

THE WILSON PRACTICE

PREGNANCY ADVICE SHEET

If you are not happy with the idea of being pregnant, please look at the British Pregnancy Advisory Service, where you can self-refer.

www.bpas.org or tel: 03457 30 40 30.

If you would like to discuss your options, or you have concerns about STIs or contraception please make an appointment to see your doctor,

If you are happy with your pregnancy, congratulations. Please read on! Make an appointment to see the midwife at about nine weeks after your last period. You do not need to see your doctor.

Midwives

Booking and antenatal clinics are held on Mondays and Thursdays. We liaise closely with the maternity unit at North Hampshire Hospital in Basingstoke.

Women may also choose to book at Royal Hampshire County Hospital in Winchester, (which includes the midwife-led birth centre at Andover Birthing Centre), the Royal Surrey Country Hospital, Guildford, Queen Alexandra's Hospital in Portsmouth (which includes the midwife-led birth Centre at The Grange in Petersfield) and Frimley Park Hospital, Camberley, Surrey.

For women who book for care and delivery at Basingstoke there are Antenatal Classes held on a regular basis at Alton Community Hospital and the Chase Community Hospital, Bordon. Partners are encouraged to attend and are made very welcome.

The midwife will discuss the various options for delivery with you at the first booking appointment, so that you can create a plan that is right for you. The midwives are keen to offer a Home Birth Service for low risk ladies, but need you to book at Basingstoke or Winchester in case you need transferring. You can always change your hospital of choice if you decide at a later date you want a home birth.

Antenatal classes are also available privately via the NCT (National Childbirth Trust) or from Jane Day RM (Baby Days) and The Daisy Foundation.

GENERAL PREGNANCY ADVICE

It has been well shown that some lifestyle changes are associated with a better outcome for both baby and mother.

Supplements: Folic acid has been shown to reduce the incidence of spinal cord problems in your baby. Ideally, folic acid should be started before pregnancy (400 micrograms daily) and continued up to the first 12 weeks of pregnancy. Also taking vitamin D is recommended throughout the pregnancy

Smoking: there is clear evidence that mothers who smoke through their pregnancies are much more at risk of miscarriage, premature delivery, high blood pressure or even pre-eclampsia than mothers who don't smoke. Smoking can harm your baby. This pregnancy is your best reason you ever had to give up.

Alcohol: Current guidelines recommend that you do not drink any alcohol during pregnancy.

Diet: it is important to eat plenty of fresh vegetables and fruit throughout the pregnancy. This will ward off constipation and anaemia. Some foods are best avoided. These include unpasteurised cheese (eg brie or camembert), pate, raw eggs and liver.

Exercise: should be continued as before pregnancy. Unaccustomed exercise is probably best delayed until after the birth, but gentle exercise is to be encouraged. The only sports that are to be avoided are scuba-diving and water-skiing.

Drugs: generally all drugs should be avoided throughout pregnancy, but this is particularly true for the first three months of pregnancy, when the baby is developing rapidly. However, paracetamol has been used in pregnancy for many years and has been shown to be entirely safe, even in the full adult dose. If you have any queries or concerns, please contact your midwife or doctor.

SCREENING IN YOUR PREGNANCY

In the early part of your pregnancy, you may wish to consider which screening tests are appropriate for you. We advise that you should have all of the tests that you are offered, although you may of course decline any of them. Screening tests often do not give a definite answer but quantify a risk of a particular event occurring. Most screening tests are available to everybody; others are suggested in specific circumstances. All hospitals provide routine blood screening for Rubella, HIV, Hepatitis B, Down's Syndrome, Edwards' Syndrome and Patau syndrome.

Haemoglobin: to detect whether you are anaemic.

Blood Group: to identify your blood group. Some blood groups are associated with more problems than others.

Blood Sugar: only done if there is sugar present in your urine. However, some hospitals do a 'glucose tolerance test' to assess how your body copes with a predetermined amount of sugar if you fall into a high risk group.

TPHA: the test for syphilis, rare but important.

Rubella (German Measles): this test, done at booking, checks that you are immune to rubella. If you are not immune, you should be vaccinated immediately after the birth of your baby. This may be dropped soon as the vaccination programme of children has been so successful

Urine Culture: at booking, checks for infection. Treatment will prevent the development of a kidney infection, which occasionally can cause a premature birth.

HIV: is the virus that causes AIDS. It can be passed from mother to baby during pregnancy, at delivery, or through breast milk. The HIV test involves taking blood. The test will only become positive three months after exposure to the virus. If a mother is infected, she can be given special care that can improve the condition, and reduce the risk of her baby becoming infected by about two thirds.

Knowing if you are HIV positive allows you to make choices: whether or not to carry on with the pregnancy, whether to have the baby delivered by Caesarean section, whether

or not to breast feed, how to protect your partner and to help make plans for the future. A negative HIV test does not affect past or future life insurance. A positive result means the person is infected, not that they have AIDS. Please ask if you have particular questions about your own situation.

Hepatitis B: this virus is more common in the Far East, Africa and parts of Asia. It is spread sexually or through the injection of drugs. If the mother is a carrier of Hepatitis B, her baby will probably become infected during delivery. 90% of those who are infected go on to have medical problems associated with the infection, many of them serious. If we know you have the virus, your baby can be immunised soon after the birth, and protected from the long-term consequences of the infection.

