

# Mother, Family, Pregnancy Pregnancy & Newborn Information

This information booklet is designed for women who are pregnant in Walsall. It has a lot of useful information for you to refer to along with other information leaflets that are available on your Notes App.

If there is anything which you're not sure about, or if you need further information, please do not hesitate to ask any member of the Maternity Team.



# Contents

<b>Antenatal Care .....</b>	<b>4</b>
Pregnant? What Next? .....	4
Building Relationships Antenatally .....	5
Deciding Where to Have Your Baby.....	6
Where to find us .....	8
Your Maternity Team .....	10
First 12 weeks .....	11
Appointment Schedule .....	12
Your Baby's Movements .....	13
First Trimester Screening .....	14
Antenatal Checks .....	15
Infant Feeding .....	16
<b>Your Health in Pregnancy .....</b>	<b>17</b>
Basic Health in Pregnancy .....	17
Alcohol and Smoking .....	18
Work and Benefits.....	19
Travel .....	19
Sex in Pregnancy .....	19
Domestic Violence & Mental Health .....	20
Exercise in Pregnancy.....	21
Infections and Pregnancy.....	22
Flu Vaccine .....	23
Whooping Cough Vaccine .....	24
Common Pregnancy Complaints .....	25
Miscarriage .....	27
Still Birth .....	28
Antenatal Classes .....	29
Complementary Services.....	30



## **Preparing for Your Baby ..... 31**

Preparing for Birth .....	31
Birth Discussion .....	32
Your Hospital Bag.....	33
Signs of Labour .....	34
Early Labour .....	35
Induction of Labour.....	36
Pain Relief .....	38
Care during Labour .....	40

## **Your New Baby ..... 41**

Meeting your baby for the first time .....	41
Delayed Cord Clamping .....	41
Vitamin K.....	41
Safe Sleeping .....	42
Information for Dads and Partners .....	43

## **Urgent and Emergency ..... 44**

## **Useful for You ..... 46**

Maternity Voices Partnership.....	46
Useful Local Contacts .....	47
Your Appointments .....	48
Notes.....	49

# Antenatal Care

## Pregnant? What Next?

### Congratulations on your news!

Once you know that you are pregnant, you can speak to your GP surgery and let them know. They will send your details to the maternity services at Walsall Healthcare NHS Trust. You can also self refer to our services and arrange your first appointment.

It is important to organise your pregnancy care as soon as possible to ensure to best, appropriate care for yourself and your baby.

Once your details have been received, you will have an Early Bird appointment arranged. This is to start your

pregnancy journey, obtain basic observations and blood samples.

Following from this, your named midwife will contact you to arrange a booking appointment and your future antenatal care, that will consist of a set of scheduled appointments.

You will receive your booking appointment by the time you are 8-12 weeks pregnant and as you progress, you will have appointments at the hospital, GP Surgery, Midwifery Led Unit and occasionally at home.

After your baby is born and you are at home, you will receive postnatal care from the Midwives associated with the closest Maternity Unit.

**For more information please see:**

**Walsall Healthcare NHS Trust**

[www.walsallhealthcare.nhs.uk/our-services/maternity/](http://www.walsallhealthcare.nhs.uk/our-services/maternity/)

**NHS Choices**

[www.nhs.uk/conditions/pregnancy-and-baby/finding-out-pregnant/](http://www.nhs.uk/conditions/pregnancy-and-baby/finding-out-pregnant/)

**British Pregnancy Advisory Service**

[www.bpas.org](http://www.bpas.org)

**Or contact:**

**Community Midwives**

01922 656248





## Building Relationships Antenatally

**You don't need to wait until your baby is born to bond with them. Pregnancy can be the perfect time to start forming an attachment with your baby, which is very important for their development once your baby has actually arrived.**

During pregnancy, your baby's brain is growing very quickly and you can help this growth by taking some time out to relax and talk to them, to stroke your bump and maybe play some music to them. Encourage other close family members to do the same.

