

Dear patient,

Please read this patient booklet carefully and answer the questions correctly, perhaps with the help of your family or general practitioner.

Bring this patient booklet with you on admission and hand it to the midwife in the maternity department.

We wish you a smooth delivery and a bouncing baby!



Delivery:

Date of admission: / / at
..... o'clock

Estimated delivery date: / /

Remarks:
.....

patient sticker

Tel./mobile number: E-mail address:

Street/no.: Municipality:

Contact person 1: Name: Tel./mobile number:

Contact person 2: Name: Tel./mobile number:

Indep. midwife: Name: Tel./mobile number:

General practitioner: Name:

Current weight: kg Prepregnancy weight: kg

Length: cm

Blood group: (bring your blood group card along)

Have you spent more than 48 hours in a hospital over the last two years: yes no

PART 1. SCREENING PRIOR TO YOUR ADMISSION

For your own well-being: it is very important that this questionnaire is filled in completely and correctly!

1.1. 1. Previous history

Were you admitted to a hospital during the past six months?

no yes, why:

Have you ever had surgery or lived through a disease? If so, please record which operation/disease and the year:

.....

Are you seeing a specialist as follow-up (for your heart, lungs, etc.)?

If so, why, in which hospital, with which doctor?

Reason: hospital: doctor:

Reason: hospital: doctor:

Reason: hospital: doctor:

Do you have a contagious disease? no yes, namely: MRSA CPE HIV
 hepatitis A hepatitis B hepatitis C
 other:

1.2. Allergies (bring documents with you if you have a proven allergy!)

Are you allergic? no yes

If so, what reaction did you show (swelling, shortness of breath, itching, red spots, nausea, diarrhoea, low blood pressure, etc.)?

latex (balloon, gloves, condom) if so, reaction:

contrast agents if so, reaction:

disinfectants/iodine if so, reaction:

adhesive plasters if so, reaction:

medication: if so, reaction:

antibiotics: if so, reaction:

anaesthetics (dentist) if so, reaction:

other: if so, reaction:

e.g. dyes, kiwi, bananas, hay fever, food)

1.3. General state of health

	Yes	No	
I smoke	<input type="checkbox"/>	<input type="checkbox"/>	quantity: a day
I used to smoke	<input type="checkbox"/>	<input type="checkbox"/>	period: years, until / /
I drink alcohol	<input type="checkbox"/>	<input type="checkbox"/>	quantity: glasses a day/week
I use drugs	<input type="checkbox"/>	<input type="checkbox"/>	which:
I have:			
· artificial teeth	<input type="checkbox"/>	<input type="checkbox"/>	
· loose teeth	<input type="checkbox"/>	<input type="checkbox"/>	which:
· contact lenses	<input type="checkbox"/>	<input type="checkbox"/>	
· piercings	<input type="checkbox"/>	<input type="checkbox"/>	if so, remove them at home
· artificial nails	<input type="checkbox"/>	<input type="checkbox"/>	if so, remove them at home
· a pacemaker, an ICD, a stimulator, an implanted pump	<input type="checkbox"/>	<input type="checkbox"/>	

Clotting:

	Yes	No
Have you had phlebitis, thrombosis or an embolism?	<input type="checkbox"/>	<input type="checkbox"/>
Do you easily bruise or have nosebleeds?	<input type="checkbox"/>	<input type="checkbox"/>
Do you bleed for a long time when injured or with tooth extraction?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have family members with clotting problems or blood diseases (haemophilia, sickle cell anaemia, thalassemia, porphyria, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Are you taking any anticoagulants?	<input type="checkbox"/>	<input type="checkbox"/>

Gastrointestinal diseases:

	Yes	No
Do you suffer from Crohn's disease or ulcerative colitis? (you should not take NSAIDs after the delivery in case of Crohn's disease, ulcerative colitis, stomach ulcers, kidney failure or heart failure)	<input type="checkbox"/>	<input type="checkbox"/>

Endocrine diseases:

	Yes	No
Do you suffer from diabetes (when not pregnant)?	<input type="checkbox"/>	<input type="checkbox"/>
if so, <input type="checkbox"/> diet only		
<input type="checkbox"/> insulin		
Do you suffer from gestational diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
if so, <input type="checkbox"/> diet only		
<input type="checkbox"/> insulin		
Do you suffer from a thyroid disease?	<input type="checkbox"/>	<input type="checkbox"/>
If so, which?		



