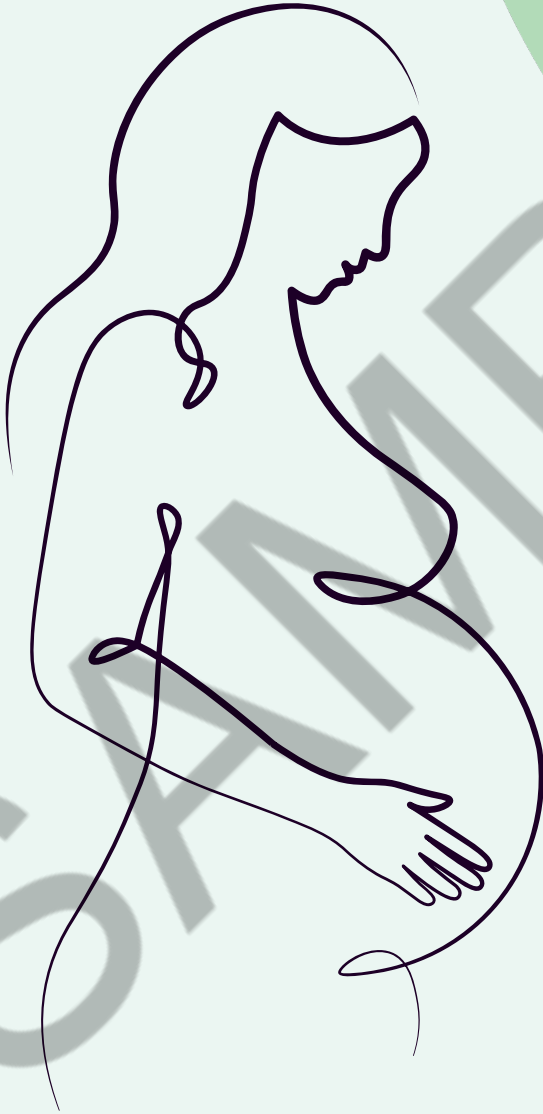


Pregnancy Information Booklet for mothers



This booklet is intended to help you make informed choices and to assist you to develop and agree a personalised care plan with your healthcare team. Make a note of anything you want to discuss and take this along to your appointments

Handwritten text area with 15 horizontal lines for notes. A large diagonal watermark reading "SAMPLE" is overlaid across the page.

My contacts

| | |
|-----------------|----|
| Maternity unit: | ☎: |
| Named midwife: | ☎: |

Additional reading

| | |
|-----------------------------|--|
| National childbirth trust | www.nct.org.uk/ |
| Tommys pregnancy line | www.tommys.org/about-us/contact-us |
| Antenatal results & choices | www.arc-uk.org/ |

What to expect at my antenatal checks



Your blood pressure will be checked at every antenatal visit, to detect pregnancy induced hypertension or pre-eclampsia.



It is important that you bring a urine sample to each appointment. The midwife or doctor will check for protein which may be a sign of pre-eclampsia, or glucose which can be a sign of gestational diabetes



You will usually start to feel your baby move around 16-24 weeks. A baby's movements can be described as anything from a flutter, swish or roll. You will very quickly get to learn your baby's pattern of movements, and become familiar with them. At each appointment your midwife will ask you about the baby's movements. If you feel that they have altered, contact your maternity unit immediately.



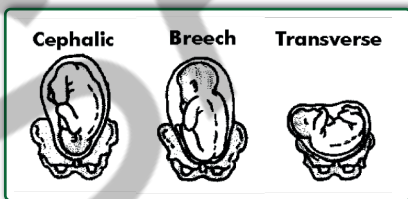
If you wish for your midwife or doctor to listen to the baby's heartbeat they can do so with a pinard or fetal doppler. With a doppler you will also be able to hear the baby's heartbeat. It is recommended that you do not use hand held dopplers to monitor you baby's heartbeat yourself.



Liquor refers to the amniotic fluid around the baby. A gentle examination of the abdomen can give an idea of whether the amount is about right, and recorded as normal/NAD (no abnormality detected) or whether there is suspicion of there being too much or too little.



As you progress into your third trimester of pregnancy, the midwife will feel your abdomen to assess the engagement and lie of the baby.