Here are some things that might help you and your baby to start forming an attachment before birth:

- Talk and sing to your baby, knowing he or she can hear you.
- Gently touch and rub your belly, or massage it.
- Respond to your baby's kicks.
- Play music to your baby. Music that mimics a heartbeat of around 60 beats per minute, such as lullabies. You can also search online for relaxing or calming music.

Give yourself time to reflect, go for a walk or have a warm bath and think about your baby. You may like to write a diary or stories to the baby about what you are experiencing.

Have an ultrasound scan. Seeing your baby moving inside the womb can be a poignant experience for parents, and can help them to bond with the baby since it can suddenly seem 'real'.

Relax, look after yourself and try not to stress. Evidence shows that if a mother feels less stressed during her pregnancy, the health outcome for the baby is better. Your partner or a close friend may be helpful if you need.



We now know that building a strong relationship between parents and their new baby will give them the best possible start in life, and will help them to grow up happy and confident.

**For more information please visit:**

**Unicef**

[www.unicef.org.uk/babyfriendly](http://www.unicef.org.uk/babyfriendly)

**Association of Breastfeeding Mothers**

[www.abm.me.uk](http://www.abm.me.uk)

**Breastfeeding Network**

[www.breastfeedingnetwork.org.uk](http://www.breastfeedingnetwork.org.uk)

**Walsall Welcomes Breastfeeding** [Facebook page](#)

**Instagram** [@Walsall\\_infant\\_feeding](#)





## Deciding Where to Have Your Baby

Your first decision is where to have your baby. Most women choose their nearest Maternity Unit but this is a matter of personal choice. It is always possible to change your mind at any time during your pregnancy. Your midwife will be able to inform you about the different options of care available. She will be able to offer you advice based on your individual needs, your medical history and any previous pregnancies you may have had. The safest care pathway for your pregnancy and birth will be discussed with you but it is your personal choice!

At Walsall Healthcare NHS Trust, we strive to provide the best care and now offer Continuity of Carer pathways for low risk, uncomplicated pregnancies. This will include receiving care within our stand alone Midwifery Led Unit, with the choice of birthing here.

You can also choose to receive your antenatal care with a midwife at your GP Surgery but be offered the choice to have your baby;

- **At Home**
- **Delivery in the Hospital Delivery Suite**

### At Home

For women experiencing a straightforward pregnancy with no complications anticipated during the birth, the option of having a homebirth is yours. Your care will be managed by midwives who will help you to deliver your baby in the familiar surroundings of your home with your choice of family and friends around you.

You should be aware that if you decide to give birth at home, pethidine and epidural pain relief will not be available to you. If your labour is not progressing well or there is any concern about you or your baby needing specialist care, you will be transferred to the hospital delivery suite by ambulance.





## In the Hospital

If you choose to have your baby in the hospital, your care will be managed by a multi-disciplinary team made up of an Obstetrician, a Midwife and sometimes other specialists. For some women, this type of care is the safest and most comforting option to choose because all the specialist services are readily available. You may be advised to have your baby in the hospital by the midwife or Obstetrician because of your individual circumstances. Specialist care includes different types of pain relief including epidural anaesthesia and instrumental aids such as forceps or ventouse suction cups. Obstetricians and anaesthetists are available to perform a caesarean section 24/7, if necessary.



