



NETWERKDAG VLAAMS-BRABANT

**Samen
bouwen aan
een warm nest
voor jonge
gezinnen**

28 NOVEMBER 2022

Programma

VOORMIDDAG – plenair (auditorium)

09:00u – 09:30u	Onthaal met koffie	
09:30u – 09:40u	Verwelkoming en inleiding	Marieke Vermaas, Project Perinatale Mentale Gezondheid (PMG)
09:40u – 09:50u	Project Perinatale Mentale Gezondheid	Marieke Vermaas, Project Perinatale Mentale Gezondheid (PMG)
09:50u – 10:00u	YUNECO Crosslink Infants	Annelien Heirman, YUNECO Crosslink Infants
10:00u – 12:00u	De eerste 1000 dagen van het leven: het fundament	Prof. dr. Tessa Roseboom, hoogleraar Vroege Ontwikkeling en Gezondheid, Universiteit van Amsterdam
12:00u – 13:30u	Middagpauze	

NAMIDDAG – workshops (zie bewegwijzering)

13:30u – 14:40u	Workshops	
14:40u – 14:50u	Wissel workshops	
14:50u – 16:00u	Workshops	
16:00u	EINDE	

Evaluatieformulier



Organiserend comité



Marieke Vermaas



Laure Verbruggen



Annelien Heirman



Maity van Rillaer

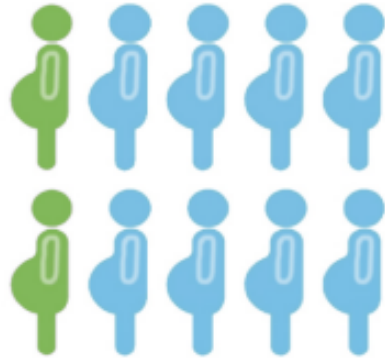


Project Perinatale Mentale Gezondheid (PMG)

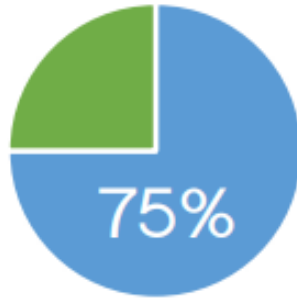
28 november 2022



Waarom is perinatale mentale gezondheid belangrijk?



2 in 10 women have a mental health problem during pregnancy and in the first year following the birth



Over 75% of women do not get diagnosed and do not receive adequate treatment and support.



Not having adequate treatment has important consequences for the mother, the baby, the family, and society in general

Historiek

2015

- 1^o binnen de bestaande campagnes tot bijsturing van de algemene beeldvorming rond geestelijke gezondheidsproblemen in het bijzonder aandacht te besteden aan het taboe rond postnatale depressie;
- 2^o gerichte sensibiliseringscampagnes te organiseren naar de volgende doelgroepen:
- a) zwangere vrouwen, jonge moeders, hun partners en netwerk teneinde het taboe van de postnatale depressie te doorbreken;
 - b) zorgverstrekkers die zwangere vrouwen en jonge moeders begeleiden zowel in de antenatale als de postnatale fase (gynaecologen, artsen, vroedvrouwen en verpleegkundigen van consultatiebureau's, huisartsen) teneinde het taboe van de postnatale depressie te doorbreken, de signalen van een postnatale depressie snel op te pikken en vervolgens een behandeling op te starten en door te verwijzen naar de gepaste hulpverlening;
- 3^o initiatieven te nemen om de kennis van postnatale depressie bij gynaecologen en huisartsen te verhogen;
- 4^o tijdens informatieavonden voor toekomstige ouders die worden georganiseerd door ziekenhuizen, aandacht te besteden aan postnatale depressie;
- 5^o een screeningsinstrument te introduceren onder meer bij de zorgverstrekkers, de consultatiebureaus, de Huisen van het Kind, kraamzorg, om gericht en georganiseerd postnatale depressie op te sporen in de antenatale én de postnatale fase;
- 6^o een doorverwijzingsregister ter beschikking te stellen om vrouwen met een vermoeden of een diagnose postnatale depressie gericht te verwijzen voor een behandeling;
- 7^o samen met het Federaal Kenniscentrum voor de Gezondheidszorg en de twee moeder-baby-eenheden een medische richtlijn te ontwikkelen voor een adequate screening en behandeling van postnatale depressie; hiervoor kan verwezen worden naar de richtlijn van het 'National Institute for Health and Care Excellence' (NICE);
- 8^o initiatief te nemen om de expertise en kennis uit de moeder- en kindereenheden, met name in het psychiatrisch ziekenhuis Zoersel en het psychiatrisch ziekenhuis Sint-Denijs-Westrem, te verspreiden naar andere residentiële en ambulante werkingen binnen de geestelijke gezondheidszorg (ggz);



436 (2014-2015) – Nr. 3
Ingediend op 15 oktober 2015 (2015-2016)

Tekst aangenomen door de plenaire vergadering

van het voorstel van resolutie

van Freya Saeyns, Danielle Goddero-Tzornik, Kathleen Schryvers,
Peter Persyn, Vera Jans en Caroline Crox

betreffende de vroegtijdige detectie en
behandeling van de postnatale depressie

- 9^o de uitbouw van een perinataal centrum te ondersteunen waarbij de kennis inzake het fysiek en psychisch welzijn van moeder en kind wordt gedeeld met regionale ziekenhuizen;
- 10^o overleg te plegen met de federale minister van Volksgezondheid met betrekking tot het opstellen van een medische richtlijn voor een adequate screening en behandeling van postnatale depressie.

2016



Ministerieel besluit betreffende de toekenning van een
subsidie aan vzw Emmaüs en Universitair Ziekenhuis Gent
voor de pilootprojecten 'Perinatale Geestelijke
Gezondheidszorg'.

DE VLAAMSE MINISTER VAN WELZIJN, VOLKSGEZONDHEID EN GEZIN



Wist je dat jouw steun
de kans op een postnatale
depressie verkleint?

Vlaanderen
is zorgaanbieder

HERKEN DE SIGNALLEN
KIJK OP KINDERWELZIJN EN
EN WILDEWELZIJN

2017



• Pilootproject provincie Oost-Vlaanderen

Ontwikkeling richtlijn
screening en detectie van
perinatale mentale
stoornissen.

• Pilootproject provincie Antwerpen

Ontwikkeling regionale
zorgpaden



Totstandkoming VENPMG

2018-2022

2021/2022
Bestendigen
project

Rapport
beleidsaan-
bevelingen



Vlaanderen
is zorg

Vlaams Expertisenetwerk Perinatale Mentale Gezondheid

MBE Karus
(campus Gent)

MBE Bethaniënhuis
(Zoersel)

Perinatale
psychiatrie
(UZ Leuven)

Centrum voor
Perinatale Mentale
Gezondheid
(UZ Gent)

De Kiem
(TIPI-project-Gavere)

ADIC VZW
(OP+ Antwerpen)

Free Clinic
(GOIA – Antwerpen)

Kind en Gezin

Onderzoeksgroep
Klinische Psychologie
(KU Leuven)

Project “Veerkracht
in de eerste 1000
dagen van het leven”

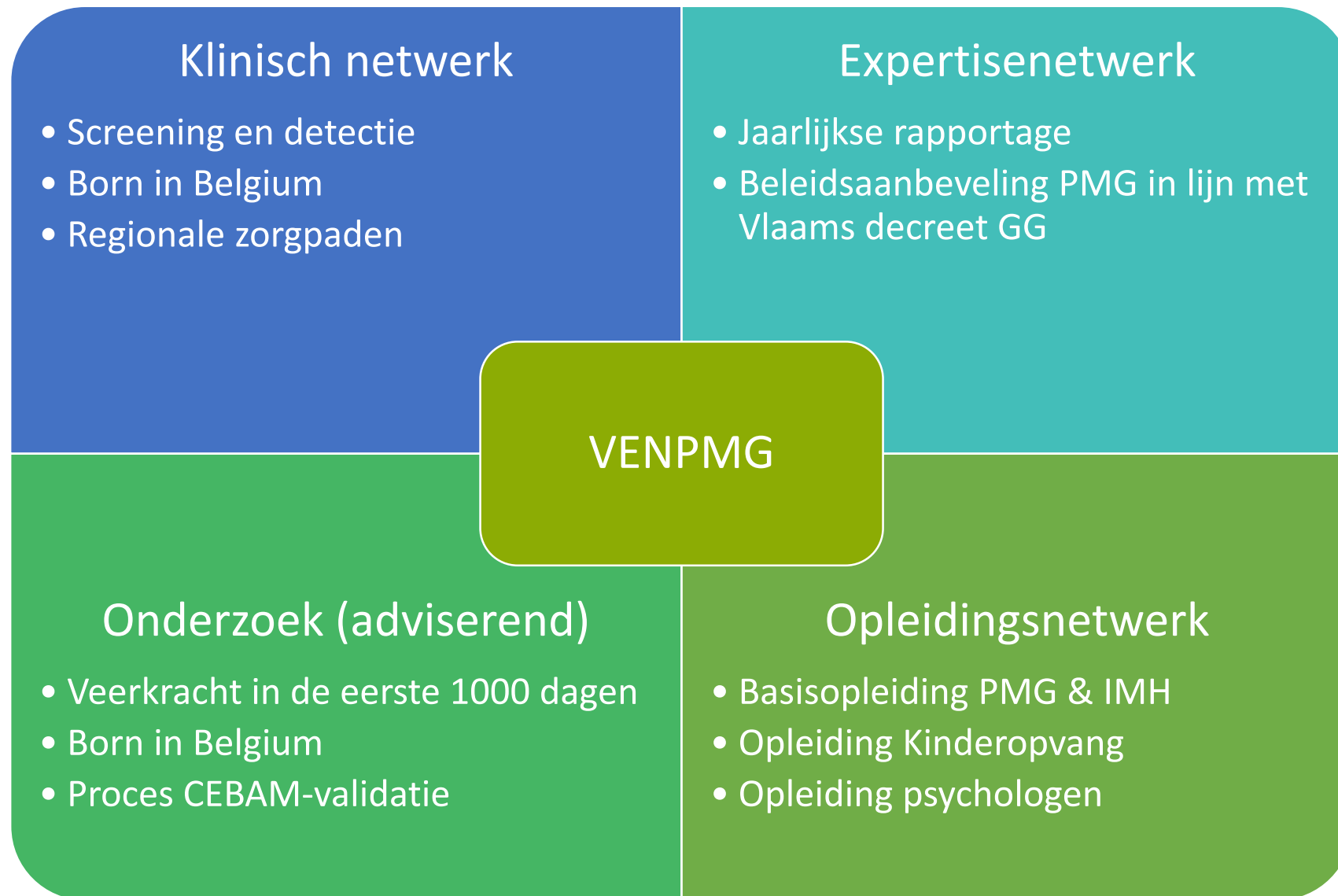
Project “Born in
Belgium”

Ervaringsdeskundige

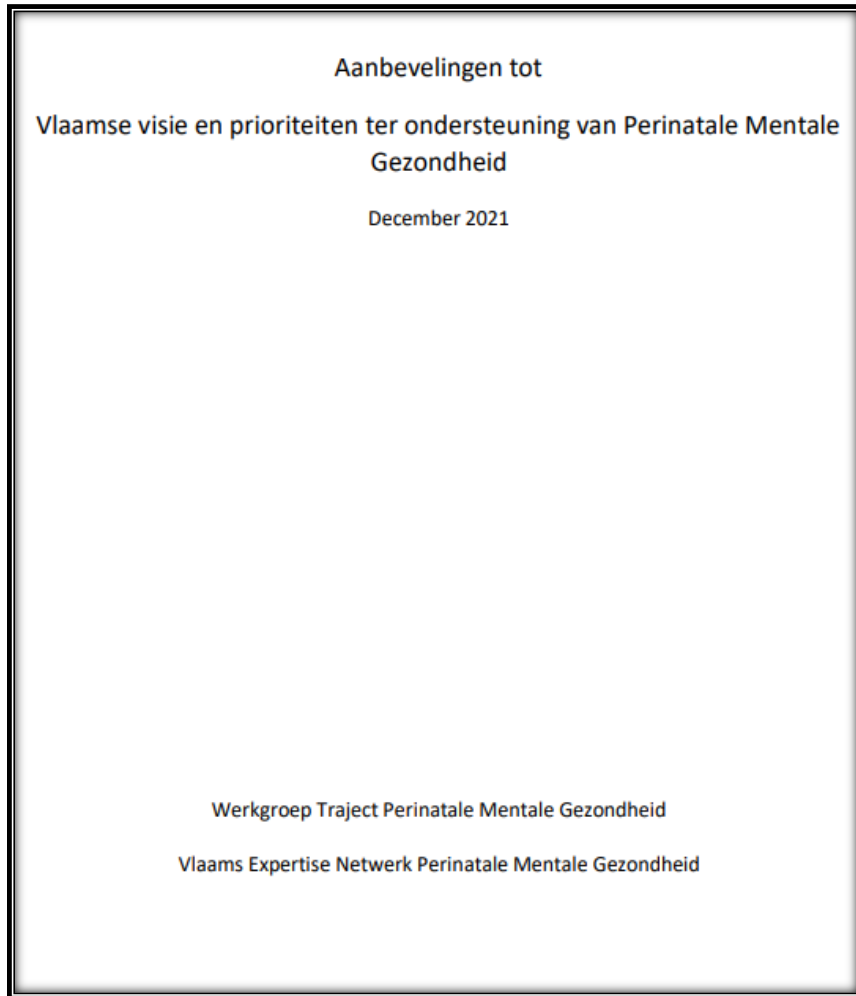
UZ Antwerpen

VAD

Vlaams Expertise Netwerk Perinatale Mentale Gezondheid



Rapport aanbevelingen



Aanbevelingen tot Vlaamse visie en prioriteiten ter ondersteuning van Perinatale Mentale Gezondheid

Rapport tot stand gekomen in samenwerking met vele partners vanuit het veld.

