



INFORMATION ABOUT YOUR DELIVERY

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Telephone numbers:

Between 9.00 and 9.30 hours we are available for a telephone consultation. You will directly get a midwife on the phone. Telephone number: 020-6831640.

In case of contractions or emergency questions you can always call the midwife-on-call:

- Red team: 020-2601706, no answer Yellow team: 20-2601287
- Yellow team: 020-2601287 no answer Red team: 020-2601706

Several practical issues:

- Make sure that the name beside the doorbell also has your (sir-)name on it, the name how we know you. We want to prevent misunderstandings with neighbours at night.
- Sometimes we work with student midwives and less frequently with medical students. They will have experience in attending deliveries, but for them a home delivery may be new. For us it is important to show them how a healthy woman delivers in Holland, but if you have any objections to it, make sure you have told us so during your antenatal- controls.

When has "it" started:

- *The "show":*
This is when you have lost a mucousy/bloody vaginal discharge, sometimes in the form of a plug, the "show". It is not so much the beginning of labour, but more a sign that the neck of the womb (cervix) is ripening. Sometimes one may lose the mucous- plug already 2 weeks before the delivery, but it can also be that you lose it when you already have strong contractions. In other words; it does not give you a lot of information, so wait and see.
- *The rupture of the membranes:*
Usually the membranes rupture after having had strong contractions and when you are dilating. It may also be that you haven't felt anything yet, and all of the sudden you feel the loss of amniotic fluid (often it happens at night, so be sure that your mattress is protected! By the way, the loss of clear amniotic fluid does not leave stains in your sheets). If you think you may be losing amniotic fluid, make sure that you check its colour. Normal amniotic fluid is *transparent* like water, with some whitish "flakes" in it (which is the vernix, skin cream, of the baby).

Often we see it mixed with some blood making it *pink*. Is the amniotic fluid "transparent/clear", whitish or pink, and you don't feel anything else, then change your sheets, wear a sanitary pad and make sure you go back to sleep. Inform the midwife-on-call the following morning of your situation and then wait and see. Concentrate yourself on your daily activities because it may take another 24 hours before anything else happens. When you doubt whether you are losing amniotic fluid at all, try and catch some of the liquid you think you're losing. For example by pushing a little or coughing while sitting on a plastic tub, so that we can judge for you whether or not you are actually losing amniotic fluid or not.

Your amniotic fluid may also be coloured *green* (or sometimes brown or yellow). That means that your baby has had his/her bowels open while in the womb (the first stools of the baby, meconium, is dark-green in colour). It may be a sign that your baby has (been in-) distress, so in that case you have to ring the midwife-on-call immediately (via the number for emergency questions). We will then come to your home and check the condition of your baby. In most of the cases of meconium stained liquor it will be necessary for you to have your delivery in the hospital under the supervision of an obstetrician. He or she will monitor the condition of your baby closely in the course of your delivery.



Another reason when you'll have to ring the midwife immediately is when the membranes rupture and the *head of the baby is not yet engaged* in the pelvis. We will tell you so during your antenatal check-ups. The reason to call us immediately is because there is a small chance, a very small one, that when the head of the baby does not "close" the entrance of the pelvis that, with the flow of amniotic fluid the cord or an arm will prolapse. You may not see this, as the prolapse can be within the vagina. Therefore the midwife-on-call will come to your home.

The last reason to call immediately is when you are *bleeding heavily*. But then again, a little (mucousy) blood loss is normal, but if the loss is constant, as if it is an open tap from which you constantly loose blood, then contact us.

SO: YOU RING US IMMEDIATELY WHEN :

1. the amniotic fluid is coloured green,
2. if your membranes break when the head of the baby was not yet engaged into the pelvis,
3. when you feel that you bleed excessively.
4. when you are less than 37 weeks pregnant and think that your labour has started.

The contractions:

What are contractions, and how exactly they feel, is difficult to explain. Even women that already delivered once, find it difficult to remember them.

During the whole pregnancy and especially at the end of the pregnancy, you may experience "tightenings". That is normal and those are not contractions.

At a certain moment those tightenings will go over into the first "practise" contractions. Those practising contractions are important because they will soften/prepare the neck of the womb (cervix); the neck of the womb that will later on open, under the influence of the real contractions. Those practise contractions may in some occasions last weeks; some days stronger then others, some days more painful then others. Sometimes they may also become regular, for example every 15 minutes for a period of time.

But when do the real contractions start that cause dilatation?

The change from practise contractions to contractions that cause dilatation may sometimes be difficult to recognise. But as long as you doubt whether you have practise contractions or not, they are not contractions yet that will lead to dilatation.

That is also the reason why we advise you not to think with the first contractions that "it" has started. It is possible that it fades away completely. When you notice at a certain moment that your contractions become more and more painful, and that you really have to concentrate to be able to cope with them, then it is time to time them and see how frequently they come. Contractions that cause dilatation can be recognised by an increase in frequency and strength.

Did they first come every 7-8 minutes, then they will now come every 5 minutes, every 3 minutes or more frequent. Make sure that during those hours of contractions you find yourself in a relaxed environment.

While it was good to distract yourself in the initial phase, now it is time to concentrate yourself on the contractions and to have as few distractions as possible. Your partner, or anyone who support you during your labour, has an important role here; protect your wife/friend from the outer world. Turn off the telephone, close your curtains, and make sure that the temperature in your room is pleasant. This is so important because every disturbing factor may delay your labour. Even the entry of the midwife may give a delay in your contractions or even stop them.