## VBAC Clinic (Vaginal Birth After Caesarean)

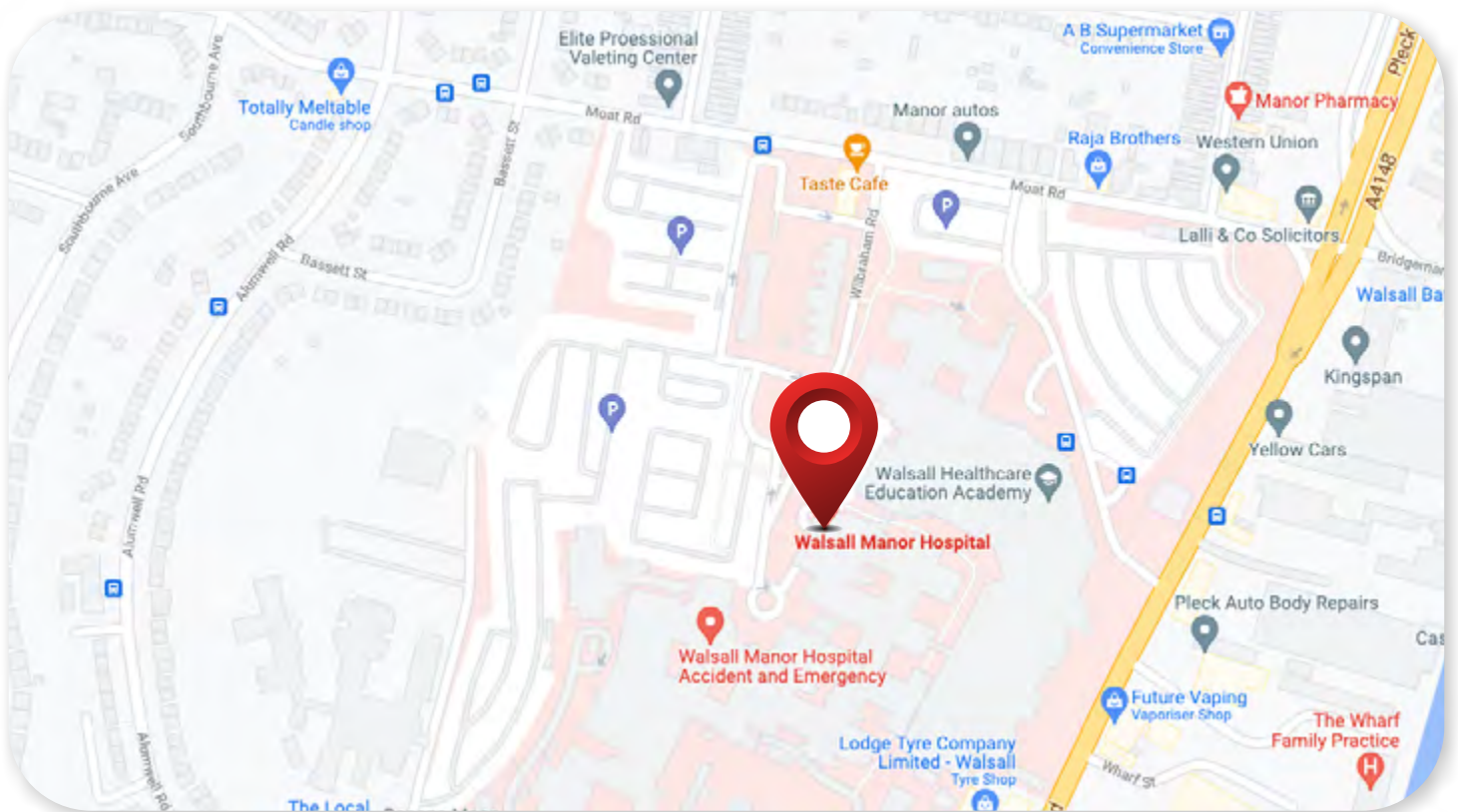
If you have had one caesarean section delivery in the past, you will be referred to the VBAC clinic by your community midwife. The VBAC midwife will review your previous history, including the reason for your caesarean and develop an individualised plan of care with you for this pregnancy. Another discussion will take place around 36 weeks of your pregnancy to discuss your birth preferences and make the necessary arrangements in preparation.

