

Your pregnancy

Information booklet for mums & families



This information booklet is for women who are pregnant in Suffolk and North East Essex.

Try and read this booklet early on and throughout your pregnancy. It has a lot of useful information for you to refer to.

This booklet should be given to you at the beginning of your pregnancy along with any other relevant information and contact numbers you may need.

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Antenatal care



I'm pregnant... what next?

Once you know that you're pregnant, you can self refer to our maternity services or speak to your GP surgery and let them know.

It is especially important to have an appointment with your GP if:

- you have any medical conditions or you are taking any regular medications
- your pregnancy wasn't planned, or you are unsure about carrying it on and what your options might be.

It is important to organise your pregnancy care as soon as possible, and you can self-refer to your maternity unit of choice without waiting to see your GP. Your pregnancy care (known as antenatal care) will consist of a set of scheduled appointments with a midwife and/or specialised doctor (if needed).

For more information visit:

- **NHS Choices**
www.nhs.uk/conditions/pregnancy-and-baby/finding-out-pregnant/
- **British Pregnancy Advisory Service**
www.bpas.org/



Choosing your antenatal care

The first step is to decide where you want to have your antenatal care and give birth to your baby. Many women choose their nearest maternity unit, but this is a matter of personal choice. It is possible to change to a different maternity unit during your pregnancy, in which case you may need to have extra appointments and repeat blood tests.

You can find out more about your local hospitals using the 'Mum and Baby' app.



For more information visit:

- **NHS Choices**
www.nhs.uk/Service-Search/Maternity-service/LocationSearch/1802
- **Care Quality Commission maternity survey 2017**
www.cqc.org.uk/category/keywords/maternity

Each of the following hospitals offer maternity services. You can find the self-referral forms on their websites.

- **East Suffolk and North Essex Foundation Trust (ESNEFT)**
This includes Colchester and Ipswich Hospitals:
www.esneft.nhs.uk
- **West Suffolk Hospital**
www.wsh.nhs.uk

You will normally receive your first appointment, which is called the **'booking'** by the time you are 8-12 weeks pregnant. More information about this appointment can be found on page 13.

As your pregnancy progresses, you may have appointments at the hospital, in local children's centres, at your GP surgery and occasionally at home (particularly after birth).

After your baby is born and you are at home, you will always receive postnatal care from midwives associated with your closest maternity unit. If you are **thinking about a homebirth**, you will need to book your pregnancy at your closest maternity unit so that local midwives can provide you with care in labour at your home.

Some women choose to have private (paid for) maternity care through either an independent midwife or an obstetric consultant.

For more information visit:

- **Which**
www.which.co.uk/birth-choice/maternity-care/private-maternityhospitals-and-facilities



There are four hospital maternity units in Suffolk and North East Essex

West Suffolk Hospital

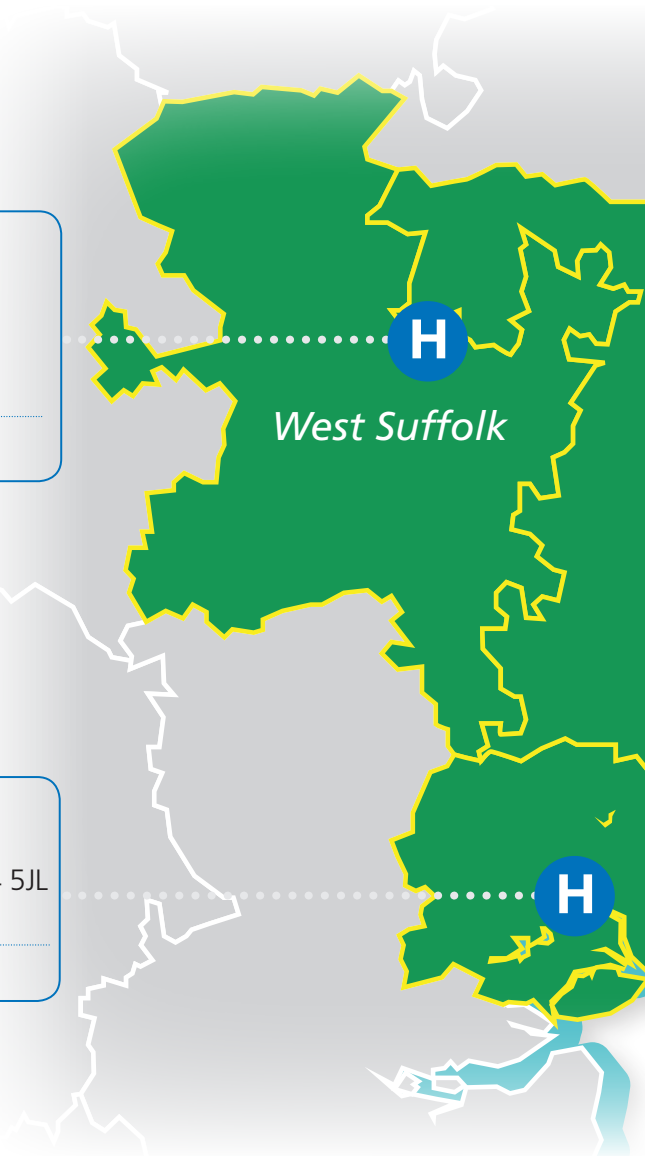
Maternity Ward
Hardwick Lane,
Bury St Edmunds, IP33 2QZ
01284 713000

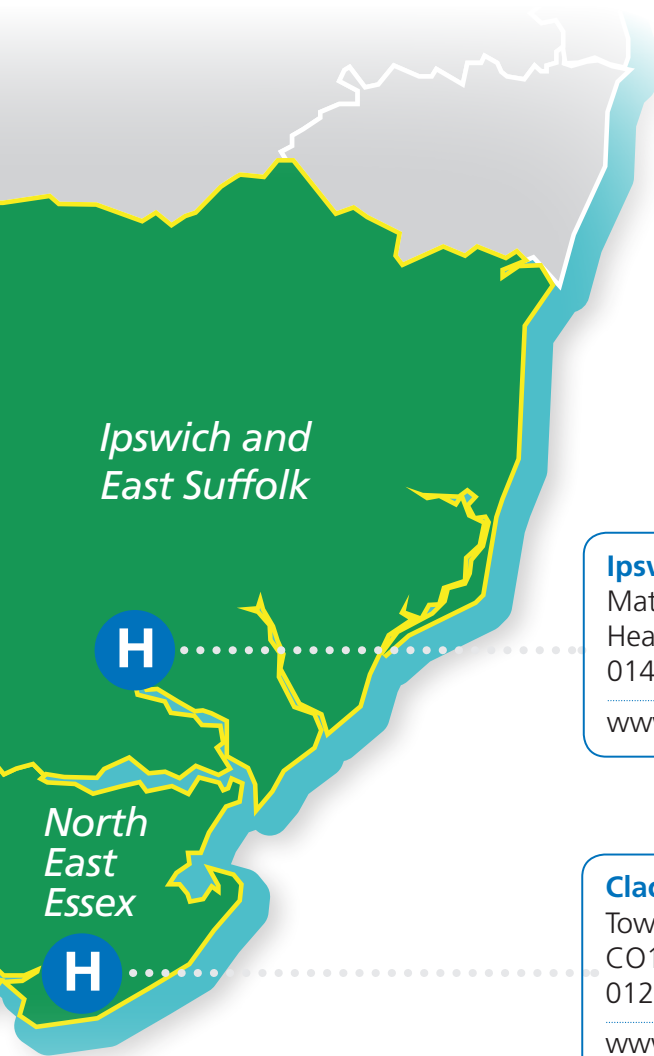
www.wsh.nhs.uk

Colchester Hospital

Maternity Ward
Turner Road, Colchester, CO4 5JL
01206 747 474

www.esneft.nhs.uk





*Ipswich and
East Suffolk*

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Ipswich Hospital

Maternity Ward
Heath Road, Ipswich, IP4 5PD
01473 712233

www.esneft.nhs.uk

*North
East
Essex*

H

Clacton Birthing Unit

Tower Road, Clacton-on-sea,
CO15 1LH
01255 429690

www.esneft.nhs.uk

To find out more speak to your GP or a midwife

Your maternity team

Midwife

You may meet several midwives throughout your pregnancy, birth and beyond. Midwives are the main caregiver when your pregnancy and birth are straight forward. In Suffolk and North East Essex we are working hard to ensure each woman has a named midwife who is responsible for her care.

Obstetrician

These are doctors who specialise in caring for women during pregnancy, birth and in the period immediately after birth (whilst in hospital). You may see an obstetrician during pregnancy if you have any issues which require review or more specialised management and they will be involved if you have a caesarean or assisted birth.

Sonographers

These are professionals who undertake your ultrasound scans. They are specially trained to undertake scans during pregnancy.

Maternity support workers

You may meet these support workers during pregnancy, birth or beyond. They support the maternity team and provide some of your care throughout the journey.

Student midwives

Our hospitals work closely with local universities to support midwives in training. These student midwives will work alongside their midwife 'mentor' and will ask for your consent before providing you with any care.

You may also meet other members of staff or medical students, depending on your pregnancy needs and where you choose to have your care.

Your pregnancy explained

You can roughly calculate your baby's due date using the date of the first day of your last period (often known as LMP – last menstrual period).