Nerve diseases:

	Yes	No
Do you suffer from epilepsy or falling sickness?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been treated by a neurologist or psychiatrist?	<input type="checkbox"/>	<input type="checkbox"/>
If so, for what:		
Do you suffer from tingling, numbness or neurological deficit?	<input type="checkbox"/>	<input type="checkbox"/>
If so, where:		
Do you suffer from confusion or memory problems?	<input type="checkbox"/>	<input type="checkbox"/>

1.4. Gynaecological history

Have you ever had a childbirth?

date	duration of pregnancy	baby's gender	weight	delivery
..... / ..... / .....	..... weeks	<input type="checkbox"/> boy <input type="checkbox"/> girl	..... grams	<input type="checkbox"/> normal <input type="checkbox"/> caesarean section <input type="checkbox"/> suction cup
..... / ..... / .....	..... weeks	<input type="checkbox"/> boy <input type="checkbox"/> girl	..... grams	<input type="checkbox"/> normal <input type="checkbox"/> caesarean section <input type="checkbox"/> suction cup
..... / ..... / .....	..... weeks	<input type="checkbox"/> boy <input type="checkbox"/> girl	..... grams	<input type="checkbox"/> normal <input type="checkbox"/> caesarean section <input type="checkbox"/> suction cup
..... / ..... / .....	..... weeks	<input type="checkbox"/> boy <input type="checkbox"/> girl	..... grams	<input type="checkbox"/> normal <input type="checkbox"/> caesarean section <input type="checkbox"/> suction cup

Have you ever had a miscarriage?

date	duration of pregnancy
..... / ..... / .....	..... weeks
..... / ..... / .....	..... weeks
..... / ..... / .....	..... weeks
..... / ..... / .....	..... weeks

Did you have specific pregnancy problems with previous pregnancies?

.....

.....

Current pregnancy

The delivery is scheduled for: / /

You went for a check-up at weeks of pregnancy for the first time.

Did you fall pregnant spontaneously?

yes

no: treatment:

Did some problems occur during pregnancy?

- high blood pressure
- diabetes
- bleedings
- impending premature birth
- other:

What examinations were carried out during the pregnancy?

- chorionic villus sampling
- amniocentesis
- umbilical cord blood sampling
- NIPT

Are you protected against rubella?

- yes
- no

Are you protected against toxoplasmosis?

- yes
- no

Did you do any kind of exercises during pregnancy?

- yes
- no

Do you prefer to give birth under epidural anaesthesia?

- yes
- no
- I don't know yet

Do you prefer to either breast-feed or bottle-feed?

- breast-feeding
- bottle-feeding

Are you sufficiently informed about this?

- yes
- no

Family history

Are there any allergies or congenital abnormalities in the family?

- no yes, which?

Preparation for discharge

Have you contacted an independent midwife? If so, who?

.....

1.5. Current medication (name, dosage, frequency): to be completed correctly!

Complete the medication list below as completely as possible, perhaps with the help of your general practitioner or pharmacist. Bring along medication to be taken on the day itself (e.g. insulin). Also remember insulin, inhalers, medication plasters, eye drops, injections, etc.

I am not taking any medication

medication + strength	form: tablet, effervescent tablet, capsule, aerosol, syrup, SC, IM, subling, IV, inhalation, dermal, etc.	fasting	at break-fast	at lunch-time	at the evening meal	before bedtime	comments (e.g. in case of pain, stopped preoperatively)
example: Pantomed 20 mg	tablet	1					daily
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

Mark whether or not you are taking one of the following medications (occasionally) and complete the table:

blood thinners:	<input type="checkbox"/> yes <input type="checkbox"/> no	medication for diabetes:	<input type="checkbox"/> yes <input type="checkbox"/> no
sleeping pills:	<input type="checkbox"/> yes <input type="checkbox"/> no	hormonal preparations:	<input type="checkbox"/> yes <input type="checkbox"/> no
painkillers:	<input type="checkbox"/> yes <input type="checkbox"/> no	medicinal herbs:	<input type="checkbox"/> yes <input type="checkbox"/> no
inhalers:	<input type="checkbox"/> yes <input type="checkbox"/> no	medication plasters:	<input type="checkbox"/> yes <input type="checkbox"/> no
eye drops:	<input type="checkbox"/> yes <input type="checkbox"/> no	medication for stomach pain:	<input type="checkbox"/> yes <input type="checkbox"/> no
injections:	<input type="checkbox"/> yes <input type="checkbox"/> no	food supplements:	<input type="checkbox"/> yes <input type="checkbox"/> no
vitamins:	<input type="checkbox"/> yes <input type="checkbox"/> no	homeopathic medicines:	<input type="checkbox"/> yes <input type="checkbox"/> no
ointments:	<input type="checkbox"/> yes <input type="checkbox"/> no		

Is there any other medication that you only take once a week, a month or a year?:

no yes:.....

