Royal United Hospital Bath NHS
NHS Trust

RUH Patient information: Pregnancy care

This leaflet contains some useful information about pregnancy care and the choices available to you

Healthcare you can Trust

Contents

Your pregnancy care plan

…… Birthing Centre and/or

…… Midwifery Team

Tel No …….

Named Midwife ……..……

Tel No ……..……..…….....

GP Surgery ……..……...

Tel No ……..…..

Health Visitor ……..…..

Tel No ……

Central Delivery Suite Bath: **01225 824847**
01225 824447

Routine care offered for the healthy pregnant woman

No. of weeks	Date & Time	Venue & with whom	Notes
8-12			Your choices and options booking appointment
8-12			Dating scan / 1st trimester screening
8-12			Blood tests
16			Blood test/Triple Test
20			Anomaly scan
25			*Primips only blood test
28			Anti-D given if RhNeg
31			*Primips only
34			Routine check
36			Birth plan & repeat weight
38			Routine check
40			*Primips only
41			Discuss induction

*Primips – first-time mothers

Total appointments (10) if this is your first baby
Total appointments (7) if you have had a baby before

Maternity Notes

- Please bring your Maternity Notes with you to all appointment. If you have any particular wishes ask your midwife to write them in your Maternity Notes.
- Maternity Notes are the property of the Trust. Please give them to the midwife when she makes her last visit to you.
- If you move out of the area, please inform the midwife as she will need to photocopy your notes and return the original to the Trust.

About your care

This is a guide to the care you will receive during your pregnancy from your team of midwives. Your needs will be reassessed at each antenatal appointment throughout your pregnancy.

At each appointment you will be given information and an opportunity to discuss issues and ask questions. You will be given your own Maternity Notes at the booking visit to bring with you to each antenatal visit. Your data is recorded on the Trust's computer system. The NHS has very strict confidentiality and data security procedures in place to ensure that personal information is not given to unauthorised persons.

Information will be provided on diet and lifestyle considerations, pregnancy care services, maternity benefits and screening tests.

At each antenatal visit you will need to take a small sample of urine which will be tested to detect the presence of protein and sugar. Your blood pressure will also be taken and documented.

Screening tests will be offered and the purpose of all tests should be understood by you and your partner before they are undertaken. You will be informed of the results of any screening tests and the results will be documented in your Maternity Notes.

In order to promote smoke free families, specialist support will be given to you if you smoke, live with smokers or have recently given up.

Health promotion support is offered to women with a high Body Mass Index (BMI).

Your choices during pregnancy

Pregnancy is a time for making choices. Decisions need to be made about who is going to care for you and your baby as well as where to give birth. You should contact your midwife as soon as you know you are pregnant. Profiles of the professionals involved in your care are as follows:

Midwives

Midwives receive specific training which makes them experts in normal pregnancy and childbirth.

A midwife's training and experience enables her to recognise possible problems. If problems arise she will ask an obstetrician for advice. A midwife can provide all your care if you have a straightforward pregnancy. This is called midwife-led care.

General Practitioners (GPs)

GPs provide general medical care. They have an important role in looking after the family. GPs sometimes provide maternity care throughout pregnancy. They usually share this care with midwives and hospital doctors. This is called shared-care.

Obstetricians (hospital doctors)

Obstetricians are doctors who are specifically trained to care for women with problems during pregnancy and childbirth. They mostly

work with women who have medical problems and/or complications of pregnancy. Senior and junior obstetricians work in teams. You may see any member of the team.

Paediatricians (hospital doctors)

Paediatricians are doctors trained to care for children and young babies. A paediatrician will be present at any birth where it is thought that the baby may be born with health problems.

Anaesthetists (hospital doctors)

An anaesthetist is a doctor trained in giving anaesthesia and pain relief. If you require an epidural or an anaesthetic for a caesarean birth, an anaesthetist will be called.

Where to give birth

You can give birth:

- At home
- In a local birthing centre
- In a district general hospital

There is no evidence that having a baby at home or in a birthing centre is less safe for a healthy woman with a healthy pregnancy. For the majority of women pregnancy and childbirth are normal life events requiring minimal medical intervention. Midwives are trained in basic resuscitation skills of adults and babies.

Women who have medical problems or pregnancy problems will be advised to have their baby in the maternity unit in a district general hospital (Royal United Hospital, Bath).

If complications arise during childbirth in the local birthing centre, you

and your baby may need to be transferred by ambulance to the district general hospital as there are no on-site obstetricians, anaesthetists or paediatricians in a birthing centre. Transfer times will vary depending on your location.