Ultrasound Scans: are done at 12 weeks for dating and nuchal thickness scan (NT) which assesses the risk of Down's syndrome and at 20 weeks, which is a detailed scan which checks for major structural or anatomical abnormalities. This is when the sex of the baby can be determined.

ADDITIONAL/OPTIONAL TESTS

Electrophoresis: to check for sickle cell disease or thalassaemia found in Afro-Caribbean and Mediterranean mothers.

Toxoplasmosis: this rarely causes damage in unborn babies. Blood tests are not recommended as most people are immune and the results are often confusing. Simple hygiene, particularly with regard to cats, is the best deterrent.

Hepatitis C: is associated with intravenous drug use and blood transfusions. Transmission to a baby is rare and cannot be prevented.

Down's Syndrome: remains the commonest cause of chromosomal abnormality in the UK. The risk of having a Down's Syndrome baby increases with the mother's age, but half of all Down's Syndrome babies are in women under 30, as there are more babies born to the under 30s.

Down's syndrome is diagnosed by a combination of tests. At 11-14 weeks combined screening is offered to all women. This includes the Nuchal Thickness scan, where the skin thickness at the back of the baby's head is measured, and a maternal blood test taken, on the same day. A risk ratio is calculated on the basis of these two tests. The ratio would be high in babies with Down's Syndrome, Edwards' Syndrome and Patau Syndrome. If the ratio is high the 'Harmony' blood test is offered

Aminocentesis is available but is no longer routinely offered to women over 35. This involves taking a sample of fluid from around baby for analysis, but carries a 1 in 200 risk of miscarriage.

Chorionic Villus sampling (a biopsy of the placenta) is rarely required.

Please remember that the majority of mothers have uncomplicated pregnancies and deliveries. Please ask if you have any worries or concerns.

ANTENATAL CARE (care during pregnancy)

Weeks of pregnancy are counted from the first day of your last period. Conception would usually occur in between week two and week three of the pregnancy (ie the pregnancy is considered to have started before conception has actually occurred). A 'booking appointment' is made with the midwife at about nine weeks of pregnancy. Most 'uncomplicated ladies' have their care provided at the surgery. All ladies are offered a scan at 12 weeks and about 20 weeks to check for anomalies. You are encouraged to have a whooping cough (pertussis) vaccination after 20 weeks of pregnancy. This has been shown to protect your baby from pertussis in the first few months after birth

8-10 week Booking Appointment: the midwife will discuss any concerns and dietary and lifestyle advice will be given. Weight and blood pressure will be checked. The antenatal care plan will be outlined, and other screening organised. Please decide where you would like to have your baby. Nearly all ladies go to Basingstoke, Winchester or Guildford, although some prefer the other hospitals listed below. Some patients opt for home delivery after discussion with the midwife

Hospitals

1. North Hampshire Hospital, Basingstoke 01256 314790. 17 miles from Alton
2. Royal Hampshire County Hospital, Winchester 01962 863535. 22 miles from Alton
3. Royal Surrey County Hospital, Guildford 01483 571122. 24 miles from Alton
4. Queen Alexandra's Hospital, Portsmouth 023 9228 6000. 36 miles from Alton
5. Birthing Unit, The Grange, Petersfield 01730 262415. 14 miles from Alton
6. Frimley Park Hospital, Surrey 01276 604604. 22 miles from Alton

11-14 weeks: Nuchal Thickness screen and maternal bloods at chosen hospital of delivery.

16 weeks: routine antenatal appointment with midwife

20 weeks: anomaly scan at your chosen hospital. Whooping cough vaccination advised from now to before delivery

25 weeks: routine antenatal appointment with midwife

28 weeks: routine antenatal appointment with midwife. Blood tests taken and Anti D vaccination given if rhesus negative.

31 weeks: routine antenatal appointment with midwife.

36 weeks: routine antenatal appointment with midwife

38 weeks: routine antenatal appointment with midwife

40 weeks: routine antenatal appointment with midwife

41 weeks: if your baby has not arrived, it may be necessary to organise a date for the induction of labour.

If this is your first pregnancy or have any particular, individual problems, your antenatal care package will be altered to suit your pregnancy.

COMMON CONCERNS IN PREGNANCY

Chicken pox: 97% of the population are immune to chicken pox but 3 in 1000 women develop chicken pox in pregnancy. If you have not had chicken pox as a child, and you come into contact with chicken pox or shingles, you should inform your doctor so we can discuss whether or not you are immune by checking a blood test.

If you develop chicken pox while pregnant please come and see us, particularly if you are due to give birth in the next week.

Slapped Cheek (Parvovirus) infection: This is extremely common in children aged 3-13. 60% of individuals in the UK are immune by the time they reach adulthood. It is transmitted by coughing and sneezing, usually from household contacts. Confirming the presence of immunity is important. This is done via a blood test soon after the onset of the rash and may need to be compared to a second sample taken 4 weeks later. If a pregnant lady has confirmed parvovirus, and is non-immune, advice would be taken from our local microbiologists and obstetricians as how best to manage her.

March 2016