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Now you are pregnant

The time from when you find out you are pregnant until you have your baby is the antenatal period and during this time you will receive your care from the most appropriate person for your pregnancy.

As soon as you know you are pregnant, you should get in touch with a midwife to organise your antenatal care. It's best to see them as early as possible. You can contact a midwife in your local Health and Social Care Trust directly, or contact your GP surgery and they will refer you to maternity services where you will see a midwife.

When you first make contact with your midwife or GP 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.

Your booking appointment

Most women have their 'booking appointment' with a midwife between the 8th and 12th week of pregnancy. This can take a couple of hours.

You will also be offered an ultrasound scan to confirm you are pregnant and when your baby is due. You will be offered a single





blood test that will test for a number of health problems. This is known as antenatal screening. You will be given information on these tests and asked for your consent prior to testing. For more information see [pha.site/antenatal-blood-tests](#)

This appointment will usually take place in the community although it may be necessary to then attend the hospital for your scan or if you need to see a doctor.

At this appointment you will be given information about:

- how the baby develops during pregnancy;
- nutrition and diet;
- exercise and pelvic floor exercises;
- your antenatal care including group-based care and education;
- flu and whooping cough vaccines to protect you and your baby;
- breastfeeding;

- antenatal education;
- your options for where to have your baby;
- your green maternity hand-held record (MHHR) should also be given at this visit for you to keep during your pregnancy.

Questions at the booking appointment

At your 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:

- your health and any family health issues;

- any previous illnesses and operations;
- details of 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;
- how you are feeling and if you have been feeling depressed;
- family history of inherited disorders.

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 to all appointments.



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 issues such as domestic violence, sexual abuse or female genital mutilation.

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 as your first language and need an interpreter, let your midwife know and arrangements will be made.

At this appointment the type of care you will have during your pregnancy will be discussed and decided.

- If all is well with your pregnancy you will have the majority of your appointments with your midwife in the community, usually close to where you live.
- If there are complications with your pregnancy (either your health, your baby or with previous pregnancies)

Midwife-led care: This is designed for women who are having a low-risk pregnancy. Care is delivered by midwives and birth commonly takes place in the midwife-led unit.

Consultant-led care: This is for women who have had medical complications with a previous pregnancy or who develop problems during their pregnancy.

Shared care: Your care is delivered by hospital and community based midwives together with your GP.



you will have the majority of your care in the maternity hospital where you are going to have your baby and be seen by an obstetrician throughout your pregnancy.

Sometimes the type of care may change during your pregnancy, for example if your obstetrician is happy for you to receive care in the community or your midwife discovers a problem which means you need to be seen by a doctor and continue your care in the hospital.

Where to have your baby

You can have your baby at home, in a midwife-led unit (MLU) or in hospital.

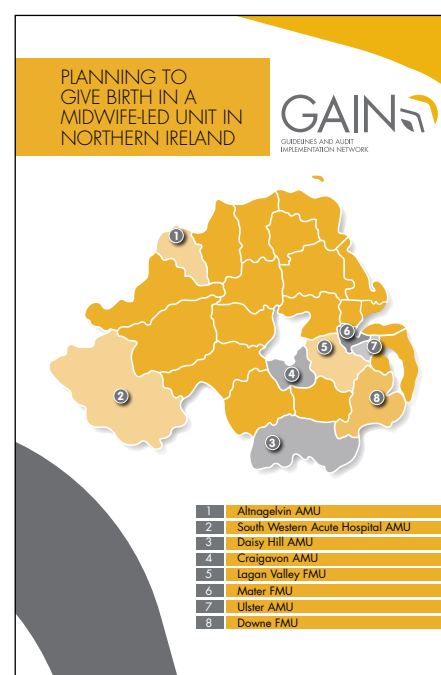
It is important that you make an informed decision about where you would like to give birth. It is up to you where you can have your baby. Even after you have

decided, you can still change your mind.

Your midwife will discuss the options that are available to you locally, though you are free to choose any maternity services in Northern Ireland, if you are prepared to travel.