Have you used antibiotics in the past 2 weeks?

no yes:.....

I don't know

Medication anamnesis: To be completed by the midwife or doctor

Sources:

- | | |
|--|---|
| <input type="checkbox"/> patient | <input type="checkbox"/> rest and care home (RVT) |
| <input type="checkbox"/> family | <input type="checkbox"/> referral letter hospital |
| <input type="checkbox"/> (list of) medication brought along | <input type="checkbox"/> info previous hospitalisation/consultation
on / / |
| <input type="checkbox"/> general practitioner (letter/telephone contact) | <input type="checkbox"/> pharmacy (letter/telephone contact) |

The medication anamnesis of this patient:

- has been completed in full and the medication list is complete
- is not complete and needs to be repeated
- has not been completed

Has a comparison been made between this anamnesis and the prescribed treatment in the hospital?

- yes no

If so, have any differences been noted?

- yes no

Name of the healthcare provider: date: / /

1.6. Social questionnaire: situation before hospitalisation

Discharge

Do you foresee any problems for you or for your baby at your discharge?

- no yes If so, it is advisable to contact the social service
as soon as possible (03 890 17 30)

Marital status

- married single cohabiting:
 widow divorced, certificate of acknowledgment of the municipality yes no

Religion

- I am religious and I follow a specific philosophy of life:
- I am not religious or do not wish to report this

Language

- Dutch French English other:

Nutrition

- ordinary food vegetarian diet:

Sleeping

- good, no sleeping pills needed sleeping pills needed

Communicating

- hearing: normal hard of hearing hearing aid
- eyesight: normal partially sighted spectacles blind
- speech: normal disrupted aphasia (language disorder)

Other information that may be of use to the doctor and/or nursing staff and/or social service:

.....

.....

1.7. Screening tools: fall prevention

To be completed by the patient

To be gone over by the midwife with the patient upon admission

	Yes	No
Have you ever been hospitalised because of a fall incident?	<input type="checkbox"/>	<input type="checkbox"/>
Have you fallen in the past six months (with or without injury)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have walking or balance problems?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered 'Yes' to any of these questions, the midwife will start the fall prevention procedure upon admission and inform the occupational therapist of your increased risk of falling.

Tips to avoid falling:

- **Don't get out of the bath on your own** in the delivery room.
- Because your blood pressure can be a little lower after giving birth, it is best to get up slowly. First sit on the edge of the bed and only then straighten up.
- **Do not get out** of bed **unaccompanied** the first time after your delivery.
- After an epidural anaesthesia, always ask the midwife when you can get out of bed.
- **Never lock the room door.**
- Never close the bathroom door completely when taking a shower.
- Put your bed in the lowest position and make sure that the **brake of the bed** is always on.
- Make sure the **patient alarm button** is within reach.
- Wear **safe footwear** (with anti-slip).
- **Do not leave anything lying around** on the ground.
- The bedside table and the cot are rolling equipment and are, therefore, not strong enough to hold on to.
- The cleaning staff will place a **yellow warning sign** on the floor after cleaning. Be careful, because slipping on a wet floor happens quickly.



Tips for the baby:

- **Never leave your baby alone** on the bed or on the nursing pillow without extra protection (pillow around the baby, side of the bed up).
- Only pick up your baby when you are **stable** yourself.
- If your baby is in bed with you, you should **raise the side of the bed** on the side where your baby is lying.
- Put your baby in the **cot** when you leave the room together.

PART 2. INFORMED CONSENT EPIDURAL/GENERAL ANAESTHESIA

Information and consent form for labour/delivery

Why an epidural anaesthesia?

You are pregnant and you are preparing to give birth. The contractions necessary to give birth can become quite severe and painful during labour. Breathing exercises, a warm bath, massage or varying postures can help to cope with the contractions. The midwife will guide you through this.

However, additional support in the form of medical pain relief may sometimes be required. Classic painkillers are passed on to the child via the placenta, which should preferably be avoided. In this situation, you can opt for epidural anaesthesia, in consultation with the attending gynaecologist.

