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Antenatal care

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 if needed, 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 (see chapter 2) 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.

If you have a long-term condition such as diabetes or epilepsy you should contact your hospital team as soon as possible.

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. Tell the receptionist or your midwife if you require an interpreter or information in another language.

- 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.
- Privacy – at your first appointment the midwife will ask you some very personal questions about your past history. To ensure your privacy the midwife will ask your partner or anyone else who accompanies you to remain in the waiting room until this part of your interview is completed. They can join you for the rest of your interview if you want them to. You will all have an opportunity to ask questions and discuss any concerns.



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. 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 page 66 gives a brief guide to what usually happens at each antenatal appointment.

Your appointments may take place at your home, in your GP's surgery, hospital or in an alternative venue. 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 information that may affect you (such as domestic violence, sexual abuse, mental illness, recreational drug use or relationship status).

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.

First booking appointments usually take up to two hours so it's best if you do not take other children as they will get restless or bored. Remember

to take a large bag for your green maternity hand-held records (MHHR) as it is easily recognisable by others (see page 68). Do not leave it in the car or anywhere other people could read it without permission.

Antenatal Care Core Pathway

As part of the implementation of the Northern Ireland Strategy for Maternity Care, an Antenatal Care Core Pathway has been developed which will identify the care all women should receive at their antenatal appointments throughout their pregnancy. This will be incorporated into the MHHR which you will carry throughout your pregnancy. Please discuss with your midwife or doctor if you do not feel that all aspects of this care is being provided.

Antenatal appointments schedule

First contact with your midwife or doctor. Take a fresh urine sample to all your appointments

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;
- flu and whooping cough vaccines to protect you and your baby.

It is important to tell your midwife or doctor if:

- you smoke, take drugs or alcohol;
- you are being treated for a long-term condition such as diabetes, high blood pressure, epilepsy or mental health problems;
- you or anyone in your family has previously had a baby with an abnormality, for example spina bifida;
- you are a victim of sexual abuse

or domestic violence;

- there were any complications or infections in a previous pregnancy or delivery, such as miscarriage, pre-eclampsia, premature birth, postnatal depression or Group B streptococcus;
- there is a family history of an inherited disease, for example sickle cell, cystic fibrosis or MCADD;
- you have other children in care.

Booking

At your first booking appointment you should have a scan to check when your baby is due (in some areas the scan may be slightly after you have your booking visit). You will be asked lots of questions about your medical history, your family history and details of any previous pregnancies you may have had. You will also be asked about your current pregnancy and given lots of information about your pregnancy. This appointment may last for up to two hours.

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;
- planning your labour;
- your options for where to have your baby.

Blood tests are normally offered and recommended at your first antenatal visit. These tests look for possible health problems that could affect your health and the health of your baby. Having the tests will help you make decisions about care, both before and after birth, to protect the health of you and your baby. Only one sampling of blood is needed to do all six tests. Before a blood sample is taken, you will be asked if you consent to the tests. You can decline consent to any of them. If a test is declined, it is standard practice to offer it again later in your pregnancy. 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 5 for what you should eat and for advice about exercise.

Your height, weight and BMI are used to produce a personalised growth chart for your baby's development. You will receive a risk assessment for thromboembolism and diabetes. 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.

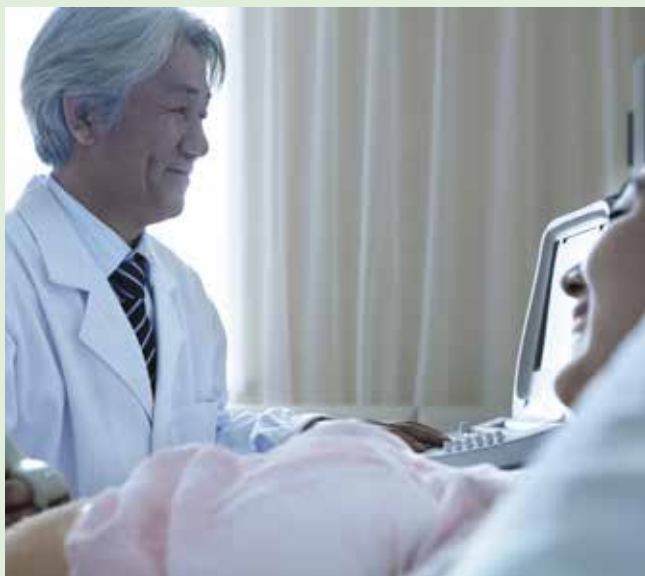
8–12 weeks (dating scan)