You may choose to have another caesarean section. There are many options and choices that you can make to help create the right environment for you, just as much as any other type of birth! Having a sense of control and safety is paramount in creating a positive experience for you and your birth partner. Birth can be unpredictable, so it's important to discuss all eventualities and types of birth during your pregnancy. Then you are in a position of knowledge and power, making decisions that are informed and ultimately right for you as an individual. There are lots of options and these slight changes, however small, can make all the difference to you and your experience. Discuss your thoughts with your Midwife.

**Remember to get information and make decisions with your care provider during pregnancy, birth and postpartum. Pregnant women want their ideas, opinions and questions to be heard so that they will ultimately be an integral part of the decision making process in regards to their care.**



## Where to find us



### Walsall Manor Hospital

Walsall Healthcare NHS Trust, Moat Road, Walsall, West Midlands, WS2 9PS

01922 721172







### Midwifery Led Unit

Charles Street, Walsall, West Midlands, WS2 9LZ

**01922 605422**

## Your Maternity Team

### Midwife

You may meet several midwives throughout your pregnancy, birth and postnatal period. Midwives are the main caregivers when your pregnancy and birth are straight forward with no complications but will also be alongside you if complication arise. We are #WalsallandProud to offer you a continuity of carer pathway ensuring you will see the same small team of midwives and an excellent midwife to birth ration, giving you 1-1 care during labour. For women who need extra support, we offer a team of specialist Midwives including Diabetes, Twin pregnancies, Mental Health, Infant Feeding and low risk care, on the MLU.

### Obstetric Consultant

Obstetric Consultants are doctors who specialise in caring for women during pregnancy, birth and postnatally, whilst you remain in hospital. You may see an obstetrician throughout your pregnancy if you have any issues which require a more specialised management. They will be involved if you were to have a caesarean section or instrumental birth. If you have a preference on Consultant don't hesitate to mention this to your midwife.

### Sonographers

They are the professionals who undertake your ultrasound scans. Your first offered scan will be around 11-14 weeks of pregnancy for your dating scan. Other scans may be required throughout your pregnancy but your Midwife will discuss this at the time. Don't forget to get your photo's!

### Maternity Support Workers

You will meet a small team of maternity support workers at your early bird appointment and may meet again during your pregnancy, birth and postnatally. They support the Midwives in providing the safest and effective care for you and your family.

### Student Midwives

Hospitals within the West Midlands work closely with local Universities to support the training of future midwives. These student Midwives will work alongside their midwife 'mentor' and will ask for your consent before providing any care.

If you have any objection with this please state.

### Early Pregnancy Assessment Unit (EPAU)

Manor Hospital, Route 230  
01922 721171 ext. 7373  
(Up to 20 weeks pregnant)

### Maternal and Fetal Assessment Unit (MFAU)

Manor Hospital, Route 122  
01922 656249  
(From 20 weeks pregnant)

### Maternity Triage 24/7

Manor Hospital, Route 127  
01922 656967  
(From 20 weeks pregnant)



## First 12 weeks

You can roughly calculate your baby's due date using the date of the first day of your last period (known as LMP - last menstrual period).

You can do this at: [www.nhs.uk/conditions/pregnancy-and-baby/due-date-calculator/](http://www.nhs.uk/conditions/pregnancy-and-baby/due-date-calculator/)

After your first ultrasound scan, around 11-14 weeks, it is common for your due date to change slightly. Pregnancy is normally between 37 and 42 weeks in length and sometimes referred to as being different 'trimesters'.

### The first 12 weeks (first trimester)

During this period, your baby grows faster than at any other time. The fertilised egg implants in the womb and divides rapidly into layers of cells. You may experience some mild 'spotting' or 'implantation bleeding', which is usually nothing to worry about or may have no obvious signs or symptoms of pregnancy, everyone is different. Symptoms can also come and go on a daily basis, and this is perfectly normal. 'Morning' sickness is common at this stage, and may occur at any time of day. You may also experience breast tenderness, tiredness, mood swings and a reaction change to smells and tastes. You may not feel your baby moving at this stage, nor will you have a 'baby bump'. The first movements are normally felt between weeks 16 and 24. You will have an arrangement appointment with your named midwife towards the end of this trimester who will then follow through the remainder of your journey with regular appointments.