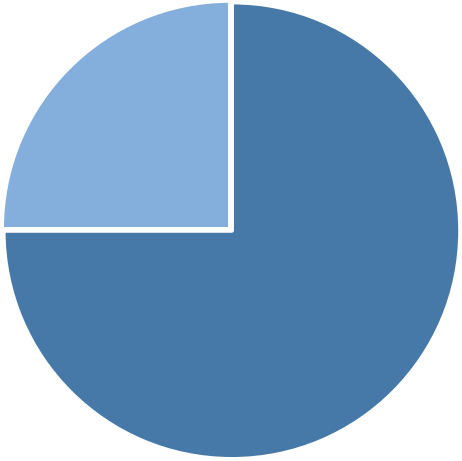
Aanbevelingen van preventie tot behandeling, over lijnen en sectoren heen, vanuit het gezinsperspectief (aanstaande) moeder – baby – mede-ouder

Rapport is beschikbaar via: <https://zorg-en-gezondheid.be/per-domein/geestelijke-gezondheidszorg/vlaams-expertise-netwerk-perinatale-mentale-gezondheid>

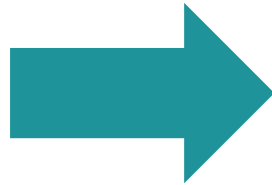
Doelstellingen project 2022

- De **uitrol van de screening (Born in Belgium tool)** in de Vlaamse ziekenhuizen en hun transmurale zorgpartners
- De verdere uitbouw van de **regionale perinatale zorgpaden** in verbinding met actuele ontwikkelingen binnen het zorglandschap
- De **versterking van de samenwerking met alle relevante partners** door het aanbieden van methodieken die de samenwerking faciliteren, aansluitend bij de lokale noden

Screening en detectie



75% onderdetectie van
psychosociale problemen



Systematische screenings: detectiegraad X5

Zwangerschap
=
unieke kans



Samenwerking Born in Belgium

- Prof dr. Katrien Beeckman
- Kim Decabooter
- Kelly Amuli
- Sabine Verschelde
- Caroline Germanes
- Bianca Eerens



Born in Belgium
Professionals



Vlaams Expertisenetwerk
Perinatale Mentale
Gezondheid

- dr. An-Sofie Van Parys
- Helga Peeters
- Marieke Vermaas



Samenwerking – in verbinding

We zetten in op:

- De lokale multidisciplinaire samenwerking
- Verder bouwen op de samenwerkingen die er reeds zijn
- Psychewijzer – Sociale kaart
- Elkaars werking leren kennen/ elkaar persoonlijk leren kennen - netwerkdag



Tot slot – wat staat er voor 2023 reeds op de planning?

- Multidisciplinair casusoverleg Leuven (14 maart) en Halle-Vilvoorde (voorjaar 2023)
- Basisopleiding PMG & IMH (30 maart, 18 april, 4 mei en 23 mei)
- Webinars jonge kind: Emotieregulatie bij jonge kleuters (7 februari)
- Train-the-trainer draaiboek perinataal groepsaanbod Bakermat (23 maart)



Netwerk geestelijke gezondheid kinderen en jongeren Vlaams-Brabant



Yuneco Crosslink



Yuneco Crosslink

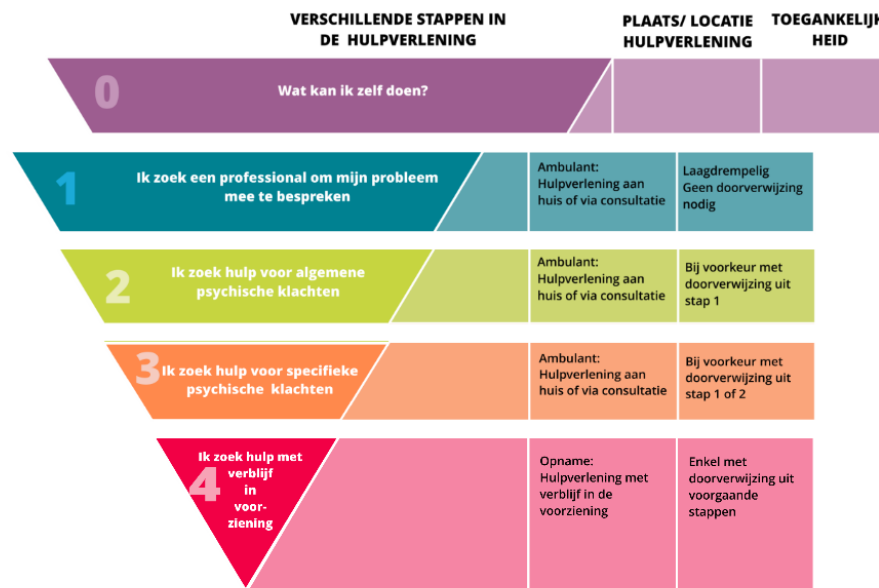


Psychewijzer.be

Kinderen & Jongeren: Het jonge kind

Via psychewijzer proberen we getrapte zorg te promoten. Bij getrapte zorg is het de bedoeling dat mensen in een eerste stap de meest geschikte manier van hulp aangeboden krijgen om nadien enkel wanneer het nodig is over te gaan naar meer specifieke hulp. Indien verdere hulp nodig wordt, is het niet noodzakelijk dat steeds alle stappen doorlopen worden, maar dat vanuit de eerste stap gekeken wordt welke verdere stappen nodig zijn. Getrapte zorg betekent dus kortweg:

“De juiste hulp krijgen op de juiste plaats, op het juiste moment en door de juiste persoon”



Kinderen & Jongeren
Volwassenen & Ouderen

Psychewijzer

Een gewijzer voor de Geestelijke Gezondheidszorg in Vlaams-Brabant

Deze portaalsite Geestelijke Gezondheid tracht de inwoners van Vlaams-Brabant, evenals professionelen werkzaam op de eerstelijns (huisarts, thuisverpleegkundige, gezinsverzorgende, ...), alsook in de sector van de geestelijke gezondheidszorg of andere sectoren, een weg te wijzen naar de bestaande diensten en hulpverleningsvormen binnen de GGZ in Vlaams-Brabant op maat van de persoon met een GGZ-probleem.



Yuneco Crosslink Infants







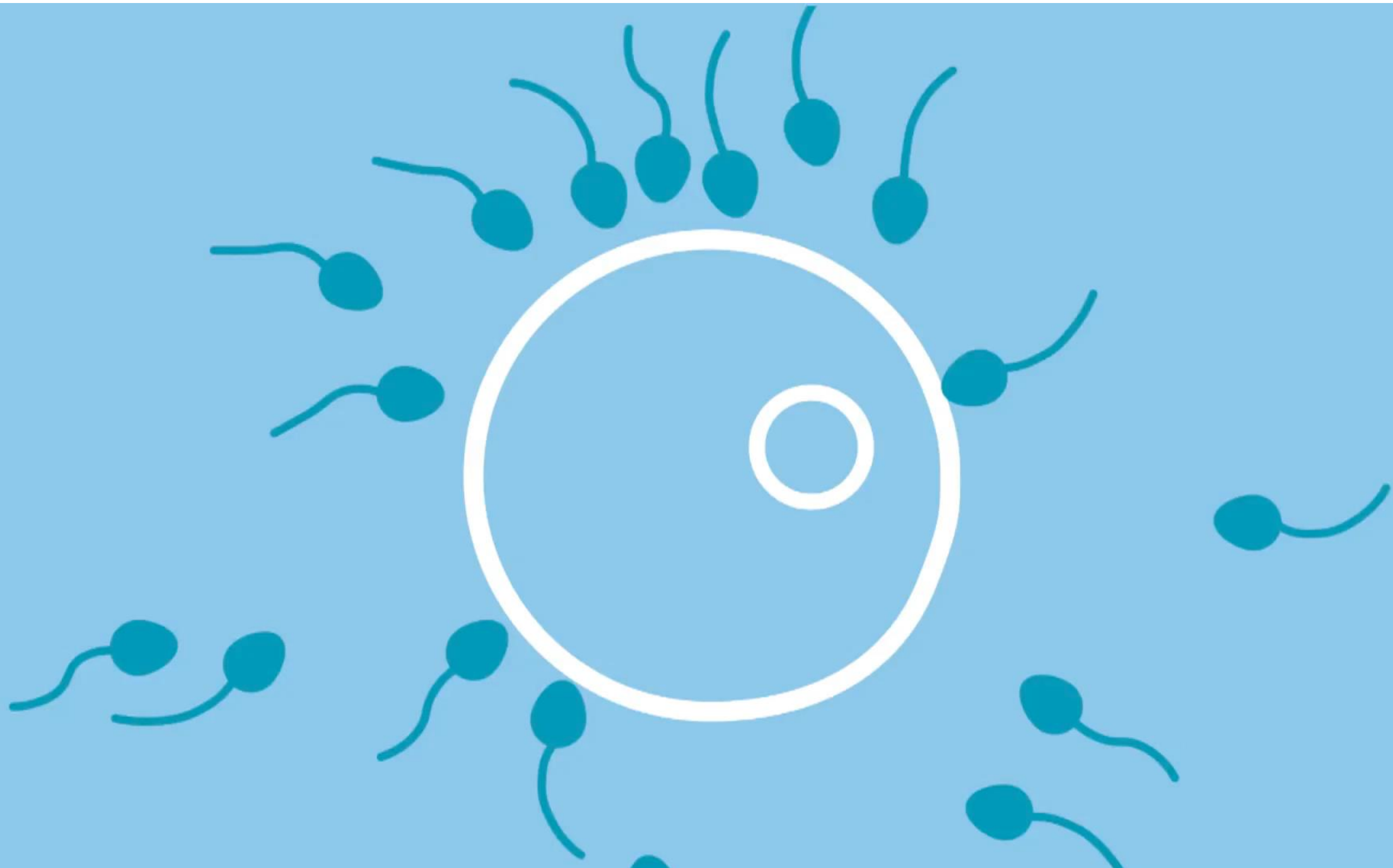
Gelijk goed beginnen

Het belang van een goede start in de eerste 1000 dagen van het leven

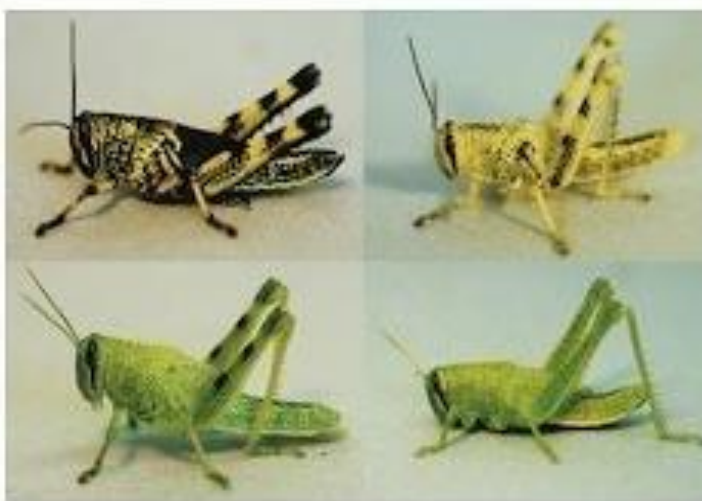
Al eindigt onze gezondheid definitief bij de dood, ze begint al voor de conceptie

Prof. dr. Tessa Roseboom
AmsterdamUMC





Wist je dat?



Alles wat leeft is gevoelig voor de omgeving

Wist je dat?



Bron: WHO

Wist je dat?



88 jaar

Bron: WHO

Wist je dat?



54 jaar



88 jaar

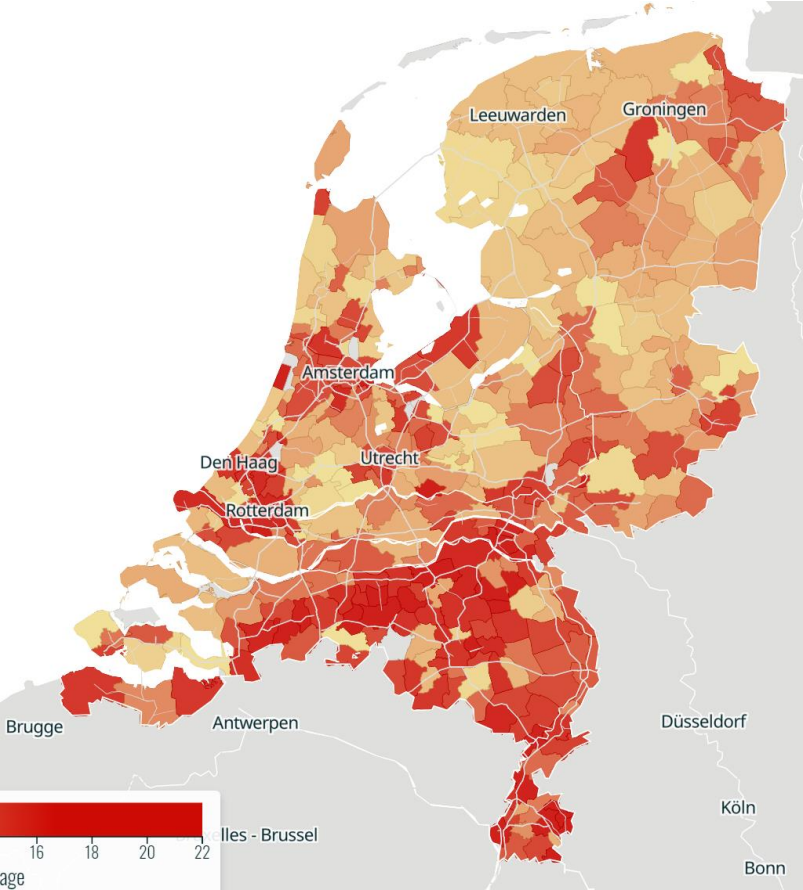
Wist je dat?