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:

- 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;
- 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;
- give you your MHHR if you have not already received it.



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.)

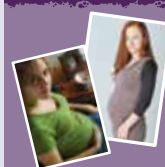
25 weeks*

Your midwife or doctor should:

- use a tape to measure the size of your uterus; and plot on your individual growth chart;
- measure your blood pressure and test your urine for protein;
- discuss whooping cough and flu vaccines.

Flu is more serious than you think

Get the flu vaccine to protect yourself and your baby



Whooping cough

If you are pregnant you should get vaccinated to protect your baby



28 weeks

Your midwife or doctor should:

- use a tape to measure the size of your uterus and plot on your individual growth chart;
- measure your blood pressure and test your urine for protein;
- offer more screening tests;
- discuss whooping cough and flu vaccines;
- discuss your baby's movements.

**Extra appointment if this is your first baby*

30 weeks

Your midwife or doctor should:

- offer your anti-D treatment (see page 61) if you are rhesus negative;
- discuss whooping cough and flu vaccines;
- discuss your baby's movements.

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 and plot on your individual growth chart;
- measure your blood pressure and test your urine for protein;
- discuss whooping cough and flu vaccines;
- discuss your baby's movements.

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 and plot on your individual growth chart;
- measure your blood pressure and test your urine for protein;
- discuss whooping cough and flu vaccines;
- discuss your baby's movements.

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;
- discuss whooping cough and flu vaccines;
- discuss your baby's movements.

Your midwife or doctor should:

- use a tape to measure the size of your uterus and plot on your individual growth chart;
- 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 and plot on your individual growth chart;
- measure your blood pressure and test your urine for protein;
- discuss whooping cough and flu vaccines;
- discuss your baby's movements.

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 and plot on your individual growth chart;
- measure your blood pressure and test your urine for protein;
- discuss whooping cough and flu vaccines;
- discuss your baby's movements.



41 weeks

Your midwife or doctor should:

- use a tape to measure the size of your uterus and plot on your individual growth chart;
- measure your blood pressure and test your urine for protein;
- offer a membrane sweep (see page 110);
- discuss the options and choices for induction of labour;
- discuss whooping cough and flu vaccines;
- discuss your baby's movements.

**Extra appointment if this is your first baby*

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

You will probably see your own community 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.

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

- your birth plan;
- 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.

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 84).

Blood pressure

A rise in blood pressure later in pregnancy could be a sign of pre-eclampsia (see page 84). 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.

Checking your baby's development and wellbeing

At each antenatal appointment from 25 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.

If your baby's movements become different or less frequent, slow down or stop, contact your maternity unit immediately.

You will be offered an ultrasound scan if your midwife or doctor has any concerns about your baby's growth. See page 65 for more on fetal movement or visit www.rcog.org.uk



A risk assessment will be carried out to determine whether your baby's growth can be measured with a tape measure or whether you need to have an ultrasound scan every three weeks to monitor 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. Only one sampling of blood is needed for the tests, and it is stored and can be checked for other infections throughout the pregnancy.

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 around 31 weeks as well as after the birth of their baby. This is 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 measles, mumps, rubella (MMR) immunisation after your baby is born. For more information about rubella, visit pha.site/immunisation-and-vaccinations

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 49). 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 and

may be offered treatment during pregnancy to reduce the risk of passing on the infection to your baby.

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

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 114).

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.

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.

antenatal care will not affect your ability to get insurance.

Other tests and checks

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 50), 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.

