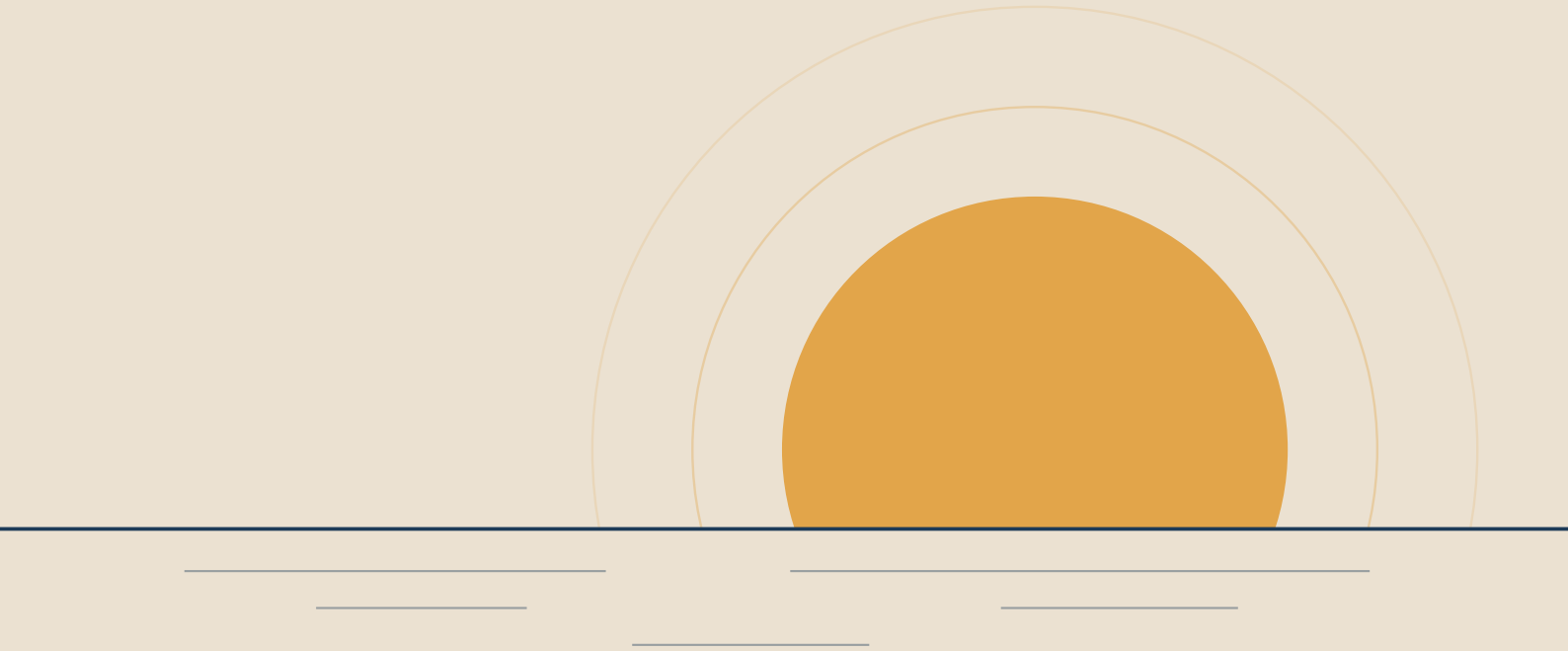
Mamavela

Having a Baby in the Netherlands as an Expat

The midwife-led system, kraamzorg, pregnancy leave, birth registration, the BSN and your baby's residence permit.



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Before you begin

Congratulations. Whether you have just seen two lines on a test in an Amsterdam bathroom, or you are counting down the last weeks in Utrecht, Rotterdam, The Hague or Eindhoven, you are about to have a baby in one of the most distinctive maternity systems in the world.

In the Netherlands, a healthy pregnancy is not looked after by an obstetrician but by a community midwife, whom you call yourself. Many women give birth at home or go home a few hours after a hospital birth. A maternity nurse then comes to your house for the first week. Your baby has to be registered within three days. Leave and pay are run by an agency called UWV, your baby's papers by your municipality and, if your family is not European, by the IND. Child benefit comes from yet another office, the SVB.

If you grew up elsewhere, almost every one of those sentences is a small surprise. This guide exists so that none of them surprises you at the wrong moment.

It is built on three promises.

First, every figure is checked. When this guide says that kraamzorg at home costs an own contribution of €5.70 per hour in 2026, that you have three days to register a birth, or that the IND charges €85 for your baby's residence permit, the figure was read on the official Dutch page on 13 October 2026, and that page is listed in the bibliography. Amounts change, usually on 1 January. When a figure matters to you, open the page and check it again: the bibliography tells you exactly where.

Second, nothing is guessed. Where an official page did not give a clear figure, this guide does not invent one. You will sometimes read "ask your insurer" or "check with the IND". That is not a gap; it is honesty about a system where your own policy, contract and nationality change the answer.