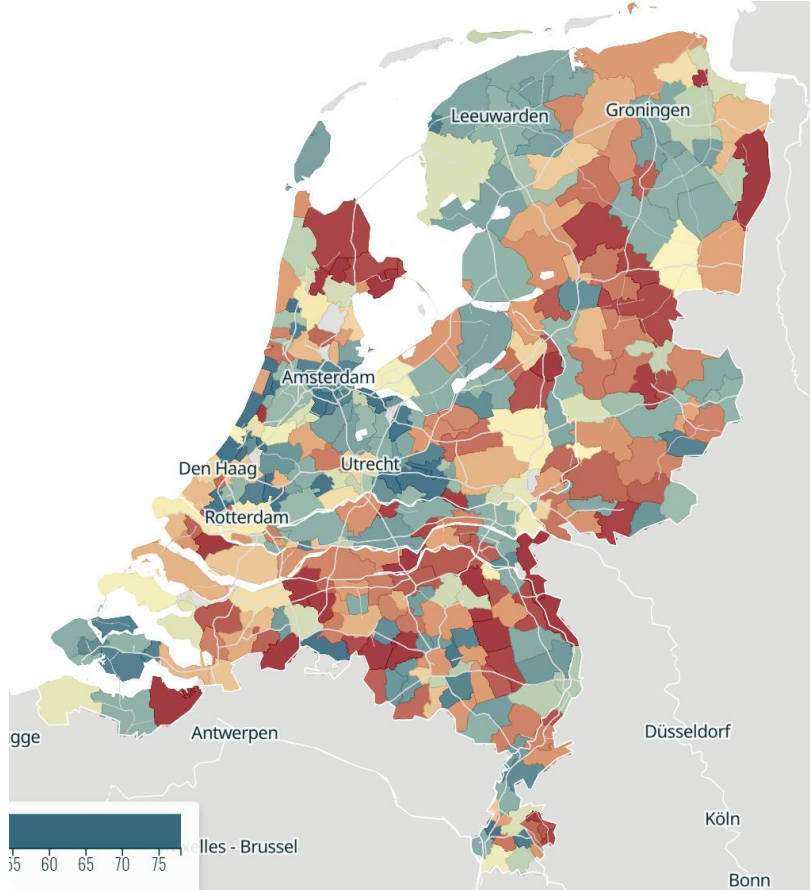
Centrum: 4,6
Zuidoost: 10,5

Je kansen in het leven hangen af van waar je wieg staat

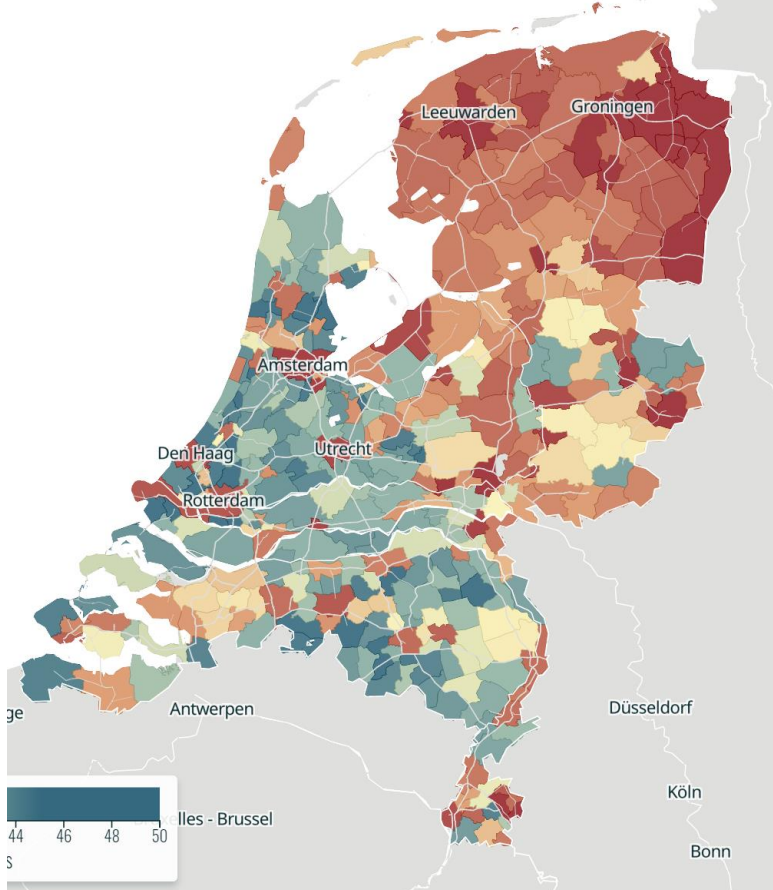
Laag geboortegewicht



Schooladvies



Inkomen



Clustering of health, crime and social-welfare inequality in 4 million citizens from two nations

Leah S. Richmond-Rakerd^{1,2*}, Stephanie D'Souza³, Signe Hald Andersen⁴, Sean Hogan⁵, Renate M. Houts¹, Richie Poulton⁵, Sandhya Ramrakha⁵, Avshalom Caspi^{1,6,7,8,9}, Barry J. Milne^{3,9} and Terrie E. Moffitt^{1,6,7,8,9}

Health and social scientists have documented the hospital revolving-door problem, the concentration of crime, and long-term welfare dependence. Have these distinct fields identified the same citizens? Using administrative databases linked to 1.7 million New Zealanders, we quantified and monetized inequality in distributions of health and social problems and tested whether they aggregate within individuals. Marked inequality was observed: Gini coefficients equalled 0.96 for criminal convictions, 0.91 for public-hospital nights, 0.86 for welfare benefits, 0.74 for prescription-drug fills and 0.54 for injury-insurance claims. Marked aggregation was uncovered: a small population segment accounted for a disproportionate share of use-events and costs across multiple sectors. These findings were replicated in 2.3 million Danes. We then integrated the New Zealand databases with the four-decade-long Dunedin Study. The high-need/high-cost population segment experienced early-life factors that reduce workforce readiness, including low education and poor mental health. In midlife they reported low life satisfaction. Investing in young people's education and training potential could reduce health and social inequalities and enhance population wellbeing.



Fig. 1 | Nationwide data capture of poor health, crime and social-welfare dependency in 1.7 million New Zealanders. We obtained information about our five sectors of interest—social-welfare benefits, public-hospital nights, prescription-drug fills, injury-insurance claims and criminal convictions—from records maintained by the New Zealand Ministry of Social Development, Ministry of Health, Pharmaceutical Management Agency, Accident Compensation Corporation and Ministry of Justice, respectively. To account for the amount of time individuals were eligible to appear in New Zealand government records, we obtained information about mortality and time overseas from records maintained by the New Zealand Department of Internal Affairs and Ministry of Business, Innovation and Employment, respectively.



ECONOMISCHE KOSTEN



**Ze hadden bijna
allemaal een
slechte start**

HET BELANG VAN VEILIGHEID

NEGATIEVE ERVARINGEN IN DE KINDERTIJD



Negatieve ervaringen



Mishandeling

- Fysiek
- Emotioneel
- Seksueel

Verwaarlozing

- Fysiek
- Emotioneel

Gezinsomstandigheden

- Mentale problematiek
- Familielid in de gevangenis
- Geweld in gezin
- Verslaving
- Echtscheiding

**Vier of meer negatieve
ervaringen betekent 20
jaar verlies**

Gevolg

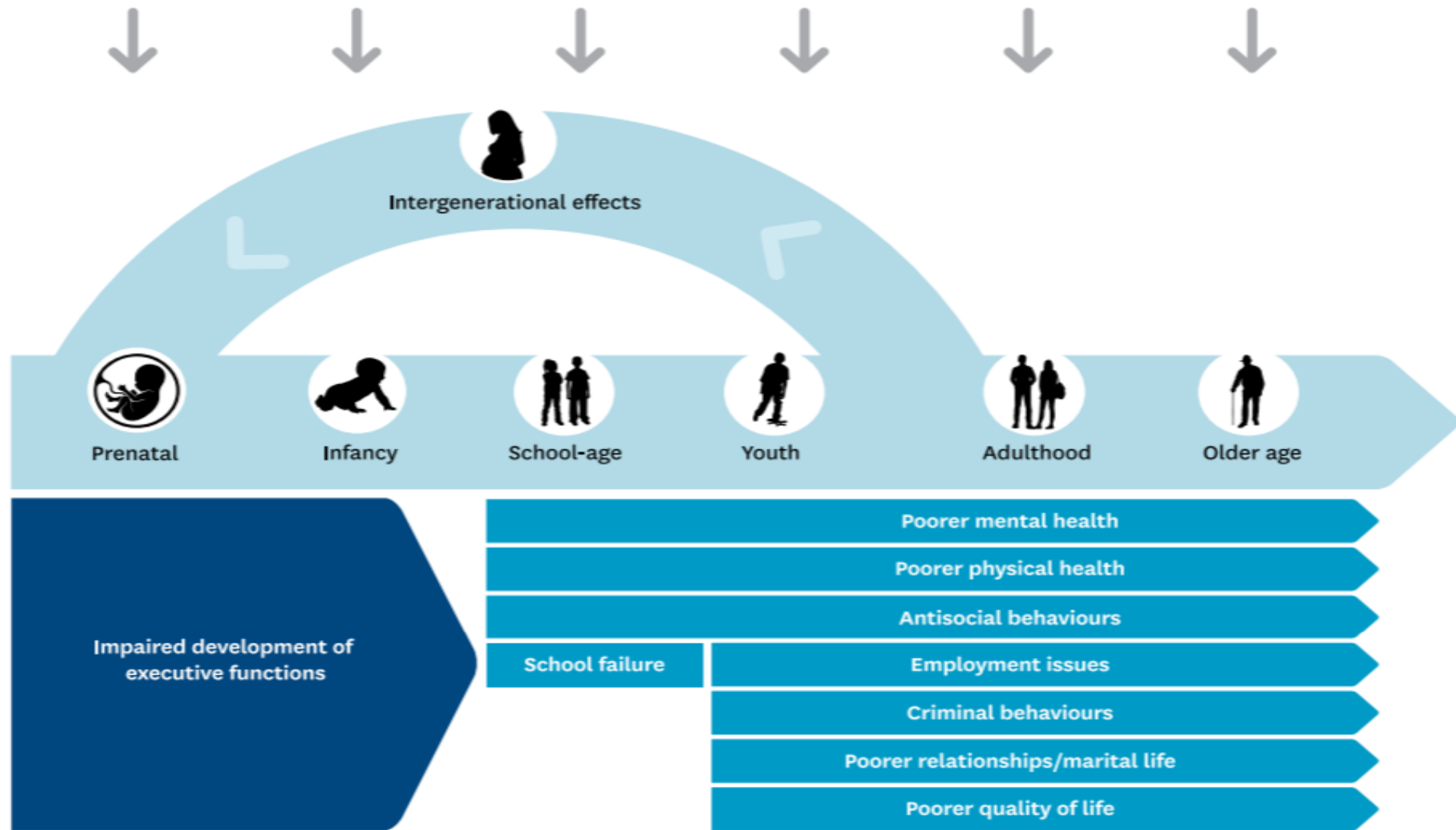


Gedrag

- Gebrek aan lichaamsbeweging
- Roken
- Alcoholisme
- Drugsgebruik
- Werkverzuim

Gezondheid

- Obesitas
- Diabetes
- Depressie
- Zelfmoordpogingen
- Soa's
- Hart- en vaatziekten
- Kanker
- Beroerte
- Longziekten
- Botbreuken