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.

Other infections

There are other infections that are not routinely tested for – ask your GP or midwife about tests if you are concerned.

Breast lumps

If you note any unusual breast lumps or have been treated for breast cancer in the past ask your doctor to examine you. Lumps which are not harmful often appear in pregnancy but it is best to have them checked by a doctor.

Ultrasound scans

Most hospitals will offer women at least two ultrasound scans during their pregnancy. The first is usually around eight to 12 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. For women with a normal healthy uncomplicated pregnancy ultrasound scans are not recommended after 24 weeks (NICE, 2008).

If you are carrying more than one baby, you will need more ultrasound scans.

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
- Confirm if 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).

or if your menstrual cycle is long, short or irregular. Your due date may be adjusted depending on the ultrasound measurements.

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





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 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.

You will also be offered tests for:

- sickle cell;
- thalassemia;
- glucose tolerance test.

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.

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.



Testing for Down's syndrome and other genetic disorders

These tests may be offered to pregnant women. Blood testing is a blood sample that tests for Down's syndrome, usually at about 11-13 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. Blood testing on its own is not recommended for twin and other multiple pregnancies.

Test results

Some maternity services give the result as 'lower risk/screen negative' or 'higher risk/screen positive'.

If the 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 lower risk of having a

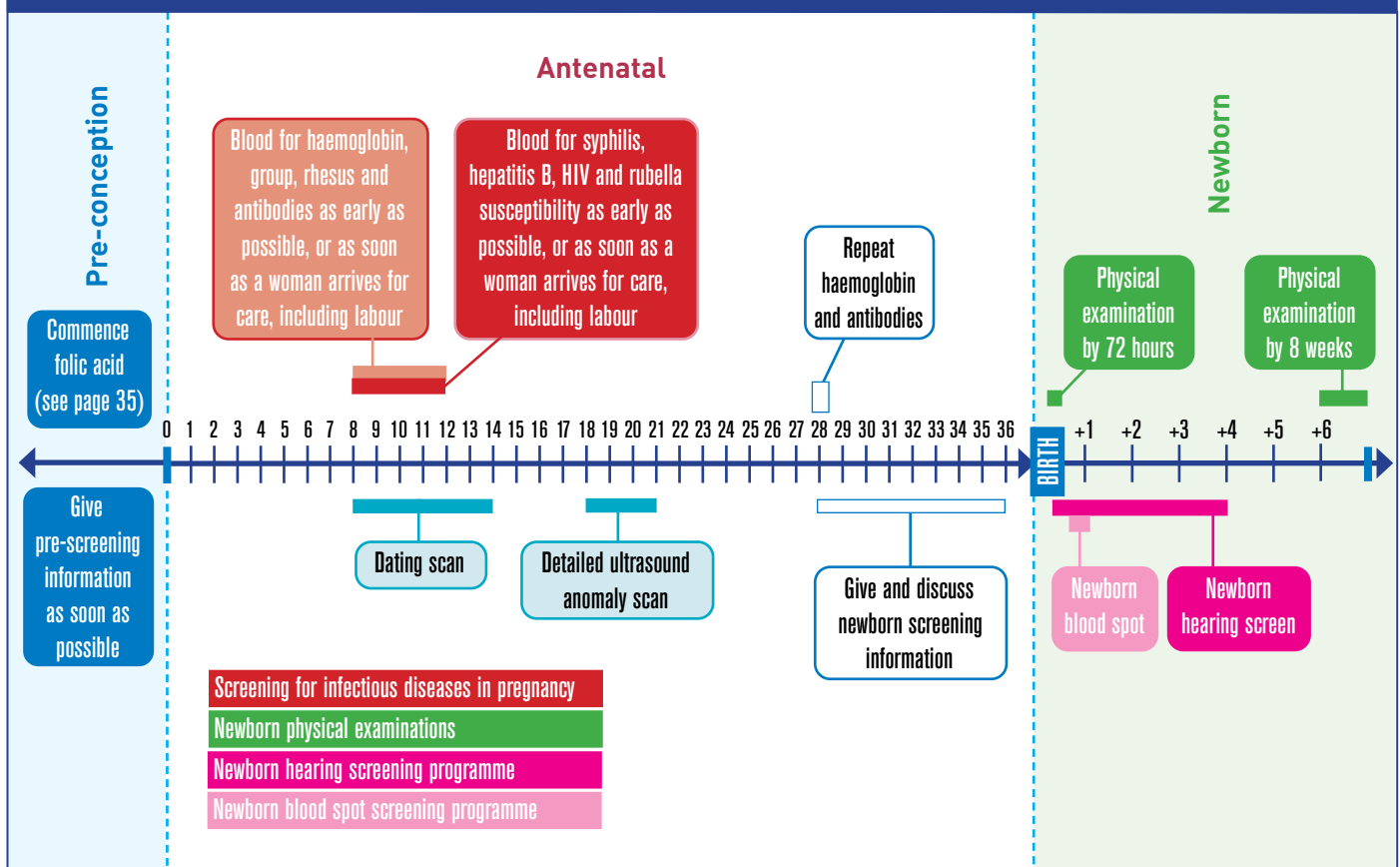
baby with Down's syndrome, but it does not mean there is no risk.

