ANTENATAL CARE

4

Antenatal appointments 41
Early antenatal appointments 44
Regular checks at every antenatal appointment 45
Appointments in later pregnancy 46
Blood tests 46
Ultrasound scans 48
Tests to detect abnormalities 49
Tests for Down's syndrome and other genetic disorders 50
Diagnostic tests for Down's syndrome and other genetic disorders 51
If a test detects an abnormality 51
Making the most of antenatal care 52
Your antenatal team 54
Antenatal education 56

Antenatal care is the care that you receive from healthcare professionals during your pregnancy. You will be offered a series of appointments with a midwife, or sometimes with a doctor (an obstetrician). They will check that you and your baby are well, give you useful information about being pregnant and what to expect as well as answering any questions you may have.

As soon as you know you are pregnant, you should get in touch with a midwife or your GP to organise your antenatal care. It's best to see them as early as possible. Let your midwife know if you have a disability that means you have special requirements for your antenatal appointments or labour. If you don't speak English, let your midwife know and arrangements will be made for an interpreter.

It is important to tell your midwife or doctor if:

- there were any complications or infections in a previous pregnancy or delivery, such as pre-eclampsia or premature birth
- you are being treated for a chronic disease such as diabetes or high blood pressure
- you or anyone in your family has previously had a baby with an abnormality, for example spina bifida
- there is a family history of an inherited disease, for example sickle cell or cystic fibrosis.

If you are working, you have the right to paid time off for your antenatal care (see page 170).

Information

An important part of antenatal care is getting information that will help you to make informed choices about your pregnancy. Your midwife or doctor should give you information in writing or some other form that you can easily use and understand. Your midwife or doctor should provide you with information in an appropriate format if you:

- have a physical, learning or sensory disability
- do not speak or read English.

You may have lots of things you want to ask the midwife. It's a good idea to write your questions down, so you don't forget.

ANTENATAL APPOINTMENTS

If you are expecting your first child, you are likely to have up to 10 appointments. If you have had a baby before, you should have around seven appointments. In certain circumstances, for example if you have or develop a medical condition, you may have more appointments.

Your appointments may take place at your home, in your GP's surgery or in hospital. You may be asked to go to hospital for your scans.

Your antenatal appointments should take place in a setting where you feel able to discuss sensitive problems that may affect you (such as domestic violence, sexual abuse, mental illness or recreational drug use).

Early in your pregnancy your midwife or doctor should give you information about how many appointments you are likely to have and when they will happen. You should have a chance to discuss the schedule with them. The table on pages 42–43 gives a brief guide to what usually happens at each antenatal appointment.

If you cannot keep an antenatal appointment, please let the clinic or midwife know and make another appointment.

What should happen at the appointments

The aim is to check on you and your baby's progress and to provide clear information and explanations about your care. At each appointment you should have the chance to ask questions and discuss any concerns or issues with your midwife or doctor.

Each appointment should have a specific purpose. You will need longer appointments early in pregnancy to allow plenty of time for your midwife or doctor to assess you, discuss your care and give you information. Wherever possible, the appointments should include any routine tests.

Help and support

If you have any questions or worries, talk to your midwife or doctor. Talking is as much a part of antenatal care as tests and examinations.

Antenatal appointments schedule

Appointment	What should happen
First contact with your midwife or doctor	This is the appointment when you tell your midwife or doctor that you are pregnant. They should give you information about: • folic acid and vitamin D supplements • nutrition, diet and food hygiene • lifestyle factors, such as smoking, drinking and recreational drug use • antenatal screening tests. It is important to tell your midwife or doctor if: • there were any complications or infections in a previous pregnancy or delivery, such as pre-eclampsia or premature birth • you are being treated for a chronic disease such as diabetes or high blood pressure • you or anyone in your family has previously had a baby with an abnormality, for example spina bifida • there is a family history of an inherited disease, for example sickle cell or cystic fibrosis.
Booking appointment (8–12 weeks)	Your midwife or doctor should give you information about: • how the baby develops during pregnancy • nutrition and diet • exercise and pelvic floor exercises • antenatal screening tests • your antenatal care • breastfeeding, including workshops • antenatal education • maternity benefits • planning your labour • your options for where to have your baby. Your midwife or doctor should: • give you your hand-held notes and plan of care • see if you may need additional care or support • plan the care you will get throughout your pregnancy • identify any potential risks associated with any work you may do • measure your height and weight and calculate your body mass index • measure your blood pressure and test your urine for protein • find out whether you are at increased risk of gestational diabetes or pre-eclampsia • offer you screening tests and make sure you understand what is involved before you decide to have any of them • offer you an ultrasound scan at eight to 14 weeks to estimate when your baby is due • offer you an ultrasound scan at 18 to 20 weeks to check the physical development of your baby and screen for possible abnormalities.
8–14 weeks (dating scan)	Ultrasound scan to estimate when your baby is due, check the physical development of your baby and screen for possible abnormalities.
16 weeks	Your midwife or doctor should give you information about the ultrasound scan you will be offered at 18 to 20 weeks and help with any concerns or questions you have. Your midwife or doctor should: • review, discuss and record the results of any screening tests • measure your blood pressure and test your urine for protein • consider an iron supplement if you are anaemic.
18–20 weeks (anomaly scan)	Ultrasound scan to check the physical development of your baby. (Remember, the main purpose of this scan is to check that there are no structural abnormalities.)