What is an epidural anaesthesia?

It is a local anaesthesia technique in which only a limited part of the body is anaesthetised. This anaesthesia consists of:

1. the placement of a fine catheter (tube) in the epidural space in the lower back;
2. the administration of medication through the catheter to numb the pain nerves (nerves that conduct the pain stimuli from the uterus and the pelvic floor); this makes it possible to maintain pain control until the birth of the baby.

This technique has the advantage that with a minimal amount of painkillers maximum pain relief is achieved. Also, this amount of painkillers has no harmful effect on the baby.

What about an unexpected caesarean section?

If you were scheduled to have a classic, vaginal birth and for medical reasons you need to have a caesarean section, additional anaesthesia can be given via the epidural catheter. You don't have to get an extra injection then. Only in a few cases will a general anaesthesia have to be used.

Who qualifies for epidural anaesthesia?

An epidural anaesthesia is given during labour.

There are a number of medical indications for which the gynaecologist can recommend an epidural, e.g. when prolonged labour becomes tiring and does not progress. If dilation is too advanced, there is usually no point in administering an epidural and the gynaecologist and anaesthetist may decide in consultation not to administer any epidural anaesthesia anymore.

There are also a number of medical contraindications. In rare cases, epidural anaesthesia is not possible:

- with severe coagulation disorders or increased bleeding tendency;
- with a severe infection or a local skin infection on the back;
- with rare anatomical abnormalities or certain previous surgeries to the back.

Abnormalities of the back, such as scoliosis or herniated disc, or certain spinal interventions may complicate placement, but do not rule out epidural anaesthesia. Do you have a back disorder or have you had a back operation? Discuss this in advance with the gynaecologist, so that the anaesthetist can be asked for advice beforehand, if necessary.

How is epidural anaesthesia administered?

Epidural anaesthesia is administered by an anaesthetist. The anaesthesia department offers a 24-hour permanence. After inserting an infusion, you sit down bending forward (or you lie down). Firstly, the skin of the lower back is disinfected. Then the skin is locally anaesthetised at the puncture site. Subsequently, with a special needle, a puncture is made between two dorsal vertebrae. It is important for you to keep your back in a convex position and to sit very still, so that the space between the vertebrae is as accessible as possible.

When the needle is in the epidural space, the anaesthetist slides a fine tube through the needle until it is close to the pain nerves. Sometimes there is a brief stimulation of these nerves, with radiation to the legs. This effect is harmless. The needle is then removed while the tube remains in place. The tube is adhered securely to the back to prevent it from moving. This tube is used to inject the anaesthetic. The tube is connected to a pump that delivers an intermittent or continuous dose of anaesthetic fluid.

It can take up to 15 minutes for the anaesthesia to take effect. After insertion of the epidural, you have to stay in bed. As the effect gradually increases, we regularly control your blood pressure and check whether the painkillers are working sufficiently. Your baby's condition is also safeguarded by monitoring.

Placement of the epidural is carried out in the delivery room. Here, a number of sterility rules are observed. Therefore, the partner or accompanying person is asked to keep sufficient distance from the sterile field. The aim of epidural anaesthesia is to reduce pain but to preserve the ability to feel contractions. This has the advantage that at the end of labour you can still feel the contractions, so that you are able to push simultaneously with the contractions for the delivery.

The pros and cons of epidural anaesthesia

The main advantage is elimination of the severe pain, which reduces stress and tension, which in turn leads to better relaxation. It allows for rest during labour and hence better preparation for childbirth. There is no risk to your child.

The side effects and possible complications caused by the injection can usually be taken care of easily and are kept to a minimum with good monitoring.

Do you have a question about the epidural anaesthesia?

Please contact the anaesthesia department. You can reach them by phone on 03 890 16 94 or you can make an appointment at the anaesthesia consultation desk (via 03 890 16 10).