At the booking appointment, your midwife will discuss options with you, using evidence-based information including:

- The Place of Birth tables. These are included in your hand-held maternity record (your green notes).
- GAIN/RQIA Guidelines on Planning to give birth in a midwife-led unit in Northern Ireland. This is available online. There are two versions, one aimed at women and their partners: pha.site/rqia-midwife-led and the full guideline: pha.site/midwife-unit-guidelines



Planning a hospital birth

Many women will be advised to give birth in a consultant-led hospital.

Your midwife can give you information to help you decide which hospital you want to have your baby in. If there is more than one hospital in your locality you can choose which one to go to. Find out more about the care provided in each so that you can decide which will suit you best.



General questions about midwife-led units and consultant-led units

Here are some of the questions that you might want to ask:

- Are tours of maternity facilities for birth available before the birth or does the unit provide DVDs?
- When can I discuss my birth plan?
- Are TENS machines available (see page 104) or do I need to hire one?
- What equipment is available – for example mats, a birthing chair or beanbags?
- Are there birthing pools?
- Are partners, close relatives or friends welcome in the delivery room?
- Are birthing partners ever asked to leave the room? Why?
- Can I move around in labour and find my own position for the birth?
- What services are provided for sick babies?
- Who will help me breastfeed my baby?
- Who will help me if I choose to formula feed?
- How long am I likely to be in hospital?
- What are the visiting hours?

- RQIA 'Planning birth at home' guideline www.rqia.org.uk (search for 'Planning birth at home')

Please ask for this information if it is not provided.

There are two main types of maternity care in Northern Ireland:

a) Midwife-led

b) Consultant-led (In this case the consultant is a doctor known as an obstetrician, and the units are called obstetric units).

Your options are described in more detail below:

a) Midwife-led Care

This includes birth at home or in a midwife-led unit.

Benefits of midwife-led care

- you can give birth in surroundings where you may feel more relaxed and able to cope with labour;
- you are more likely to be looked after by a midwife who you have got to know during your pregnancy;

- most MLU teams offer complementary therapies during pregnancy;
- you are twice as likely to have a normal labour and birth;





- you are less likely to experience unnecessary interventions including having your waters broken, or having a drip to speed up your labour;
- you are less likely to request diamorphine or an epidural;
- you are less likely to have a caesarean section, or to need ventouse (vacuum) or forceps to assist with the birth of your baby;
- you are less likely to need a blood transfusion for your baby;
- your baby is less likely to need to go to a neonatal unit;
- you are more likely to breastfeed successfully (if this is your choice);
- most MLUs support partners to stay overnight.

For consideration

- you may need to transfer from home to a MLU/ obstetric unit or from a MLU

to an obstetric unit during labour or after your baby is born, though emergency transfers are uncommon;

- epidurals are not available in midwife-led care – however a birthing pool can be used during labour and birth, if available;
- you can access gas and air and medication such as diamorphine.

Further information is available online at pha.site/place-of-birth

Home

Home birth is particularly suitable for women with a straightforward pregnancy because the rate of intervention is lower. There is strong evidence to support women in choosing home as their place of birth. A recent systematic review reported that when comparing planned home with hospital birth, the odds of normal labour and birth were nearly six times as high in a planned home birth. There is no difference in the number of intrapartum stillbirths (during labour) or early (up to seven

days) or late (up to 28 days) neonatal deaths between having your baby at home or in hospital.

Further information is available in your Maternal Handheld Record (green notes), online at www.rqia.org.uk/planningbirthathome and also from your midwife.