25 weeks*	Your midwife or doctor should: • check the size of your uterus • measure your blood pressure and test your urine for protein.
28 weeks	Your midwife or doctor should: • use a tape to measure the size of your uterus • measure your blood pressure and test your urine for protein • offer more screening tests.
30 weeks	Your midwife or doctor should: • offer your anti-D treatment if you are rhesus negative.
31 weeks*	Your midwife or doctor should: • review, discuss and record the results of any screening tests from the last appointment • use a tape to measure the size of your uterus • measure your blood pressure and test your urine for protein.
34 weeks	Your midwife or doctor should give you information about preparing for labour and birth, including how to recognise active labour, ways of coping with pain in labour and your birth plan. Your midwife or doctor should: • review, discuss and record the results of any screening tests from the last appointment • use a tape to measure the size of your uterus • measure your blood pressure and test your urine for protein.
36 weeks	Your midwife or doctor should give you information about: • feeding your baby • caring for your newborn baby • vitamin K and screening tests for your newborn baby • your own health after your baby is born • the 'baby blues' and postnatal depression. Your midwife or doctor should: • use a tape to measure the size of your uterus • check the position of your baby • measure your blood pressure and test your urine for protein.
38 weeks	Your midwife or doctor will discuss the options and choices about what happens if your pregnancy lasts longer than 41 weeks. Your midwife or doctor should: • use a tape to measure the size of your uterus • measure your blood pressure and test your urine for protein.
40 weeks*	Your midwife or doctor should give you more information about what happens if your pregnancy lasts longer than 41 weeks. Your midwife or doctor should: • use a tape to measure the size of your uterus • measure your blood pressure and test your urine for protein.
41 weeks	Your midwife or doctor should: • use a tape to measure the size of your uterus • measure your blood pressure and test your urine for protein • offer a membrane sweep • discuss the options and choices for induction of labour.

* Extra appointment if this is your first baby

EARLY ANTENATAL APPOINTMENTS

In early pregnancy (up until 20–24 weeks), your antenatal appointments will take longer than those in mid-pregnancy. This is because your midwife or doctor will need time to assess you and your baby, discuss your care and give you information. At each appointment you should have the chance to ask questions and discuss any concerns or issues.

Your first appointment with your midwife or GP

As soon as you think you are pregnant, you should make an appointment to see your midwife or GP. The earlier you do this, the better. At this appointment you will be given information about:

- folic acid and vitamin D supplements
- nutrition and diet
- food hygiene
- lifestyle factors that may affect your health or the health of your baby, such as smoking, recreational drug use and alcohol consumption
- antenatal screening tests (see page 49 for more about these tests).

Your booking appointment

Most women have their 'booking appointment' between the 8th and 12th week of pregnancy. This can take a couple of hours. You will see a midwife and sometimes a doctor. You should also be offered an ultrasound scan.

You should be given information about:

- how the baby develops during pregnancy
- nutrition and diet
- exercise and pelvic floor exercises
- antenatal screening tests
- your antenatal care

- breastfeeding, including workshops
- antenatal education
- maternity benefits
- planning your labour
- your options for where to have your baby.

Weight and height

You will be weighed at the booking appointment, but you probably will not be weighed regularly during your pregnancy. Your height will be measured along with your weight so that your midwife can calculate your BMI (body mass index). Most women put on between 10 and 12.5kg (22–28lbs) in pregnancy, most of it after the 20th week. Much of the extra weight is due to the baby growing, but your body will also be storing fat ready to make breastmilk after the birth. Eating sensibly and taking regular exercise can help. See Chapter 3 for what you should eat and for advice about exercise.

In some areas, height, weight and BMI are used to produce a personalised growth chart for your baby's development. However, other areas will use an average growth chart instead.

Questions at the booking appointment

You will be asked a lot of questions to build up a picture of you and your pregnancy. This is so that you are given the support you need and any risks are spotted early. You will probably want to ask a lot of questions yourself.

You may be asked about:

- the date of the first day of your last period, to help work out when your baby is due
- your health
- any previous illnesses and operations
- any previous pregnancies or miscarriages
- your and your baby's father's origins. This is to find out if your baby is at risk of certain inherited conditions, or if there are other factors, such as a history of twins
- your work or your partner's work and what kind of accommodation you live in, to see if there is anything about your circumstances that might affect your pregnancy
- how you are feeling and if you have been feeling depressed.

At the end of your booking appointment, you should understand the plan of care for your pregnancy and have your hand-held notes to carry with you at all times.

Your booking appointment is an opportunity to tell your midwife or doctor if you are in a vulnerable situation or if you need extra support. This could be because of domestic violence, sexual abuse or female genital mutilation.

If you are going to have your baby with midwifery care in a midwifery unit, in hospital or at home

You will probably see your own midwife for most of your antenatal care. You may be offered a visit at the hospital for an initial assessment and perhaps for an ultrasound scan or for special tests. Sometimes your midwife may visit you at home.

If you are going to have your baby in hospital

Antenatal care varies around the country. In some areas, the booking appointment is at the hospital, then all or most of the remaining appointments are with a midwife or GP. However, if there are complications, all appointments will be at the hospital. In other areas, all care is given by a midwife or GP unless there are complications, which mean a referral to the hospital antenatal clinic.

REGULAR CHECKS AT EVERY ANTENATAL APPOINTMENT

Your urine and blood pressure will be checked at every antenatal appointment.

Urine

Your urine is checked for a number of things, including protein or 'albumin'. If this is in your urine, it may mean that you have an infection that needs to be treated. It may also be a sign of pre-eclampsia (see 'High blood pressure and pre-eclampsia' on page 67).

Blood pressure

A rise in blood pressure later in pregnancy could be a sign of pre-eclampsia (see page 67). It is very common for your blood pressure to be lower in the middle of your pregnancy than at other times. This is not a problem, but may make you feel light-headed if you get up quickly. Talk to your midwife if you are concerned.

APPOINTMENTS IN LATER PREGNANCY

From 20–24 weeks, your antenatal appointments will become more frequent. If your pregnancy is uncomplicated and you are well, you may not be seen as often.

Your later appointments are usually quite short. Your midwife or doctor will:

- check your urine, blood pressure, and sometimes your weight
- feel your uterus to check your baby's position
- measure your uterus to check your baby's growth
- listen to your baby's heartbeat if you want them to.

You can also ask questions or talk about anything that is worrying you. You should be given information about:

- your plan of birth
- how to prepare for labour and birth
- how to tell if you are in active labour
- induction of labour if your baby is late
- the 'baby blues' and postnatal depression
- feeding your baby
- screening tests for newborn babies
- looking after yourself and your new baby.