Possible disadvantages are:

- A drop in blood pressure can occur, but it is easy to treat (infusion, medication).
- Feeling of weakness and heaviness in the legs, so that you may not leave the bed during the anaesthesia. Once the pain medication is discontinued, the strength in your legs will return to normal.
- Spontaneous urination is made more difficult, which can be remedied by a bladder catheter.
- A sometimes non-optimal or one-sided anaesthesia (displacement of the tube).
- Back pain: a few days of pressure pain at the puncture site. Long-term back pain cannot be caused by the epidural, but can be a consequence of pregnancy.
- Itching can occur, but only a few patients really suffer from this problem. This can be prevented with a simple intervention.
- Headaches often occur after childbirth. It is not necessarily due to the anaesthesia. Rarely, it can be due to accidental perforation of the dura mater during the execution of the epidural. Headache occurs the day after the birth and can be treated well (medication or in some cases a repetition of the puncture procedure whereby a small amount of blood is injected in a sterile way that works like an internal patch).
- There is no more spinal cord at the puncture site. There are still nerve bundles passing through, but only a few, so there is plenty of room for the special needle. Therefore, paralysis by an epidural is almost impossible.

Questionnaire specifically on anaesthetics

The medical risk for possible epidural or general anaesthesia during childbirth is estimated on the basis of the following questionnaire. Therefore, it is important that this questionnaire is filled in correctly.

	Yes	No
Have you had general/local anaesthesia previously?	<input type="checkbox"/>	<input type="checkbox"/>
if so, have you reacted in an unusual way?	<input type="checkbox"/>	<input type="checkbox"/>
if so, please describe this reaction as accurately as possible:		
Has a family member ever had any problems with anaesthesia?	<input type="checkbox"/>	<input type="checkbox"/>
if so, please describe this problem as accurately as possible:		
Did you suffer from nausea or vomiting after a previous operation?	<input type="checkbox"/>	<input type="checkbox"/>
Do you suffer from motion sickness?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had epidural anaesthesia previously?	<input type="checkbox"/>	<input type="checkbox"/>
if so, with good results?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a blood transfusion?	<input type="checkbox"/>	<input type="checkbox"/>
if so, reason:		
if so, have you reacted in an unusual way to this?	<input type="checkbox"/>	<input type="checkbox"/>
Do you consent to blood products being administered if necessary?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had any back surgery?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a spinal disorder?	<input type="checkbox"/>	<input type="checkbox"/>
Do you suffer from rheumatism or arthritis?	<input type="checkbox"/>	<input type="checkbox"/>
Do you suffer from Bechterew's disease (rheumatic disorder of the vertebrae)?	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Do you have trouble opening your mouth? (place at least two fingers on top of each other in the mouth opening)	<input type="checkbox"/>	<input type="checkbox"/>

Do you have problems moving your head?	<input type="checkbox"/>	<input type="checkbox"/>
Do you consent to the anonymous use of your preliminary examination?	<input type="checkbox"/>	<input type="checkbox"/>
Did you attend the information evening for pregnant women?	<input type="checkbox"/>	<input type="checkbox"/>

Do you wish to mention anything else?

.....

.....

CONSENT TO EPIDURAL ANAESTHESIA

Filling in an informed consent form for epidural anaesthesia is required.

The patient

I confirm that I have been informed about alternatives, benefits and possible side effects and complications of epidural anaesthesia. I consent to the doctors of the anaesthesia department performing epidural anaesthesia.

Name: Date:

Signature:



The anaesthetist

I confirm that the patient has been informed about epidural anaesthesia and believe that she has understood the benefits and possible side effects and complications of this procedure.

Name: Date:

Signature:

PLACEMENT OF THE EPIDURAL CATHETER

To be completed by the attending doctor

- informed consent in order
- the patient understood the information
- coagulation in order
- no contraindication for epidural anaesthesia

name of the doctor: + stamp:

PART 3. INFORMATION FOR THE PATIENT

First of all, we would like to thank you for completing the questionnaire. Don't forget that you yourself are also responsible for the safe course of your hospitalisation. Therefore, it is important that you provide all the information we ask for and that you read the following information in this patient booklet thoroughly. During the hospitalisation, you also have a say yourself in the treatment plan and your medication. Please discuss this with your doctor if you have any further questions.

3.1. Before hospitalisation

- Please go through this patient booklet completely and fill everything in properly.
- Check that you have answered all the questions correctly and in full. If necessary, get help from your family or general practitioner.
- If, before the delivery, examinations are necessary at the request of the gynaecologist and if you wish to have them carried out by the general practitioner, you have to bring the results of the examinations to the hospital at the time of admission.
- It is best to see what help you need before admission. You can contact the independent midwife or the social service of AZ Rivierenland (03 890 17 30) in advance. Your general practitioner and the health insurance fund can also give you more information about this.

