

Information for Women

Obstetrics and Gynaecology

Pregnancy Care

This information will cover the routine care you can expect to receive if you are healthy during your pregnancy.

You will be referred to an obstetrician and receive extra care (in addition to that described here) if you are pregnant with more than one baby, if you already have certain medical conditions or if you develop a health problem during your pregnancy.

What is pregnancy care?

Pregnancy care is the care you receive from health professionals during your pregnancy. This pregnancy care should be easily available and sensitive to your needs.

During your pregnancy you will be given information on services that are available to you and support to help you to make choices. You will be offered a series of appointments to check on your health and the health of your baby. During these appointments you will be given information about your care.

You will be asked to keep your maternity notes with you and bring them along to all your appointments. Details of any discussions you have about your care and of any care you receive will be written in your notes.

What are my choices?

You have the right to take part in making decisions about your care. To do this you will need to feel confident that you:

- Understand what is involved.
- Feel comfortable about asking questions.
- Can discuss your choices with your team of health professionals.

Your care team will support you in this by offering you access to pregnancy classes and by providing you will information at your appointments.

While you are pregnant you will usually be seen by a small team of people including your named midwife and or doctor (GP).

Appointments

Each appointment will have a specific purpose. Your first appointment should be fairly early in your pregnancy (before 12 weeks). Your midwife or doctor will use it to identify your needs (such as whether you need extra care) and will ask you about your health and any previous physical or mental illness you have had. This is so that you can be referred for further assessment or care, if necessary.

They should also give you the opportunity to discuss (should you wish) any experiences (such as domestic violence or sexual abuse) you may have had which may mean you could need extra support.

Information for Women

Obstetrics and Gynaecology

Pregnancy Care - continued

Your midwife or doctor will also give you information on pregnancy care services and the options available to you.

During one of the early appointments your midwife or doctor will check your blood pressure and test your urine for the presence of protein. They will weigh you and measure your height. If you are significantly over or under weight you may need extra care. You will not usually be weighed again.

The rest of your appointments will be tailored to your individual health needs. They will include some routine tests which are used to check for certain conditions or infections:

- Anaemia.
- Blood group and rhesus D status.
- Asymptomatic bacteriuria (a bladder infection).
- Hepatitis B virus.
- HIV.
- German measles (Rubella).
- Syphilis.

Most women are not affected by these conditions but the tests are offered so that the small number who are affected can be identified and offered treatment.

During your appointments with your midwife or doctor you will be given any results of tests you have had.

Early in your pregnancy (usually around 10 to 13 weeks) you will be offered an ultrasound scan to estimate when your baby is due and to check whether you are expecting more than one baby. However, if you see your midwife or doctor for the first time when you are more than 13 weeks pregnant you should still be offered a scan at this time.

Between 20 to 23 weeks you will be offered a scan to check for physical abnormalities in your baby.

After 24 weeks, your midwife or doctor will check on your baby's growth at each appointment (to assess your baby's well-being). To do this they will measure the distance from the top of your uterus (womb) to your pubic bone and record it in your notes.

You should tell your midwife or doctor if there is a significant change in your baby's movements.

Screening tests for Down Syndrome

Down Syndrome is a condition caused by the presence of an extra chromosome in a baby's cells. It occurs by chance at conception and is irreversible.

In the first part of your pregnancy you will be offered screening tests to check whether your baby is likely to have Down Syndrome. You have the right to choose whether to have all, some or none of the tests. You can opt out of the screening process at any time if you wish.

Information for Women

Obstetrics and Gynaecology

Pregnancy Care - continued

Screening tests will only suggest that a baby may have Down Syndrome and can sometimes wrongly show as positive (suggesting that your baby does have Down Syndrome when in fact it does not). This type of result is known as a 'false positive'.