Checking your baby's development and well-being

At each antenatal appointment from 24 weeks, your midwife or doctor should check your baby's growth. To do this, they will measure the distance from the top of your uterus to your pubic bone. The measurement will be recorded in your notes.

In the last weeks of pregnancy, you may also be asked to keep track of your baby's movements. If your baby's movements become less frequent, slow down or stop, contact your midwife or doctor immediately.

You will be offered an ultrasound scan if your midwife or doctor has any concerns about your baby's growth.

BLOOD TESTS

As part of your antenatal care, you will be offered a number of blood tests. Some are offered to all women and some are only offered if it is thought that you are at risk of a particular infection or inherited condition. All of the tests are done to help make your pregnancy safer or to check that your baby is healthy. Talk to your midwife or doctor so that you understand why the blood tests are being offered and so that you can make an informed choice about whether or not you want them. Your midwife or doctor should also give you information about the tests. Below is an outline of all the tests that can be offered.

Your blood group and rhesus factor

Your blood will be tested to check your blood group and to see whether you are rhesus negative or positive. Some women are rhesus negative. This is usually not a worry for a first pregnancy but it may affect the next child.

People who are rhesus positive have a substance known as D antigen on the surface of their red blood cells. Rhesus negative people do not. A woman who is rhesus negative can carry a baby who is rhesus positive if the baby's father is rhesus positive. During pregnancy or birth, small amounts of the baby's blood can enter the mother's bloodstream. This can cause the mother to produce antibodies. This usually doesn't affect the existing pregnancy, but the woman becomes 'sensitised'. This means that if she gets pregnant with another rhesus positive baby, the immune response will be quicker and much greater. The antibodies produced by the

mother can cross the placenta and attach to the D antigen on her baby's red blood cells. This can be harmful to the baby as it may result in a condition called haemolytic disease of the newborn, which can lead to anaemia and jaundice.

Prevention of rhesus disease

Anti-D injections prevent rhesus negative women producing antibodies against the baby and reduce the risk of a rhesus negative woman becoming sensitised.

Rhesus negative mothers who are not sensitised are offered an anti-D injection at 30 weeks as well as after the birth of their baby. This is quite safe for both the mother and her baby.

Anaemia

Anaemia makes you tired and less able to cope with any loss of blood when you give birth. If tests show you are anaemic, you will probably be given iron and folic acid.

Immunity to rubella (German measles)

If you get rubella in early pregnancy, it can seriously damage your unborn baby. Your midwife or doctor will talk to you about what happens if your test results show low or no immunity. You will be offered a rubella immunisation after your baby is born. For more information about rubella, visit www.immunisation.nhs.uk

Syphilis

You will be tested for this sexually transmitted infection because if left untreated, it can lead to miscarriage and stillbirth.

Hepatitis B

This is a virus that can cause serious liver disease. If you have the virus or are infected during pregnancy, it may infect your baby (see page 37). Your baby will not usually be ill but has a high chance of developing long-term infection and serious liver disease later in life. Your baby can start a course of immunisation at birth to help prevent infection. If you have hepatitis B, you will be referred to a specialist.

Hepatitis C

This virus can cause serious liver disease and there is a small risk that it may be passed to your baby if you are infected. This cannot be prevented at present. Tests for hepatitis C are not usually offered routinely as part of antenatal care. If you think you may be at risk (see page 37), talk to your midwife or GP. They can arrange a test. If you are infected, your baby can be tested within a few days of birth. If you have hepatitis C, you will be referred to a specialist.

HIV

This is the virus that causes AIDS. If you are infected you can pass the infection to your baby during pregnancy, at delivery, or after birth by breastfeeding. As part of your routine antenatal care, you will be offered a confidential test for HIV infection. If you are HIV positive, both you and your baby can have treatment and care that reduce the risk of your baby becoming infected. If your test result is negative, the fact that you had the test as part of your antenatal care should not affect your ability to get insurance.

If you are HIV positive

If you are HIV positive, your doctor will need to discuss the management of your pregnancy and delivery with you.

- There is a one in four chance of your baby being infected if you and your baby don't have treatment.
- Treatment can significantly reduce the risk of transmitting HIV from you to your baby. 20% of HIV-infected babies develop AIDS or die within the first year of life, so it's important to reduce the risk of transmission.
- Your labour will be managed to reduce the risk of infection to your baby. This may include an elective caesarean delivery (see page 98).
- Your baby will be tested for HIV at birth and at intervals for up to two years. If your baby is found to be infected with HIV, paediatricians will be able to anticipate certain illnesses that occur in infected babies, and treat them early. All babies born to HIV positive mothers will appear to be HIV positive at birth, because they have antibodies from their mother's infection. If the baby is not affected, the test will later become negative because the antibodies will disappear.
- You will be advised not to breastfeed because HIV can be transmitted to your baby in this way.

Help and support

If you think that you are at risk of getting HIV or know you are HIV positive, talk to your midwife or doctor about HIV testing and counselling. You can also get free confidential advice from the National AIDS Helpline on 0800 567 123.

Cystic fibrosis

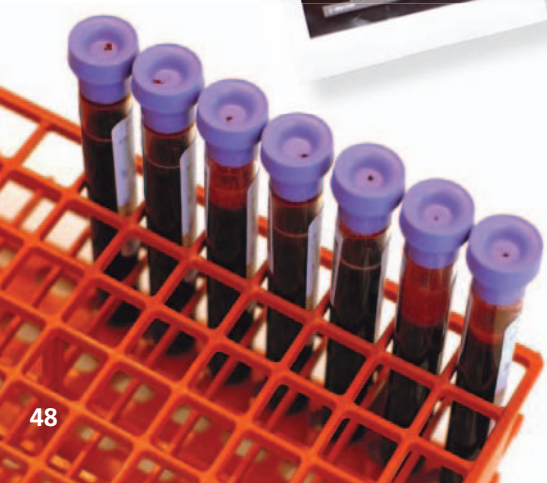
Cystic fibrosis is an inherited disease that affects vital organs in the body, especially the lungs and digestive system, by clogging them with thick sticky mucus. The sweat glands are usually also affected. The disease is inherited and both parents must be carriers of the gene variation for their baby to be born with cystic fibrosis. Testing is offered if there is a family history of cystic fibrosis.