Please bring the following with you:

Documents:

- identity card;
- mother booklet;
- blood group card;
- in case of allergy: your allergy card or a list of medication/materials to which you are allergic;
- hospitalisation insurance data;
- this patient booklet (fully completed);
- your home medication in its original packaging (if necessary, an advisory doctor's certificate) (page 7);
- results of the lab, ECG, RX if done at the general practitioner's consulting rooms;
- marriage certificate (if applicable) or certificate of acknowledgment (if applicable).

For the mother:

- nightdress or T-shirt for the delivery;
- towels and washcloths;
- combination;
- for breast-feeding: breast-feeding bra and breast-feeding pillow;
- large panties;
- toiletries: soap, shampoo, shower gel, hairbrush, toothbrush, toothpaste;
- cherry pit cushion.



For your baby:

- enough baby T-shirts and bodies (at least one per day + reserve);
- outerwear (suits, first clothes, socks, etc.);
- towels and washcloths;
- going home: jacket, blanket, carrycot/Maxi Cosi.

Perhaps also:

- hairdryer;
- bottleopener or corkscrew;
- pen and paper;
- potato peeler or scissors;
- camera/video camera;
- detergent and kitchen towel;
- glasses

Care products for your baby, disposable nappies and sanitary napkins are available in our maternity department.

So you don't have to bring these items yourself. They will be charged.

3.2. The day of admission

Follow the hygiene guidelines:

- Wash thoroughly (preferably in the shower) before the delivery. Unless the attending doctor gives instructions to the contrary, ordinary shower gel is sufficient. Also wash your hair with a normal shampoo.
- Pay particular attention to armpits, breast folds, groin, navel and gluteal cleft, as well as the space between the toes. Rinse your body well to prevent soap residue and dry yourself with a clean towel. Put on clean clothes.
- Brush your teeth.
- Make sure your fingernails and toenails are short and clean. Nail polish and artificial nails must be removed.
- Attention: jewellery such as piercings, rings, necklaces, watches, bracelets, etc. may not be worn during a caesarean section. Contact lenses must also be removed.

Good overall body hygiene reduces the risk of wound infections!



RULE OF THUMB:
every healthcare provider
applies correct hand hygiene
at least before and after
every patient contact.

3.3. Hand and cough hygiene

Good hand hygiene can prevent nosocomial infections.

Our healthcare providers use hand alcohol to disinfect the hands, and this at least before and after each patient contact. Furthermore, they do not wear nail polish, artificial nails, rings, bracelets, watches or long sleeves and they have short and well-groomed nails. These are the basic conditions for good hand hygiene. Please inform our healthcare providers if you should notice that they forgot to apply hand hygiene or if they do not adhere to the basic conditions.

You can also combat the spread of bacteria and prevent infections by regularly washing or disinfecting your hands. Wash your hands especially before dinner and after every visit to the toilet.



If a visitor has a cold or is ill, it is best to ask him to postpone his visit. Also ensure good cough hygiene yourself: when sneezing or coughing, cover your mouth with a paper handkerchief, which you can then immediately throw in the trash can. Don't forget to wash your hands after this.

3.4. Pain measurement

Pain can occur after surgery, delivery, treatment or examination. Our hospital uses an **NRS score** to be able to measure the intensity of the pain and to adjust the pain medication effectively.

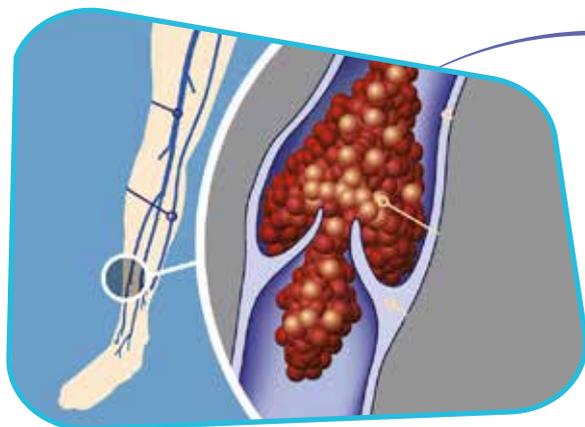
You will be asked to express your pain as a number from 0 to 10 at regular intervals.

0 means 'no pain' and 10 means 'the worst pain you can imagine'. You can never give a wrong number. After all, it is about the pain you feel and pain is a personal experience. If you have a little pain, you can rate the pain between 1 and 4. If you have a lot of pain, you can rate the pain between 7 and 10. On the basis of this figure, the midwives and doctors will further adjust your pain medication and management.