The lie describes how the baby is lying in the womb, often documented as
L – longitudinal,
O – oblique,
T – transverse.

Engagement refers to how deep the presenting part is below the brim of the pelvis. In first time mothers engagement tends to happen in the final weeks of pregnancy. In subsequent pregnancies, it may occur later, or not until labour has commenced.

Screening tests for me and my baby

During your pregnancy you will be offered screening tests for you and your baby. You do not have to accept any screening test, it is for you to make an informed choice.

Sickle cell and thalassaemia

Sickle cell and Thalassaemia are inherited blood disorders which affect haemoglobin and can be passed from parent to child. If it is found that you and the biological father are both carriers, you will be offered diagnostic tests to see if the baby is affected.

Anaemia

Anaemia is caused by too little haemoglobin (Hb) in the blood. Hb carried oxygen and nutrients around the body to the baby. Anaemia can make you feel tired and dizzy

Blood Group and Antibodies

It is important to know if you are Rhesus positive (Rh+ve) or negative (Rh-ve) and whether you have any antibodies in the blood (foreign blood proteins)

Further info for Downs, Edwards and Patau's syndrome can be found at www.nhs.uk/pregnancy/your-pregnancy-care/screening-for-downs-edwards-pataus-syndrome/

Infectious diseases

Early treatment of infectious diseases and follow up care can greatly reduce the chance of your baby having an infection. If you test positive for any of these diseases you will be seen by a specialist team and the baby followed up after birth.

Hepatitis B

Hepatitis B is a virus that affects the liver and can cause immediate or long term ill health, You may require extra treatment in pregnancy and the baby will need blood tests and vaccinations in the first year of life.

Syphilis

Syphilis is passed on by sexual contact. If untreated, it can cause miscarriage stillbirth or serious problems for your baby. If caught early it can be treated with antibiotics and your partner should also be treated to avoid reinfection.

HIV

HIV affects the body's ability to fight infection and cannot be cured. Untreated it can be passed to your baby through your blood during pregnancy, birth or breastfeeding. Treatment in pregnancy and avoiding breastfeeding can greatly reduce the chance of this happening.

Ultrasound Scans

First trimester scan

All pregnant women are offered a scan between 8-14 weeks of pregnancy. It is completed to confirm the number of babies in the womb, calculate the expected date of delivery and to check for unexpected development of the baby that may be seen at an early stage.

Mid pregnancy scan (fetal anomaly)

You will be offered a scan between 18-20 weeks of pregnancy. The purpose of this scan is to look for unexpected development of the baby, both structural and physical. The scan will look in detail at the baby's head, spinal cord, limbs, abdomen, face, kidneys, brain and heart. In most cases the scan will confirm that the baby will be developing well. In some cases a condition may be found. If this is suspected you will be referred to a specialist team to discuss the options available to you. It is important to be aware that ultrasound scans may not always identify a condition if it is present.

Sex of the baby

Although sometimes the sex of the baby can be seen on scan, scans are not done for personal requests to find out the sex of the baby.

Later pregnancy scans

Scans may be performed to check the baby's growth and development. This may be required if there are concerns about how the baby is growing or if you have risk factors identified early in your pregnancy that may affect the growth or wellbeing of the baby. The aim of the scan is to calculate an estimated fetal weight by measuring the baby's head, abdomen and femur (upper leg). The estimated fetal weight will be plotted on a growth chart. The sonographer may also measure the liquor volume (fluid around the baby) and assess the blood flow to the baby (Doppler scan).

Growth of your baby

Accurate assessment of your baby's growth in the womb is an essential part of antenatal care. Problems such as fetal growth restriction can develop unexpectedly and are linked with an increased risk of adverse outcome.

Fundal height is measured 2-3 weekly from 26-28 weeks onwards, ideally by the same clinician. The measurements are taken using a centimetre tape, from the fundus (top of the uterus) to the top of the symphysis pubis (pubic bone) and are then plotted onto a customised growth chart.

Ultrasound scans are performed if there is a concern with a fundal height measurement. In some cases fundal height measurements are unsuitable, which may be because of large maternal size, or uterine fibroids. In other cases regular scans are required instead of fundal height measurements because there may have been risks identified that mean your baby may not grow as expected. Scans are performed usually 3-4 weekly in the last 3 months of pregnancy. These measurements are also plotted on the customised

What is growth restriction?