You can do this at:

- www.nhs.uk/conditions/pregnancy-and-baby/due-date-calculator/

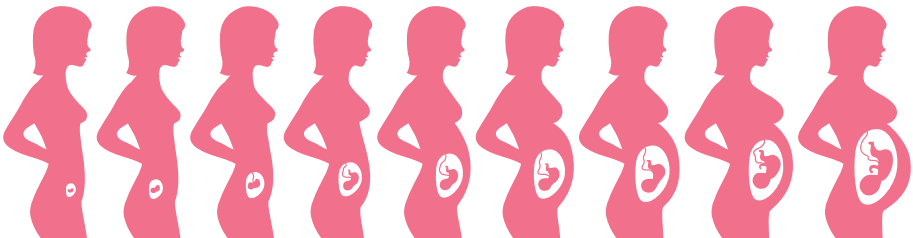
After your first ultrasound scan, your due date may change slightly – this is quite common.

It's up to you when you tell friends, family and your employer that you're pregnant. You can find more information on speaking to your employer on page 45. Many women prefer to wait until they have had their first scan at around 12 weeks of pregnancy. This is because the chance of miscarriage reduces significantly after the 12 week milestone.

Pregnancy is normally between **37 and 42 weeks** in length (from the first day of your last period), which is typically known as around 9 months – although it is actually a little more than that! Pregnancy is sometimes referred to as being split into 'trimesters.'

Download the free Best Beginnings 'Baby Buddy app' – your 'personal baby expert who will guide you through pregnancy and the first six months of your baby's life' from Google Play or in the App Store. Or view content at:

<https://web.bestbeginnings.org.uk/web/lets-get-started>



The first 12 weeks (first trimester)

Your baby grows faster than at any other time in the first 12 weeks. The fertilised egg implants in the womb and divides rapidly into layers of cells.

‘Morning’ sickness is common at this stage, and may occur at any time of day. You may also experience breast tenderness, tiredness, mood swings and changes in your reaction to certain smells and foods along with a metallic taste in your mouth. See page 35 of this leaflet for more information on these symptoms.

During this time you may experience some mild ‘spotting’ or ‘implantation bleeding’, which is usually nothing to worry about.

Some women experience no obvious signs or symptoms of pregnancy and this is nothing to worry about – everyone is different. Symptoms can also come and go on a daily basis, and this is perfectly normal.

You won’t feel your baby moving at this stage, nor will you have an obvious ‘baby bump’. The first movements are normally felt between weeks 16 and 24.

You will have your first appointment with your midwife towards the end of this trimester, and your first scan should be offered between 11 and 13 weeks. You will also be offered some blood tests, which your midwife will explain to you in full.

Signs/symptoms to speak to your GP or early pregnancy unit about:

- heavy bright red vaginal bleeding
 - moderate/severe abdominal pain
 - high fever - more than 37.5°C
 - pain or burning on passing urine
 - flare-ups of any pre-existing conditions
 - repeated vomiting or diarrhoea with difficulty in keeping fluids down
-

Antenatal appointment plan

If your pregnancy is straight forward, these are the appointments you should expect to have. Certain medical or pregnancy needs may result in you needing more appointments than this. Appointments will be normally be with a midwife, GP or obstetrician.

The appointments at 25, 31 and 40 weeks are extra appointments for women having their first baby.

What you can expect

Booking appointment (8-12 weeks)

Your midwife will:

- measure your height and weight
- check your blood pressure and urine
- offer you some blood tests (see page 16 for more information) and discuss screening tests in pregnancy
- ask you about your medical, mental health and personal social circumstances
- ask about any previous pregnancies you have had
- ask about the medical and personal social circumstances of the father of the baby
- discuss how you are feeling and see if you need any additional support
- plan your pregnancy care with you
- give you information about your care and health and answer any questions you may have.

Dating scan (11-14 weeks)

Your sonographer will:

- tell you exactly how many weeks pregnant you are, and work out your estimated date of delivery
- check your baby is growing healthily and in the right place in the womb
- take a specific measurement to screen for chromosomal syndromes (such as Down's syndrome), if you have consented to be tested for this as part of combined screening. (See page 17).

16 weeks

Your care provider will:

- check your blood pressure and urine
- discuss local antenatal classes with you

- review, record and discuss the results of any tests you may have had
- discuss your baby's movements and bonding with your baby.

Anomaly scan (18-21 weeks)

Your sonographer will:

- check your baby is growing well
- check for any major physical abnormalities in your baby
- check your baby's bones, heart, brain, spinal cord, face, kidneys and abdomen
- check your placenta is in the right place and not covering the cervix, which can cause complications.

25 weeks (first pregnancy only)

Your care provider will:

- check your blood pressure and urine

28 weeks

Your care provider will:

- check your blood pressure and urine
- measure the size of your abdomen to check your baby is growing well
- You may also be offered more screening tests at this appointment, and/or an anti-D injection if you have a rhesus negative blood group.
- measure the size of your abdomen to check your baby is growing well.

31 weeks (first pregnancy only)

Your care provider will:

- check your blood pressure and urine
- measure the size of your abdomen to check your baby is growing well
- review, record and discuss the results of any tests you may have had.

34 weeks

Your care provider will:

- check your blood pressure and urine
- measure the size of your abdomen to check your baby is growing well
- review, record and discuss the results of any tests you may have had
- discuss choosing place of birth, preparing for birth and beyond and thinking about your birth plan
- you may also be offered more screening tests at this appointment.

36 weeks

Your care provider will:

- check your blood pressure and urine
- measure the size of your abdomen to check your baby is growing well
- check your baby's position and discuss the relevance of this
- review, record and discuss the results of any tests you may have had
- provide you with information about feeding your baby, Vitamin K for your baby and preparing for parenthood, and discuss your feelings around these topics.

38 weeks

Your care provider will:

- check your blood pressure and urine
- measure the size of your abdomen to check your baby is growing well
- check your baby's position and discuss the importance of this.

40 weeks (first pregnancy only)

Your care provider will:

- check your blood pressure and urine
- measure the size of your abdomen to check your baby is growing well
- check your baby's position and discuss the importance of this
- discuss your choices and options if your pregnancy lasts longer than 41 weeks.

41 weeks

Your care provider will:

- check your blood pressure and urine
- measure the size of your abdomen to check your baby is growing well
- check your baby's position and discuss the importance of this
- offer you a membrane sweep (a vaginal examination which may help encourage labour to start naturally)
- discuss induction of labour.

At every appointment your midwife will ask you about **how you are feeling**, and give you the **opportunity to ask any questions** or raise any concerns you might have.

Maternity notes

You may be given a set of handheld maternity notes which you should **keep with you at all times** if possible. All of your appointments will be documented in here, along with results from your blood tests and scans. Some maternity units in our area use digital records and these records are stored securely on the hospital's IT system. You can ask your midwife to explain anything that has been written in your maternity notes if you're not sure.

For more information visit:

- **National Childbirth Trust**

www.nct.org.uk/pregnancy/understanding-your-pregnancy-medicalnotes

Screening tests and ultrasound scans

During pregnancy you will be offered several screening tests to try and find any health problems that could affect you or your baby. It is your decision whether or not to have any of these tests.

You will be provided with the **NHS 'Screening tests for you and your baby' leaflet**. It is important to look through the leaflet before your first meeting with your midwife as the leaflet contains important information about your screening choices. The leaflet is available in different languages on the NHS antenatal screening site (see link on page 18).

Blood tests

At the first booking appointment your midwife will recommend blood tests for Hepatitis B, HIV, syphilis, full blood count, blood group and electrophoresis (sickle cell and thalassemia screening). Some hospitals may also check your blood glucose levels.

You may need a blood test for 'glucose tolerance' later in pregnancy to screen for a condition called gestational diabetes.

Your full blood count will be taken again later in pregnancy to ensure your iron levels remain normal.

If your blood group comes back as 'rhesus negative' you may be offered some further tests, or you may be offered an injection of something called 'Anti-D' during pregnancy. Around 15% of women are 'rhesus negative'. Your midwife will explain this to you fully if needed.

Screening tests

A screening test can find out if you, or your baby, have a high or low chance of having a health problem. Inside the cells of our bodies there are tiny structures called chromosomes. These chromosomes carry the genes that determine how we develop.

You will be offered a screening test to see how likely it is that your baby will have a problem with their chromosomes (Down's, Edward's or Patau's syndrome). This test can be performed from 11 to 20 weeks and involves you having a scan and a blood test. There are several different testing options available, so it is worth researching this early on. You will be contacted by the hospital if the results come back as high risk and offered further testing. You do not have to have any testing if you don't want to.

Ultrasound scans

It's important to remember that scans are another kind of test to confirm the health of your baby. You will normally be offered **two scans in pregnancy**. The first is known as the dating scan at around 12 weeks of pregnancy and the second (sometimes called the anomaly scan) is performed at around 20 weeks gestation. This second scan will look in detail at your baby's bones, heart, brain, spine, face, kidneys and tummy. It is important to remember that the scan cannot find everything that could be wrong with your baby. If you wish to know the sex of your baby, you can ask the sonographer, although it isn't always possible to see clearly.

The results of your scan will be given to you on the day by the sonographer completing the scan. Most hospitals will provide you with scan pictures at a small cost.



You may be offered extra scans during pregnancy, particularly if there are any concerns about the growth of your baby, the location of your placenta or the position of your baby at the end of pregnancy. If you choose not to have any scans, your appointments will continue as normal.

For more information visit:

- **Screening tests for you and your baby leaflet**
www.gov.uk/government/publications/screening-tests-for-you-and-yourbaby-description-in-brief
- **NHS Choices**
www.nhs.uk/conditions/pregnancy-and-baby/screening-testsabnormality-pregnant/
- **Antenatal results & choices**
www.arc-uk.org

Having twins or triplets?