If you wish, you can have an epidural anaesthesia during the delivery (more information about this can be found on pages 10 to 13).

3.5. Prevent venous thromboembolism (VTE)

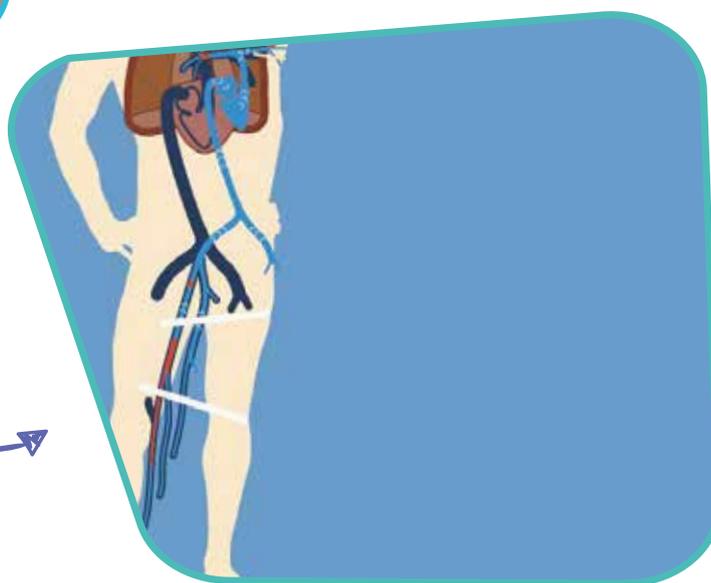
A venous thromboembolism is caused by damage to the wall of a vein, thereby forming a blood clot. A blood clot is usually the result of abnormalities in the blood flow after surgery or prolonged immobilisation due to an acute disorder or trauma. We make a distinction between **deep vein thrombosis** and **pulmonary embolism**.



Formation of a clot in a vein in the leg

A deep vein thrombosis develops in the deep veins of the legs. When a fragment of the clot detaches, it can be dragged along by the blood stream and cause a pulmonary embolism.

Deep vein thrombosis and pulmonary embolism



What are the risk factors?



HIGH RISK

- long hospital stay
- an operation (especially hip, knee and cancer surgery)
- not moving for a long time (e.g. because of bed rest or a long journey)



MEDIUM HIGH RISK

- age > 60 years
- personal or family history of blood clots
- cancer/chemotherapy
- medication based on oestrogens (e.g. oral contraceptives and hormone replacement therapy)



OTHER FACTORS

- obesity
- pregnancy or recent childbirth
- smoking
- alcohol

During the period that you are at risk of developing a venous thrombosis (such as after an operation), the attending doctor decides which medicinal or non-medicinal preventive measures are applied or prescribed.

What can you do yourself?

Keep moving

Immobility increases the risk of forming a blood clot in a leg. If you stay in the chair for a long time, you will need to get up once in a while, stretch your legs and walk around a bit. This is important for a healthy blood flow.

Exercises for healthy veins



Lift one leg slightly and make circular movements with the foot in the air.
30 seconds with each leg!



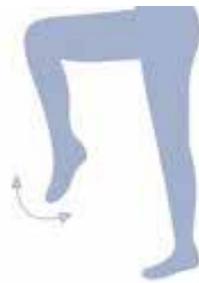
Tap alternately with the tip of the foot and with the heel on the ground.
20 times a leg!



Lift your legs and pedal alternately with your feet, as if you were keeping a foot pedal in motion.
Repeat 20 times!



Step on the spot, pull your knees up high and let your arms swing along with you in a relaxed way.
For one minute!



Raise one leg, stretch the toes and pull them back towards you. **Alternate this.**
20 times with each foot!



Stand on your toes with your legs against each other and then lower your heels again.
Repeat 15 times!



Lift one leg from the ground and make a figure '8' in the air.

3.6. Patient rights and obligations

Your rights

Since 2002, patients' rights have been clearly defined by legislation. These regulations promote trust in the relationship between the patient and the healthcare provider and enhance the quality of this relationship. An overview:

- quality service;
- free choice of professional;
- information needed to understand your state of health;
- information about and free consent to any intervention;
- a carefully maintained and securely kept patient file;
- protection of privacy;
- appropriate care to prevent, treat and alleviate pain.