Life course/life cycle

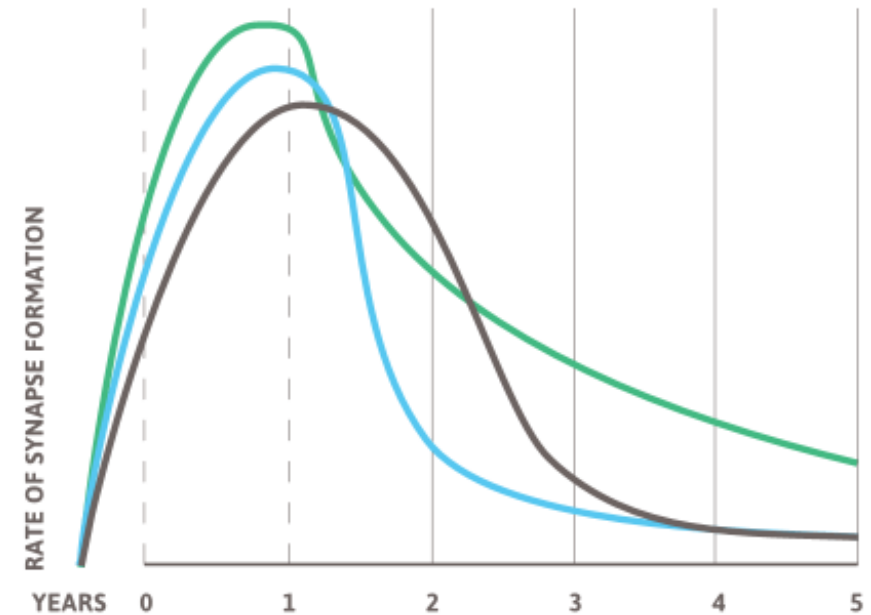
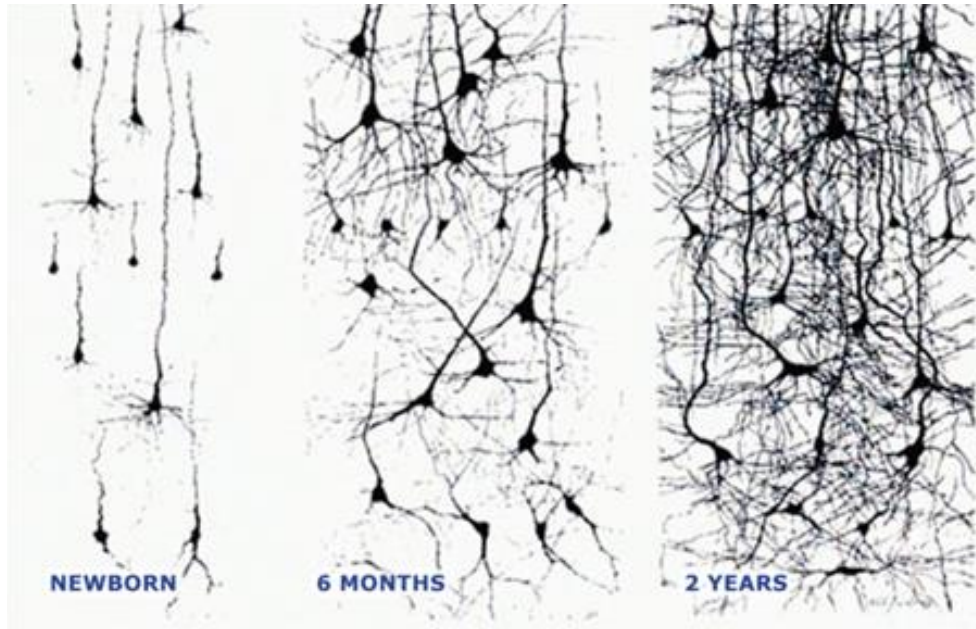
Life domains impacted by impaired executive functions

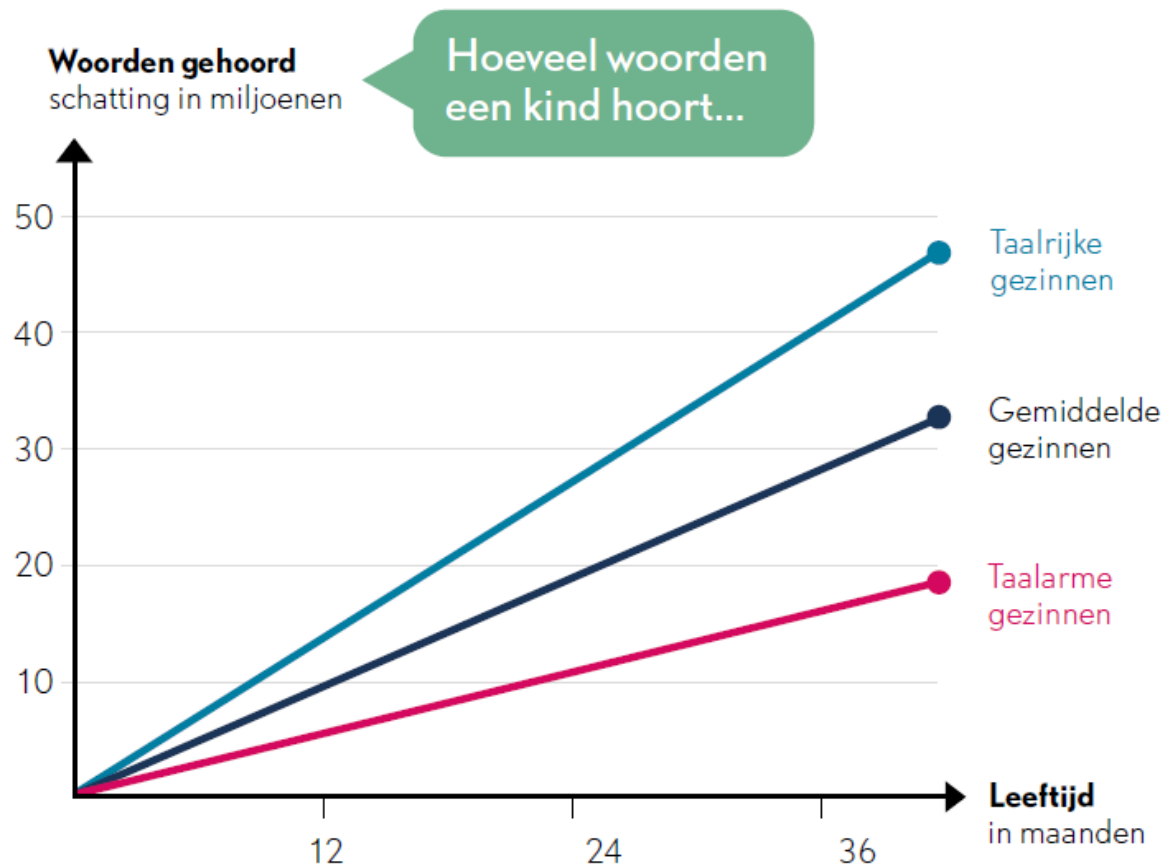
Socioeconomic influences





Hersenontwikkeling in eerste 1000 dagen





...heeft een enorm effect
op de woordenschat

Hoeveel woorden kent een kind
op zijn of haar derde verjaardag?

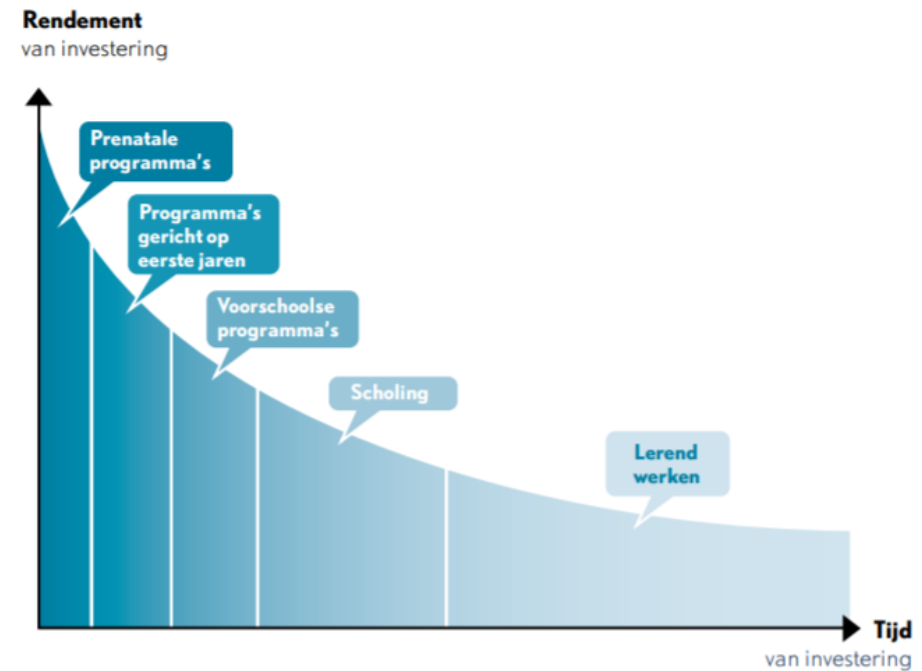


De slimste investering

Everyone gains when we invest, develop and sustain the early development of the world's greatest natural resource – its people.

James Heckman

Hoe vroeger de investering Hoe groter het rendement





Wetenschappelijk bewijs belang van een goede start



Economisch argument: slimste investering



Fundamentele rechten van het kind

UNITED NATIONS CONVENTION ON THE RIGHTS OF THE CHILD

IN CHILD-FRIENDLY LANGUAGE



Everyone under 18 has special rights as children

ARTICLE 2

All children have these rights, no matter who they are, where they live, what their parents do, what language they speak, what their religion is, whether they are a boy or girl, what their culture is, whether they have a disability, whether they are rich or poor. No child should be treated unfairly on any basis.

ARTICLE 3

All adults should do what is best for you. When adults make decisions, they should think about how their decisions will affect children.

ARTICLE 4

The government has a responsibility to make sure your rights are protected. They must help your family to protect your rights and create an environment where you can grow and reach your potential.

ARTICLE 5

Your family has the responsibility to help you learn to exercise your rights, and to ensure that your rights are protected.

ARTICLE 6

You have the right to be alive.

ARTICLE 7

You have the right to a name, and this should be officially recognized by the government. You have the right to a nationality (to belong to a country).

ARTICLE 8

You have the right to an identity - an official record of who you are. No one should take this away from you.

ARTICLE 9

If you live in care or



ARTICLE 11

You have the right to be protected from kidnapping.

ARTICLE 12

You have the right to give your opinion, and for adults to listen and take it seriously.

ARTICLE 13

You have the right to find out things and share what you think with others. So talking, drawing, writing or in any other way unless it harms or offends other people.

ARTICLE 14

You have the right to choose your own religion and beliefs. Your parents should help you decide what is right and wrong, and what is best for you.

ARTICLE 15

You have the right to choose your own friends and join or set up groups, as long as it isn't harmful to others.

ARTICLE 16

You have the right to privacy.

ARTICLE 17

You have the right to get information that is important to your wellbeing, from radio, newspaper, books, computers and other sources. Adults should make sure that the information you are getting is not harmful, and help you find and understand the information you need.

ARTICLE 18

You have the right to be raised by your parent(s) if possible.

ARTICLE 19

You have the right to be protected from being hurt and mistreated, in body or mind.

ARTICLE 20

You have the right to special care and help if you cannot live with your parents.

ARTICLE 21

You have the right to care and protection if you are adopted or in foster care.

ARTICLE 22

You have the right to special protection and help if you are a refugee (if you have been forced to leave your home and live in another country), as well as all the rights in this Convention.

ARTICLE 23

You have the right to special education and care if you have a disability, as well as all the rights in this Convention, so that you can live a full life.

ARTICLE 24

You have the right to the best health care possible, safe water to drink, nutritious food, a clean and safe environment, and information to help you stay well.

ARTICLE 25

If you live in care or



ARTICLE 26

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ARTICLE 27

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ARTICLE 41

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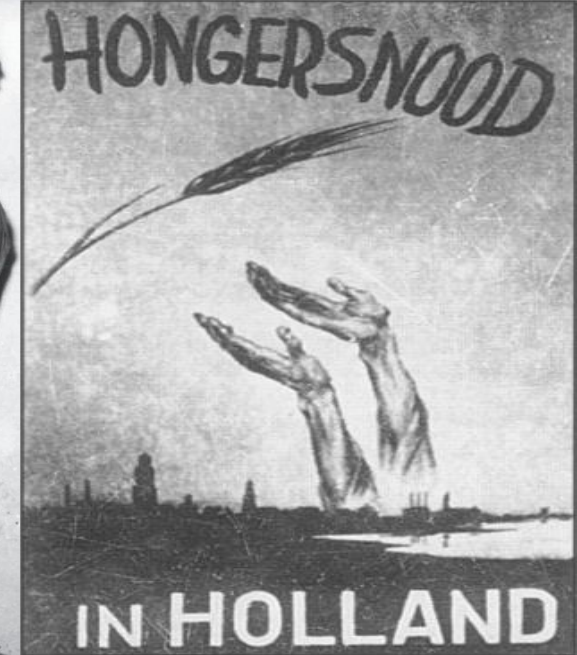
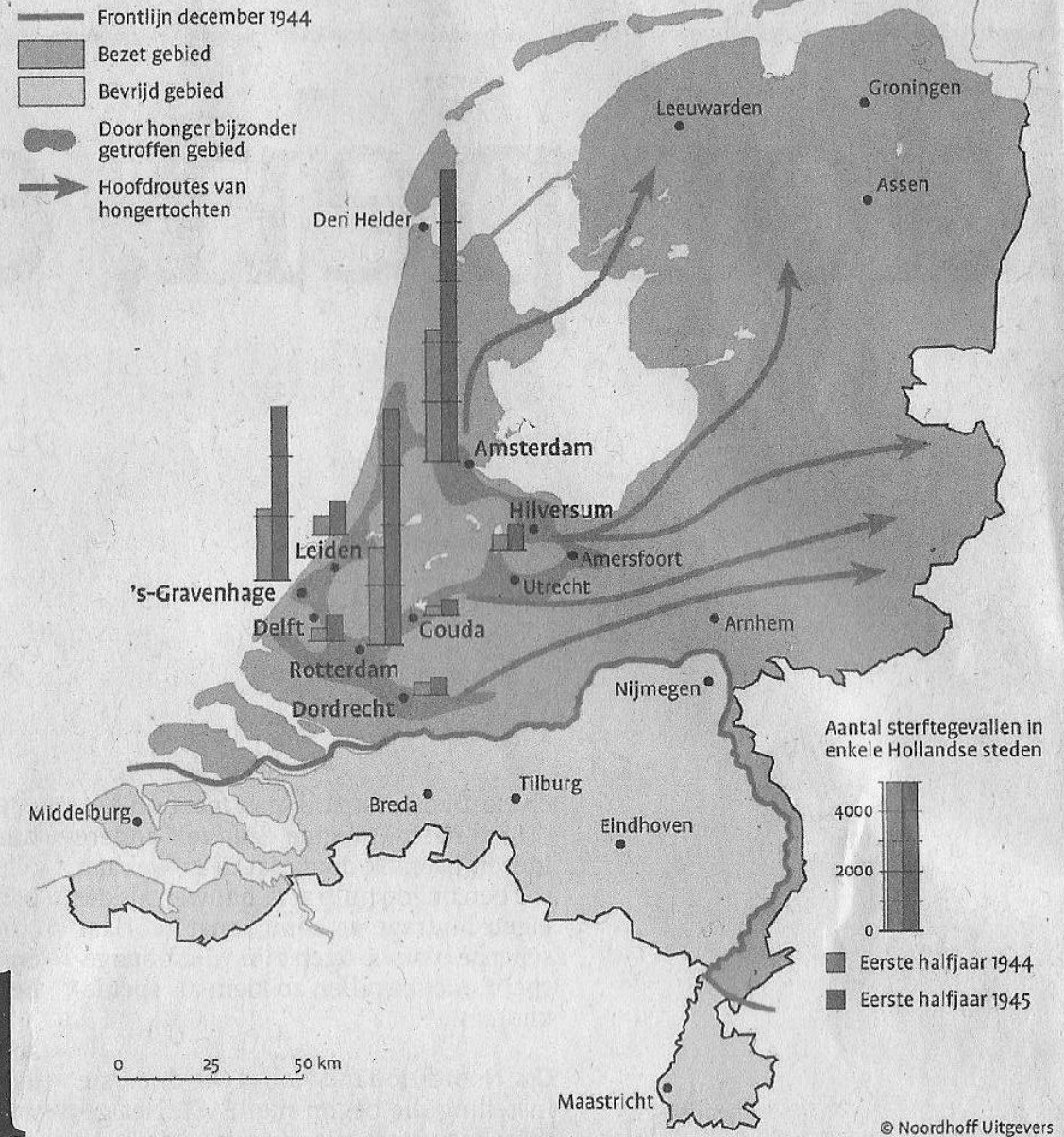
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[Handwritten sketches of faces and figures, some labeled with numbers like 26, 27, 28, and names like "Bier".]