Third, it is written for people who are new here. Dutch words are explained the first time they appear and collected in a glossary in Chapter 13. Every chapter ends with the questions worth asking, so that a conversation with a midwife, an HR manager or a municipal clerk in your second or third language goes a little more smoothly.

> **This guide informs; it does not replace professional advice.**
>
> Your midwife, gynaecologist and GP know your pregnancy. Your insurer, UWV, the municipality, the SVB and the IND are the only bodies that can decide your own situation. Use this guide to understand the system and to ask the right questions, then confirm your case with them. In an emergency, call 112.

How to use this guide

You do not need to read it in order.

- **Just found out?** Read Chapters 1, 2 and 3, then put the dates from Chapter 12 in your calendar.
- **Planning your leave?** Chapter 6 (you) and Chapter 7 (your partner).
- **Choosing where to give birth?** Chapters 4 and 5.
- **About to give birth, or just did?** Chapters 8, 9 and 10 cover every document, in order.
- **Not married to your partner?** Read Chapter 8 before the birth, not after.

All amounts are in euros and are those published for 2026, as of October 2026.

Chapter 1. How the Dutch system fits together

Before the details, here is the map. Almost every confusion expats run into comes from not knowing which office is in charge of what.

What	Who is in charge	What you do
Health insurance (zorgverzekering)	Private insurers, offering a basic package defined by the government	Take out basic insurance; it is a legal obligation for everyone who lives or works in the Netherlands
Pregnancy and birth care	A community midwife (verloskundige); a gynaecologist when there is a medical reason	Contact a midwife practice yourself, early
Care at home after the birth	A kraamzorg agency	Register early in pregnancy; many agencies accept you from week 12
Pregnancy and birth leave, partner leave, paid parental leave	Your employer and UWV (Employee Insurance Agency)	Tell your employer; your employer usually applies to UWV
Maternity benefit for the self-employed (ZEZ)	UWV	You apply yourself
Registering the birth, the BSN, acknowledgement of a child	The municipality (gemeente)	Register within 3 days at the municipality where the baby is born
Your baby's residence permit	IND (Immigration and Naturalisation Service)	Apply after the birth, if your baby is not Dutch, EU, EEA or Swiss
Child benefit (kinderbijslag)	SVB (Social Insurance Bank)	Apply after the SVB letter
Your baby's screening, check-ups and vaccines	Youth health care (JGZ), at the consultatiebureau	They contact you
Your baby's nationality and passport	Your home country, through its embassy or consulate	Follow your country's procedure

Four things that surprise newcomers

1. You do not need a doctor's referral to start pregnancy care. KNOV, the Royal Dutch Organisation of Midwives, explains that women refer themselves to a midwife. You look up a practice near your home and call. Zorginstituut Nederland says the first appointment is usually between the seventh and tenth week of pregnancy.

2. A healthy pregnancy stays with the midwife. You see a gynaecologist when there is a medical reason. That is not a lower level of care; it is a different organisation of care. The midwife's job includes assessing your risks at each visit and referring you when needed.

3. Home is a normal place to give birth. With a healthy pregnancy, you choose between home, a birth centre and a hospital delivery room with your own midwife. A home birth is fully covered by basic insurance. If you want an epidural, or if there is a medical reason, you give birth in hospital under the gynaecologist's team.

4. The first week is at home, with help. After the birth, a maternity nurse (kraamverzorgende) comes to your home for several hours a day, usually until day 8. You must book her agency months in advance.

How the money works, in one paragraph

Your basic insurance pays for midwife care, a home birth, a hospital birth with a medical reason, most prenatal tests and kraamzorg. Zorginstituut Nederland states that midwife care, prenatal screening and kraamzorg do not count towards your mandatory deductible (eigen risico). You pay own contributions in two cases: a hospital or birth centre birth without a medical reason, and kraamzorg at home. Your leave is paid by UWV, usually through your employer, at 100% of your daily wage up to a maximum. After the birth, the SVB pays child benefit every quarter.

Where to get help in English

- **Rijksoverheid information line:** the Dutch government's explainer video on having a child invites parents to call 1400 for a personal overview of what to arrange.
- **Government.nl:** the English version of the central government website, with pages on registering a birth, maternity leave and family law.
- **UWV, IND and SVB** all publish English pages; the SVB's online application for child benefit is available in English.
- **Your midwife practice:** ask whether they can work in English.

> **Good to know.**
>
> Many official pages exist in Dutch only, or are more detailed in Dutch. When this guide cites a Dutch page, it gives you the key words so you can recognise the information, and a browser translation is usually enough to follow it.

End of the sample

Thank you for reading this far. We hope these first pages already feel useful, and that you can see how the rest of the book is built: clear steps, pages to fill in, sources you can check.

The full book has 50 pages.

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