The decision about where to have your baby depends a lot on what is important to you and where you would feel safe, comfortable and relaxed.

Your midwife will be happy to discuss the options with you, as you can make your choice for a particular place of birth at any stage in pregnancy.

Home birth

Background

Deciding where to have your baby is an important decision. The number of women who choose to have their babies at home is increasing. The national rate is 2%. However, locally the rate is around 3%.

Are there any extra risks to a home birth?

Research over the last couple of decades suggests that home birth is at least as safe as hospital-based birth for healthy women with normal, low risk, pregnancies.

What happens if something goes wrong?

Your midwife can provide detailed information and answer any questions you may have. Procedures and arrangements are in place in the event of a problem arising and all midwives are fully trained and equipped to deal promptly with these. However, on rare occasions emergencies do occur and these necessitate a transfer to hospital where they can be dealt with more effectively.

How to arrange a home birth

- If you would like a home birth, please discuss this with your midwife.
- Towards the end of your pregnancy your community midwife will make arrangements for your delivery and will tell you how to contact a midwife when you are in labour.
- We will do everything possible to support your request. However, there may be occasions when it is not possible.

If you decide to have a home birth your midwife will help you prepare for your baby's birth at home. Opportunities are available to meet with other parents who have had their babies at home. This often provides another perspective and can be particularly helpful for fathers.

Tests in pregnancy

Here is a list of tests you may be offered during pregnancy. Some of the terms used may be unfamiliar to you. However, your midwife will discuss these tests with you. **It will be your decision whether or not to have the tests**. Mothers should contact their midwife for the test results within 14 days.

Support and help is available if you wish to discuss any of these tests further. We only need one blood sample for these tests.

For further information, please refer to the booklet "Screening Tests for You and Your Baby" which is given to all women at their first appointment with the midwife.

Routine antenatal blood tests

First visit

All women will be offered:

- a test for Sickle Cell and Thalassaemia using the family origin questionnaire
- a full blood count – to check for Anaemia
- blood group and antibody testing
- Rubella testing to check immunity to German Measles
- VDRL to check for the presence of Syphilis
- Hepatitis B screening – Hepatitis B is a viral disease which can be passed on to unborn babies. Mothers who have a positive test will be offered counselling and information about vaccinations which their baby will need.
- HIV screening – HIV is a viral illness which may be passed on to the baby if the mother is infected. If you would like more information before having the test your midwife will be able to help you. If a woman has HIV there are various ways of reducing the chances of the baby becoming infected. (See page 14 for more information).

28 week visit

All women will be offered another full blood count and blood group test. A leaflet aimed at women who are rhesus negative is available. Anti D is given with consent to those women who are rhesus negative.

Some women will be offered a glucose tolerance test to check for Diabetes during pregnancy. A leaflet about the glucose tolerance test is also available.

34 week visit

Some women will be offered another full blood count.

Scans

During pregancy you will be offered two routine scans. It is your choice to opt into the screening programme for the early pregnancy scan and the 18-20+6 week (anomaly) scan.

During the early pregnancy scan the sonographer will:

- measure the baby and estimate how many weeks pregnant you are
- check your baby's heartbeat
- check for any obvious problems with the early development of your baby. A baby's development is not always clear at this stage and if you are above average weight it can make seeing the baby more difficult.
- tell if you are having more than one baby
- perform Down's Syndrome screening if you choose to have first trimester screening. This is performed between 11 weeks and 2 days and 14 weeks and 1 day of your pregnancy and measures the fluid at the back of the baby's neck (nuchal translucency).

If you are too late for first trimester screening you will be offered the quadruple blood test.

The 18 week to 20+6 week scan (anomaly) is a detailed examination that checks for possible physical problems with your baby. The scan will not pick up all problems but looks at the anatomy of the baby and includes checking the head and neck, face, chest, abdomen, spine and limbs. It also checks the position of the placenta and the amniotic fluid surrounding the baby.

If the sonographer has any concerns at this scan you may be referred for a second opinion to a fetal medicine consultant.

Sometimes the sonographer cannot complete all the checks, perhaps because the baby is lying in a position that makes it difficult to see everything or you are above average weight. If this is the case you may be offered a further scan at around 23 weeks to complete the checks.

Down's Syndrome screening

What is Down's Syndrome?

All pregnant women are offered tests for Down's Syndrome. Choosing whether or not to have the test is an important decision for you and your baby. You need to make the decision that is right for you. **These tests are not routine**. Read "Screening Tests for You and Your Baby" for more information and discuss with your midwife at the booking appointment.