Fetal growth restriction is one of the most common problems that can affect the baby in the womb. If ultrasound scan(s) suggest that the baby is small or growth is too slow, then additional investigations may be arranged. If there is a serious problem, your obstetric team will discuss the timing for safe delivery of your baby.

Sometimes if the growth curve is steeper than expected, you may be offered an ultrasound scan to check the baby's size and liquor (fluid) volume. You may also be offered a test to check for gestational diabetes. Big babies may occasionally have problems either before or during birth. However, most often they are born without any issues.

Customised growth charts

These charts have been adjusted for you and your baby. The information required is your height, weight in early pregnancy, your ethnic origin, parity (how many babies older than 24 weeks you have had before) and your estimated date of delivery.

For more information on these charts visit www.perinatal.org.uk

General information



Healthy Eating | Make sure you eat a variety of foods to get the right balance of nutrients for your growing baby and for your body to deal with the changes. Although you may feel hungrier, try not to 'eat for two'. Foods should be thoroughly cooked. Avoid pate, mould ripened cheeses, liver, liver products and unpasteurised milk. It is advised you take folic acid up until 13 weeks of pregnancy. An increased dose of 5mg may be recommended for some women.



Caffeine | Is a stimulant that is contained in tea, coffee, energy and cola drinks. It is recommended that you limit your intake to 200mgs per day.



Alcohol | Increases the risk of miscarriage, stillbirth and fetal growth restriction. There are other complications like fetal alcohol spectrum disorder or fetal alcohol syndrome. It is advised that pregnant women avoid any alcohol in pregnancy. Alcohol crosses the placenta into the blood stream of the baby and it could affect how your baby grows.



Smoking | When you smoke, carbon monoxide, nicotine and other toxic chemicals cross the placenta directly into the baby's bloodstream. This will reduce the baby's oxygen and nourishment. It also puts your baby at risk of premature birth, low birth weight or stillbirth.



Drugs | Taking street drugs is NOT recommended. It may cause serious harm to your baby.



Car safety | To protect you and your unborn baby, always wear a seatbelt, with the diagonal strap across your body between your breasts, and the lapbelt over your upper thighs.



Sleeping in later pregnancy | The safest position to go to sleep in is on your side (either left or right). If you lie on your back the weight on your womb can affect the blood flow to the major organs and to your baby. Don't worry if you wake up on your back – just turn on your side again.



Domestic violence | 1 in 4 women experience domestic violence at some point in their lives and many cases start or worsen during pregnancy. If you feel you are suffering some form of abuse speak with your midwife or doctor who can help you.

Signs to look for & seek advice about



Mild pain in early pregnancy is not uncommon, and you may have some discomfort due to your body stretching. If you experience severe pain or pain with vaginal bleeding, you should contact your midwife or maternity unit.



Any vaginal blood loss should be reported immediately. You will be asked to go into hospital and may need further tests.



If you have any watery loss from your vagina contact your maternity unit for advice, regardless of how many weeks pregnant you are.



It is normal to have increased white/clear vaginal loss in pregnancy. If the discharge changes colour or smells offensive this is not normal and you should seek advice.



Sepsis/infection can present with many different symptoms. You should seek advice if you experience any of the following: Fever/chills, pain or frequency when passing urine, high temperature, abdominal pain, rash, diarrhoea or vomiting, sore throat, breathlessness, slurred speech, mottled or discoloured skin, shivering or muscle pain.



Headaches, blurred vision/ spots before your eyes, obvious swelling, severe pain below your ribs and/or vomiting can all be signs of pre-eclampsia.



Some women can experience symptoms of coronary heart disease for the first time in pregnancy. Signs are: severe chest pain spreading to your jaw, arm or back, your heart may be persistently racing, or you faint whilst exercising.



Any pain or swelling in your legs, pain in your chest or if you cough up blood should be reported as these can be signs of a blood clot.



Intrahepatic cholestasis in pregnancy (ICP) is a liver condition that causes itching to the hands and feet. Further tests will be required to check if you have ICP.