stitches
- ☐ hygiene
- ☐ cold sores
- ☐ informal care
- ☐ afterpains
- ☐ dealing with other children
- ☐ bowel movements and haemorrhoids
- ☐ returning to normal after pregnancy
- ☐ household organisation after the confinement period
- ☐ rest and activity after the confinement period
- ☐ rest and mobility
- ☐ lifting
- ☐ urination and rinsing
- ☐ progress of lochia (post-partum bleeding) after the confinement period
- ☐ progress of lochia (post-partum bleeding) during confinement period
- ☐ nutrition
- ☐ returning to work
- ☐ swimming
- ☐ vitamins (extra) D and K
- ☐ menstruation

Checklist baby

Observation points

Appearance

- ☐ fontanel
- ☐ genitals
- ☐ hair
- ☐ head
- ☐ colour of skin
- ☐ nails
- ☐ belly button
- ☐ eyes
- ☐ ears

Urine

- ☐ frequency
- ☐ smell
- ☐ quantity
- ☐ colour

Bowel movements

- ☐ frequency
- ☐ smell
- ☐ quantity
- ☐ colour

Breathing

- ☐ how often
- ☐ frequency
- ☐ groaning

Motor skills

- ☐ arms
- ☐ legs
- ☐ head
- ☐ fingers
- ☐ feet

Posture when

- ☐ crying
- ☐ sleeping
- ☐ changing nappies
- ☐ feeding

Behaviour when

- ☐ bathing
- ☐ looking around
- ☐ sleeping
- ☐ changing nappies
- ☐ feeding

Temperature

- ☐ number of blankets
- ☐ baby's room
- ☐ policy on hot water bottles
- ☐ position of crib

Education/advice

- ☐ baby swimming
- ☐ visit from community nurse
- ☐ breast engorgement
- ☐ making contact
- ☐ colic (stomach cramps)
- ☐ the yellow baby
- ☐ the pram
- ☐ the nails
- ☐ caring for the umbilical stump
- ☐ use of a car seat
- ☐ use of a baby rocker
- ☐ use of a play pen
- ☐ hearing test

- ☐ weight of the baby
- ☐ washing your hands
- ☐ bathing/showering
- ☐ the Child Healthcare Centre
- ☐ going outside with the baby
- ☐ heel prick, including PKU, CHT, AGS.
- ☐ vernix
- ☐ crying behaviour
- ☐ hygienic care
- ☐ colour after exertion
- ☐ waking, picking up, making contact
- ☐ hot water bottle schedule
- ☐ placing the baby in bed/play pen

- ☐ meconium
- ☐ nausea and vomiting
- ☐ pseudo-menstruation in ♀
- ☐ smoking
- ☐ rooming-in
- ☐ oral thrush
- ☐ temperature of the baby's room
- ☐ urine and urate crystals
- ☐ safe sleeping
- ☐ shaken baby syndrome
- ☐ preferred position
- ☐ attachment (emotional)
- ☐ clustering

Instructions

- ☐ bathing/showering
- ☐ stripping and making the baby's bed
- ☐ filling and positioning hot water bottles
- ☐ caring for the umbilical stump
- ☐ cleaning baby's nose
- ☐ cleaning baby's eyes
- ☐ cleaning baby's ears
- ☐ taking baby's temperature
- ☐ temperature regulation
- ☐ safe sleeping
- ☐ changing nappies
- ☐ feeding the baby

Useful addresses and websites

Lactation consultants Kraamzorg de Waarden

telephone:

+31 (0)88 130 17 17 (Mon to Fri)

+31 (0)88 130 17 18 (Sat & Sun from 10:00-12:00 and public holidays)

La Leche League International

www.llli.org

Breastfeeding Knowledge Centre

(information about breastfeeding)

www.borstvoeding.com

www.trimbos.org

telephone: +31 30 297 11 00

Foundation for Food Allergies

Stationsweg 6b

3262 CG Nijkerk

telephone: +31 (0)33 46 55 098

www.voedselallergie.nl

Nutrition Centre

PO Box 85700

2508 CK The Hague

telephone: +31 (0)70 30 68 888

www.voedingscentrum.nl

For the English version, press the button at the bottom of the homepage.

Pelvic floor complaints

www.bladderbowel.gov.au/

NCJ Nederlands Centrum Jeugdgezondheid [Dutch Centre for Youth Health Services]

Churchillaan 11

3527 GV Utrecht

telephone: +31 (0)30 76 00 405

www.ncj.nl

JGZ Guideline

jgz guidelines, see ncj.nl



Safety NL

PO Box 75169
1070 AD Amsterdam
telephone: +31 (0)20 54 44 511
www.veiligheid.nl/kinderveiligheid/home
Press the button 'Professionals' to download an English brochure

Teenage mothers

www.tienermoeders.nl

Siriz

PO Box 559
3800 AN Amersfoort
telephone: (0800) 440 00 03
(Mon to Fri from 09:00 to 13:00 and 17:00 to 23:00)
(Sat & Sun from 09:00 to 23:00)
www.siriz.nl

Multiple birth parents

www.nvom.nl

**Vereniging van ouders Couveuse kinderen (VOC)
[Association of parents of Incubator children]**

PO Box 1024
2260 BA Leidschendam
telephone: +31 (0)70 38 62 535
www.couveuseouders.nl

**Vereniging Keizersnede ouders (VKO)
[Association of Caesarian parents]**

PO Box 233
2170 AE Sassenheim
telephone: +31 (0)76 50 37 117

Stichting Lichaamstaal [Body Language Foundation]

The Body Language Foundation provides information about everything surrounding the birth, particularly the body language of giving birth and contact with babies and young children.
www.stichtinglichaamstaal.nl
For English, click on English in the yellow plane on the right side

Baby carrier consultants Kraamzorg de Waarden

For more information, visit www.kraamzorgdewaarden.nl
For an appointment or questions:
draagdoekconsulente@kraamzorg.org



Checklist

Checklist mother in the post-natal period

(discuss, monitor and record peculiarities on a daily basis)

1. general condition (physical, emotional)
2. breasts
3. position of uterus
4. lochia (post-partum bleeding)
5. perineum, sutures
6. urination, bowel movements
7. legs
8. temperature and heart rate

baby

(daily monitoring and recording)

9. colour
10. breathing
11. umbilical stump
12. urination
13. bowel movements
14. temperature
15. skin
16. feeding behaviour
17. motor skills
18. sleeping and waking rhythm
19. weight

Paste a nice photo here

Name maternity nurse: