



Your pregnancy and delivery at the UMCG

Contact list

If possible, please, keep your patient number available.

Main UMCG phone line	(050) 361 61 61
Questions about your appointment? Secretariat Obstetrics Available during work days from 8.00 a.m. to 4.00 p.m.	(050) 361 30 80
Non-urgent questions about your health and pregnancy Midwifery telephone consultation Available during work days from 3.00 p.m. to 4.00 p.m.	(050) 361 26 76
Urgent questions/ the delivery starts Delivery rooms, available 24 hours a day	(050) 361 80 65
Day Obstetric Centre (DOC)	(050) 361 18 16
Department L3 (delivery rooms and pregnancy unit)	(050) 361 80 65
Department K3 (maternity ward)	(050) 361 31 30

www.verloskunde.umcg.nl

This website has information about the department of Obstetrics.

Content

Introduction	3
Why are pregnancy check-ups necessary?	3
Check-ups at the outpatient clinic	3
When do you need to call?	3
Childhood disease	3
Who works at the outpatient clinic?	4
Chief practitioner	4
What happens during the check-ups?	4
The research nurse	4
The medical assistant	4
The nurse	4
Perinatal social worker	5
Midwifery telephonic consultation	6
Day Obstetric Centre (DOC)	6
Medical home care	6
Information about feeding your baby	6
Admission into the hospital	7
When and where will you be admitted?	7
Visiting hours	7
The beginning of the delivery	7
What do you bring?	7
During the delivery	8
Water birth	8
Pain management	8
Going home	8
Hospitalization at K3	9
When your baby needs extra care	9
Maternity care	9
Registration of birth	9
Health insurance	9
The costs of check-ups and delivery at the UMCG	9
Without medical indication (low-risk)	10
With medical indication (high risk)	10

Introduction

If you have an appointment for a pregnancy check-up at the outpatient clinic of Obstetrics at the University Medical Hospital of Groningen (UMCG), then you will receive information during your check-ups with your doctor/midwife and during conversations with the medical assistant and the nurse. Most of the information is available in this brochure, so that you may review it at your own leisure. If you have any additional questions, please do not hesitate to ask them. You can find the phone numbers in the contact list section at the beginning of this brochure.

Why are pregnancy check-ups necessary?

A pregnancy lasts on average 40 weeks, counted from the first day of the last menstruation. If all goes well, the fetus develops during that period of time into a healthy baby. This development is a complex process, wherein the mother's body undergoes different types of necessary adjustments. All of these developments, from both the baby and the mother, are precisely tuned to each other. In most pregnancies, prenatal development goes well, and the risk of complications is fortunately low. However, it is not always possible to predict who will and will not develop complications. Therefore, it is important for all pregnant women to undergo regular check-ups, so that potential problems can be discovered in time and managed accordingly. For this reason, care is set prior to the baby's birth (prenatal care).

Check-ups at the outpatient clinic

During a pregnancy without complications, you will visit the doctor/midwife six or seven times at the outpatient clinic. In addition, you will have your first appointment with the medical assistant, and at around 27 weeks of gestation you will visit the nurse. After 40 weeks, the appointments will continue as usual until you give birth. If necessary, interim appointments can be made.

When do you need to call?

The check-ups take place by appointment. If there are problems in between check-ups, please contact an employee from the Obstetrics' department. All contact information can be found at the beginning of this brochure.

Call (050) 361 80 65 immediately if you experience any of the following symptoms:

- vaginal bleeding. When there are only a few drops, you do not need to call us.
- abdominal pain or cramping, especially if you experience consistent pain and the abdomen hardens, or if these cramps did not occur prior to your pregnancy.
- gush of fluid, or excessive watery discharge. This could be amniotic fluid.
- decreased activity of the baby. At 25 weeks or more, if you do not feel your baby moving for a day, contact the Obstetrics' department immediately. Do not wait until your next appointment or the next day.
- any other symptoms that you did not have before and that worry you, such as fever, nausea, vomiting, severe headaches, dizziness or sudden swelling of the ankles.

Do not hesitate to call immediately. The department is available 24 hours a day.

Childhood diseases

A 'childhood disease', like Rubella, may harm your baby during pregnancy. If possible, you should avoid contact with any child or adult who has a disease which you have never contracted and might not be vaccinated against. If you are exposed, do not wait until your next check-up and immediately consult with your doctor or midwife in order to assess if this can do any harm.

Who works at the outpatient clinic?

During check-ups at the outpatient clinic, you will have contact with the following staff members:

- **The doctor (registrar in training for specialist/gynecologist)/midwife:**
The doctor or midwife performs the check-ups. More information about check-ups can be found on the next page.
- **The medical assistant:**
The medical assistant sits behind the front desk and is in charge of all check-ins and making new appointments. Additionally, during your first check-up, you will have an informative conversation with the medical receptionist.
- **The research nurse:**
The research nurse gives information about prenatal screening, and they may ask you to participate in a medical scientific research.
- **The nurse:**
At around 27 weeks, you will discuss your maternity period with the nurse as well as the course of events during the delivery.
- **Medical social worker:**
The medical social worker can help you with problems at home or at work regarding your pregnancy and the birth. You can find more information about the medical social worker in the next few pages.
- **Lab assistant:**
The lab assistant works in the lab and takes care of blood samples.
- **The intern:**
The intern works together with the doctor or midwife during the check-ups. The intern is a medical student in training to become a Doctor of Medicine.
- **The midwife in training:**
The midwife in training will talk with you during midwifery office hours under the supervision of the midwife. With your consent, she will also examine you.

Chief practitioner

During your first appointment, you will meet with the supervisor of the outpatient clinic, a gynecologist and your chief practitioner. The chief practitioner is ultimately responsible for your clinical treatment. In addition to the gynecologist, there are registrar-physicians and midwives who work under the supervision of the gynecologist.

The physicians/midwives are practitioners and bear a personal and medical responsibility for the patient. If your pregnancy goes well, you will seldom see your chief practitioner, and the registrar-physicians/midwives will be in charge of performing the check-ups. Of course, you can always make an appointment with your chief practitioner.

We try our best to ensure that you always see the same physician throughout your pregnancy; however, this is not always possible. The physicians who examine and treat you are fully qualified

doctors who are specializing in gynecology, and, due to their training program, they are regularly rotated between different departments. When such a change occurs during the period of your prenatal control, you will get a different doctor who will already be familiar with your medical file.

Here a part on whether the wish for female care givers can be accommodated?

We try to accommodate this, but cannot promise this 100%, especially in case of delivery or emergencies, we cannot guarantee this.

What happens during the check-ups?

The first check-up is the most extensive, since you will be seen by several members of staff during this check-up. Plan ahead in order to ensure you have enough time for these appointments. Of course, you are allowed to bring your partner or someone else with you to a check-up.

Please fill in the questionnaire you have received and send it back, in order for us to be better prepared for your appointment.

We ask you to bring the following:

- a valid identity card.
- your medical ID card.

Contact us by phone at (05) 361 30 80 before your first appointment if you:

- live or work on a cattle or chicken farm.
- have been, during the past year, hospitalized for more than 24 hours in a foreign country.

This is in relation to possible contagious diseases.

You will check-in at the appointed time at the counter of the outpatient clinic. After the registration is completed, you will visit a doctor or a midwife. The doctor or midwife will discuss the questionnaire with you. If needed, an ultrasound will be made. An ultrasound is an examination with sound waves which can determine the duration of the pregnancy, and it is not harmful to the pregnancy.

The research nurse

The doctor or midwife can refer you immediately after the first control to the research nurse for information about prenatal screening or scientific research.

The medical assistant

After consulting the research nurse, you will be attended by the medical assistant. During a one-on-one meeting, you can discuss different subjects regarding your pregnancy, such as maternity care and your diet. It is preferable if you request for maternity care before or at around 16 weeks. After your conversation with the medical receptionist, you can make a new appointment for a following check-up at the front desk. If necessary, you will be sent to the lab for a blood test.

The nurse

At about 27 weeks, you will have an appointment with the nurse at the outpatient clinic. Possible topics covered during this check-up are: your experience thus far with the pregnancy, information on childbirth and the childbed, breastfeeding, formula feeding, informative evening meetings and information about the department and being a new mother.

During the consultation, your questionnaire will be reviewed and you will receive a birth plan. The birth plan will describe your wishes and expectations concerning childbirth. You will discuss this

plan later on with the doctor or midwife. If necessary, the nurse will perform additional physical exams, such as measuring your blood pressure and listening to the fetal heartbeat.

Medical social worker

It can sometimes be beneficial to consult a medical social worker during your pregnancy, especially under the following circumstances:

- you are faced with an unexpected pregnancy.
- you are alone and do not know how to arrange things related to your pregnancy.
- you feel tension in your relationship.
- you would like to get assistance with arranging home or child care, for example in case of hospitalization.
- you would like to discuss your concerns regarding the pregnancy or childbirth with someone who is not directly involved with the medical procedure.
- you have problems with housing. You can consult the prenatal social worker in order to review your best available options.
- you have financial troubles.

You can arrange a meeting with the medical social worker during your visits at the outpatient clinic as well as during hospitalization. You may also contact them yourself by calling (050) 361 30 80. They are available on work days between 8.00 a.m. and 4.00 p.m. It is also possible to ask the doctor, midwife or nurse to arrange an appointment for you.

Midwifery telephone consultation

If you have questions about your health and/or pregnancy, you can contact a midwife during telephonic office hours. The phone number is (050) 361 26 76 and their telephonic office hours are on work days from 3.00 p.m. to 4.00 p.m.

Day Obstetric Centre (DOC)

During your check-ups, you can be referred to the DOC for an extensive examination. The DOC is also located in the outpatient clinic. They will perform an ultrasound, a Cardiotocogram (CTG to monitor the fetal heartbeat) and take blood or urine samples, which may take about one to two hours.

Home monitoring

If you need additional check-ups during your pregnancy, but hospitalization is yet unnecessary, it is possible to do at home check-ups; we call this home monitoring. You will receive daily visits at home, similar to the care provided at the hospital. You do, however, need to come once a week to the outpatient clinic in the UMCG. Depending on the doctor's and nurse's findings, you can either be hospitalised or receive home monitoring.

Information about feeding your baby

It is advisable to consider during your pregnancy whether you will breastfeed your baby or use formula. The employees of the department recommend breastfeeding, since babies not only develop best when drinking mother's milk, but are also provided with protection against a wide range of diseases. At the department there is a breastfeeding policy based on the ten rules from the WHO/Unicef. Because of this, the department has received, since 2004, the internationally acknowledged breastfeeding certificate.

The breastfeeding policy stipulates among other things that directly after the birth, we help to get your baby latched on correctly to the breast. If this is not possible, we help you stimulate the breastfeeding by expressing the breastmilk.

At the outpatient clinic you will receive information about breastfeeding at the beginning of your pregnancy. You can ask questions and present any doubts you may have about breastfeeding to the nurse during the check-up when you are about 27 weeks in gestation. The use of medication may not always impair breastfeeding, and the midwife or doctor can look into the possibilities of breastfeeding while taking these drugs.

Sometimes, breastfeeding is not possible or you decide, even after having been presented with the aforementioned information, to use formula. If you choose this option, we will also provide you with optimal guidance for formula feeding.

Admission into the hospital

When and where will you be admitted to hospital?

Hospitalization during your pregnancy is a possibility. If this is the case, you will be admitted at L3 or K3. The doctor or midwife in attendance will visit you daily during your hospitalization. This is the best moment to ask questions. When you want to have a longer or extra confidential conversation with the doctor or nurse, possibly together with your partner then it is best to make an appointment.

Visiting hours

For your partner and children, visiting hours are from 9.00 a.m. to 9.00 p.m. For friends and family, the visiting hours are from 3.00 p.m. to 8.00 p.m. On weekends, extended visiting hours are available at L3 from 11.00 a.m. to 12.30 p.m. We ask that your visitors take into consideration your meal and resting times from 12.00 p.m. to 2.00 p.m. and from 5.00 p.m. to 6.00 p.m.

When you are at home and labour starts, you will be admitted directly on our delivery rooms.

The beginning of the delivery

The beginning of the delivery is not the same for every woman.

However, most women experience similar signs that indicate the start of labor:

- regular contractions are 5 to 10 minutes apart, often accompanied by bloody vaginal discharge.
- your 'water' breaks (membranes rupture).

When this happens, we advise you to call the nurse at the delivery rooms.

The phone number is (050) 361 80 65.

What do you bring?

- Valid identity papers
- Camera
- Shirt to give birth in
- Socks
- Nightwear
- Duster
- Slippers
- Bag with toiletries
- A solid fitting bra or nursing bra

- Normal clothes
- Baby clothes
- Baby seat (maxicosi) and a blanket for the trip home.

During the delivery

First, your baby and you will be examined by either the doctor or midwife, and they will assess your stage of labor. The natural course of the delivery can mostly be waited on and guidance will be offered while taking care of the contractions. You can choose a position that is most comfortable for you: walking, sitting or lying. You can also choose to take a shower in order to relax.

When your child moves through the birth canal, you can choose the best position for yourself. For example, you may find it more comfortable to lie on the bed or to squat on the birthing stool. When there are medical reasons for special measures or advices, then this will be explained to you and your partner.