At present the tests you will be offered will have a false positive rate of less than five out of 100 and will detect 60 out of 100 cases of Down Syndrome. There are currently two tests available:

- Nuchal translucency (an ultrasound scan) – this is suitable if you are between 11 to 14 weeks.
- Quad test (a blood test) – this is suitable from 14 to 20 weeks.

Your midwife or doctor can tell you more about Down Syndrome, the tests being offered and what the results may mean for you.

If a screening test is positive, your midwife/doctor will discuss further tests (diagnostic tests such as chorionic villus sampling and amniocentesis) which can confirm whether your baby does or does not have Down Syndrome.

If you chose to have a nuchal translucency scan this can be performed at the same time as your scan to see when your baby is due (as long as you are between 11 to 14 weeks).

Pre-eclampsia

Pre-eclampsia is an illness that happens in the second half of pregnancy. Although it is usually mild, it can cause serious problems for you and your baby if it is not detected and treated.

The symptoms of advanced pre-eclampsia include:

- Headache.
- Problems with vision, such as blurred vision or lights flashing before the eyes.
- Bad pain just below the ribs.
- Vomiting.
- Sudden swelling of the face, hands or feet.

You should tell your midwife or doctor if you experience any of these symptoms.

Advice on money matters and work

Your midwife or doctor will give you information about your maternity and benefit rights. You can get additional information by telephoning 08457 474747 or www.dti.gov.uk/er/workingparents.htm or www.dwp.gov.uk.

Work

For most women it is safe to continue to work while you are pregnant but there are hazards in some jobs that could put you at risk. Talk to your midwife or doctor about this. Further information can be obtained from 0845 345 0055 or www.hse.gov.uk/mothers/index.htm.

Information for Women

Obstetrics and Gynaecology

Pregnancy Care - continued

Lifestyle

There are a number of things you can do to stay healthy while you are pregnant.

Exercise

You can take moderate exercise before or during pregnancy. Some vigorous activities such as contact sports or vigorous racquet games may carry extra risks such as falling or putting too much strain on your joints. You should avoid scuba diving as this can cause problems in your developing baby.

Alcohol

There is no evidence that drinking one or two units per weeks (i.e. a small glass of wine, half a pint of beer, larger or cider or a single measure of spirits) harms your baby. We do not know what a safe level of alcohol in pregnancy is but we know that large amounts of alcohol (even occasionally) can harm your baby. The Chief Medical Officer states that there is no safe level of alcohol. If you consume more than 5 standard drinks or 7.5 UK units on a single occasion this may be harmful to your unborn baby. Your doctor/midwife will offer you a referral to Action for Change (Community Alcohol Team) for help and support.

Smoking

Smoking increases the risks of miscarriage, stillbirth and your baby being underweight or born too early (in both these cases your baby's health may be affected). You will reduce these risks if you give up smoking or at least smoke less, while you are pregnant. You and your baby will benefit if you can give up no matter how late in your pregnancy. Your midwife/doctor will refer you at your booking appointment to the Smoking Cessation Services.

The NHS pregnancy smoking helpline can also provide advice and support 0800 169 9169.

Cannabis

If you use cannabis (especially if you smoke it) it may be harmful to your baby. Other 'recreational' drugs may also be harmful to your baby so your midwife/doctor may offer you a referral to Substance Misuse Services if you do use drugs.

Sexual activity

There is no evidence that sexual activity is harmful while you are pregnant.

Travel

When you travel by car you should always wear a three point seat belt, above and below your bump (not over it). If you are planning to travel abroad your midwife or doctor will talk to you about flying, vaccinations and travel insurance. The risk of getting a blood clot in your leg when flying is higher when you are pregnant and could seriously affect your health. Your midwife or doctor will talk to you about reducing the risk by wearing compression stockings.

Information for Women

Obstetrics and Gynaecology

Pregnancy Care - continued

Prescription and over the counter medicines

Only a few prescriptions and over the counter medicines have been shown to be safe and effective while you are pregnant. Try to avoid over the counter medicines if possible. While you are pregnant your doctor will only prescribe medicines where the benefits are greater than the risks.