Down's Syndrome is a condition that affects a very small number of babies (less than 1:800). It is a chromosome disorder leading to mental and physical problems.

There is no treatment for Down's Syndrome. All mothers are at risk but the risk increases with maternal age. A 28-year-old has a 1:1000 risk whilst a woman of 38 has a 1:200 risk.

Can I find out if I am having a baby with Down's Syndrome?

Yes. It **is** possible to identify babies that have the chromosomal problem whilst you are pregnant but it is not entirely simple and there are risks in doing this. The screening tests are designed to help you in deciding what is right for you.

What can I do if I know that my baby has Down's Syndrome?

It is important to realise there is **no treatment** for Down's Syndrome. Therefore if you were to find out your baby has Down's Syndrome you would either continue with the pregnancy knowing the diagnosis or you would decide to terminate the pregnancy. There are, sadly, no other options available.

Screening test for Down's Syndrome

These tests may indicate if there is an increased risk of your baby being born with Down's Syndrome.

Nuchal scan and blood test

This is available from 11 weeks + 6 days -14 weeks and 1 day gestation. Please refer to the First Trimester Screening Clinic leaflet.

The 'Quadruple Blood Test'

This blood test is available from 14 weeks and 2 days - 20 weeks gestation. It has been found that certain substances in the maternal blood can be used to calculate a **risk value**.

This blood test is usually taken at 15-16 weeks of pregnancy and the result comes back within 10 days. The test we can do is referred to as the 'quadruple test'. A copy of the result will be sent to the mother in the post by the Screening Administrative Team.

What does the blood test tell me?

It does **not** tell you whether you do or do not have a baby with Down's Syndrome. It simply gives you an estimate of your **risk** of carrying such a baby. This could for example be 1:170 or 1:6100. If you do get a high risk result from the screening test, your midwife will give you information and support and discuss your options with you.

You will be offered diagnostic testing such as a Chorionic Villus Sampling or Amniocentesis, but these tests do carry risks in pregnancy and you will be fully counselled before making a decision.

Some women may choose not to go for diagnostic testing in view of the risks to the pregnancy.

Does the blood test pick up all cases of Down's Syndrome?

No. This is an absolutely essential detail. Using this test we might pick up twice as many cases of Down's Syndrome as when we use maternal age alone, but we would still miss between one third and one half of all cases even if **all** mothers have the test performed.

Chorionic Villus Sampling (CVS)

This test is performed from 11-14 weeks of pregnancy and samples the placenta, under ultrasound scan control. A separate leaflet is available.

What is Amniocentesis?

This is a test performed from 16 weeks of pregnancy where some of the amniotic fluid that surrounds the baby in the uterus is removed, using a very thin needle, and sent for analysis of the baby's chromosomes. The test takes 2-3 weeks to complete but you will then know for certain if your baby does or does not have Down's Syndrome.

Are these tests safe?

NO. Approximately 1:100 women who have a CVS or amniocentesis will lose (miscarry) their pregnancy as a result of this test. We cannot predict who will miscarry. Women are referred for counselling before the test and supported throughout the process.

What to do now

- Decide if you **want** to get involved in testing for Down's Syndrome.
- If you do want to have the blood test please contact your midwife.
- If you wish to proceed to Nuchal Scan, Chorionic Villus Sampling or Amniocentesis let your midwife know as soon as possible and you will be referred on to discuss this with the Screening Coordinator or given information on booking a Nuchal Scan.

The HIV test

How does the HIV test work?

The HIV test is a blood test that looks for antibodies to the virus. It can take up to three months for someone who is newly infected with HIV to make enough antibodies to give a positive result.

- A positive result means a person is infected with HIV.
- A negative result means the test has not found antibodies to HIV.

What are the advantages of having the test?

A negative HIV test result can be reassuring.

If a woman tests positive she will have time to think about her choices for pregnancy. The risk of a baby being infected can be reduced with special treatment during pregnancy and birth, by choosing not to breastfeed and by giving the baby drug treatment for a few weeks after birth. The woman will be able to discuss all of these things with the Genitourinary specialist team providing her antenatal care alongside the obstetricians.

The woman herself will be able to receive appropriate medical treatment and support. From a medical point of view it is generally better to be diagnosed with HIV before becoming unwell. As already mentioned there are now a number of treatments which can delay the onset of HIV related illnesses.

Declining the HIV test will not affect a woman's treatment in any way, but the test will be re-offered at other times during pregnancy.