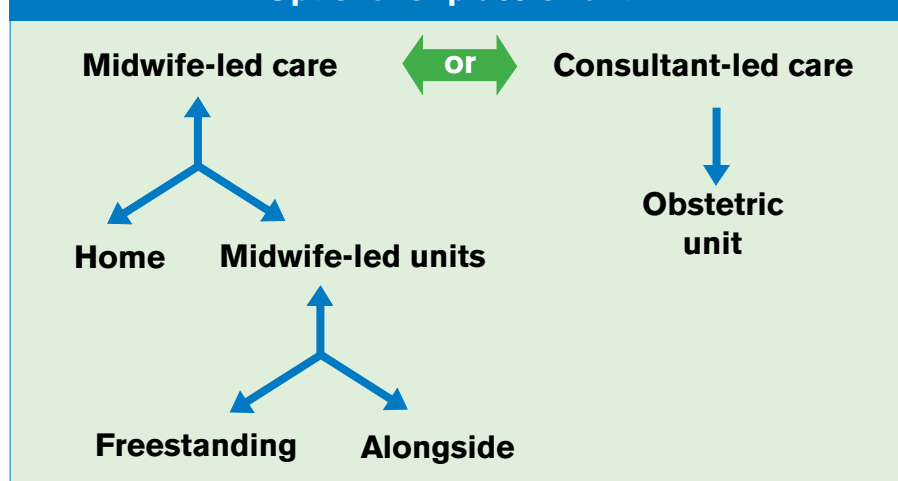


Midwife-led unit

Midwife-led units are staffed by midwives and are particularly recommended for women with a straightforward pregnancy, because the rate of intervention is lower and the outcome for the baby is no different compared with an obstetric unit. More details are available in your maternal hand-held record (green notes). You can also find additional information online at pha.site/rqia-midwife-led

Your care in labour will be provided by midwives and if a problem arises you will be transferred to the local consultant-led unit, via

Options for place of birth



ambulance if needed. There are two types of midwife-led units - freestanding and alongside.

Freestanding midwife-led units

There are currently three freestanding midwife-led units (FMU) in Northern Ireland: Lagan Valley (Lisburn), The Downe (Downpatrick) and The Mater (Belfast).

Alongside midwife-led units

There are currently six alongside

midwife-led units (AMU) in Northern Ireland: Altnagelvin, Causeway, Craigavon, Daisy Hill, Royal Maternity (ABC - Active Birth Centre), South Western Acute Hospital, Ulster Hospital (Home from Home); with further units in development - ask your midwife for details.

b) Consultant-led care

Obstetric unit – In hospital

There are currently eight obstetric units situated within

hospitals in Northern Ireland: Antrim Area, Altnagelvin, Causeway, Craigavon, Daisy Hill Royal Maternity, South Western Acute Hospital, Ulster Hospital. Planning your birth in these units is recommended particularly for women who have additional health needs or have complications, or whose pregnancy has not been straightforward. You will be looked after by a midwife, but doctors will be available if you need their help.