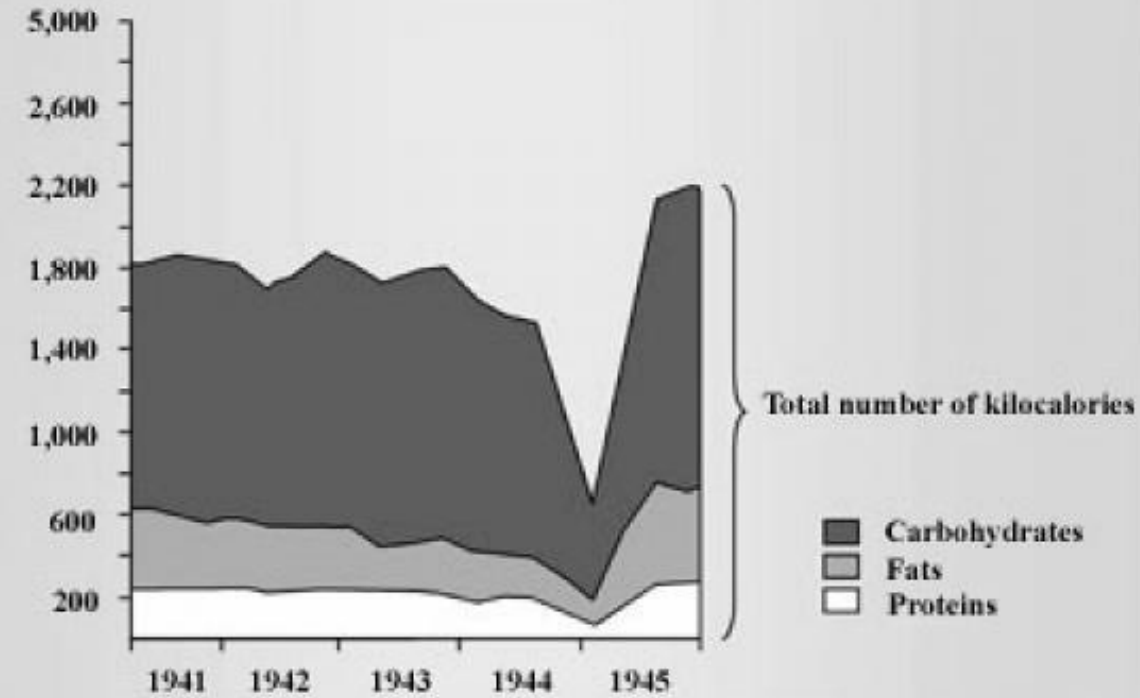
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 Puls: 17.4
 Urine: 138/85
 Bloeddruk: 138/85
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I. De Hongerwinter 1944-1945



Kilocalories

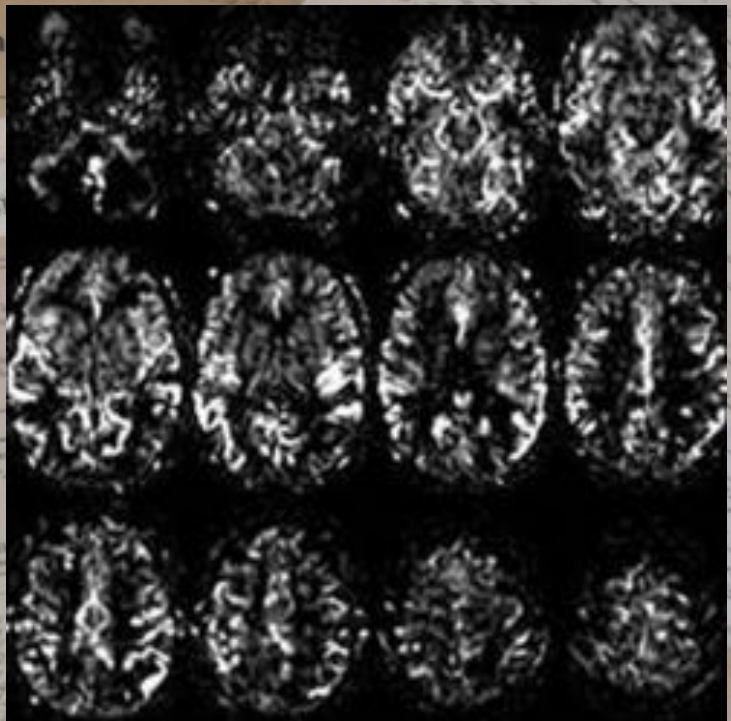
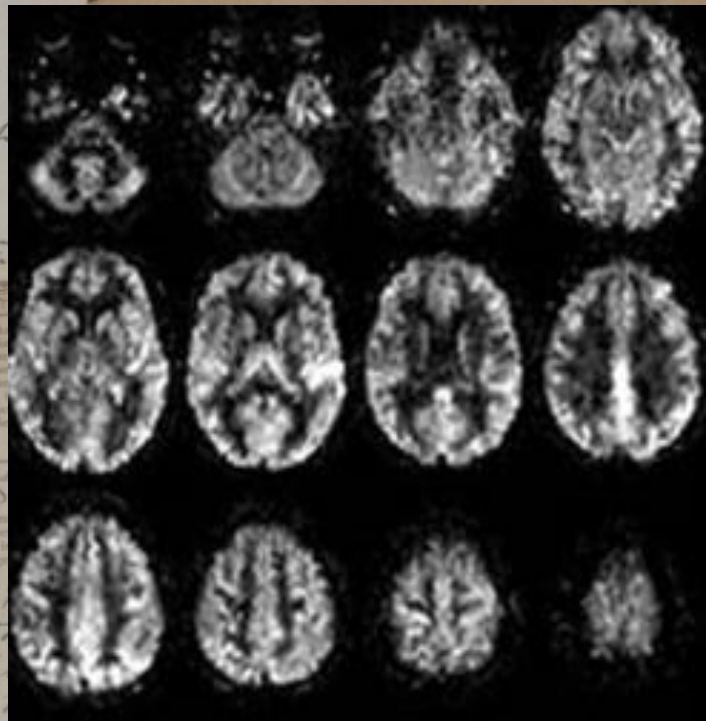
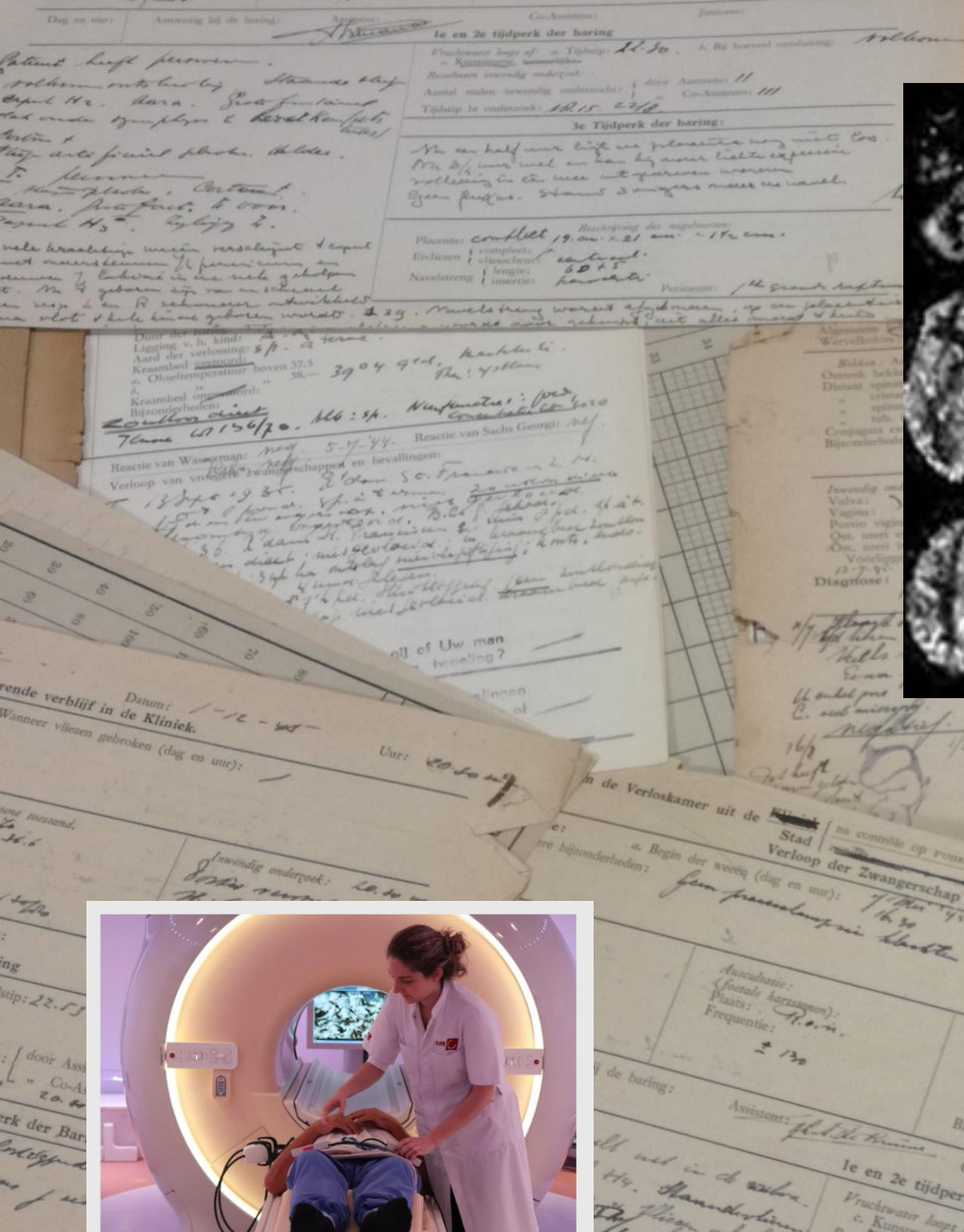


- Humanitarian disaster
- Previously and subsequently well nourished population
- Adequate record keeping
- Unique opportunity to investigate effects of prenatal undernutrition in humans









Prenatal undernutrition and cognitive function in late adulthood

Susanne R. de Rooij^{a,1}, Hans Wouters^a, Julie E. Yonker^b, Rebecca C. Painter^a, and Tessa J. Roseboom^a
Departments of ^aClinical Epidemiology Biostatistics and Bioinformatics, and ^bGynaecology, Academic Medical Center of the University of Amsterdam, 1100 DD, Amsterdam, The Netherlands; and ^cDepartment of Psychology, Calvin College, Grand Rapids, MI 49546

At the end of World War II, a severe 5-mo famine struck the cities in the western part of The Netherlands. At its peak, the rations dropped to as low as 400 calories per day. In 1972, cognitive performance in 19-y-old male conscripts was reported not to have been affected by exposure to the famine before birth. In the present study, we show that cognitive function in later life does seem affected by prenatal undernutrition. We found that at age 56 to 59, men and women exposed to famine during the early stage of gestation performed worse on a selective attention task, a cognitive ability that usually declines with increasing age. We hypothesize that this decline may be an early manifestation of an accelerated cognitive aging process.