Finding out you are having more than one baby can be exciting and special, but also sometimes overwhelming. All multiple pregnancies have a higher risk of complications, and therefore you will have extra appointments and scans to make sure you and your babies are well. If your babies share a placenta, it will be recommended that you have scans every two weeks, and if they each have their own placenta scans will be every four weeks.

You are likely to have your babies earlier, and it may be recommended that you have a caesarean section, although many twins are also born vaginally. You will have plenty of support from your maternity team throughout pregnancy, birth and beyond.

For more information visit:

- **Twins & Multiple Births Association**
www.tamba.org.uk
- **Multiple Birth Foundation**
www.multiplebirths.org.uk

Health and wellbeing in pregnancy



Pre-existing conditions and pregnancy

It is important to tell your GP, obstetrician and/or midwife about any pre-existing physical or mental health conditions. This also includes any previous surgery (including cosmetic procedures) or any childhood conditions or health problems which you have now recovered from. This information helps the team assess if anything further is needed to keep you and your baby healthy during the pregnancy.

If you are under specialist care for your medical condition, it is important that you speak to them and discuss any impact your condition may have on your pregnancy. Ask them for a summary and for this to be written in your antenatal notes.

Notes don't automatically move between hospitals and/or departments, so don't presume that your midwife or doctor knows what your previous carers have said or recommended.

**Please do not stop, or change, any medications
without medical advice.**

Conditions we need to know about early (before 12 weeks) include:

High blood pressure

You may need to start a small dose of medication as a preventative against a condition called pre-eclampsia.

Epilepsy

Certain medications may need to be stopped and changed to an alternative before you become pregnant, or as soon as possible if you're already pregnant, due to the risks they pose to your baby. Some other medications need to be increased.

Diabetes

Your blood sugar levels will need to be closely monitored as your medication requirements are likely to change.

For more information visit:

- **NHS Choices**
www.nhs.uk/conditions/pregnancy-and-baby/?tabname=pregnancy
- **BUMPS**
www.medicinesinpregnancy.org/

Vitamins and supplements

It is recommended that all women take **folic acid** and **vitamin D supplements** during pregnancy. You can buy these over the counter or alternatively ask your GP for a prescription. Folic acid can be stopped when you are 12 weeks pregnant, whereas vitamin D can be taken throughout pregnancy and whilst breastfeeding. Other vitamins are unlikely to be needed if you have a healthy and balanced diet. Some women find that their iron levels drop in pregnancy – you will be offered blood tests to see if you need any iron supplements.

If you receive certain benefits you may be entitled to free vitamins from Healthy Start. See the link below for more information.

For more information visit:

- **NHS Choices**
www.nhs.uk/conditions/pregnancy-and-baby/vitamins-mineralssupplements-pregnant/
- **Healthy Start**
www.healthystart.nhs.uk/

Your mental health and wellbeing in pregnancy

Expecting a baby can be a joyful and exciting time. However, it is also common for pregnant women to experience anxiety, depression or emotional distress. As many as one in four women experience emotional difficulties during pregnancy. This can happen to anyone.

First appointment with the midwife

At your booking appointment, the midwife will ask you questions about your mental and physical health so that they can find out whether you

need any extra support. Every woman is asked these questions. Even if you don't have a specific mental health issue, it's a good idea to talk to the midwife if you're feeling anxious or feel like you are isolated and/or do not have support.

Your midwife will ask you:

- how you are feeling
- whether you have or have ever had mental health difficulties
- whether you have ever been treated by a specialist mental health service
- whether a close relative has ever had severe mental illness during pregnancy or after birth

It's important to be honest with the midwife about how you feel. They won't judge you, and they can help you get support or treatment if you need it.

If the midwife thinks you need more support after talking to you, they will refer you to the most appropriate service for your needs such as talking therapies, a specialist midwife, specialist perinatal services or your GP.

During your pregnancy

It is not uncommon for mental health problems to start during pregnancy, so if you have any of the symptoms below at any point, speak to your midwife or doctor as soon as possible. If you are unwell they can arrange treatment to help.

- Feeling low or anxious most of the time for more than two weeks
- losing interest in things you normally like
- having panic attacks
- feeling worthless or guilty
- losing your appetite
- having unpleasant thoughts that keep coming back and you can't control them



- finding yourself repeating an action (like washing, checking, counting) to feel better
- finding your thoughts race and you become extremely energetic and happy
- feeling you are so afraid of giving birth that you don't want to go through with it
- continual thoughts that you are an unfit mother or that you're not attached to the baby
- thoughts about self harm or suicide

You should also tell your midwife or doctor if you have (or have had) an **eating disorder**, as you may benefit from additional support to deal with your body's changes through pregnancy and beyond.

Tips for improving your mental wellbeing in pregnancy

It may seem like everyone else is happy and coping, but it doesn't mean they are. Lots of women feel low in pregnancy, but many women who feel down may try and hide it. Here are some tips to improve your emotional wellbeing:

Exercise and eat well

Swimming, walking, running, dancing, yoga - whatever works for you - keep doing it through pregnancy. Exercise gives you a chance to focus on something different, and is great for you and your baby's health. A surge of endorphins, or stress-relieving stretches, can help you feel good and sleep better. See page 29 for more information on exercise.

Good nutrition will keep you healthy and help your baby grow and develop.

Take time out for yourself every day

Do something you enjoy that's just for you: take a warm bath, chill out to some music, close your eyes, massage your bump – whatever makes you feel peaceful. Doing this will also help your baby's brain to develop.

Meditation, breathing techniques or hypnobirthing

Many women find meditation and breathing techniques not only help them to relax in pregnancy, but can also help to manage pain in labour. Ask your midwife what classes are available at your maternity unit.

Talk to someone you trust

Getting things off your chest and talking your worries through with an understanding and trustworthy friend, family member or colleague at work can make all the difference. Talk about how you're feeling.

Ask for practical help from family or friends

If you're struggling to cope physically or emotionally with your pregnancy - get some help. Whether it's help with housework, or shopping, or if you have other children, some childcare, try not to exhaust yourself and rest when you need to. If you do not have close supportive relationship, talk to your midwife about how you feel.

Consider talking therapies

Sometimes it's easier to talk to someone that doesn't know you. It can be a space to voice all your worries and try to make sense, or control some of the negative thoughts you might be having.

Talking therapy services can provide support to those experiencing symptoms of anxiety or depression. Priority is given to pregnant women and new parents. You can either self-refer over the phone or online, or ask your midwife or GP to do it for you. The service is free and aims to be flexible around your needs.

www.LLTTF4suffolk.com

www.wellbeingnands.co.uk

www.maternalmentalhealthalliance.org

www.northessexiapt.nhs.uk

When to get help

If these tips don't help you, and you feel low or worried for more than two weeks, it may be something more serious. The good news is that you can get help to feel better. Talk to your midwife or doctor about your options and where you might get support.

The wellbeing plan

You can download and work on a two page personal plan, which helps you to think about your emotional wellbeing during pregnancy and after birth.

Download yours at:

- www.tommys.org/pregnancy-information/health-professionals/freepregnancy-resources/wellbeing-plan

You can also complete the Health and wellbeing in pregnancy plan in the Mum & Baby App



For more information visit:

- **NHS Choices**
www.nhs.uk/conditions/pregnancy-and-baby/mental-health-problemspregnant/
- **Best beginnings**
www.bestbeginnings.org.uk/out-of-the-blue
- **Netmums**
www.netmums.com/support
- **Mind**
www.mind.org.uk/
- **Tommy's**
www.tommys.org/pregnancy-information/im-pregnant/mentalwellbeing
- **Mush (The #1 local social network for making mum friends)**
www.letsmush.com

Your physical health in pregnancy

Diet

A healthy varied diet is recommended in pregnancy including plenty of fruit, vegetables, carbohydrates, protein and dairy. You do not need to 'eat for two', but you may need to have regular healthy snacks as your body works to support the growing baby.



There are some foods that you should avoid during pregnancy because they could make you unwell or harm your baby. Guidance around which foods to avoid can change as new evidence or research is found. Ask your midwife, or check on the websites listed below.

Normal weight gain in pregnancy is between 10 -12.5kg (22-28lb). If you start your pregnancy with a high or low body weight your midwife or GP may give you special dietary advice about weight gain or loss.

For more information visit:

- **Start 4 Life**
<https://dct-start4life.service.nhs.uk/pregnancy/healthy-eating-pregnancy/>
- **NHS Choices**
www.nhs.uk/conditions/pregnancy-and-baby/foods-to-avoid-pregnant/
- **Tommy's**
www.tommys.org/pregnancy-information/im-pregnant/nutritionpregnancy

Alcohol

The point at which alcohol consumption becomes dangerous to an unborn baby is unknown. The safest way to protect against the effects of alcohol is to avoid it completely. Babies born to mothers who drink alcohol when pregnant can be affected by a range of disorders known as Fetal Alcohol Spectrum Disorder.



Talk to your midwife or GP if you have concerns about alcohol in pregnancy.

For more information visit:

- **NHS Choices**

www.nhs.uk/conditions/pregnancy-and-baby/alcohol-medicines-drugspregnant/

- **NOFAS**

www.nofas-uk.org/WP/wp-content/uploads/2014/08/NOAS-Factsheet-Pregnant-2016.pdf

Smoking

Smoking and inhaling passive smoke causes harm to you and your baby. Pregnancy is an ideal time to quit smoking for good. Your midwife or GP can refer you to local smoking cessation services or you can self-refer via the **NHS Smoking Helpline** on **0300 123 1044**.