There could be three members of the medical staff present at the delivery:

- The doctor or midwife
- A nurse
- The intern or midwife in training.

They will offer support when necessary and take care of your baby. After the delivery, you will be transferred to the maternity department or allowed home, depending on your situation and time of delivery.

Video recording during the delivery or caesarean section is not permitted, since this can get in the way of adequate care.

Water birth

In the delivery rooms it is also possible to have a water birth. There is an inflatable bath, which is big enough for you and your partner. For hygiene regulations we use new covers for every birth, which is why we ask you for a €40,- payment. If you want to have a water birth, discuss this possibility with your midwife. If you have a medical indication to deliver in the hospital, it is in general also possible to have a water birth. There might be, however, reasons or circumstances that could prevent water births. In this case, we will discuss this with you.

Pain management

A delivery can progress without the administration of pain medication. However, there can be different reasons for which you decide, after consulting your doctor and/or midwife, to make use of pain management aids. In the UMCG, epidurals are available 24 hours a day. This is the most common and best way to manage labor pain. When an epidural is not possible or is unsuccessful, pain killers can be provided through a drip.

Going home

If it is medically safe, you may go home with your child after having given birth. During the first week at home, you will require care. After the maternity care, we will transfer the care over to the midwife, maternity assistant or your family practitioner. We will either search for a midwife in your neighborhood or you can choose a midwifery practice yourself.

Hospitalization at K3

If you need medical care after the delivery, you will be hospitalized at the maternity department K3. Your baby can be in a cradle next to your bed and partners are also allowed to stay, if space is available, to spend the night in the hospital. Most of the time this is possible in the same room or in a nearby room.

When your baby needs extra care

If the baby needs additional medical care, most of the time it is possible to nurse the sick baby in the mother's room. The paediatricians come to the maternity department in order to provide the newborn baby with treatment.

Nursing the mother and child together is not only good for the mother-child bond, it also offers several other advantages. It makes breastfeeding a lot easier and both parents can take care of their child, if necessary with additional support. You can stay with your sick baby at the maternity department up to eight to ten days. Afterwards, the children can usually go home with their mothers.

It is possible that the pediatrician recommends the baby be hospitalized in the pediatric department of the Beatrix Children's hospital (UMCG) after the delivery. Naturally, it is disappointing when your baby cannot stay with you and the care is temporarily taken over by the nurses and doctors.

We do everything we can to bring you and your child in contact. You can always get in touch by phone with the pediatric department to learn how your child is doing. If you want to go to the pediatric department to visit your child, consult with your nurse. The nurse will arrange the transport, because as a mother of a newborn child it is often impossible to go there by yourself. Assistance from your partner or family is appreciated.

Maternity care

During your hospitalisation, you can use maternity care. The maternity nurse helps you with expressing milk when breastfeeding and helps you with latching on the new-born. The maternity assistant consults with the midwife, to whom the care is transferred. The K3 department provides the necessary materials for the mother to pump milk; sterile bottles are available at the pediatric department.

Registration of birth

If your child is born in the hospital, you are legally obliged to register your child within three working days at the town hall of Groningen. You can make an appointment online at the following website: www.gemeente.groningen.nl/geboorte-kind-doorgeven.

Health insurance

Your child will be uninsured until after you register the baby at your health insurance company. Therefore, we urge you to register your child as of the date of birth with a health insurer.

The costs of check-ups and delivery at the UMCG

Generally, your health insurer will refund a part of the costs for the check-ups and delivery in the UMCG. However, the height of the refund depends on your insurance policy. We recommend you contact your health insurance provider about this beforehand.

The UMCG needs to have the right insurance data at their disposal in order to make a good claim for the hospitalisation of your baby. You need to register your baby as soon as possible with a health insurer. You also need to pass on the name of the health insurer and the registration number within four weeks after the birth date to the Patient administration at the UMCG. You can do this by sending an email to sectorCregistratie@umcg.nl. If you have any questions about costs, you can either call the Helpdesk Billing at (050) 361 22 02, or send an e-mail to facturatie@umcg.nl.

Without medical indication

If you choose for outpatient department check-ups and delivery under the supervision of a midwife or doctor from the UMCG without having a medical reason, you receive an invoice from the UMCG in accordance with the national prescribed prices. If you remain at the maternity department after giving birth without a medical reason, then you will be charged under the 'Healthy Mother/Healthy Baby' tariff.

With medical indication

When there are medical reasons for your health or your child's health to give birth in the hospital, it is a matter of medical indication. The costs from your hospitalization and delivery will be charged to your health insurance.

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