Children's rights in our hospital

Provision right

Provision refers to what babies need to grow up in the best possible conditions:

- sufficient food and drink;
- a solid roof over the head;
- access to healthcare to prevent or treat diseases (e.g. vaccinations);
- assistance and parenting support (e.g. Kind en Gezin, child allowance, independent midwife).

Protection right

Your protection rights protect you as a minor from all kinds of violence:

- child abuse;
- neglect;
- special attention to the protection of particularly vulnerable groups: children with disabilities, refugee children, children from underprivileged families.

What does the hospital expect from you?

Patients' rights are about trust, transparency, cooperation and good communication. These elements also contribute to a better quality of care. The hospital expects the following from you as a patient:

- you will provide accurate information about your identity;
- you should always provide full cooperation;
- you should inform yourself about the financial consequences of the procedure and/or the stay prior to treatment; this can be done both with the own health insurance fund and with the private insurer; we expect a patient to be familiar with the terms of her own insurance policy;
- you will pay the costs for your treatment;
- you should treat materials with care, respect the privacy of others and comply with the house rules;
- you should only smoke in the smoking zone provided for this purpose;
- you should show respect for the healthcare providers;
- you should show respect for the hospital's rules on filming and photography.

You can find more information in our brochure
'Your rights and obligations as a patient' on
www.azrivierenland.be or on www.patientrights.be.



3.7. Ombudsman service

A stay in the hospital can have drastic effects on your situation. This experience can trigger positive and/or less positive reactions. The hospital's employees try to offer humane, committed and expert counselling and guidance.



However, it is possible that certain things go differently from what you or the healthcare providers expected. Talk to the relevant healthcare provider about this and, if necessary, try to find a solution together with the head midwife or doctor. In each department there is a picture with the name of the manager at the desk, so that you know who best to address.

However, if you are still dissatisfied with the course of events, you can contact our ombudsman service. The employees will deal with your complaint according to a set procedure, so that a solution can be found together with you. In addition to dealing with complaints, you can also contact them for general questions or advice.

The ombudsman service can be reached by telephone (03 890 17 92) or by e-mail (ombudsdienst@azr.be). You can also send a letter to the ombudsman service, complete a complaint form at the reception desk in the central entrance hall or fill in a document online via our website.

If you, as a patient, do not fulfil your obligations, it could be a reason to discontinue treatment.

If, for any valid reason, you are unable to comply with your obligations, please report this to our staff immediately. They will do everything in their power to find a solution. You may always contact the ombudsman service with your questions, problems or complaints.



DEEL 4. INFORMED CONSENT OBSTETRICS

Information and consent form for labour/delivery

To be completed by the attending doctor with the patient

The undersigned doctor
declares to have communicated precise information on the pregnancy and impending delivery. The patient was also handed an information brochure on this subject with the necessary explanations: yes no

I informed the patient that, during delivery, the medical team may be obliged to extend the planned delivery with additional operations that are medically absolutely necessary (e.g. caesarean section, use of a suction cup, episiotomy, blood transfusion, etc.). The patient hereby grants the abovementioned doctor permission to carry out any additional medical operation during delivery in case of absolute medical necessity.

I gave the patient the opportunity to ask questions and answered them sufficiently. The patient also understood my answers well.

I informed the patient that an estimate of the cost price of the planned delivery, both in terms of personal contribution and the amount paid by the health insurance, can be requested via the billing department of AZ Rivierenland (03 890 16 14 or facturatie.bornem@azr.be). This information is also available on www.azrivierenland.be → I am being hospitalised → how much does my hospitalisation cost? → rates of common procedures and treatments.

The patient does not object to storing personal data in a computer for administrative reasons. The patient consents to have visual material or photographs taken anonymously before/during/after the abovementioned operation(s)/procedure, which can later be used for medical education or scientific publication.

The patient hereby consents to the execution of the delivery in AZ Rivierenland.

The patient consents to have blood products administered during or after the procedure, if necessary.

The patient consents to the doctor mentioned above to execute the operation(s)/procedure in collaboration with a gynaecologist or assistant of his/her choice.

This consent was granted in accordance with the Patients' Rights Act of 22.08.2002 – B.S. (Belgian Official Gazette) 26.09.2002.

Name and signature **of the patient** preceded by the handwritten words 'read and approved'

on: / / at o'clock

Name and signature **of the doctor** who provided the information:

on: / / at o'clock

This document, once signed, must be submitted to a member of the medical team on admission, who will add it to the patient file.

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