Some nicotine replacement therapies are safe to use in pregnancy. Your stop smoking advisor should be able to support you in finding the right method to help you quit smoking whilst pregnant.

Although considered less harmful than smoking tobacco, E-cigarettes do contain chemicals that could be dangerous for you and your baby's health; therefore they should be used with caution and only under the advice of a specialist smoking cessation advisor.

For more information visit:

- **NHS Choices**

www.nhs.uk/conditions/pregnancy-and-baby/smoking-pregnant/

Illegal drug use

Use of illegal or street drugs when pregnant can seriously harm you and your baby. If you (or someone close to you) are using drugs, it's important to seek help straight away. You can talk to your midwife, GP or any of the specialist treatment services that are available.

For **24 hour immediate help** and support contact FRANK by:
Phone: 0300 123 600 Text: 82111

For more information visit:

- **Talk to FRANK**
www.talktofrank.com/contact-frank
- **NHS Choices**
www.nhs.uk/conditions/pregnancy-and-baby/illegal-drugs-in-pregnancy

Medications

If you are taking medications for any long term conditions, do not stop taking them or change the dose without talking to your GP first. If you're not sure about the safety of certain medications, talk to your GP or local pharmacist. If you want to breastfeed, discuss any medications you take with your doctor before you give birth - to see if they are safe for breastfeeding, and if not, what alternatives you might be able to take.

For more information visit:

- **BUMPS**
www.medicinesinpregnancy.org/

Sex in pregnancy

It is safe to have sex in pregnancy, unless your care provider has advised you not to. Some couples find sex very enjoyable during pregnancy, whereas some find their sex drive changes and they don't feel like they want to as often or at all. If you don't feel like having sex, think about other ways you could feel intimate and close with your partner. Talk about your feelings with your partner and make adjustments if you need them. Your breasts may be sore and tender, and as your bump grows certain positions become more difficult. Having sex cannot harm your baby, and he or she will not be aware of what is happening.

For more information visit:

- **NHS Choices**
www.nhs.uk/conditions/pregnancy-and-baby/sex-in-pregnancy/
- **National Childbirth Trust**
www.nct.org.uk/pregnancy/sex-during-pregnancy-questions-andconcerns

Exercise in pregnancy

Exercise is an important part of maintaining a healthy lifestyle, and is known to be safe in pregnancy. Pregnancy is not the time to start a challenging new fitness regime, but it is good to maintain your prepregnancy level of activity with some adjustments if needed, or to try something gentle like swimming or pregnancy yoga. Some women feel exercise helps them adjust to the physical changes taking place in their body, promoting a sense of wellbeing and reducing feelings of stress, anxiety and depression. Exercise may help prevent some pregnancy complications and can help with swollen ankles/feet. Avoid exercise where you could lose your balance and hurt yourself.

Ensure you drink plenty of water during exercise and remember that hormonal changes preparing you for birth can make you more flexible so it's important to avoid deep twists of the spine. It is important to warm up and cool down when exercising to avoid strain or injury. If you are taking a class, remember to inform the trainer you are pregnant. If you experience anything unusual, you should not continue to exercise, and contact your midwife or doctor.

For more information visit:

- **NHS Choices**

www.nhs.uk/conditions/pregnancy-and-baby/pregnancy-exercise/

Pelvic floor exercise

Pelvic floor exercises help strengthen the muscles of the pelvis, which are under additional strain during pregnancy and childbirth. Adopting these exercises regularly will reduce the likelihood of you experiencing pregnancy related incontinence, and help your body to recover after birth. It can also reduce the risk of urinary and faecal incontinence in the future.

For more information visit:

- **Tommy's**

www.tommys.org/pregnancy-information/im-pregnant/exercisepregnancy/pelvic-floor-exercises

- **Download the 'squeazy app' to help you with pelvic floor exercises at:** www.squeazyapp.co.uk

Dental care in pregnancy

During pregnancy and after birth it's important to have regular dental check-ups. Hormonal changes in pregnancy may cause bleeding gums.

It is important to keep a good level of dental hygiene to prevent tooth decay and gum disease. It is recommended that you brush twice a day with fluoride toothpaste (this is safe to use in pregnancy). After consuming sugary products, use a mouthwash containing fluoride (0.05%) or brush your teeth. Drinking water after eating sugary foods can also be of benefit to preventing dental decay.



NHS dental care is **free for pregnant women** and for one year after the birth of your baby. It is recommended that all pregnant women see their dentist during pregnancy.

It is especially important to see your dentist if you have persistent sore or bleeding gums.

Eye care in pregnancy

During pregnancy you may experience slight changes in your vision and/or dry eyes. Eye tests are recommended every two years and are **free when you are pregnant**. Contact your local optician to book an appointment.

Your GP can provide you with a signed form for a maternity exemption certificate. This will entitle you to free NHS prescriptions up to one year after the birth of your baby, and free NHS dental care.

Infections and viruses

Chicken pox

Chicken pox is caused by the varicella zoster virus. Chicken pox is highly infectious and can be dangerous to your baby. If you had chicken pox as a child, it is likely that you are immune; you do not need to worry. If you are unsure whether you have had chicken pox before, you may be offered a blood test to confirm your immunity. If you think you may have come into contact with someone with chicken pox and you know that you are not immune, please phone your GP or midwife for advice. Do not attend the maternity unit for advice unless advised to by your midwife/doctor.

For more information visit:

- **NHS Choices**
www.nhs.uk/conditions/chickenpox/

Sexually transmitted infections (STIs)

STIs such as chlamydia, herpes and gonorrhoea are becoming increasingly common and when left untreated in pregnancy can be dangerous to your baby. If you are concerned that you or your partner may have been exposed to STIs please attend your local sexual health service clinic for full sexual health screening.

For more information visit:

- **NHS Choices**
www.nhs.uk/Livewell/STIs/Pages/STIs-hub.aspx

Parvovirus B19 (slapped cheek syndrome)

Parvovirus is very infectious and usually affects children. The main symptom is a red blotchy rash on the face. It can also be accompanied by mild fever, headache and sore throat. If you contract parvovirus in pregnancy it can be harmful to your baby. Please speak to your GP or Midwife if you think you may have been in contact with parvovirus.

For more information visit:

- **NHS Choices**
www.nhs.uk/conditions/slapped-cheek-syndrome/

Toxoplasmosis

Toxoplasmosis is an infection caught by direct contact with cat faeces (poo), contaminated soil or contaminated meat. Most people don't realise they have it, but it can cause flu like symptoms and it can harm your unborn baby. Pregnant women are advised to wear gloves when gardening or handling cat litter and to thoroughly wash fruit and vegetables to remove all traces of soil. We don't test for toxoplasmosis routinely as it is very rare.

For more information visit:

- **NHS Choices**
www.nhs.uk/conditions/Toxoplasmosis/

Group B Streptococcus (GBS)

GBS is a transient bacterial infection, commonly found in the gut, occasionally spreading to the vaginal and rectal tract. GBS causes no symptoms and is harmless to adults. It can however be harmful to babies of infected mothers if they are born vaginally. GBS can be detected via urine tests or by taking swabs of vaginal and rectal mucosa. GBS is not routinely tested for in pregnancy, however if it is detected or if you have been infected with GBS in the past, it will be recommended that you have intravenous antibiotics in labour, to protect your baby from infection.

For more information visit:

- **NHS Choices**
www.nhs.uk/conditions/group-b-strep/
- **Group B Strep Support**
www.gbss.org.uk/
- **Royal College of Obstetrics & Gynaecology**
www.rcog.org.uk/globalassets/documents/patients/patient-informationleaflets/pregnancy/pi-gbs-pregnancy-newborn.pdf

Vaccinations

It is currently recommended that **all pregnant women have flu and whooping cough vaccinations** during pregnancy. Ask your midwife or GP about this early in pregnancy.

Flu vaccine

The flu vaccine is available in winter every year and is safe at every stage of pregnancy. The flu vaccine is recommended because catching flu when pregnant can cause serious complications for both you and your baby.

Whooping cough (pertussis) vaccine

The whooping cough vaccine is recommended for all pregnant women and can be given from 20-32 weeks. Whooping cough can cause pneumonia and brain damage in young babies but having a booster vaccine will help protect your baby.

For more information visit:

- **NHS Choices**

www.nhs.uk/conditions/pregnancy-and-baby/vaccinations-pregnant/

If you are travelling, please see page 35 for information on travel vaccines

Travel safety

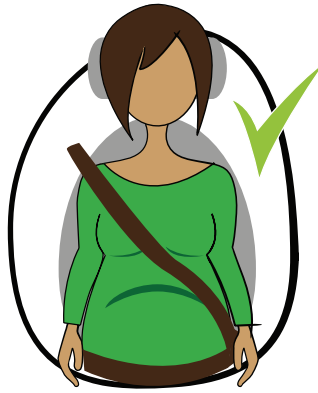
Always **take your maternity notes with you** if travelling away from home. If travelling far from home in the middle/later stages of pregnancy, it may be worthwhile looking up the local maternity unit in case you need any urgent care whilst away.

Cycling

Riding a bicycle in pregnancy should be approached with caution, due to the risk of falling which may harm you or your baby. Because your joints are less stable, your centre of gravity is altered (the bump tends to overbalance you) and your reactions are slower. It might be best to avoid cycling unless you are used to doing it regularly but take extra care when doing so.