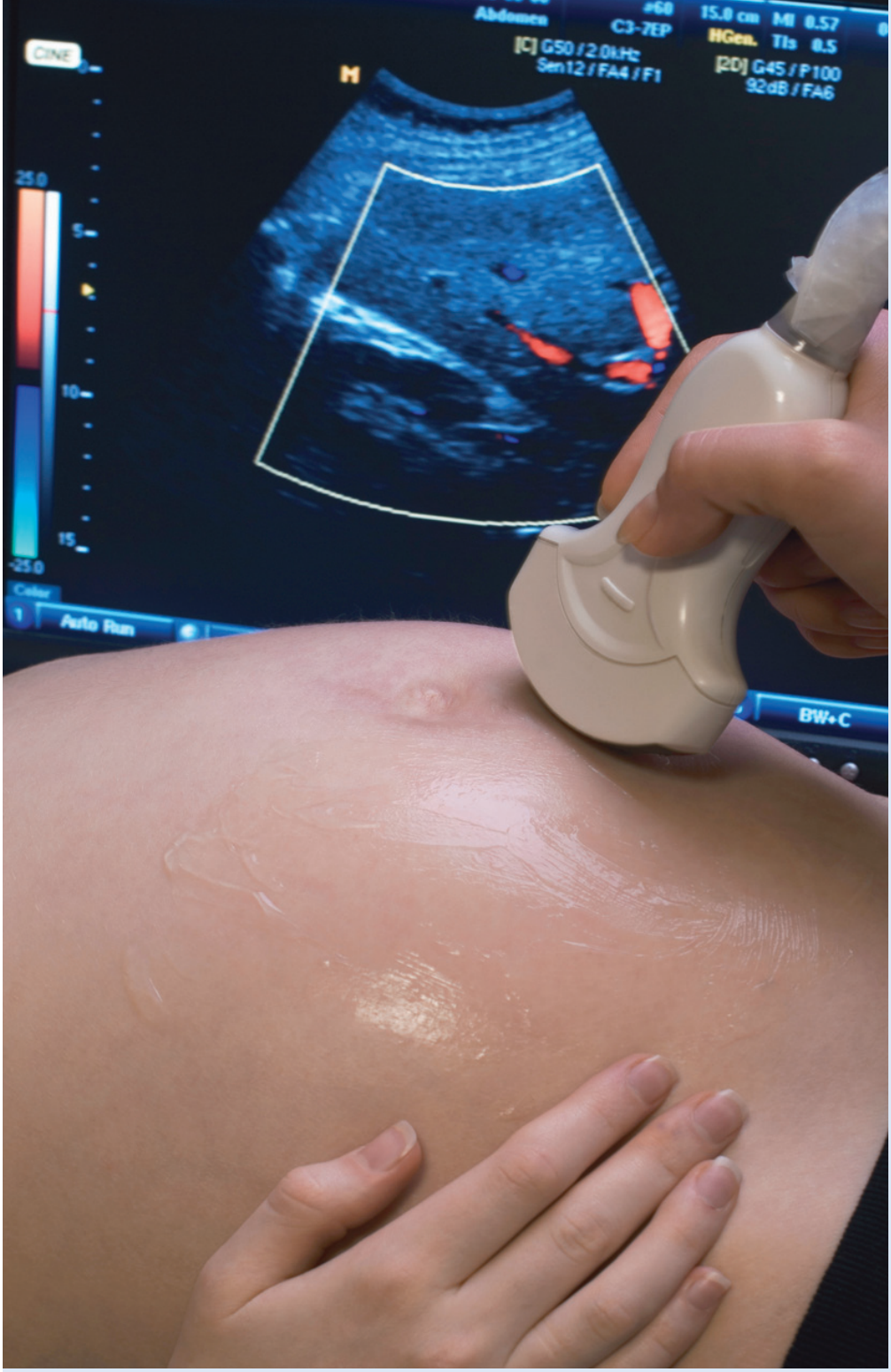
Cervical cancer

Cervical smears detect early changes in the cervix (the neck of the uterus), which could later lead to cancer if left untreated. Routine smears are only offered to women over 25. If you are due to have a cervical smear (if you have not had one in the last three years), you will probably be told to wait until three months after your baby is born unless you have a history of abnormal smears. This is based on guidance by the HSC cervical screening programme. For more information, go to www.cancerscreening.hscni.net

Herpes

If you, or your partner, have ever had genital herpes, or you get your first attack of genital blisters or ulcers during your pregnancy, let your midwife or doctor know. Herpes can be dangerous for your newborn baby and it may need treatment.





ULTRASOUND SCANS

Most hospitals will offer women at least two ultrasound scans during their pregnancy. The first is usually around eight to 14 weeks and is sometimes called the dating scan because it can help to determine when the baby is due. The second scan usually takes place between 18 and 20 weeks and is called the anomaly scan because it checks for structural abnormalities.

Ultrasound scans use sound waves to build up a picture of your baby in your uterus. They are completely painless, have no known serious side effects on mothers or their babies, and may be carried out for medical need at any stage of pregnancy. If you have any concerns about having a scan, talk it over with your midwife, GP or obstetrician.

What do scans tell us?

- Check your baby's measurements. This gives a better idea of when your baby was conceived and when it is likely to be born. This can be useful if you are unsure about the date of your last period or if your menstrual cycle is long, short or irregular. Your due date may be adjusted depending on the ultrasound measurements.
- Check whether you are carrying more than one baby.
- Detect some abnormalities, particularly in your baby's head or spine.
- Show the position of your baby and your placenta. Sometimes a caesarean section is recommended – for example if your placenta is low lying in late pregnancy.
- Check that your baby is growing and developing as expected (this is particularly important if you are carrying twins or more).