Guidance on the use of routine antenatal Anti-D Prophylaxis for rhesus negative women

What is Prophylaxis?

Prophylaxis is the name given to a medicine that is used to prevent something happening. Anti-D Prophylaxis means giving the antibody Anti-D to prevent the body producing its own antibodies. When injected the antibody works against rhesus D positive blood cells and so prevents the development of haemolytic disease of the newborn in an unborn baby.

What does all that mean?

Each year in England and Wales there are about 62,000 births and about 500 babies develop haemolytic disease of the newborn. This can only happen if the mother has no inherited rhesus factor on her red cells. People with no rhesus factor do not have a substance called the D antigen on their red cells and are classified as rhesus D negative.

If the baby's father has the D antigen he can pass this on to the baby. According to the father's genetic makeup he may not pass the D antigen on to all his children. During your pregnancy some of the baby's red blood cells may mix with the mother's cells. If these are rhesus D positive then they are regarded as a foreign substance and you may make Anti-D antibodies.

These antibodies can cross the placenta and attack the unborn baby's red cells causing haemolytic disease of the newborn. This is a serious condition and can result in anaemia and possible disability after birth. Routine antenatal prophylaxis can prevent this.

What is Routine Antenatal Anti-D Prophylaxis?

A single dose of 1500iu (international unit) vial of Anti-D is given

by intra-muscular injection to rhesus D negative women between 28 and 34 weeks during their pregnancy. Your midwife will discuss this treatment with you and explain the options so you can make an informed choice.

What happens after delivery?

After birth you may need another injection of Anti-D if your baby is confirmed as rhesus D positive.

Does every rhesus negative pregnant woman need this treatment?

This should be dealt with on an individual basis and discussed with your midwife. There are certain circumstances when this treatment is not necessary.

How can I find out more?

Further information can be found on the National Institute for Clinical Excellence website (www.nice.org.uk) or you can request it from 0870 1555 455 quoting reference N0091. More general information can be obtained on the NHS Choices website (www.nhs.uk).

Lifestyle advice

Work

- For most women it is usually safe to continue working.
- Discuss your occupation with your midwife to identify any risks.
- Refer to the Health and Safety Executive (www.hse.gov.uk) for more information.
- Discuss maternity rights and benefits with your midwife.

Nutritional Supplements

- Folic acid supplements should be taken before conception and throughout the first 12 weeks of pregnancy (400 micrograms per day).
- Discuss the importance of vitamin D intake during pregnancy and breastfeeding with your midwife.
- Routine iron supplementation is not recommended.
- Avoid vitamin A supplementation and liver products as this is associated with an increased risk of birth defects.

Avoiding infection

- How to prepare and cook food is important to prevent food poisoning. Some foods need to be cooked well, such as ready meals, meat, poultry, shellfish and eggs.
- Avoid pate, mould-ripened soft cheeses, liver and liver products, peanuts and un-pasteurised milk.
- Have no more than two portions of oily fish a week and avoid marlin, swordfish and shark.

Medicines

- Take as few medicines as possible and only in circumstances where the benefit outweighs the risk.
- Use over the counter medicines as little as possible.

Complementary therapies

- Few complementary therapies have been proven as being safe and effective during pregnancy.

Exercise

- Regular exercise is important to keep you fit and supple. There are no risks associated with starting or continuing moderate exercise. However, sports that may cause abdominal trauma, falls or excessive joint stress should be discussed with your midwife or GP; scuba diving should be avoided.

Sexual intercourse

- Intercourse is safe during pregnancy unless you are advised otherwise.

Alcohol

- If you are planning a pregnancy avoid alcohol in the first 3 months if possible.
- If you choose to drink alcohol you are advised to drink no more than 1 to 2 UK units once or twice a week (1 unit equals half a pint of ordinary strength lager or beer, or one shot [25ml] of spirit. One small [125ml] glass of wine is equal to 1.5 UK units). At this low level there is no evidence of harm.
- Getting drunk and binge drinking should be avoided.

Smoking

- Your smoking status will be discussed with you and information will be provided about the risks of smoking during pregnancy.
- Information is given and advice and support on how to stop smoking throughout the pregnancy. Referral to the Bath and North East Somerset Smoking Cessation Midwife (07966 528997) the Wiltshire Stop Smoking Services (01380 733891) can be arranged if requested.

Cannabis

- Cannabis should not be used during pregnancy.

Air travel

- Long-haul air travel is associated with an increased risk of Venous Thrombosis, although the possibility of any additional risk during pregnancy is unclear.
- In the general population, compression stockings are effective in reducing the risk. Discuss with your midwife or GP.