Car

On longer car journeys it is important to stop regularly for a break and to stretch your legs. Wear your seatbelt with the cross strap between your breasts and the lap strap across your pelvis under your bump, not across your bump. Road accidents are among the most common causes of injury in pregnant women. Avoid making long trips on your own and share the driving with others when possible.



Flying

Flying is not harmful to you or your baby, but it is important to discuss your pregnancy with your midwife or doctor before flying.

The likelihood of going into labour is higher after 37 weeks and some airlines will not let you fly towards the end of pregnancy. Check with the airline directly about this.

After week 28 of pregnancy, the airline may ask for a letter from your GP confirming your due date, and that you aren't at risk of complications. Long-distance travel carries a small risk of blood clots (known as deep vein thrombosis or DVT). Discuss any long haul travel with your doctor as you may require DVT preventative medication, particularly if you have other risk factors.

If you fly, drink plenty of water and move around the cabin regularly. You can buy a pair of compression stockings from the pharmacy, which will help reduce the risk of DVT.

Travel vaccinations

If you are travelling to countries that require specific vaccinations please speak to your practice nurse. Some vaccines that use live bacteria or viruses are not recommended during pregnancy because of concerns they could harm the baby in the womb. Inactivated vaccines are safe in pregnancy.

For more information visit:

- **NHS Choices**

www.nhs.uk/conditions/pregnancy-and-baby/travel-pregnant/

Common pregnancy complaints

Nausea and/or vomiting is very common, particularly in the first 12-16 weeks of pregnancy. Often known as 'morning sickness', this can be misleading, as it can occur at any time of day. It can help to have a snack before getting out of bed and eating small, regular meals throughout the day. There are plenty of other things you can try, (see the link below). Sometimes nausea and vomiting can be severe and debilitating, this is known as hyperemesis gravidarum, and may require treatment with antisickness medications and/or admission to hospital for treatment.

It is advised not to brush your teeth immediately after vomiting, but rather to **use a mouthwash** containing fluoride (0.05%) no more than once a day. If vomiting is occurring regularly in the day, rinsing immediately with water is advised. This will help prevent tooth wear caused by acidic products from the stomach entering the mouth.

For more information visit:

- **NHS Choices**

www.nhs.uk/conditions/pregnancy-and-baby/morning-sickness-nausea/

Urinary tract infections are more common in pregnancy. You should look out for the signs and symptoms, and contact your GP or midwife urgently if you think you could have an infection. Symptoms include pain on passing urine, passing small amounts of urine more often than usual, or urine that is cloudy and strange smelling.

Incontinence can affect women during and immediately after pregnancy, due to the effect of hormones on the pelvic floor, and the pressure from the growing baby. Women may leak a small amount of urine when coughing, laughing, sneezing or moving suddenly, and this is usually nothing to worry about. If symptoms persist for a long period after birth, or are severe, ask your GP to refer you for specialist support. It is recommended that all women strengthen their pelvic floor during pregnancy. See page 29 for more information about pelvic floor exercises.

Download the 'squeezy app' to help you with pelvic floor exercises at: www.squeezyapp.co.uk

Feeling faint is common and often caused by standing up too quickly or lying flat on your back. Always stand up gently and when lying down try to stay on your side, particularly after 28 weeks gestation.

Headaches may increase due to hormonal changes. Drink plenty of water, rest and take paracetamol if required. Contact your midwife/doctor if you experience a sudden severe headache (with/without problems with vision).

Indigestion/heartburn is caused by hormonal changes, and the womb pressing on your stomach as your baby grows. There are plenty of home remedies you can try. Milk and/or antacids can help ease symptoms.

Swollen hands, ankles and feet often occur as the body holds more water whilst pregnant. Avoid standing for long periods, rotate your ankles regularly and elevate your feet when seated if possible. Sudden and severe swelling isn't normal and you should call your maternity unit if you notice this.

Constipation can occur from quite early on in pregnancy. Drink plenty of water and ensure you're getting lots of fruit, vegetables and fibre in your diet.

Pelvic girdle pain can affect one in five women during pregnancy. It can cause mild discomfort for some, and be very debilitating for others. Try to keep your knees together and avoid putting excess strain on one side of the body during daily activities. Examples include getting dressed whilst sitting down, taking stairs one step at a time and using a backpack instead of a handbag. Ask your midwife about seeing a specialist physiotherapist if you're experiencing problems with pelvic pain.

For more information visit:

- **NHS Choices**
www.nhs.uk/conditions/pregnancy-and-baby/common-pregnancyproblems/
- **Tommy's**
www.tommys.org/pregnancy-information/im-pregnant/earlypregnancy/10-common-pregnancy-complaints
- **Pelvic Obstetric & Gynaecological Physiotherapy**
<http://pogp.csp.org.uk/publications/>

Uncommon complications in pregnancy

Gestational diabetes

Gestational diabetes is high blood sugar that develops during pregnancy and usually disappears after the birth. It occurs when the body cannot produce enough insulin (a hormone responsible for controlling blood sugar levels) to meet the increased demands of pregnancy. Symptoms aren't common, but many women are screened for this condition during pregnancy, particularly if they have certain 'risk factors'. Ask your midwife if you are at risk of developing gestational diabetes and if you need to be tested.

For more information visit:

- **NHS Choices**
www.nhs.uk/conditions/gestational-diabetes/

Pre-eclampsia

Pre-eclampsia is a rare but serious condition of pregnancy, usually occurring after 20 weeks. It is defined as raised blood pressure and protein in the urine. Pre-eclampsia is usually detected through regular antenatal checks, but can sometimes develop quickly.

Symptoms include:

- severe headaches
- sudden increase in swelling - particularly in the face, hands, feet or ankles
- problems with your vision
- pain just below your ribs
- feeling very unwell or tired

For more information visit:

- **NHS Choices**
www.nhs.uk/conditions/pre-eclampsia/
- **Royal College of Obstetrics & Gynaecology**
www.rcog.org.uk/globalassets/documents/patients/patient-informationleaflets/pregnancy/pi-pre-eclampsia.pdf

Intrahepatic cholestasis of pregnancy

Intrahepatic cholestasis of pregnancy is a liver disorder that can develop in pregnancy (usually after 30 weeks gestation), affecting up to one in every 140 pregnant women.

Symptoms include:

- severe itching, normally on the hands and feet (commonly)
- dark urine, pale stools (rarely)
- yellowing of the skin and whites of the eyes (rarely)

For more information visit:

- **NHS Choices**
www.nhs.uk/conditions/pregnancy-and-baby/itching-obstetriccholestasis-pregnant/
- **ICP Support** www.icpsupport.org/

If you have any symptoms of pre-eclampsia or intrahepatic cholestasis of pregnancy call your maternity triage/assessment unit straight away

Placenta praevia

Placenta praevia can be picked up on an ultrasound scan as a 'low lying placenta' in mid pregnancy. This is when the placenta is covering all or part of the entrance to the womb. If you are found to have a low lying placenta you will be re-scanned between 32-36 weeks. The majority of low lying placentas will move to the upper part of the womb by 36 weeks, however 10% of low lying placentas remain low.

This can cause bleeding in pregnancy that is sudden and severe. A caesarean birth may be recommended in cases of severe placenta praevia, and the likelihood of needing for a blood transfusion can be higher.

The placenta can also sometimes implant abnormally into the wall of the womb. This is a rare condition known as **placenta accreta**. The risk of having placenta accreta is higher if there is a previous scar on the womb, such as from a previous caesarean section, as the placenta can invade into the previous scar. This is a very serious condition that can be challenging to manage and a hysterectomy (operation to remove the womb) is sometimes needed at the time of delivery.

For more information visit:

- **NHS Choices**
www.nhs.uk/chq/pages/2596.aspx
- **Royal College of Obstetrics & Gynaecology**
www.rcog.org.uk/en/patients/patient-leaflets/a-low-lying-placenta-after-20-weeks-placenta-praevia/

Miscarriage and the loss of your baby

A miscarriage is the loss of a pregnancy during the first 24 weeks. An early miscarriage occurs up until 13 weeks of pregnancy.

Symptoms of a miscarriage can include bleeding, abnormal vaginal discharge, lower abdominal pain and loss of pregnancy symptoms.

The first trimester can be an anxious time for many reasons, one of which might be worrying about whether the pregnancy will continue. Sadly, as many as one in five early pregnancies will end in miscarriage.

The loss of a baby at any stage of a pregnancy can be devastating for both parents. It doesn't matter how far into the pregnancy it happened, or whether or not the pregnancy was planned, the sense of loss can be very strong.

It is important to remember that everyone deals with loss differently and it's ok to grieve for your baby. There are a number of organisations that can provide expert support and information for parents who have suffered a loss.

Whilst there are a number of reasons why a pregnancy might not be successful, the majority of first trimester miscarriages occur because of a problem with the chromosomes which mean that the baby could never have developed, not because of anything the mum has done, or not done. The vast majority of women who suffer the loss of a baby do go on to have successful pregnancies in the future.

A miscarriage can be diagnosed by an ultrasound scan. You may be required to stay in hospital overnight but most women can go home on the same day. You will receive follow up from a doctor, nurse or midwife who specialises in early pregnancy.

For more information visit:

- **Miscarriage association**
www.miscarriageassociation.org.uk
- **Tommy's**
www.tommys.org/pregnancy-information/pregnancy-complications/pregnancy-loss/miscarriage-information-and-support

Still birth

When a baby passes away after 24 weeks of pregnancy, either before or during birth, this is known as a stillbirth. Stillbirth is one of the most devastating things a family can experience, and a range of support is given through a specialist team (including midwives, obstetricians, counsellors and charities) to parents who are affected by it.