At the scan

You may be asked to drink a lot of fluid before you have the scan. A full bladder pushes your uterus up and this gives a better picture. You then lie on your back and some jelly is put on your abdomen. An instrument is passed backwards and forwards over your skin and high-frequency sound is beamed through your abdomen to the uterus and pelvis. The sound is reflected back and creates a picture that is shown on a screen. It can be very exciting to see a picture of your own baby moving about inside you.

Ask for the picture to be explained to you if you cannot make it out. It should be possible for your partner to come with you and see the scan. Although scans are medical procedures, many couples feel that they help to make the baby real for them both. Ask if it's possible to have a copy of the picture. There may be a small charge for this.

Fetal movement

You will usually start feeling some movements between 16 and 22 weeks. Later in pregnancy your baby will develop its own pattern of movements – which you will soon get to know.

These movements will range from kicks and jerks to rolls and ripples and you should feel them every day. At each antenatal appointment, your midwife will talk to you about the pattern of movements. A change, especially a reduction in movements, may be a warning sign that your baby needs further tests. Try to become familiar with your baby's typical daily pattern and contact your midwife or maternity unit immediately if you feel that the movements have changed.

TESTS TO DETECT ABNORMALITIES

You may be offered tests that can detect structural abnormalities like spina bifida, which is a defect in the development of the spine, or some chromosomal disorders like Down's syndrome, which is caused by an abnormal number of chromosomes. Discuss the tests and what they mean with your midwife.

Screening tests can:

- reassure you that your baby has no detected structural abnormalities
- provide you with an opportunity to see your baby during the scan
- give you time to prepare for the arrival of a baby with special needs.

Tests can also provide valuable information for your care during the pregnancy. However, no test can guarantee that your baby will be born without an abnormality. No test is 100% accurate and some abnormalities may remain undetected.

If you do have a screening test and it suggests an increased chance of a chromosomal abnormality, you will be offered diagnostic tests, which will give a more definite diagnosis. These diagnostic tests carry a small risk of miscarriage, so you may decide not to have them. Discussing the issues with your partner, midwife, doctor and friends may help you in deciding what is right for you.

Haemophilia and muscular dystrophy

Some disorders, such as haemophilia and muscular dystrophy, are only found in boys (although girls may carry the disorder in their chromosomes and pass it on to their sons). Tell your midwife or doctor if these or other genetic disorders run in your family, as it may then be important to know your baby's sex.

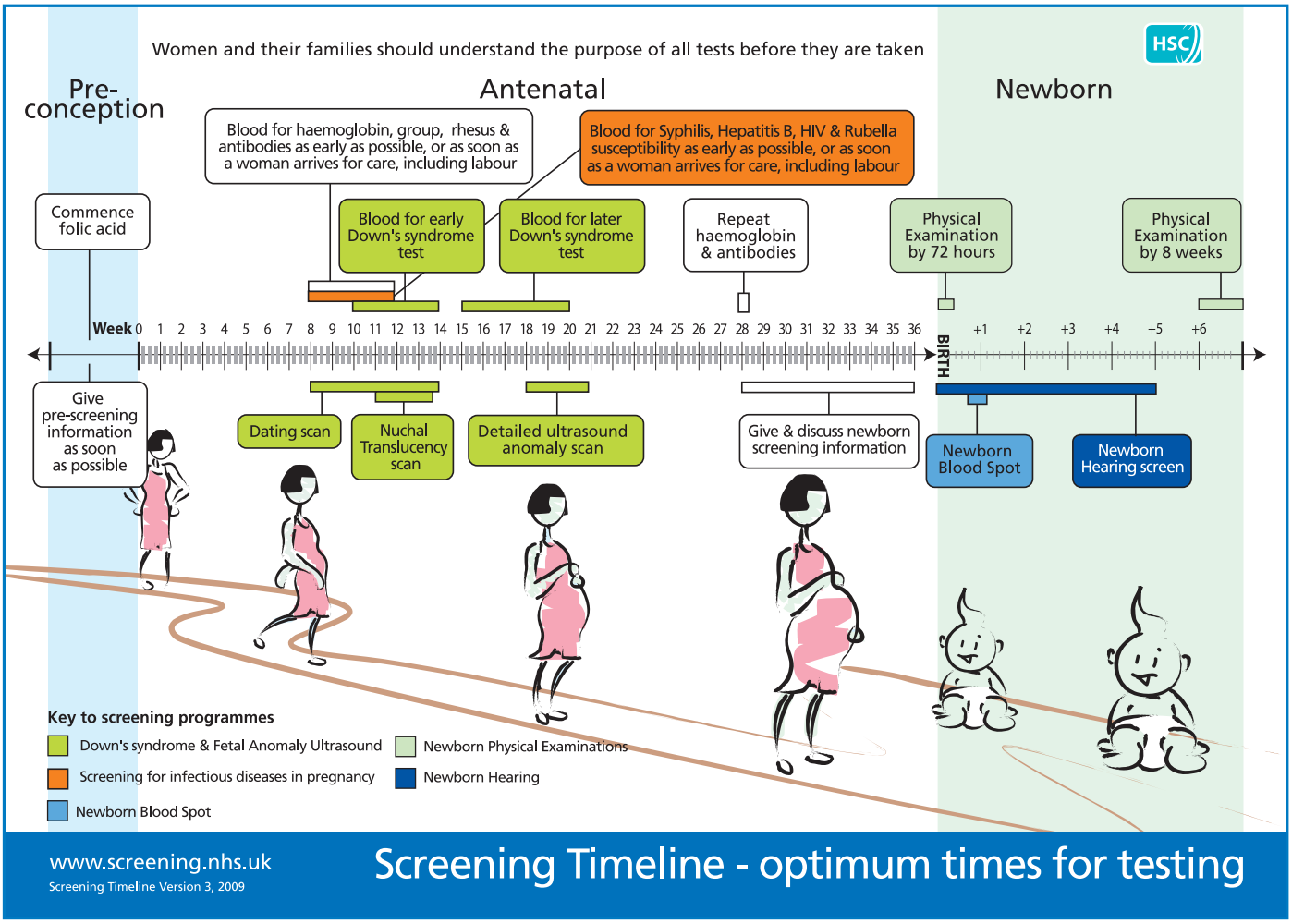
TESTING FOR DOWN'S SYNDROME AND OTHER GENETIC DISORDERS

Tests may be offered to pregnant women. Serum screening is a blood test that screens for Down's syndrome, usually at about 16 weeks into your pregnancy. It measures three or four pregnancy-associated blood chemicals to give your individual statistical chance of having a baby with Down's syndrome. Serum screening on its own is not recommended for twin and other multiple pregnancies.