Results
Of the 737 participants, 297 (40%) had been exposed to famine in utero (Table 1). People exposed to famine in mid or late gestation were lighter and had smaller head circumferences at birth than those unexposed to famine during gestation (all $P < 0.01$). People exposed to famine during early gestation had a somewhat longer gestational period ($P = 0.02$). Interestingly, those exposed to

ORIGINAL CONTRIBUTION

Prenatal Exposure to Wartime Famine and Development of Antisocial Personality Disorder in Early Adulthood

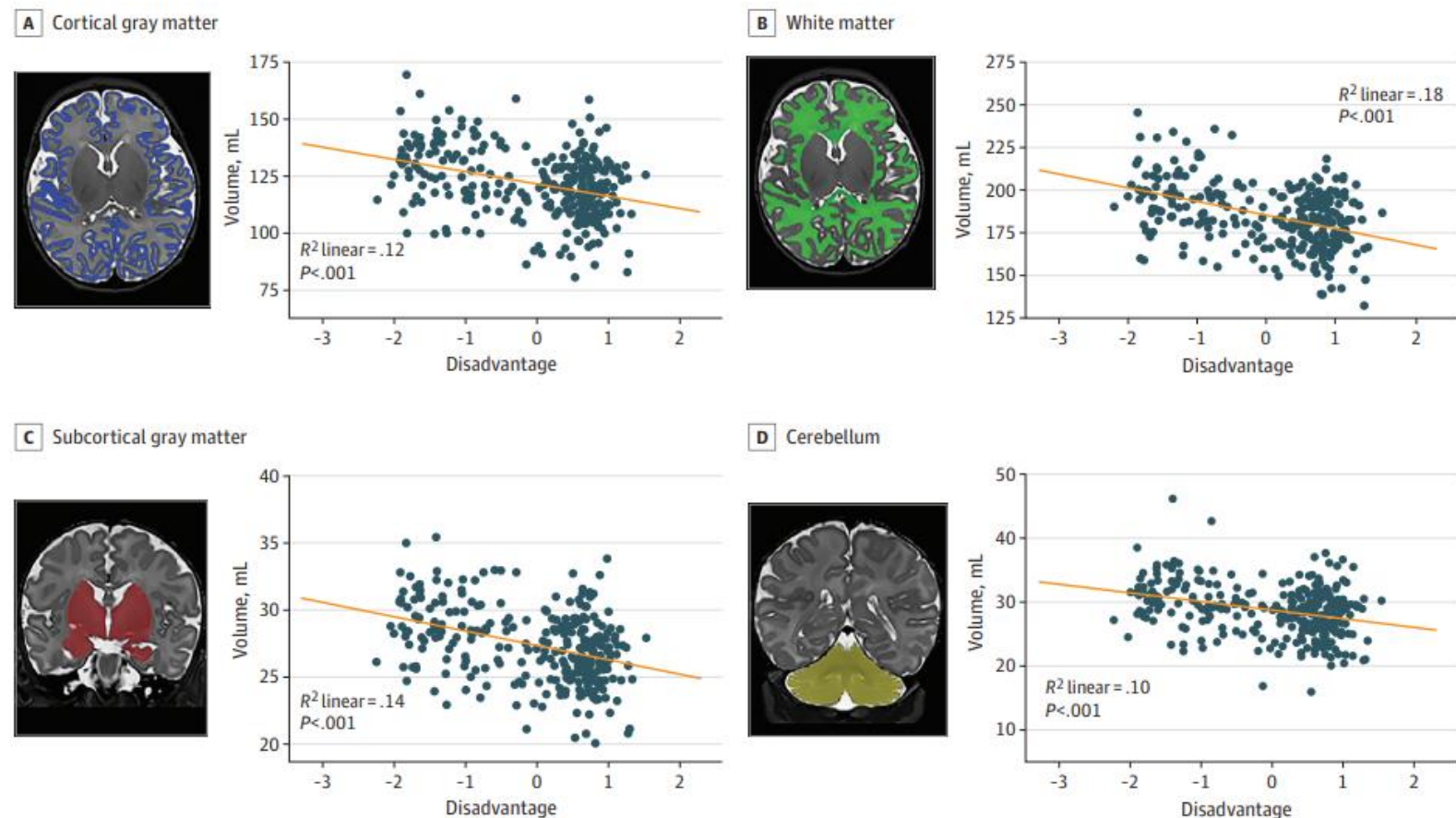


Original Investigation | Pediatrics

Association of Prenatal Exposure to Early-Life Adversity With Neonatal Brain Volumes at Birth

Regina L. Triplett, MD, MS; Rachel E. Lean, PhD; Amisha Parikh, BS; J. Philip Miller, AB; Dimitrios Alexopoulos, MS; Sydney Kaplan, BS; Dominique Meyer, BS; Christopher Adamson, PhD; Tara A. Smyser, MSE; Cynthia E. Rogers, MD; Deanna M. Barch, PhD; Barbara Warner, MD; Joan L. Luby, MD; Christopher D. Smyser, MD, MSCI

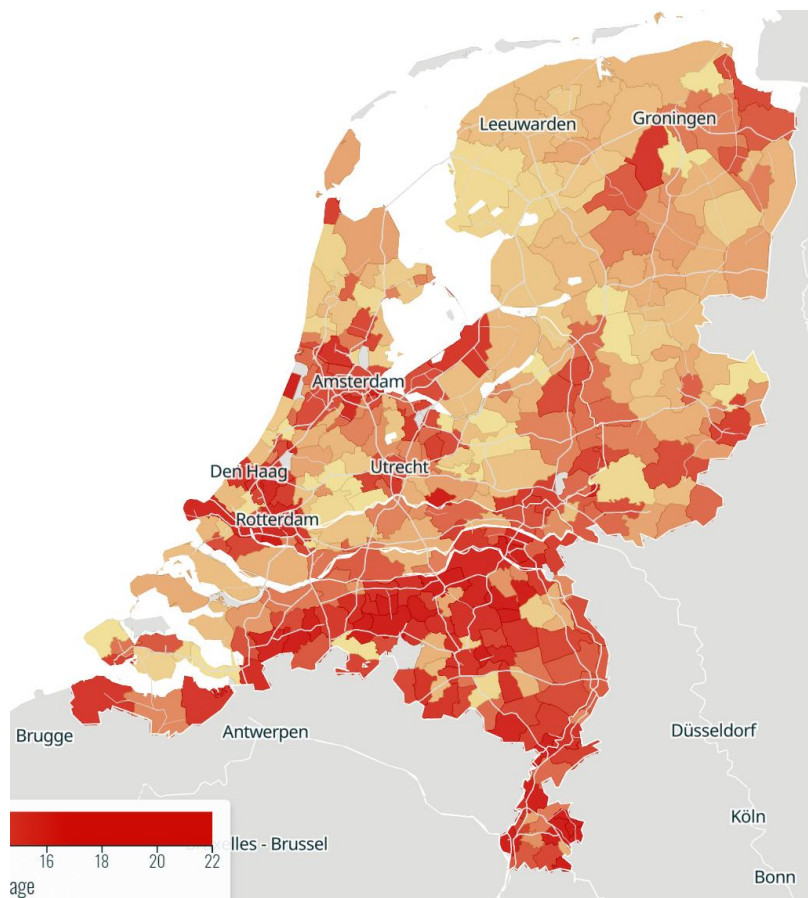
Figure 1. Correlation Between Total Brain Volume and Maternal Social Disadvantage Factor



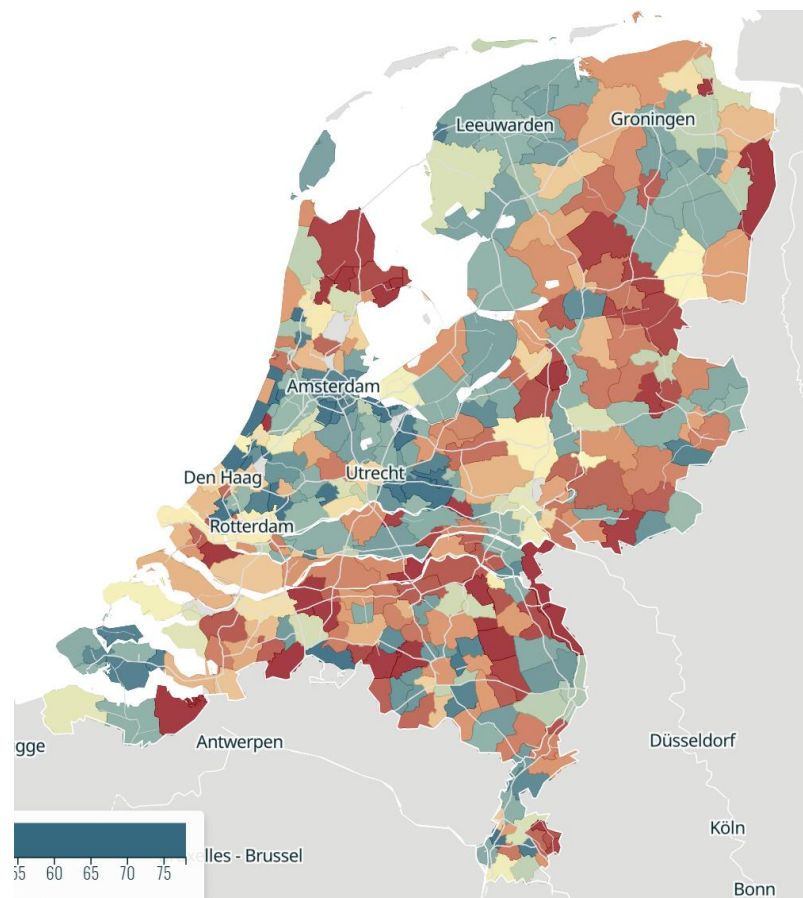
Correlation and P values are included for line of best fit. Automated volumetric segmentation for each tissue type is overlaid on T2-weighted image for a representative infant. X-axis indicates maternal social disadvantage.

Waar je wieg staat bepaalt je kansen

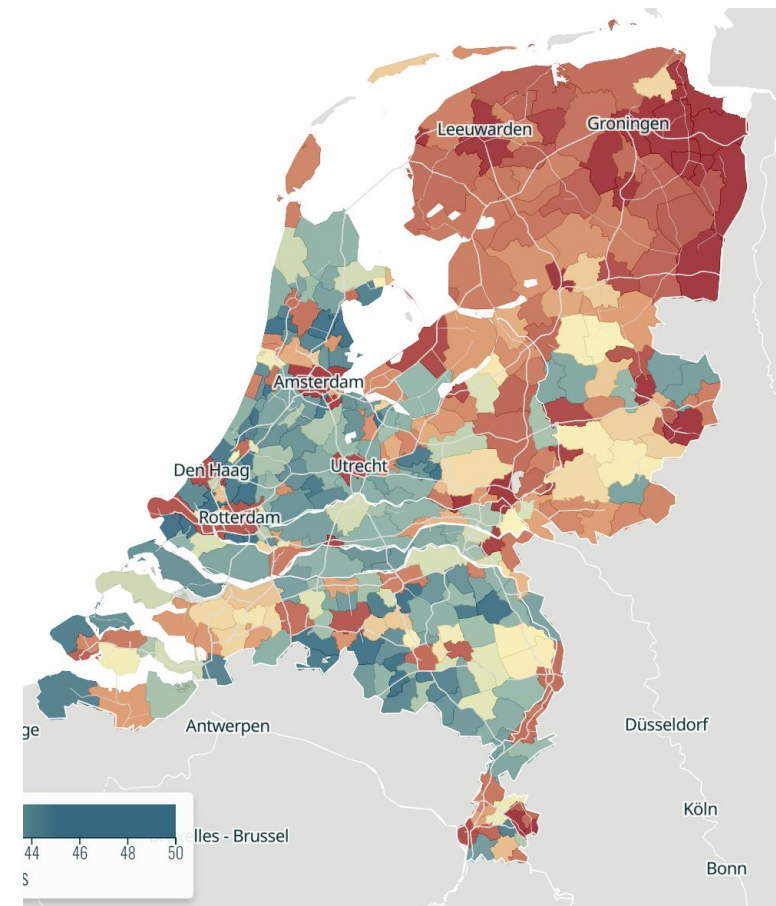
Laag geboortegewicht

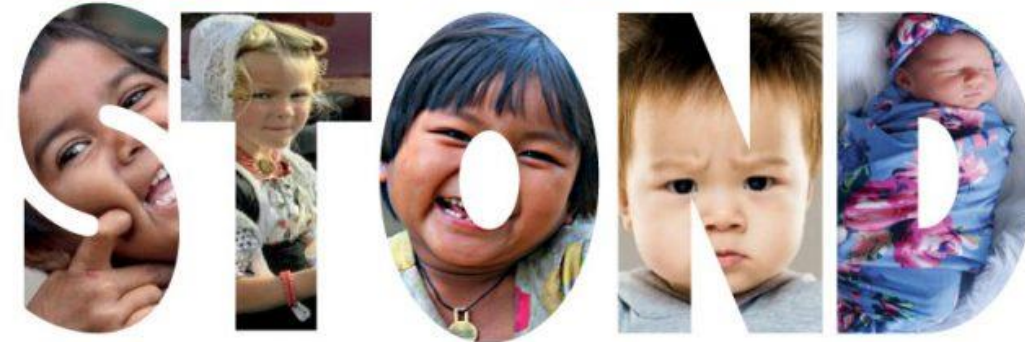


Schooladvies



Inkomen





Wat heeft jou gevormd?

Hoe verbind je met dit thema?

Welke talenten zet je in?

UNITED NATIONS CONVENTION ON THE RIGHTS OF THE CHILD

IN CHILD-FRIENDLY LANGUAGE



ARTICLE 2

All children have these rights, no matter who they are, where they live, what their parents do, what language they speak, what their religion is, whether they are a boy or girl, what their culture is, whether they have a disability, whether they are rich or poor. No child should be treated unfairly on any basis.

ARTICLE 3

All adults should do what is best for you. When adults make decisions, they should think about how their decisions will affect children.

ARTICLE 4

The government has a responsibility to make sure your rights are protected. They must help your family to protect your rights and create an environment where you can grow and reach your potential.

ARTICLE 5

Your family has the responsibility to help you learn to exercise your rights, and to ensure that your rights are protected.

ARTICLE 6

You have the right to be alive.

ARTICLE 7

You have the right to a name, and this should be officially recognized by the government. You have the right to a nationality (to belong to a country).

ARTICLE 8

You have the right to an identity - an official record of who you are. No one should take this away from you.