Many stillbirths are linked to a problem with the placenta, which is essential to a baby's growth and development. If the placenta doesn't work properly it can cause babies not to receive the oxygen and nutrients they need. Other causes include infection, heavy bleeding (known as haemorrhage), pre-eclampsia and pre-existing diabetes.

Not all stillbirths can be prevented, but there are some simple things that can be done to minimise the risk:

- stopping smoking and avoiding alcohol and drugs during pregnancy
- sleeping on your side from around 28 weeks gestation, or turning on to your side if you wake up on your back overnight
- attending all of your appointments and scans so that your maternity team can monitor your baby's health
- calling your midwife/going to hospital straight away if your baby's movements are reduced from what you're used to

For more information visit:

- **NHS Choices**
www.nhs.uk/conditions/stillbirth/
- **Tommy's**
www.tommys.org/pregnancy-information/pregnancy-complications/pregnancy-loss/stillbirth-information-and-support
- **SANDS (stillbirth and neonatal death charity)**
www.sands.org.uk/

Getting ready for birth



Antenatal classes

Antenatal education can help you to prepare for your baby's birth, giving you confidence and information.

You can attend these classes with your birthing partner so you can prepare together for the arrival of your baby.

Antenatal education is also a good way to make friends with other parents who are expecting babies around the same time as you. These friendships can help parents through the first few months with their new baby.

There are two types of class available to choose from:

- free NHS antenatal classes available at your local hospital or children's centre. Ask your midwife about these classes
- private/independent antenatal classes

Most antenatal classes can be started when you are around 28-32 weeks pregnant, but they can often get booked up in advance so it's good to arrange your place early on.



There are specialised antenatal classes for women expecting twins/triplets and your midwife or doctor will give you the information you need about these. Some of our hospitals offer hypnobirth classes. Please ask your midwife for more information.

Topics covered by antenatal classes can include:

- what happens during labour and birth
- coping techniques for labour and information about pain management
- hypnobirth/relaxation techniques
- information about different kinds of birth and interventions
- caring for and feeding your baby
- your health after the birth / postnatal care
- emotions and feelings during pregnancy, birth and after

Classes can be attended by anyone – it doesn't matter if it is your first baby or your fifth!

For more information visit:

- **NHS Choices**
www.nhs.uk/conditions/pregnancy-and-baby/antenatal-classespregnant/

Preparing for parenthood

Across our area, we are introducing a 'personalised postnatal care plan' for all women. This can be discussed with your midwife during pregnancy. It will help you to prepare for becoming a parent and help you to understand exactly what you can expect from your maternity team in the hours and days after birth.

Ask your midwife for a paper copy of the care plan, or find it on the 'Mum and baby' app.



Work, maternity leave and money

After your 20 week ultrasound scan, you can ask your midwife or GP for a **MATB1 form**. This form entitles you to statutory maternity pay from your employer or maternity allowance from Jobcentre Plus.

During pregnancy/after birth you are entitled to:

- paid time off for your antenatal appointments
- maternity pay or maternity allowance
- maternity leave
- protection against unfair treatment, discrimination or dismissal



If you aren't working, or you/your household is on a low income you may be entitled to certain maternity benefits and allowances. Details can be found in the links below.

If you are employed, you must inform your employer that you are pregnant at least 15 weeks before your baby's due date. When you tell your employer they must perform a **risk assessment**, which ensures any necessary adjustments can be made to your working environment or pattern. It is worthwhile speaking to your company's HR department and accessing the policy on pregnancy and maternity leave.

For more information visit:

- **GOV.UK**
www.gov.uk/browse/childcare-parenting/pregnancy-birth
- **Maternity Action**
www.maternityaction.org.uk/
- **The Money Advisory Service**
www.moneyadvice.service.org.uk/en/categories/having-a-baby

Getting to know your baby

Taking time as part of your daily routine to think about and bond with your unborn baby is known to release oxytocin, a hormone which can help your baby's brain to develop.

You can try this by:

- talking or singing to your baby, and encouraging your partner/family/ other children to do the same
- massaging your bump
- having a bath
- trying pregnancy yoga
- practising hypnobirthing
- playing music to your baby
- using an app to help you understand how your baby is growing and developing, such as the Baby Buddy App

For more information visit:

- **UNICEF**
www.unicef.org.uk/babyfriendly/baby-friendly-resources/leaflets-andposters/building-a-happy-baby/

Your baby's movements

From 16-24 weeks on you should feel the baby move more and more up until 32 weeks, then stay roughly the same until you give birth. You should take the time to get to know what your baby's normal pattern of movements is. You should continue to feel your baby move regularly right up until you give birth to him or her.



The movements your baby makes offer reassurance that he or she is well, and therefore if you notice these movements change or reduce from what you are used to, it is important to call your midwife or attend the maternity unit urgently

For more information visit:

- **Tommy's**
www.tommys.org/pregnancy/symptom-checker/baby-fetal-movements
- **The Royal College of Obstetrics & Gynaecology**
www.rcog.org.uk/en/patients/patient-leaflets/your-babys-movements-inpregnancy/

Choosing place of birth

This is a decision you will make following discussion with your midwife or doctor at around 34 - 36 weeks of pregnancy, but its helpful to start thinking about your preferences before this time. Most women have the option of three places to give birth to their baby:

At home - in the comfort of your own home with the support of two midwives and whoever you chose to have with you. You can hire a birthing pool and use techniques such as massage and hypnobirth. Your midwife can provide gas & air (entonox) if you want it.

In a midwifery-led unit/birth centre (MLU) - this is a ward within the hospital, although some MLU's are 'freestanding' and not located near to the hospital. It's a homely and calm environment that supports normal birth with minimal intervention. Midwives and chosen birth partners are on hand to support you. You will have the choice of a birthing pool, gas & air (entonox), aromatherapy and opiate based pain management, depending on your maternity unit of choice.

In a labour ward/obstetric unit - a ward in a hospital where your care will be provided by a team of doctors and midwives. Normal birth with minimal intervention is always the goal, if it is safe to do so. Access to more specialised medical facilities and equipment is available for those women who need it.

Each maternity unit in Suffolk and North East Essex offers all three options, however if you are planning a homebirth, you will need to be booked with your closest maternity unit.

You can change your mind about where to have your baby at any point. If you choose to have your baby at home or in an MLU, some events or complications before or during labour may mean transfer to the labour ward is advised.

Which option is the safest for me and my baby?

Safety is always the priority, so if you have certain needs or complications with your health and/or pregnancy it may mean that giving birth on a labour ward is the safest option. Your midwife or doctor will discuss this with you if it is their recommendation.

If this is your first baby, and your pregnancy is considered 'low-risk', it is just as safe to have your baby in a midwifery-led birthing centre as it is to have your baby in a labour ward. Research shows the risk to the baby is slightly increased when planning to give birth at home.

If this is your second or subsequent baby, it is just as safe to have your baby at home as it is to have your baby in a midwifery-led unit or in a labour ward.

Women who give birth at home, or in a midwifery-led birthing centre are much less likely to require medical interventions including caesarean birth, assisted birth, blood transfusion and episiotomy.

For more information visit:

- **Birthplace study**
www.npeu.ox.ac.uk/birthplace
- **Which – Birth choices**
www.which.co.uk/birth-choice
- **NHS Choices**
www.nhs.uk/conditions/pregnancy-and-baby/where-can-i-give-birth/

Your birth preferences and birth plan

The birth plan can help you and your birth partner to think about your choices and preferences during labour and the birth of your baby. During your pregnancy you will have the opportunity to meet with your midwife/doctor and discuss the plan – try and do this around the time of your 36 week appointment. This will help our team understand the kind of birth you would like.

Once you have decided on where you would like to have your baby (see page 47 of this booklet) you can use a birth plan to consider your options for:

- any preferences or needs you have
- who will be your **birth partner(s)**
- how you feel about having a **student present** during labour/birth
- whether you would like to use **water** for pain management and/or birth
- **different positions** for labour/birth
- **coping strategies** and pain management
- hypnobirth
- how you feel about vaginal examinations
- whether you would like continuous or intermittent **monitoring of the baby's heart** during labour
- who will cut the cord/optimal cord clamping
- skin-to-skin contact
- any preferences you have in relation to feeding your baby
- how you would birth your placenta (afterbirth) - physiologically – with no medications - active – with an injection immediately after birth
- vitamin K and BCG vaccination for your baby
- any preferences you have if an assisted or caesarean birth is recommended

It is useful to think about how you would like your baby's birth to be in the event of having an **induction of labour** or a **caesarean birth** – planned or unplanned, and to ask your midwife or doctor what things you might need to consider for your own personal circumstances.

Your midwife will discuss your preferences with you again when you are in labour and any reasons to consider changing the plan. You can share your birth plan with your midwife when you meet at the hospital (or at home if you are planning a homebirth).

Complete your own personalised birth preferences plan on the Mum & Baby app

For more information visit:

- **NHS Choices**
www.nhs.uk/conditions/pregnancy-and-baby/how-to-make-birth-plan/
- **Which**
www.which.co.uk/birth-choice/getting-ready-to-give-birth/your-birthplan

Getting ready for birth

Towards the end of pregnancy, you may feel a variety of different emotions as the birth becomes closer. You may feel excited, anxious or even scared – this is all normal. There are several things that you can do to help your mind and body prepare for birth.

Perineal massage

Massaging the perineum (the area between the vagina and anus) in the later weeks of pregnancy has been shown to reduce the likelihood of tearing during birth, and of needing stitches or an episiotomy. You can start this from when you are 34 weeks pregnant and practice it daily/every other day until the birth of your baby.