Screening results

Some maternity services give the result as 'lower risk/screen negative' or 'higher risk/screen positive'.
If the screening test shows the risk of the baby having Down's syndrome is lower than the recommended national cut-off, this is known as having a 'low-risk' result. A low-risk result means that you are at a low-risk of having a baby with Down's syndrome, but it does not mean there is no risk.

If the result shows the risk of the baby having Down's syndrome is greater than the recommended national cut-off, this is known as an 'increased risk' or 'higher risk' result. An increased risk means you will be offered diagnostic test but it does not mean that your baby definitely has the condition. The diagnostic procedure you will be offered is either chorionic villus sampling (CVS) (see next page) or amniocentesis to give you a definite answer about Down's syndrome. Your midwife or doctor will explain the result to you and help you decided whether you want to have further tests.



Amniocentesis

Amniocentesis can be offered from 15 weeks of pregnancy if:

- you have a positive or higher risk Down's syndrome screening result
- an ultrasound scan detects an abnormality that is associated with a genetic disorder
- your past history or family history suggests that there may be a risk of your baby having a genetic or chromosomal disorder such as Down's syndrome, sickle cell disorder or thalassaemia.

What happens

Using ultrasound as a guide, a fine needle is passed through the wall of the abdomen into the amniotic fluid that surrounds your baby. Within the fluid are cells that contain the same chromosomes as your baby. A small sample of this fluid is drawn off and sent to a laboratory for testing. Most women feel only mild discomfort.

Usually, the fluid will be tested for Down's syndrome and other serious syndromes. The results should be available within three working days. If all the chromosomes have to be looked at, it can take up to three weeks. This test will reveal your baby's sex, so tell your midwife or doctor whether, at this stage, you want to know if your baby is a boy or a girl.

The risks

Amniocentesis has a 0.5–1% risk of miscarriage. At most, one test in 100 will result in pregnancy loss. When deciding whether or not to go ahead with this test, try to balance the risk of miscarriage against the value of the result to you.

DIAGNOSTIC TESTS FOR DOWN'S SYNDROME AND OTHER GENETIC DISORDERS

These tests will give you a definite diagnosis of Down's syndrome and sometimes other abnormalities.

Your midwife or doctor will explain what is involved and you will usually be offered counselling.

Chorionic villus sampling (CVS)

CVS can be carried out at around 11 weeks. It can give you an earlier diagnosis if you are at risk of having a child with an inherited disorder, such as cystic fibrosis, sickle cell disorder, thalassaemia or muscular dystrophy.

What happens?

The test takes 10 to 20 minutes and may be a little uncomfortable. Using ultrasound as a guide, a fine needle is passed through the abdomen into the uterus.

Sometimes a fine tube is passed through the vagina and cervix into the uterus instead. A tiny piece of the developing placenta, known as chorionic tissue, is taken. The chromosomes in the cells of this tissue are examined. As with amniocentesis, a rapid result can be obtained, but if all the chromosomes are going to be checked the results may take up to two weeks.

The risks

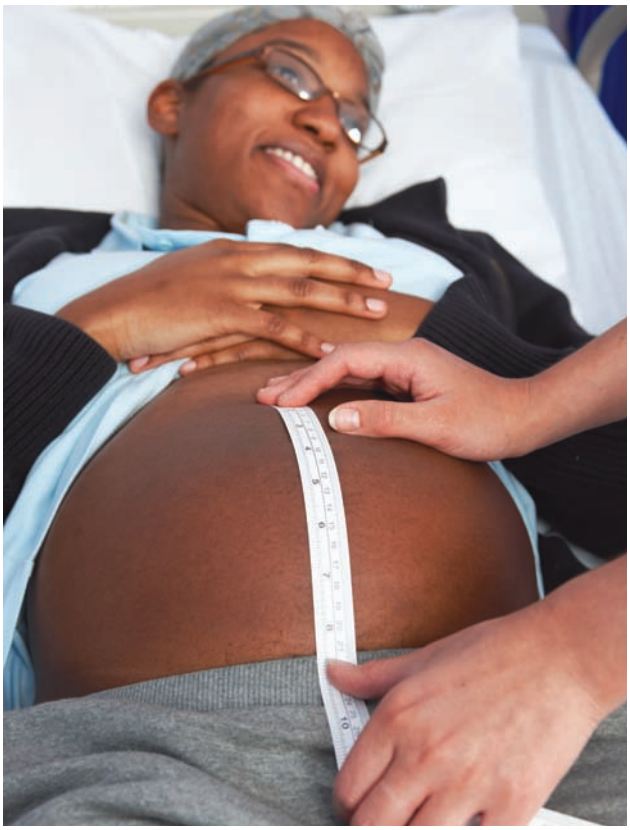
CVS has a 1–2% risk of miscarriage. This is slightly higher than amniocentesis.

IF A TEST DETECTS AN ABNORMALITY

It is always difficult when you are told there is something wrong with your baby. Your midwife or doctor will make sure you see the appropriate health professionals to help you get all the information and support you need so you can make the choices that are right for you and your family.

Help and support

Antenatal Results and Choices (ARC) (see page 184) helps parents with all issues associated with antenatal testing and its implications. They can give you more information or put you in touch with parents with a pregnancy in which an abnormality had been detected. Go to www.arc-uk.org for more information.