Complementary therapies

Few complementary therapies are known to be safe and effective during pregnancy. You should check with your midwife, doctor or pharmacist before using them.

Diet and food

Folic acid

Taking folic acid (400 micrograms day) when you are trying to get pregnant or during the first 12 weeks of your pregnancy reduces the risk of your baby having a neural tube defect such as spina bifida (which causes damage to the baby's nervous system).

Vitamin A

High levels of vitamin A could cause abnormalities in your baby. Avoid taking vitamin A supplements and eating liver (or anything made from liver) while you are pregnant.

Vitamin D

In order to maintain adequate vitamin D stores to improve your own and your baby's wellbeing while pregnant and breast feeding, it is recommended that if women choose to, they can take 10 micrograms of vitamin D per day, as found in a healthy start multivitamin supplement.

Vitamin supplements

You do not need to take any iron supplements as a matter of routine when you are pregnant. They do not improve your health and can give unpleasant side effects such as constipation.

Listeriosis and salmonella

Both these bacterial infections can be picked up from food and can harm your baby. In order to reduce the risks it is better if while you are pregnant you:

- Avoid eating mould ripened soft cheese such as camembert or brie or blue veined cheeses (there is no risk with hard cheese such as cheddar, or with cottage cheese or processed cheese).
- Avoid unpasteurised milk
- Avoid eating paté (even vegetable paté)
- Avoid eating uncooked or undercooked ready/prepared meals
- Avoid eating raw or partially cooked eggs (or food containing them such as mayonnaise)
- Avoid raw or partially cooked meat, especially poultry

Information for Women

Obstetrics and Gynaecology

Pregnancy Care – continued

Toxoplasmosis

Very occasionally toxoplasmosis can cause problems for your baby while you are pregnant. To help avoid this infection while you are pregnant:

- Wash your hands before you handle food.
- Wash all fruit and vegetables including ready/prepared salads, before you eat them.
- Make sure you thoroughly cook raw meats and ready/prepared chilled meats.
- Wear gloves and wash your hands thoroughly after gardening or handling soil.
- Avoid contact with cat faeces (in cat litter or in soil).

Other sources of information

If this is your first pregnancy, your midwife or doctor should give you a copy of **The Pregnancy Book** published by Health departments in England and Wales. It tells you about many aspects of pregnancy including: how the baby develops; deciding where to have a baby; feelings and relationships during pregnancy; antenatal care and classes; information for expectant fathers; problems in pregnancy; when pregnancy goes wrong and rights and benefits information.

Further information

- www.nice.org.uk
- www.nhsdirect.nhs.uk

This information leaflet was put together by the Guidelines group and the Women's Focus group and was developed with reference to the NICE guideline Antenatal care: routine care for the healthy pregnant woman.

Important information

Please remember that this leaflet is intended as general information only. It is not definitive. We aim to make the information as up to date and accurate as possible, but please be warned that it is always subject to change. Please, therefore, always check specific advice on the procedure or any concerns you may have with your doctor.

After reading this information are there any questions you would like to ask? Please list below and either ask your nurse or doctor.

Information for Women

Obstetrics and Gynaecology

Pregnancy Care – continued

Reference

The following clinicians have been consulted and agreed this patient information:

Gayle Clarke, Specialist Midwife Practice Development;

Mr Dexter Pascall, Consultant Obstetrician

The directorate group that have agreed this patient information leaflet:

Obstetrics and Gynaecology

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Responsible Clinician: Nicola Mason and Gayle Clarke Specialist Midwife Practice
Development

Hand Hygiene

In the interests of our patients the Trust is committed to maintaining a clean, safe environment. Hand hygiene is a very important factor in controlling infection. Alcohol gel is widely available throughout our hospitals at the patient bedside for staff to use and also at the entrance of each clinical area for visitors to clean their hands before and after entering.