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 a diagnostic test but it does not mean that your baby definitely has the condition.

The diagnostic procedure you will be offered is amniocentesis to give you a definite answer about Down's syndrome. Your midwife or doctor will explain the result to you and help you decide whether you want to have further tests.

Screening timetable – optimum times for testing

Women and families should understand the purpose of all tests before they are taken



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.

Antenatal Results and Choices (ARC) help 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.

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.

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.





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.

Maternity hand-held record (MHHR)

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

hand-held record at home with you and to bring them along to all your antenatal appointments.

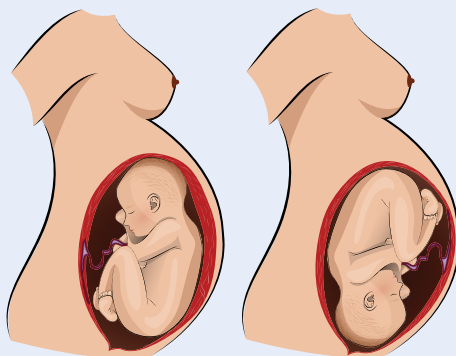
The chart below gives a sample

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

- 1 Date.** This is the date of your antenatal visit.
- 2 Gestation.** This refers to the length of your pregnancy in weeks from the date of your last menstrual period.
- 3 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 84).
- 4 Urine.** These are the results of your urine tests for protein and sugar. '+' or 'Tr' means a quantity (or trace) has been found. 'glu' stands for 'glucose'. '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. Mssu stands for "mid stream sample of urine" which will be sent away for testing if any protein is found in case an infection is present.

Date	Gestation	Blood Pressure (BP)	Urine
1	2	3	4
15/6/18	13	110/60	Nil
20/7/18	18	125/6	Nil
21/8/18	22	135/65	Nil
18/9/18	26+	125/75	Nil
28/10/18	30	125/70	Nil
27/11/18	34	115/75	Nil

- 5 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.



- 6 Position.** Height of the uterus and the position of the baby in the womb.



* ROA: Right occipito anterior
LOP: Left occipito posterior

- 7 Fetal heart (FH).** 'FHH' or just 'H' means 'fetal heart heard'.

- 8 Fetal movement.** Most women are first aware of their baby moving when they are 16-22 weeks pregnant. However, if this is your first pregnancy, you may not become aware of movements until you are more than 20 weeks pregnant. If you have been pregnant before, you may feel movements as early as 16 weeks. Pregnant women feel their unborn baby's movements as a kick, flutter, swish or roll.

As your baby develops, both the number and type of movements will change with your baby's activity pattern. Usually, afternoon and evening periods are times of peak activity for your baby. During both day and night, your baby has sleep periods that mostly last between 20 and 40 minutes, and are rarely longer than 90 minutes. Your baby will usually not move during these sleep periods.