MAKING THE MOST OF ANTENATAL CARE

Having regular antenatal care is important for your health and the health of your baby. Most antenatal services are now provided in easily accessible community settings. Waiting times in clinics can vary, and this can be particularly difficult if you have young children with you. Try to plan ahead to make your visits easier. Here are some suggestions:

- In some clinics you can buy refreshments. If not, take a snack with you if you are likely to get hungry.
- Write a list of questions you want to ask and take it with you to remind you. Make sure you get answers to your questions or the opportunity to discuss any worries.
- If your partner is free, they may be able to go with you. This can help them feel more involved in the pregnancy.

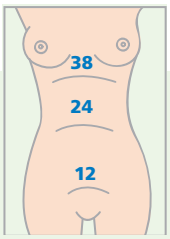
Your hand-held antenatal notes

At your first antenatal visit, your midwife will enter your details in a record book and add to them at each visit. You should be asked to keep your maternity notes at home with you and to bring them along to all your antenatal appointments. Take your notes with you wherever you go. Then, if you need medical attention while you are away from home, you will have the information that is needed with you.

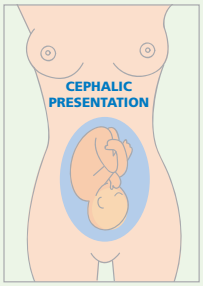
The chart on the right gives a sample of the information your card or notes may contain, but each clinic has its own system. Always ask your midwife or doctor to explain anything they write on your card.

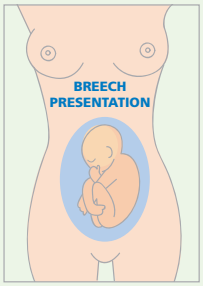
DATE 1	WEEKS 2	WEIGHT 3	URINE ALB SUGAR 4	BP 5
15/6/09	13	58kg	Nil	110/60
20/7/09	18	59.2kg	Nil	125/60
21/8/09	22	61kg	Nil	135/65
18/9/09	26+	64kg	Nil	125/75
28/10/09	30	66kg	Nil	125/70
27/11/09	34	–	Nil	115/75

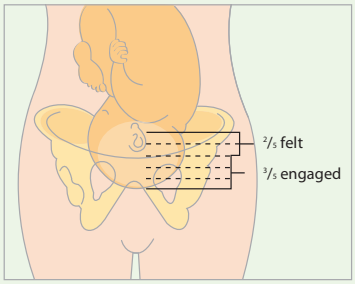
1. **Date.** This is the date of your antenatal visit.
2. **Weeks.** This refers to the length of your pregnancy in weeks from the date of your last menstrual period.
3. **Weight.** This is your weight.
4. **Urine.** These are the results of your urine tests for protein and sugar. '+' or 'Tr' means a quantity (or trace) has been found. 'Alb' stands for 'albumin', a name for one of the proteins detected in urine. 'Nil' or a tick or 'NAD' all mean the same: nothing abnormal has been discovered. 'Ketones' may be found if you have not eaten recently or have been vomiting.
5. **Blood pressure (BP).** This should stay at about the same level throughout your pregnancy. If it goes up a lot in the last half of your pregnancy, it may be a sign of pre-eclampsia (see page 67).



6 Height of fundus. By gently pressing on your abdomen, the midwife or doctor can feel your uterus. Early in pregnancy the top of the uterus, or 'fundus', can be felt low down, below your navel. Towards the end it is well up above your navel, just under your breasts. The figure should be roughly the same as the figure in the 'weeks' column. If there is a big difference (more than two weeks), ask your midwife what action is appropriate.







7 Presentation. This refers to which way up your baby is. Up to about 30 weeks, your baby moves about a lot. Then they usually settle into a head-downward position, ready to be born head first. This is recorded as 'Vx' (vertex) or 'C' or 'ceph' (cephalic). Both words mean the top of the head. If your baby stays with its bottom downwards, this is a breech ('Br') presentation. 'PP' means presenting part, which is the part (head or bottom) of your baby that is coming first. 'Tr' (transverse) means your baby is lying across your abdomen.

8 Relation to brim. At the end of pregnancy, your baby's head (or bottom, or feet if they are in the breech position) will start to move into your pelvis. Professionals 'divide' the baby's head into 'fifths' and describe how far it has moved down into the pelvis by judging how many 'fifths' of the head they can feel above the brim (the bone at the front).

They may say that the head is 'engaged' – this is when 2/5 or less of your baby's head can be felt ('palpated') above the brim. This may not happen until you are in labour. If all of your baby's head can be felt above the brim, this is described as 'free' or '5/5 palpable'.

HEIGHT FUNDUS 6	PRESENTATION 7	RELATION OF PP TO BRIM 8	FH 9	OEDEMA 10	Hb 11	NEXT	SIGN.	NOTES
15	–	–	–	–	12.0	20/7	JS	u/s arranged for 17/7 to check maturity
18–20	–	–	FMF	–	–	21/8	JS	
20		–	–	–	–	18/9	JS	taking iron
24–26		–	H	–	11.2	28/10	JS	Health in Pregnancy Grant
30	ceph	5/5	FHH	–	–	27/11	JS	MAT B1 given, Hb taken
34	ceph	4/5	FHH	–	11.0	15/12	JS	

9 Fetal heart (FH). 'FHH' or just 'H' means 'fetal heart heard'. 'FMF' means 'fetal movement felt'.

10 Oedema. This is another word for swelling, often of the feet and hands. Usually it is nothing to worry about, but tell your midwife or doctor if it suddenly gets worse as this may be a sign of pre-eclampsia (see page 67).

11 Hb. This stands for 'haemoglobin'. It is tested in your blood sample to check if you are anaemic.

care from your midwife

YOUR ANTENATAL TEAM

While you are pregnant you should normally see a small number of healthcare professionals, led by your midwife or doctor, on a regular basis. They want to make you feel happy with all aspects of the care you receive, both while you are pregnant and when you have your baby.

Many mothers would like to be able to get to know the people who care for them during pregnancy and the birth of their baby. The HSC is working to achieve this but you may still find that you see a number of different carers. The professionals you see should introduce themselves and explain who they are, but if they forget, don't hesitate to ask. It may help to make a note of who you have seen and what they have said in case you need to discuss any point later on.