A warm shower or bath often works relaxing and the more you feel comfortable, the better your contractions will do their work. Know that not one contraction is there for nothing, every contraction will also end, and the more they hurt, the quicker they will cause dilatation.

You can ring us at any time, and if necessary we'll come to your home to examine you and determine whether you have dilated already. An important guide to know whether you have to ring us is, is how you feel. If you think you need us even though you haven't had contractions for longer than an hour and every



5 minutes (as some books say), ring us. But if you've had contractions for much longer and you can cope with them very well, you may also ring us when you find you cannot cope with them anymore.

Only when you have almost "full dilatation", we will prepare our equipment for the delivery with a homebirth. We will then also call the maternity nurse to assist us during the delivery of the baby. This nurse will also care for you after the delivery and will give you the first tips in caring for your baby.

If you have already had a baby, and that delivery progressed smoothly, then any next delivery will usually go faster. In that case it is best to call us when your contractions have started and when you feel that they won't stop again. Occasionally a second or third etc. delivery may last in total not longer than an hour. If in doubt, then ring us.

If it is your wish to deliver in hospital, without having a medical indication for doing so, then you may also follow the previous advise. We advise you always to move as late as possible to the hospital so that you don't disturb the work of your uterus too much. Because a disturbance may cause a delay in your contractions and eventually also to your whole labour. It is our advice to keep the choice of whether you'll deliver at home or in the hospital open, so that you can still choose during the active phase of your labour what to do. Doing so you give yourself more room to be able to enjoy the advantages of both places. As a home delivery may end in a hospital delivery, so you may also stay at home even though you planned to deliver in hospital.

The maternity care:

The assistance of the maternity nurse during your delivery, is your first acquaintance with her. Unfortunately it is not always the case that the nurse that assisted you during the delivery also will support you during your postnatal period (kraamweek). If you have delivered in the hospital then you will usually meet her for the first time the day after your delivery (only when you are at home already in the morning, then she may visit you still the same day). During the days after your delivery she shall prove to be more than worthwhile. She helps you to care for your baby and yourself and she is full with tips about all those things that you may come across during the first week after the delivery. She will support you when you start to breastfeed, she then may be of incalculable value. She is also our "eyes and hands" and will always call us when she doubts whether or not the postnatal observations she did are normal.

The midwives:

The midwives are responsible for the obstetric care of you until approximately 8 days postnatal. We personally will visit you a few times in the postnatal period and besides, during this period we are always on call for you when you have urgent questions.

The postnatal period:

Finally a few tips to help you through the postnatal week. Until the third postnatal day you will usually feel very energetic. Therefore it is maybe an idea to celebrate the delivery at that time; show off your baby and tell your story while you still have the energy to do so. From the third day, try to compensate the broken nights (from breast- or artificially feeding) by resting during the day. Include a visit-free-resting-hour in your day and try to sleep a lot. Rest is really very essential to a new mother....and father!

If you **breastfeed**, try, especially in the first week, to withdraw yourself, so that no one is observing you while feeding. It always takes some time before you develop handiness in breastfeeding, so you won't miss observing eyes while doing so. Besides it is lovely for your baby to have your undivided attention. If you've never breastfed, or if breastfeeding did not succeed the first time, then it may be a good idea to obtain more information before the delivery. There are many books and leaflets/brochures on breastfeeding (i.e. "Breastfeeding Matters, of Maureen Minchin, or "Breast is Best", from Andrew Stanway, or from "La Leche League"). You can also consult the Lactation expert of the Geboortecentrum, she gives information to expectant parents about breastfeeding (see our website). A lactation specialist has a



specialised 2-year course about breastfeeding. That such a new profession was needed we can see when we observe the numbers of women that breastfeed compared to those in other European countries. Apparently in Holland we have one of the lowest breastfeeding rates in Europe, while at the same time it is indisputable that breastfeeding is best for the general health of mother and baby! When we observe that there are breastfeeding problems during the postnatal period, we sometimes may call in the help of one of our lactation specialists. It depends of your health insurance if the costs are being covered. It is good to prepare yourself to breastfeed, to prevent problems later. Marieke van Luin, the lactation specialist of the Geboortecentrum can be called on the following number 06-15417909. If you want to participate one of the information mornings about breastfeeding send an email to our assistant: assistentes@geboortecentrum.nl (for now they are only in Dutch, for English see the website of Marieke: <http://mamma-minds.nl/>)

Babies cry a lot. That may at times lead to despair because you can only guess what is the matter with your baby. This is the only way that your baby can express him/herself. Often a baby will feel him/herself lonely and it may be sufficient to hold and comfort him/her, or take him/her with you in your bed. Don't be afraid that you will spoil him/her, he/she cannot manipulate as yet. Also when he/she has colic, it may be pleasant for the three of you to take him/her with you. The babybag or-bundler may give relief if you carry your baby close to you while you have your hands free to do something else.

You will have lots of other questions during the postnatal period. It is too much to write about all the possible questions that may arise. You will see your maternity nurse daily and also your midwife regularly to be able to receive more information.

But first your baby has to be born. We will wish you all the necessary strength, and luck and pleasure that you need during the delivery of your baby.

We will see you during your labour or postnatal week!

The midwives