How to do it:

- wash your hands
- sit comfortably with your legs bent at the knees so you can reach your perineum easily. Use a mirror if you wish
- massage oil (preferably vegetable-based) into the skin of the perineum using fingers and thumbs
- place one or both thumbs inside your vagina and press downwards towards the anus. Move to each side in a U-shaped stretching movement. This may give a tingling/burning sensation



- aim to massage the area inside the vagina, not necessarily just the skin on the outside
- aim to apply the massage for roughly five minutes.

Stopping work/slowing down

When you choose to stop work is a matter of personal preference, but it is worth considering your commute, your working environment, your proximity to your maternity hospital and allowing time to prepare for your baby's arrival. You can discuss this with your midwife or doctor.

Towards the end of pregnancy you may feel quite tired and uncomfortable, and therefore may need help from friends or family to get things done, particularly if you have other children. It's important to stay active but to also make time for rest, particularly if you aren't sleeping too well.

Your baby's position

From 36 weeks pregnant, your baby should turn to the head down (cephalic) position in preparation for birth. A small number of babies will not be in this position, and may be either breech (bottom first) or transverse/oblique (lying sideways across your abdomen).

If your midwife suspects that your baby is not in the head down position, you may be offered a scan and appointment with a doctor/specialist midwife to discuss your options. These options can include either attempting to turn your baby (see below), vaginal breech birth or planned caesarean birth.

Moxibustion for breech babies

This is a traditional Chinese technique which can be used to turn breech babies. It is done by burning a 'moxa-stick' (a tightly packed tube of dried herbs) between the toes from 34-36 weeks of pregnancy. It has no known negative side effects and success rates appear to be high. You can ask your midwife or local acupuncturist for more information.

External Cephalic Version (ECV)

This is a procedure in which a doctor, or specialist midwife attempts to turn the baby into the correct position using gentle pressure on your abdomen with their hands.

ECV is successful in about 50% of women and is generally safe. One in every 200 babies will need to be delivered by emergency caesarean after an ECV, and your baby will be monitored before and after the procedure to ensure they remain well.

If your baby isn't head down, don't worry – there are many options available to you and your team will help you to make any decisions regarding your care moving forward.

For more information visit:

- **RCOG**
www.rcog.org.uk/en/patients/patient-leaflets/breech-baby-at-the-end-of-pregnancy/
- **NHS Choices**
www.nhs.uk/conditions/pregnancy-and-baby/breech-birth/

Hand expressing colostrum

Mothers start to produce colostrum (early breast milk) mid-way through pregnancy, and learning how to express this milk before your baby comes can be very useful, particularly if your baby is likely to be premature or separated from you after birth or if you are diabetic or taking medication for high blood pressure. You can start this from around **37 weeks gestation**, and you can collect your colostrum and store it in the freezer if you wish.

You may not see any colostrum when you hand express – this doesn't mean you don't have any milk and is quite normal. It is still worthwhile practising the technique in preparation for your baby's arrival.

For more information and to read about the technique:

- **Association of Breastfeeding Mothers**
<https://abm.me.uk/breastfeeding-information/antenatal-expressioncolostrum/>
- **UNICEF**
www.unicef.org.uk/babyfriendly/baby-friendly-resources/video/handexpression/

Thinking about feeding your baby

During pregnancy you will have a chance to discuss caring for and feeding your baby, including information about the value of breastfeeding for you and your baby's health, and how to get breastfeeding off to a good start. It's never too early to start thinking about how you're going to feed your baby, but you don't have to make up your mind until your baby is born.

Talking to your midwife about your thoughts and feelings about feeding your baby can be really helpful. You will be supported whatever way you decide to feed your baby, either breast or bottle.

To help breastfeeding go well, ask your midwife about **antenatal breastfeeding classes** at your hospital or in your local area. This can help you and your partner/supporter to feel more confident and prepared, and help you to avoid some common breastfeeding problems early on. If you have particular questions or concerns about breastfeeding, ask your midwife for an appointment with a breastfeeding specialist during pregnancy.

All women are offered the opportunity to hold their baby in skin-to-skin contact straight after birth, for as long as they want. Discuss the benefits of skin-to-skin contact for both you and your baby with your midwife, and how you feel about it.



A midwife will offer to help you to start breastfeeding, or show you how to bottle feed safely as soon as your baby shows signs that they are ready to feed, usually within the first hour after birth. Your baby won't be separated from you unless he or she requires special care.

After your baby is born you will be offered support from your maternity team to ensure breastfeeding gets off to a positive start. There will also be support available when you are at home.

For more information on breastfeeding visit:

- **Global Health Media (breastfeeding videos in different languages)**
<https://globalhealthmedia.org/videos/breastfeeding/>
- **Off to the best start leaflet**
www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2010/11/otbs_leaflet.pdf
- **Start4Life**
<https://dct-start4life.service.nhs.uk/start4life/baby/breastfeeding>
- **Human milk – the value of human breast milk**
<http://human-milk.co.uk/>

For more information on bottle feeding visit:

- **UNICEF (guide to bottle feeding)**
www.unicef.org.uk/babyfriendly/baby-friendly-resources/leaflets-andposters/guide-to-bottle-feeding/
www.unicef.org.uk/babyfriendly/baby-friendly-resources/leaflets-andposters/simple-formula-guide-for-parents/

Packing your hospital bag

Here is a list of things to consider when packing your hospital bag. Even if you are planning a homebirth, it is useful to pack a bag in case your plans change before or during labour.

For you

- ☐ Maternity notes and birth plan
- ☐ Any medications that you take regularly
- ☐ Comfy clothes to wear in labour
- ☐ Slippers and/or flip-flops
- ☐ Dressing gown and pyjamas/nightdress (x2) that opens at the front (for ease of feeding)
- ☐ Comfy clothes to wear home
- ☐ Crop top/bikini top if using water/birthing pool
- ☐ Comfortable bra/feeding bra
- ☐ Knickers for after the birth – large size, cotton and comfortable and/or disposable knickers
- ☐ Towel (x2 if using birthing pool)
- ☐ Toiletries, including toothbrush and toothpaste, hairbrush, hair ties and lip balm
- ☐ x2 packs of maternity sanitary pads (thick and ultra-absorbent)
- ☐ Breast pads
- ☐ Massage oils for use in labour
- ☐ Glasses/contact lenses
- ☐ Portable speakers/earphones to play music
- ☐ Drinks, snacks and drinking straws

- ☐ Water spray/fan
- ☐ Extra pillow(s)
- ☐ TENS machine (if you plan to use one)
- ☐ Books/magazines
- ☐ Phone and charger

For your birth partner

- ☐ Coins for car park/car park payment details
- ☐ Drinks and snacks
- ☐ Phone and charger
- ☐ Camera
- ☐ Books magazine
- ☐ Comfy clothes/shoes/shorts
- ☐ Overnight stay clothes/toiletries etc if planning/able to stay

For your baby

- ☐ x1 pack of nappies
- ☐ Clothes; sleep suits and vests (x3-4 of each)
- ☐ Several cotton hats and a woolly hat
- ☐ Clothes for going home
- ☐ Socks/mittens (x2 pairs)
- ☐ Cotton wool/water wipes
- ☐ Muslin square/bibs
- ☐ Car seat to take baby home
- ☐ Baby blanket/shawl

If you are planning to formula feed your baby; check with your midwife what you need to take to the hospital.

Signs of labour

In the week building up to your labour starting you might experience some of the following:

- increased clear vaginal discharge
- mild upset stomach or diarrhoea
- feeling energetic or restless
- frequent practice contractions or tightenings of the uterus, known as 'braxton hicks' and/or backache

Some women won't notice any of these signs, and it is nothing to worry about if you don't feel any different towards the end of pregnancy.

As your labour starts you may notice some of the following signs, and this is what you can do:

Mucus plug (sometimes called 'show')

During pregnancy, a plug of thick mucus forms in the cervix, and as the body prepares for labour it may pass out through the vagina. This can happen one to two weeks before labour, during labour or sometimes not at all. It appears as a clear or pink/slightly blood stained jelly-like substance, and you might notice it once or on a few occasions.

You don't need to call your midwife about this unless you are worried, however if you notice that it is heavily blood stained or that you are losing fresh blood, call your maternity triage/assessment unit straight away.

Contractions

When early labour (the latent phase) starts, you may experience **irregular contractions** that vary in duration and strength. This can sometimes last for a few days, and it is important to rest when you can until they become regular. When your contractions become strong and regular, it may be helpful to **start timing them** (approximately how often they are coming and how long they last for).

If it is your first baby, you will normally be advised to come to hospital when your contractions are every three minutes and lasting for 60 seconds.



If it is your second or subsequent baby, you may be advised to come to hospital when your contractions are every five minutes and lasting for 45 seconds.

You can call your maternity unit for support at any time, and your midwives will advise you on when to come to hospital. If you're planning a homebirth, your midwife will come and visit you at home at the appropriate time.

Many women find trying different positions, walking, a warm bath, distraction and relaxation techniques, massage and resting in between contractions useful when at home. You may also want to think about using a Transcutaneous electrical nerve stimulation (TENS) machine if your contractions start to feel uncomfortable.

It is important to have **regular light snacks** (even if you don't feel hungry) and to sleep when possible. It is also important to drink normally, taking regular small sips of fluids in order to remain hydrated. You don't need to drink more than you would normally.