Travel abroad

- Discuss flying, vaccinations and travel insurance with your GP and/or airline/insurance company.

Car travel

- To protect you and your unborn baby, always wear a seatbelt. The seat belt should be positioned above and below the 'bump', not over it.

Vitamin K and newborn babies

Recommendations about vitamin K
Paediatricians, midwives, health visitors and public health doctors are responding to the recommendations from the Department of Health (1998) that all babies should receive one injection of vitamin K on their first day.

Why give vitamin K?

At birth all babies have very low levels of vitamin K in their bodies. Without vitamin K blood cannot clot normally and the baby can develop a tendency to bleed easily. In some cases this leads to serious

bleeding from the stomach, navel or intestine and, in a few cases, to bleeding in the brain. This condition is called 'vitamin K deficiency bleeding'. We have known for over twenty years this potentially dangerous condition can be prevented by giving the baby an injection of vitamin K at birth. In many areas vitamin K has been given routinely to babies as a single injection into the thigh. This has prevented many babies from needing blood transfusions and has saved many lives over the years.

Research on vitamin K and babies

In 1992, one study suggested vitamin K given by injection was associated with a higher risk of childhood cancer than giving vitamin K by mouth or no vitamin K at all. This report caused concern and, for some time, hospitals have given vitamin K by mouth to newborn babies. Since 1992 a number of careful investigations have been carried out in several different countries and none of them has been able to confirm the link between injection of vitamin K and cancer. Thus we now conclude the 1992 report was due to chance and no link can be shown between vitamin K injection and cancer.

Oral vitamin K

There is now an oral form of vitamin K that can be given to babies as a liquid but it is less effective than the single injection and has to be given as three doses over the first 4-6 weeks. This is not more complicated to arrange but there is a danger some babies will miss out on the second or third dose.

Our policy

We now routinely give intra-muscular vitamin K to all newborn babies.

If you feel unhappy about your baby receiving an injection you should inform your midwife so that arrangements can be made for your baby to receive the oral vitamin K.

References

Your choices during pregnancy

- Changing Childbirth (1993) *Part 1: Report of the Expert Maternity Group*
- National Service Framework for Children, Young People and Maternity Services October 2004 – *Department of Health*

Home Birth

- National Service Framework for Children, Young People and Maternity Services October 2004 – *Department of Health 4/5/6/7/8 NMC Circular 8 – 2006 March.*
- National Institute for Health and Clinical Excellence (2008) Antenatal care – Routine care for the healthy pregnant woman *NICE London*
- UK National Screening Committee (2008) Antenatal and Newborn screening Programmes

Further reading

If you would like to read more about the evidence on the safety and other advantages and disadvantages of home birth the following are good resources:

- MIDIRS and the NHS Centre for Reviews and Dissemination (1999) Place of birth. Informed choice leaflet for professionals.
- Kitzinger S. Rediscovering Birth (2000) London: *Little Brown.*
- Thomas P. Choosing a Home Birth. £3.50. Available from *AIMS 2 Bacon Lane, Hayling Island, Hants PO11 0DN. Tel: 01753 652781*

Down's Syndrome and your baby

- MRC Working Party Trial of Chorionic Villus Sampling (1991) *Lancet. Vol 337. No 8757.*
- Antenatal Screening Service for Down's Syndrome in England: 2001 UK National Screening Committee. August 2002. *ISBN 0 9543684 0 1.*
- NHS Fetal Anomaly Screening Programme – Screening for Down's Syndrome: *UK NSC Policy recommendations 2007-2010: Model of Best Practice.*

Vitamin K to newborn babies

- Golding J. et al. Childhood cancer, intramuscular vitamin K and pethidine given during labour. *BMJ 1992 Volume 305, pages 341-346.*
- Vitamin K for newborn babies. *Department of Health circular 1998* Cornelissen M, Von Kries R, Loughnan P, Schubiger G. Prevention of vitamin K deficiency bleeding: efficacy of different multiple oral dose schedules of vitamin K. *Eur J Pediatr 1997;156:126-30*
- Ross JA, Davies SM. Vitamin K prophylaxis and childhood cancer. *Med Pediatr Oncol 2000;34:434-7*

For further information please access:

http://www/dh.gov.uk for The Pregnancy Book

Contact telephone numbers:

Monday-Thursday 9am-5pm and Friday 9am-1pm:

- **Antenatal Clinic** **01225 824659**
- **Antenatal Reception** **01225 824645**

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