ARTICLE 9

ARTICLE 11

You have the right to be protected from kidnapping.

ARTICLE 12

You have the right to give your opinion, and for adults to listen and take it seriously.

ARTICLE 13

You have the right to find out things and share what you think with others. So talking, drawing, writing or in any other way unless it harms or offends other people.

ARTICLE 14

You have the right to choose your own religion and beliefs. Your parents should help you decide what is right and wrong, and what is best for you.

ARTICLE 15

You have the right to choose your own friends and join or set up groups, as long as it isn't harmful to others.

ARTICLE 16

You have the right to privacy.

ARTICLE 17

You have the right to get information that is important to your wellbeing, from radio, newspaper, books, computers and other sources. Adults should make sure that the information you are getting is not harmful, and help you find and understand the information you need.

ARTICLE 18

You have the right to be raised by your parent(s) if possible.

ARTICLE 19

You have the right to be protected from being hurt and mistreated, in body or mind.

ARTICLE 20

You have the right to special care and help if you cannot live with your parents.

ARTICLE 21

You have the right to care and protection if you are adopted or in foster care.

ARTICLE 22

You have the right to special protection and help if you are a refugee (if you have been forced to leave your home and live in another country), as well as all the rights in this Convention.

ARTICLE 23

You have the right to special education and care if you have a disability, as well as all the rights in this Convention, so that you can live a full life.

ARTICLE 24

You have the right to the best health care possible, safe water to drink, nutritious food, a clean and safe environment, and information to help you stay well.

ARTICLE 25

If you live in care or...

ARTICLE 26

You have the right to quality education, encouraged to go to the highest level you can.

ARTICLE 29

Your education should help you develop your talents and abilities, also help you learn to live peacefully, protect the environment and respect other people.

ARTICLE 30

You have the right to practice your own culture, language and religion - or life choice. Minority and indigenous groups need special protection of this right.

ARTICLE 31

You have the right to play and rest.

ARTICLE 32

You have the right to protection from work that harms you, and is bad for your health and education. If you work, you have the right to be safe and paid fairly.

ARTICLE 33

You have the right to protection from harmful drugs and from the drug trade.

ARTICLE 34

You have the right to be free from sexual abuse.

ARTICLE 35

No one is allowed to kidnap or sell you.

ARTICLE 36

You have the right to protection from any kind of exploitation (being taken advantage of).

ARTICLE 37

No one is allowed to punish you in a cruel or harmful way.

ARTICLE 38

You have the right to protection and freedom from war. Children under 15 cannot be forced to go into the army or take part in war.

ARTICLE 39

You have the right to help if you are hurt, neglected or badly treated.

ARTICLE 40

You have the right to a fair trial and a system to help you.

ARTICLE 41

If there are laws...

UNITED NATIONS CONVENTION ON THE RIGHTS OF THE CHILD

IN CHILD-FRIENDLY LANGUAGE



ARTICLE 1
Everyone under 18 has special rights as children.

ARTICLE 2
All children have these rights, no matter who they are, where they live, what their parents do, what language they speak, what their religion is, whether they are a boy or girl, what their culture is, whether they have a disability, whether they are rich or poor. No child should be treated unfairly on any basis.

ARTICLE 3
All adults should do what is best for you. When adults make decisions, they should think about how their decisions will affect children.

ARTICLE 4
The government has a responsibility to make sure your rights are protected. They must help your family to protect your rights and create an environment where you can grow and reach your potential.

ARTICLE 5
Your family has the responsibility to help you learn to exercise your rights, and to ensure that your rights are protected.

ARTICLE 6
You have the right to be alive.

ARTICLE 7
You have the right to a name, and this should be officially recognized by the government. You have the right to a nationality (to belong to a country).

ARTICLE 8
You have the right to an identity - an official record of who you are. No one should take this away from you.

ARTICLE 9
You have the right to live with your parents, unless it is bad for you. You have the right to live with a family who cares for you.



ARTICLE 10
If you live in a different country than your parents do, you have the right to be together in the same place.

ARTICLE 11
You have the right to be protected from kidnapping.

ARTICLE 12
You have the right to give your opinion, and for adults to listen and take it seriously.

ARTICLE 13
You have the right to find out things and share what you think with others, by talking, drawing, writing or in any other way unless it harms or offends other people.

ARTICLE 14
You have the right to choose your own religion and beliefs. Your parents should help you decide what is right and wrong, and what is best for you.

ARTICLE 15
You have the right to choose your own friends and join or set up groups, as long as it isn't harmful to others.

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ARTICLE 17
You have the right to get information that is important to your wellbeing, from radio, newspaper, books, computers and other sources. Adults should make sure that the information you are getting is not harmful, and help you find and understand the information you need.

ARTICLE 18
You have the right to be raised by your parents, if possible.

ARTICLE 19
You have the right to be protected from being hurt and mistreated, in body or mind.

ARTICLE 20
You have the right to special care and help if you cannot live with your parents.

ARTICLE 21
You have the right to care and protection if you are adopted or in foster care.

ARTICLE 22
You have the right to special protection and help if you are a refugee (if you have been forced to leave your home and live in another country), as well as all the rights in this Convention.

ARTICLE 23
You have the right to special education and care if you have a disability, as well as all the rights in this Convention so that you can live a full life.

ARTICLE 24
You have the right to the best health care possible, safe water to drink, nutritious food, a clean and safe environment, and information to help you stay well.

ARTICLE 25
If you live in care or in other situations away from home, you have the right to have these living arrangements looked at regularly to see if they are the most appropriate.

ARTICLE 26
You have the right to help from the government if you are poor or in need.

ARTICLE 27
You have the right to food, clothing, a safe place to live and to have your basic needs met. You should not be disadvantaged so that you can't do many of the things other kids can do.

ARTICLE 28
You have the right to a good quality education. You should be encouraged to go to school to the highest level you can.

ARTICLE 29
Your education should help you use and develop your talents and abilities. It should also help you learn to live peacefully, protect the environment and respect other people.

ARTICLE 30
You have the right to practice your own culture, language and religion - or any you choose. Minority and indigenous groups need special protection of this right.

ARTICLE 31
You have the right to play and rest.

ARTICLE 32
You have the right to protection from work that harms you, and is bad for your health and education. If you work, you have the right to be safe and paid fairly.

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No one is allowed to kidnap or sell you.

ARTICLE 36
You have the right to protection from any kind of exploitation (being taken advantage of).

ARTICLE 37
No one is allowed to punish you in a cruel or harmful way.

ARTICLE 38
You have the right to protection and freedom from war. Children under 15 cannot be forced to go into the army or take part in war.

ARTICLE 39
You have the right to help if you've been hurt, neglected or badly treated.

ARTICLE 40
You have the right to legal help and fair treatment in the justice system that respects your rights.

ARTICLE 41
If the laws of your country provide better protection of your rights than the articles in this Convention, those laws should apply.

ARTICLE 42
You have the right to know your rights! Adults should know about these rights and help you learn about them, too.

ARTICLES 43 TO 54
These articles explain how governments and other organizations will work to ensure children are protected with their rights.

Eraan herinnerende dat de Verenigde Naties in de Universele Verklaring van de Rechten van de Mens hebben verkondigd dat kinderen recht hebben op bijzondere zorg en bijstand, Indachtig dat, zoals aangegeven in de Verklaring van; de Rechten van het Kind, „het kind op grond van zijn lichamelijke en geestelijke onrijpheid bijzondere bescherming en zorg nodig heeft, met inbegrip van geëigende wettelijke bescherming, zowel vóór als na zijn geboorte”, Bij alle maatregelen betreffende kinderen, ongeacht of deze worden genomen door openbare of particuliere instellingen voor maatschappelijk welzijn of door rechterlijke instanties, bestuurlijke autoriteiten of wetgevende lichamen, **vormen de belangen van het kind de eerste overweging.**

De Staten die partij zijn, **doen alles wat in hun vermogen ligt om de erkenning te verzekeren van het beginsel dat beide ouders de gezamenlijke verantwoordelijkheid dragen voor de opvoeding en de ontwikkeling van het kind.** Ouders of, al naar gelang het geval, wettige voogden, **hebben de eerste verantwoordelijkheid voor de opvoeding en de ontwikkeling van het kind.** Het belang van het kind is hun allereerste zorg. Om de toepassing van de in dit Verdrag genoemde rechten te waarborgen en te bevorderen, **verlenen de Staten die partij zijn passende bijstand aan ouders en wettige voogden bij de uitoefening van hun verantwoordelijkheden die de opvoeding van het kind betreffen, en waarborgen zij de ontwikkeling van instellingen, voorzieningen en diensten voor kinderopvang.**

EVERY CHILD HAS SOMETHING IN COMMON - THEIR RIGHTS!

Omzien naar elkaar, vooruitkijken naar de toekomst

Coalitieakkoord 2021 – 2025

VVD, D66, CDA en ChristenUnie



Omzien naar elkaar, vooruitkijken naar de toekomst

Coalitieakkoord 2021 – 2025

VVD, D66, CDA en ChristenUnie

Preventie, sport en bewegen

- We willen meer aandacht voor preventie en een gezonde levensstijl van jongs af aan. Kinderen die ongezond opgroeien staan veelal op een achterstand. **Vermijdbare gezondheidsverschillen pakken we daarom aan.** We zetten de doelen van het **Preventieakkoord** door, met als doel een gezonde generatie in 2040 met een focus op de jeugd door sport, voeding en bewegen. Dit vraagt een brede aanpak, met stimulering van gezonde keuzes en ontmoedigen van ongezonde keuzes, zonder mensen in hun vrijheid te beperken.
- We voeren in elke gemeente het programma **Kansrijke Start** in. Zo ondersteunen we vrouwen en pasgeborenen bij de eerste 1000 dagen die cruciaal zijn voor gezondheid, welzijn en latere ontwikkeling.