The people you are most likely to meet are listed below

- **A midwife** is specially trained to care for mothers and babies throughout pregnancy and labour and after the birth. Midwives provide care for the majority of women at home or in hospital. Increasingly, midwives will be working both in hospitals and in the community, so that the same midwife can provide antenatal care and be present at the birth. You should know the name of the midwife who is responsible for your care.

  A midwife will look after you during labour and, if everything is straightforward, will deliver your baby. If any complications develop during your pregnancy or delivery, you will also see a doctor. You may also meet student midwives and student doctors. After the birth, you and your baby will be cared for by midwives and maternity support workers.

- **An obstetrician** is a doctor specialising in the care of women during pregnancy and labour and after the birth.

Your midwife or GP will refer you for an appointment with an obstetrician if they have a particular concern, such as previous complications in pregnancy or chronic illness. You can request to see an obstetrician if you have any particular concerns.

- **An anaesthetist** is a doctor who specialises in providing pain relief and anaesthesia. If you decide to have an epidural, it will be set up by an anaesthetist.

If you require a caesarean section or an instrumental delivery (e.g. using forceps or ventouse), an anaesthetist will provide the appropriate anaesthesia. In many hospitals your midwife can arrange for you to talk to an anaesthetist about analgesia or anaesthesia if you have medical or obstetric problems. Before or during labour you will be able to speak to your anaesthetist.

- **A paediatrician** is a doctor specialising in the care of babies and children. A paediatrician may check your baby after the birth to make sure all is well and will be present when your baby is born if you have had a difficult labour. If your baby has any problems, you will be able to talk this over with the paediatrician. If your baby is born at home or your stay in hospital is short, you may not see a paediatrician at all. Your midwife or GP will check that all is well with you and your baby.

- **A sonographer** is specially trained to carry out ultrasound scans. A sonographer will perform your dating and nuchal translucency or anomaly scan. Some women are scanned at other points in their pregnancy.

- **An obstetric physiotherapist** is specially trained to help you cope with physical changes during pregnancy, childbirth and afterwards. Some provide antenatal education and teach antenatal exercises, relaxation and breathing, active positions and other ways you can keep yourself fit and healthy during pregnancy and labour. After the birth, they advise on postnatal exercises to tone up your muscles. Your midwife can help you with these exercises.

- **Health visitors** are specially trained nurses who offer help and support with the health of the whole family. You may meet your health visitor before the birth of your baby and you will be visited by a member of the team in the first few weeks after your baby is born. You may continue to see your health visitor or a member of the health visiting team at home or at your child health clinic, health centre or GP's surgery.

- **Dieticians** may be available to advise you about healthy eating or special diets, for example if you develop gestational diabetes.

Research

You may be asked to participate in a research project during your antenatal care or labour or after you have given birth. This may be to test a new treatment or to find out your opinions on an aspect of your care. Such projects are vital if professionals are to improve maternity care. The project should be fully explained to you and you are free to say no.

Students

Some of the health professionals you see will have students with them. The students will be at various stages of their training but will always be supervised. You can say no, but if you let a student be present it will help their education and may even add to your experience of pregnancy and labour.

ANTENATAL EDUCATION

Antenatal education (sometimes called antenatal classes) can help to prepare you for your baby's birth as well as for looking after and feeding your baby. It can help you to keep yourself fit and well during pregnancy and give you confidence as well as information. You can find out about arrangements for labour and birth and the sorts of choices available to you (see page 74 for information about birth plans). You may also meet some of the people who will look after you during labour.

You will be able to talk over any worries and discuss your plans, not just with professionals but with other women and their partners as well. Classes are also a really good way to make friends with other parents expecting babies at around the same time as you. These friendships often help you through the first few months with a baby. Classes are usually informal and fun.

Choosing an antenatal class

Think about what you hope to gain from antenatal classes so that you can find the sort of class that suits you best. You need to start making enquiries early in pregnancy so that you can be sure of getting a place in the class you choose. You can go to more than one class. Ask your midwife, health visitor or GP about what is available in your area, or contact the NCT (see next page). Speak to your community midwife if you cannot go to classes. The midwife may have DVDs to lend you, or you may be able to hire or buy one.

The classes

During pregnancy, you may be able to go to some introductory classes on babycare. Most start about eight to 10 weeks before your baby is due. If you are expecting a multiple pregnancy, try to start your classes at around 24 weeks, because your babies are more likely to be born earlier.

Classes are normally held once a week, either during the day or in the evening, for about two hours. Some classes are for pregnant women only. Others will welcome partners or friends, either to all the sessions or to some of them. In some areas there are classes for women whose first language is not English, classes for single mothers and classes for teenagers. The kinds of topics covered in antenatal education are:

- health in pregnancy
- exercises to keep you fit during pregnancy and help you in labour
- what happens during labour and birth
- coping with labour and information about different types of pain relief
- how to help yourself during labour and birth

- relaxation techniques
- how to give birth without any intervention, if that is what you want
- information on different kinds of birth and intervention
- caring for your baby, including feeding
- your health after the birth
- 'refresher classes' for those who have already had a baby
- emotions during pregnancy, birth and the early postnatal period.

Some classes will try to cover all of these topics. Others will concentrate on certain aspects, such as exercises and relaxation or caring for your baby.

The number of different antenatal classes available varies from place to place.

The NCT

The NCT (also known as the National Childbirth Trust) runs a range of classes. The groups tend to be smaller and may go into more depth, often allowing time for discussion and for practising physical skills. For details of antenatal courses, along with information on local support groups, visit www.nct.org.uk

Sure Start Centres

Sure Start Centres also support families with children under the age of five. They can provide:

- easy access to antenatal care
- health services
- parenting and family support
- drop-in sessions
- outreach services
- early education and childcare, and
- links to training and employment opportunities.

For more information on Sure Start Centres, including finding centres in your area, visit www.surestart.gov.uk

meet other parents-to-be