Waters breaking (rupture of membranes)

The amniotic sac is the fluid filled bag that your baby grows inside during pregnancy, and this sac will break before your baby is born. When it breaks, the fluid will drain out from the vagina. Most women's waters break during labour, but it can happen before labour starts.

If your waters break, you may feel a slow trickle or a sudden gush of fluid. This fluid is normally clear or pink in colour, however sometimes a baby can pass their first poo (called meconium) inside the sac, causing the fluid to become green or yellow. If you think your waters have broken it is important to call your maternity triage/assessment unit straight away, particularly if you think you can see meconium. If you think your water's have broken, wear a thick sanitary pad as your midwife will ask to see this when you attend hospital for a check-up.

If your waters do break before labour, it is likely that your labour will start naturally within 24 hours, however if it doesn't start it may be recommended that your labour is induced (started with the aid of medications) to reduce the risk of infection for both you and your baby. Your maternity team will discuss this with you and agree a plan if this is the case.

Call your maternity triage/assessment unit OR Birth Centre if:

- your waters break
 - you have any fresh red vaginal bleeding
 - your baby isn't moving as often as usual
 - you have strong and regular contractions
 - you have constant abdominal pain
 - you feel unwell or you are worried
-

For more information visit:

- **NHS Choices**
www.nhs.uk/conditions/pregnancy-and-baby/labour-signs-whathappens/
- **Tommy's**
www.tommys.org/pregnancy-information/labour-birth/how-will-i-knowwhen-labour-has-started

Information for partners

Finding out you are going to become a parent can be an exciting but daunting time. The closer you are to your pregnant partner, the more you'll be able to share the experience of pregnancy and birth.

Early pregnancy

Whether the pregnancy was planned, or it is unexpected, it is normal to feel a range of emotions when you discover your partner is pregnant. Talk to your partner, friends and family about how you are feeling.

Your partner may be irritable about things that seem small to you; this is due to the effect of hormones on her mood, and her own fears and anxieties. Be patient and learn to support each other and encourage her to talk to those close to her, or her midwife/doctor.

Learn about the screening tests and scans offered in pregnancy. These tests can have implications for you, your partner and the pregnancy as it progresses. See page 16 of this booklet for more information.

During pregnancy

Attend antenatal classes with your partner (most classes are designed for both mum and partner) as these will help you feel prepared for the birth and caring for the new baby when he/she arrives.



Increase your share of the housework, if possible. If you smoke, now is a great time to stop due to the risks of passive smoking on your partner and your baby after birth. Unborn babies that are exposed to smoke are at a greater risk of complications during pregnancy, such as not growing well or even being still born. After birth, even if you smoke outside, there is an increased risk that your baby will be affected by Sudden Infant Death Syndrome. Ask your GP for help to stop smoking.

Support your partner as much as possible, but also find time for yourself to relax.

Take pictures with your partner and her growing pregnancy bump if she likes as these make great memories. Try bonding with your baby by talking or singing to him/her during pregnancy.

Before the birth

Before labour and birth it is important to discuss with your partner about your role as her birth partner and how you feel about being present at the birth. You can write a birth plan together and support her if it needs to change for any reason.

You can also:

- make sure you can always be contacted in the final weeks
- arrange how you'll go to hospital, if you are planning on having the baby there
- ensure the car always has petrol and ensure you have tested fitting the car seat. You can keep the car seat in the car
- do a trial run to test your route to the hospital, and ensure you have small change for parking meters
- help pack the hospital bag and make sure you pack the things you need (see page 55)
- think about preparing/freezing some meals for after the birth so you don't have to worry about cooking when first at home
- read about what to expect after the birth so you can be prepared as possible to care for your partner and baby.

Preparing for after the birth

The birth can often feel like such a huge event that not much time or attention is given to fatherhood and parenting. Having a baby changes relationships, carries responsibility and has significant financial impact, whilst also being a time of intense joy and pride. Up to 10% of new dads can suffer from postnatal depression, so if you start to feel changes in your mood, talk to your family, friends and GP.

For more information visit:

- **NHS Choices**
www.nhs.uk/conditions/pregnancy-and-baby/dad-to-be-pregnantpartner/
- **National Childbirth Trust**
www.nct.org.uk/pregnancy/dads-view-pregnancy
www.nct.org.uk/professional/diversity-and-access/supporting-dads
- **Working with men**
<http://workingwithmen.org/>
- **Best Beginnings**
www.bestbeginnings.org.uk/fathers



Maternity Voices

Ask your midwife or health visitor about your local Maternity Voices Partnership group. These groups consist of mums-to-be, new mums, partners, midwives, doctors and other allied health professionals who meet to discuss, learn and help share ideas for improved services across Suffolk and North East Essex.

Would you like to talk to someone about the birth?

Some women may find it helpful to talk to someone about their birth options. This is especially true if they have had a pregnancy, labour or birth that was difficult previously, or if something unexpected happened.

It is not unusual to be unsure about your options or what effect any choices may have on this pregnancy and birth. You can speak to your midwife, and if needs be she will refer you to a 'birth options' clinic, which is normally run by the consultant midwife at your chosen maternity unit.

If you are considering requesting a planned caesarean section birth, this decision would be made with you and the specialist midwifery and obstetric teams. Ask your midwife to refer you to the appropriate clinic, where you will be able to discuss your options.

Comments and complaints

During your antenatal care, if you have a comment or complaint you can speak to any member of the maternity team and they will be able to put you in touch with the relevant manager.

Whilst you are in hospital, if you have a comment or complaint, please ask your care provider if you can speak to the ward manager or midwife in charge.

You can also ask your midwife for your local PALS (Patient Advice and Liaison Service) contact details.

Urgent and emergency contacts

Before 18-20 weeks gestation:

- high fever (temperature over 37.5°C)
- pain or burning on passing urine
- flare-ups of any pre-existing conditions
- repeated vomiting or diarrhoea with difficulty in keeping fluids down
- any non-pregnancy related concerns, such as skin concerns or a persistent cough
- spotting or light vaginal bleeding

**Call your GP
OR local
Urgent Care Centre
if out of hours**

- heavy bright red vaginal bleeding
- moderate/severe abdominal pain.

**Call your local Early
Pregnancy Unit OR
Accident & Emergency
Department**

Early pregnancy units in Suffolk and North East Essex

Colchester Hospital	01206 747 474
Ipswich Hospital	01473 712233
West Suffolk Hospital	01284 713000

Please note you can't always self-refer to the early pregnancy unit, and you may need a referral from your GP or A&E department first

After 18-20 weeks gestation:

- any non-pregnancy related concerns, such as skin concerns or a persistent cough
- pain or burning on passing urine
- flare ups of any pre-existing conditions
- unusual vaginal discharge or discomfort
- diarrhoea and/or vomiting for over 48 hours.

**Call your GP
OR local
Urgent Care Centre
if out of hours**

- vaginal bleeding
- a reduction or change in your baby's movements
- high fever (temperature over 37.5°C)
- water leaking from the vagina
- itching on the hands or feet
- diarrhoea and/or vomiting combined with high fever, stomach pain, very dark urine or blood in the stools
- headache accompanied by bad swelling in the hands, feet or face and/or problems with vision
- moderate/severe abdominal pain that is either constant or comes and goes.

**Call your maternity
triage/assessment
unit at your booked
maternity hospital**

After 37 weeks gestation/when expecting labour:

- heavy vaginal bleeding (that isn't the mucous show – see page 56)
- a reduction or change in your baby's movements
- contractions that are becoming strong and regular in pattern
- water leaking from the vagina, water's 'breaking'
- moderate/severe constant abdominal pain
- feeling unwell or worried something is wrong
- ANY of the symptoms in the previous table

**Call your maternity triage/assessment unit
OR
birth centre/ planned place of birth
at your booked maternity hospital**

A list of the important phone numbers that you need can be found at the back of this booklet. You can also ask your doctor or midwife to give you the important numbers that you need.

It is not advised that you call 999 or 111 for advice, or for an ambulance. Please call your local maternity triage/ Birth Centre directly for advice. If they feel it is necessary, they will recommend that you call an ambulance (999). We do not recommend using the NHS 111 service for pregnancy-related advice. Ambulances are for medical and life-threatening emergencies only, and should not be used as a mode of transport to hospital in labour without the advice of a medical professional.

Useful contact numbers

Colchester Hospital

General Enquiries/Switchboard	01206 747474
Early Pregnancy Unit	01206 742422
Antenatal Clinic	01206 742483
Maternity Triage	01206 845240
Clacton Maternity Unit	01255 201600
Clacton Birth Centre	01255 429690
Antenatal Clinic	01206 742483
Community Midwives	01206 742369
Postnatal Ward	01206 742032
Birth Centre	01206 742322

Ipswich Hospital

General enquiries/switchboard	01473 712233
Early Pregnancy Unit	01473 703671
Antenatal Clinic	01473 703102
Maternity Triage	01473 703334
Day Assessment Unit	01473 703659
Antenatal Ward	01473 703030
Community Midwives	01473 702666
Labour Ward	01473 703040
Birth Centre	01473 703021

West Suffolk Hospital

General Enquiries/Switchboard	01284 713000
Early Pregnancy Unit	01284 713143
Antenatal Clinic	01284 713254
Maternity Day Assessment	01284 712723
Antenatal and Postnatal Ward (F11)	01284 713216
Community Midwives	01284 713755
Labour Ward	01284 713278
Birth Centre	01284 712758

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You can use the space below to record your appointments

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This booklet was developed by the NHS in North West London as part of the maternity early adopters project and customised by Suffolk and North East Essex CCG.