Ministerie van Volksgezondheid,
Welzijn en Sport

Nationaal actie programma

Kansrijke Start

Investeren in de eerste 1000 dagen van het leven

Actieprogramma

Kansrijke Start



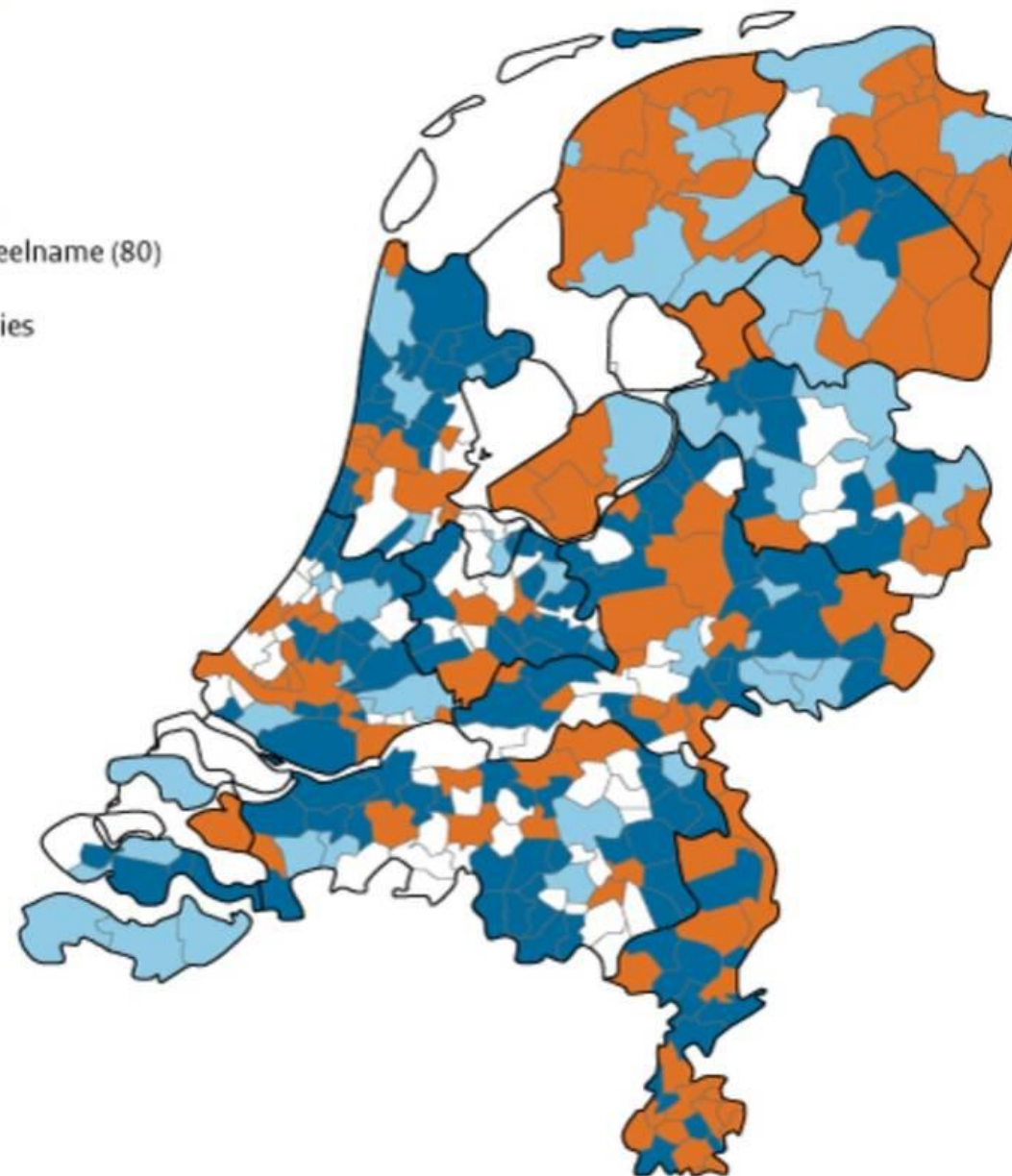
Lokale coalities Kansrijke Start

Per gemeente, peildatum 1 februari 2021

Tranche

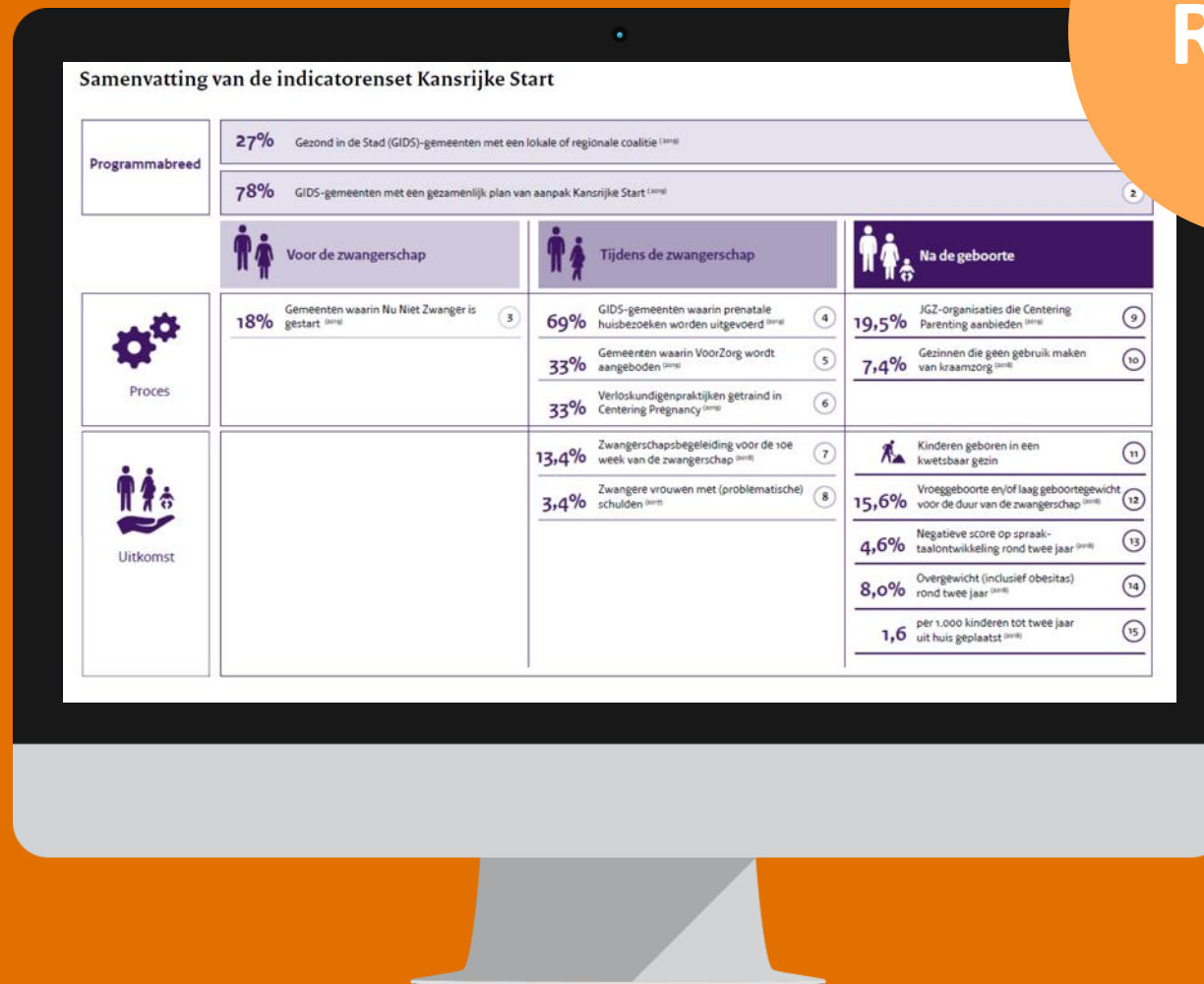
-  1 (98)
-  2 (49)
-  3 (128)
-  Geen deelname (80)

— Provincies



Bron: Gemeenten

Nationale monitor



CBS

RIVM

YHC

vektis

Een gezonde wereld begint bij een gezonde jeugd

GG
**DE GEZONDE
GENERATIE**

SOAIDS
Nederland

aidsfonds

ALS
Stichting ALS Nederland

a
alzheimer
nederland

nederlandse
brandwonden
stichting

Epilepsiefonds

Diabetes
Fonds

[HandicapNL]
IEDEREEN EERLIJKE KANSEN

Hartstichting

Hersenstichting

JKF
Kinderfonds

KNCV
TUBERCULOSEFONDS

KWF
KANKER
BESTRIJDING

LONG
FONDS

maag
lever
darm
stichting

MI
ND

stichting m research

NIERSTICHTING
Je nieren zijn je leven.

ReumaNederland

PRINSES
BEATRIX
SPIER
FONDS

45 JAAR
THROMBOSESTICHTING
NEDERLAND



Dutch Youth are the healthiest in the world

TIME

March 23, 2040

By Amanda Gardner

In a global assessment across 168 countries, the World Health Organization has ranked the Dutch Youth as the healthiest.

The international benchmarking is based on the health of 21-year olds across a number of key drivers of health (physical activity, nutrition, safe sexual practices, bullying, tobacco, alcohol and other substance use, and relaxation and sleep) – across which the Netherlands now ranks 1st in all categories.

Measuring the health of 21 year-olds as an indicator of youth health comes from the “Healthiest Generation” Program which was launched in 2018, one year before these 21-year olds were born. Youth-related illness (e.g. obesity, stress, depression, and sexually transmitted diseases) have all been declining steadily since the



GG

DE GEZONDE GENERATIE



91% van de ouders in Nederland
vindt ouderschap een zware taak



Meer dan 50% van de ouders
voelt zich onzeker over het ouderschap
en zou het graag anders doen



67% van de ouders
voelt zich snel tot last en vraagt
daardoor niet om hulp

GO

DE GEZONDE GENERATIE

Wist je dat...

we tijdens de 1e 1000 dagen
enorm groeien? Als we in dat
tempo doorgroeien, zouden
we al een miljoen kilo wegen
nog voordat we naar de
basisschool gaan.

GO DE GEZONDE
GENERATIE

STEL JE VOOR...

DAT ALLE
KINDEREN VEILIG
EN GEZOND
KUNNEN
OPGROEIEN

GO DE GEZONDE
GENERATIE







I keep hearing it
takes a village to
raise a child.

Do they just
show up?
Or is there like,
a number to call?

When “I” is replaced by “We”
Illness becomes Wellness





alle organen aangelegd

80% van de hersenontwikkeling

thermostaten ingesteld

snelle groei en ontwikkeling

hechting aan ouders/verzorgers

leren eten, drinken

leren communiceren

leren kruipen, lopen, pakken

leren over oorzaak - gevolg



WAT HEEFT EEN
KIND NODIG?



VOEDING



GEZONDHEID



VEILIGHEID



LIEFDE



STIMULATIE

alle organen aangelegd

80% van de hersenontwikkeling

thermostaten ingesteld

snelle groei en ontwikkeling

hechting aan ouders/verzorgers

leren eten, drinken

leren communiceren

leren kruipen, lopen, pakken

leren over oorzaak - gevolg

#Wat kan jij doen?



Voeding



Gezondheid



Veiligheid



Liefde



Stimulatie

Ouders	•	•	•	•	•
Medeouders	•	•	•	•	•
Vrijwilligers	•	•	•	•	•
Professionals	•	•	•	•	•
Werkgevers	•	•	•	•	•
Maatschappij	•	•	•	•	•

危機 = 危 + 機

CRISIS

gevaar

kans



De coronacrisis ALS TRANSFORMATIE



Rups

Veelvraat ●
Traag ●
Consumptie ●
Meer meer meer ●
Verbruik ●

Cocon

Vlinder

Vederlicht ●
Wendbaar ●
Ballast overboord ●
Win win win ●
Gebruik ●

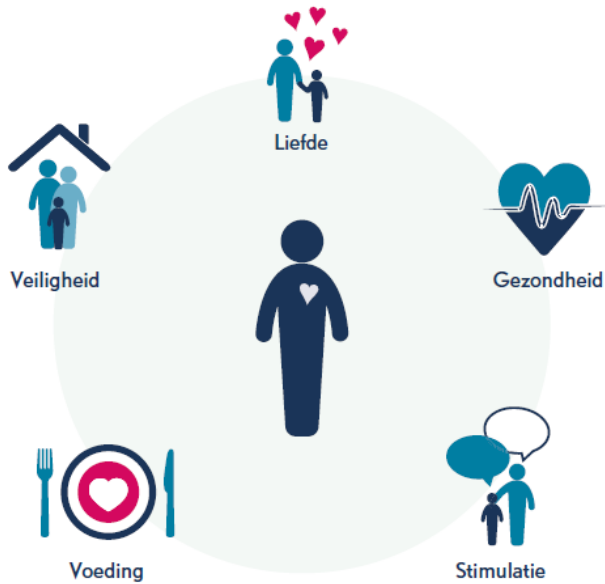
Gezondheid

Reactief ●
Korte termijn ●
Ziekenzorg ●
Medicijnen ●
Nazorg ●
Behandeling ●

Proactief ●
Lange termijn ●
Gezondheidszorg ●
Maatschappij als
voedingsbodem ●
Voorzorg ●
Preventie ●

Van meer meer meer naar win win win

DE VIJF ELEMENTEN VOOR EEN GEZONDE ONTWIKKELING



#Wat kan jij doen?



Voeding



Gezondheid



Veiligheid



Liefde

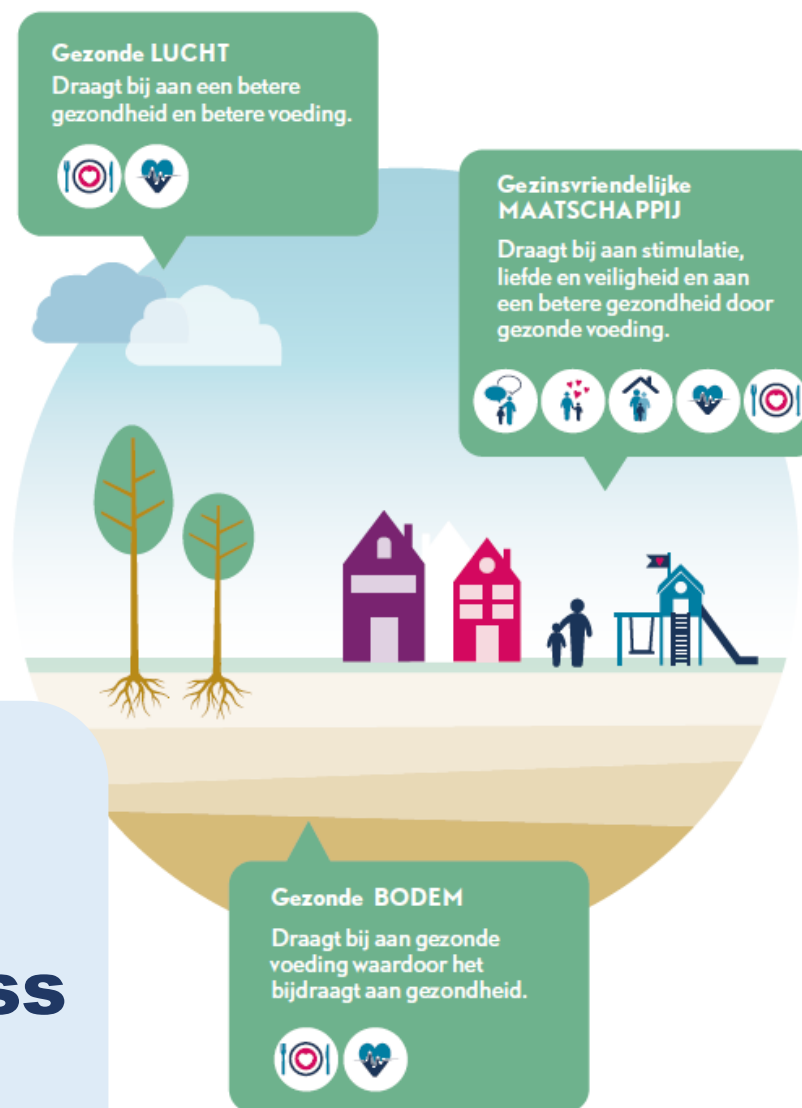


Stimulatie

Ouders	•	•	•	•	•
Medeouders	•	•	•	•	•
Vrijwilligers	•	•	•	•	•
Professionals	•	•	•	•	•
Werkgevers	•	•	•	•	•
Maatschappij	•	•	•	•	•

#Wat kan jij doen?

**When I is replaced by we,
even illness becomes wellness**





De wereld eromheen

De wereld eromheen wordt gevormd door omgevingsfactoren, maatschappij, economie, beleid en werkgevers.

De wereld om het kind heen

De wereld om kinderen heen wordt bepaald door professionals, kinderopvang, school, jeugdgezondheidszorg, jeugdzorg.

De wereld van het kind

De wereld van kinderen wordt bepaald door familie, vrienden en klasgenoten.

Uitkomst

De omgeving waarin je opgroeit heeft invloed op je groei, ontwikkeling, gedrag en mentale en fysieke gezondheid.



Vermenigvuldigen door te delen



**Do your little bit of good where you are
its those little bits of good put together
that overwhelm the world**

Desmund Tutu





#watgajijdoen?



www.gelijkgoedbeginnen.nl





It is easier to build strong children
than to repair broken (wo)men

Frederic Douglass