The number of movements tends to increase until 32 weeks of pregnancy and then stay about the same, although the type of movement may change as you get nearer to your due date. Often, if you are busy, you may not notice all of these movements. Importantly, you should

continue to feel your baby move right up to the time you go into labour. Your baby should move during labour too.

If you are unsure whether or not your baby's movements are reduced, you should lie down on your left side and focus on your baby's movements for the next two hours. If you do not feel ten or more separate movements during these two hours, you should seek professional help immediately. 'FMF' means 'fetal movement felt'.

Presentation	Position	FH	Fetal Movement	Next	Sign.	Notes
5	6	7	8			
–	–	–	Normal	20/7	JS	u/s arranged for 17/7 to check maturity
–	ROA*	–	FMF	21/8	JS	
–	–	–	Normal	18/9	JS	Taking iron
–	–	H	Normal	28/10	JS	
ceph	LOP*	FHH	Reduced	27/11	JS	MAT B1 given, Hb taken
ceph	–	FHH	Normal	15/12	JS	



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.

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.

An anaesthetist is a doctor who specialises in providing



pain relief and anaesthesia (lack of sensation). 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 (using forceps or vacuum extractor), 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 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.



Dietitians may be available to advise you about healthy eating or special diets, for example if you develop gestational diabetes or have a high BMI at start of pregnancy.

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/parentcraft

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. 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.

The Getting Ready for Baby programme delivers antenatal/parentcraft education for

first time mothers with no major health issues. The programme includes all the same information as traditional parentcraft classes but it also helps you get to know and develop a relationship with your baby. At your booking appointment the midwife will discuss your suitability for the programme, and if appropriate, will arrange for you to be booked on to a programme.

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. 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 baby care. Most start about 8 to 10 weeks before your baby is due.

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;
- 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.

If you have a multiple pregnancy, try to start your classes at around 24 weeks, because your babies are more likely to be born earlier. Some hospitals have special classes

for parents who are expecting multiple babies. Parents expecting multiple babies may also be shown around the neonatal unit because twins and triplets are more likely to need neonatal care after they are born. For more information see chapter 15.

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

Sure Start is a government programme funded by the Department of Education which provides a range of support services for parents with children under the age of four. There are 38 Sure Start projects in Northern Ireland, covering at least the top 20% most disadvantaged wards.

Sure Start projects deliver a wide variety of programmes to parents and children, which are designed to support preschool children's learning, health and wellbeing, and social and emotional development.

The aims of Sure Start are to complement the work of existing local services and provide families with advice on where to go and who to speak to if they have more specialised needs or difficulties. Sure Start projects do this by:

- improving the ability to learn by encouraging stimulating play, improving language skills and the early identification and support of children with learning difficulties;
- improving health by supporting parents in caring for children and promoting children's health and development;
- improving social development by supporting

the development of early relationships between parents and children, good parenting skills, family functioning and early identification and support of children with emotional, learning or behavioural difficulties.

The core elements which must feature in any Sure Start programme are:

- outreach and home visiting services, to make contact as early as possible in the child's life and draw families into using other services;
- family support, including befriending, social support and parenting information, both group and home-based;
- good quality play, learning and childcare experiences for children, both group and home-based;
- primary and community healthcare and advice;
- speech, language and communication support;
- support for all children in the community, recognising their differing needs.

Where are Sure Start services available?

To receive information on Sure Start services you will need to consent to the following details being shared - your name,



address, postcode, telephone number and expected date of delivery. Your consent will be recorded at your maternity appointment and should you change your mind you can withdraw consent by contacting Surestartmonitoring@hscni.net

Your details will be shared initially with the Health and Social Care Board who will use the details to identify the relevant local Sure Start provider before passing them on. Once Sure Start have your details they will contact you to provide information on the services they provide. If you avail of services further information on how your personal information is processed will be provided. If you decide not to proceed simply let Sure Start know this and your details will be securely deleted. Your details will not be used or shared for any other purpose.