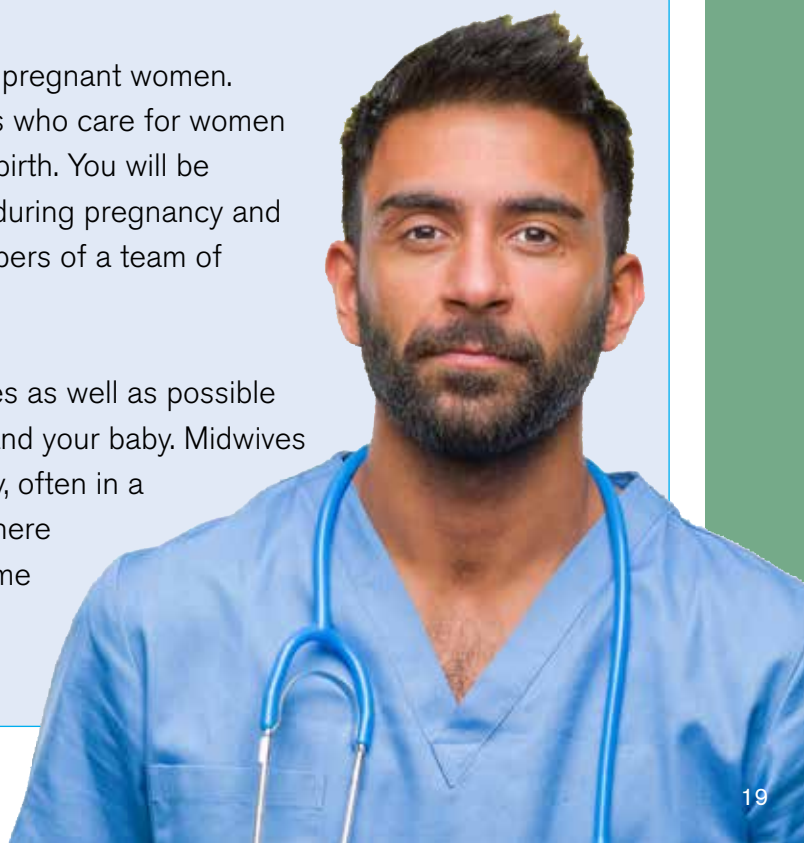
Benefits of consultant-led care

- you can access specialised medical services, including doctors who support women with health complications such as diabetes, heart conditions, thyroid problems, neurological conditions, or cancer;

What is a midwife?

The midwife is the main provider of care for most pregnant women. Midwives are highly skilled, qualified professionals who care for women during normal pregnancy, childbirth and after the birth. You will be introduced to your midwife, who will care for you during pregnancy and when you go home. You may meet different members of a team of midwives throughout your pregnancy.

Midwives are trained to make sure everything goes as well as possible and to recognise any potential problems for you and your baby. Midwives work both in maternity units and in the community, often in a team system. The style of care may depend on where you live. Community midwives may visit you at home before the birth and will continue to care for you after the birth.





- you can access specialised medical services, including doctors who support babies with health complications;
- epidurals are normally available.
- there is a greater chance that you will have a caesarean section, a ventouse (vacuum) birth, or forceps birth;
- you are more likely to need a blood transfusion;

For consideration

- when you arrive in labour you may go to an antenatal ward, followed by delivery suite (where you will have your baby). Afterwards you may go home within a few hours or be transferred to a postnatal ward;
- you are unlikely to see the consultant at your clinical appointment and are more likely to be seen by a wide range of health professionals including doctors in training;
- your partner is unlikely to be able to stay overnight.

Help for young mums

If you are a young mum, there are a wide range of services to support you when you are pregnant and after you have had your baby. Your midwife or health visitor will be able to give you details of local services.

If you are on your own

If you are pregnant and on your own, it is even more important that there are people with whom you can share your feelings and who can offer you support. Sorting out problems, whether personal or medical, is

often difficult when you are by yourself, and it is better to find someone to talk to rather than let things get you down.

Carrying on with your education

Becoming a mother certainly does not have to mean the end of your education. If you are still of compulsory school

age, your school should not exclude you on grounds of pregnancy or health and safety issues connected with your pregnancy. However, they may talk to you about making alternative arrangements for your education. You will be allowed up to 16 calendar weeks off school before and after the birth.

After your return to education, you can get help with childcare costs through the Care to Learn scheme. Care to Learn also provides support with childcare costs for teenage parents above the compulsory schooling age who want to study.

Help and support

Common Youth

If you are under 19, you can visit Common Youth for free, confidential advice. To find your nearest centre, go to www.commonyouth.com





Family Nurse Partnership Programme

If you are under 20 and expecting your first baby, a family nurse can visit you to help you have a healthy pregnancy

and enjoy being the best mum you can be. Your specially trained family nurse will help you understand all about your pregnancy and how to care for yourself and your baby. Your

nurse will visit you regularly during your pregnancy and then after the birth until your baby is two years old. You and your family nurse will decide together what you will cover in each visit. Your nurse will share lots of information with you about pregnancy, giving birth and looking after babies and toddlers, helping you to prepare well and decide what is right for you and your family. You and your family nurse will get to know each other well and you will be able to rely on her to help you out if things get difficult in any way.

Your nurse will help you plan for your future. You can talk about childcare, education, training and gaining new skills as well as about housing and finances. Together, you decide what you want and how to make it happen.

Somewhere to live

Many young mothers want to carry on living with their own family until they are ready to move on. If you are unable to live with your family, your local authority may be able to help you with housing. Some local authorities provide specialised accommodation where young mothers can live independently while getting support and advice from trained workers. For more information about housing, contact the Northern Ireland Housing Executive. (www.nihe.gov.uk)