### Download the Badger Notes app in preparation

You will be able to access all results, appointment details and further information.

Available from Google Play or the App Store.

Log in with your personal email and using pass-phrase, **Manor123**.

For advise regarding the app, please email: [walsallmaternity.notessupport@nhs.net](mailto:walsallmaternity.notessupport@nhs.net)



### Signs and Symptoms to seek medical advise from GP or Early Pregnancy Assessment Unit (EPAU) within this Trimester:

- Heavy bright red vaginal bleeding
- Moderate/severe abdominal pain
- High temperature, more than 37.5
- Pain or burning when passing urine
- Flare ups of any pre existing condition
- Repeated vomiting or diarrhoea and difficulty keeping fluids down



## Appointment Schedule

If your pregnancy is straight forward, these are the appointments you should expect to have. Certain medical or pregnancy needs may result in you needing more specialised appointments than this. Appointments will normally be with your midwife, GP or obstetric consultant.

### Booking appointment (8-12 weeks)

- Height and weight.
- Blood pressure, carbon monoxide monitoring (CO2) and urine.
- Offer you some blood tests and screening tests.
- Ask about your medical, mental health and personal social circumstances.
- Ask about any previous pregnancies.
- Ask about medical and social circumstances about the father of the baby.
- Provide you with information, answer any questions and plan your pregnancy journey with you.

### Dating scan

- Tell you exactly how many weeks pregnant you are and work out your estimated date of delivery (EDD).
- Check your baby is growing healthily.
- Offer you the screening test for Down's, Edward's and Patau's Syndrome.

### 16 weeks

- Depending on risk factors presented, your care provider will call you or arrange a face to face appointment.
- Check blood pressure, CO2 monitoring and urine.
- Discuss local antenatal classes with you.
- Review, record and discuss any test you may have had.
- Discuss your babies's movements and bonding.

### Anomaly scan (18-21 weeks)

- Check your baby is growing well.
- Check for any major physical abnormalities in your baby.
- Check your baby's bones, heart, brain, spinal cord, face, kidneys and abdomen.
- Check your placenta is in the right place and not covering the cervix, which could lead to further complications.

### 26 weeks

- Check blood pressure, CO2 monitoring and urine.
- Measure the size of your abdomen to check your baby is growing well.
- Discuss any maternity grants with you.

### 26 weeks

- Check blood pressure, CO2 monitoring and urine.
- Measure the size of your abdomen to check your baby is growing well.
- You may be offered further tests at this point and/or if anti D is required.

### 31 weeks

- Check blood pressure, CO2 monitoring and urine.
- Measure the size of your abdomen to check your baby is growing well.
- Review, record and discuss any results from tests you may have had.

### 34 weeks

- Check blood pressure, CO2 monitoring and urine.
- Measure the size of your abdomen to check your baby is growing well.
- Review, record and discuss any results from tests you may have had.
- Discuss any maternity grants with you.
- Discuss choosing place of birth and preparing for a birth discussion.
- You may be offered further tests at this point.

### 36 weeks

- Check blood pressure, CO2 monitoring and urine.
- Measure the size of your abdomen to check your baby is growing well.
- Review, record and discuss any results from tests you may have had.
- Provide you with information regarding your birth plan/discussion.

### 38 weeks

- Check blood pressure, CO2 monitoring and urine.
- Measure the size of your abdomen to check your baby is growing well.

### 40 and 41 weeks

- Check blood pressure, CO2 monitoring and urine.
- Measure the size of your abdomen to check your baby is growing well.
- Offer a membrane sweep if suitable.
- Arrange your induction of labour if necessary.



Tommy's  
**PregnancyHub**  
Pregnancy expertise at your fingertips



English

# Feeling your baby move is a sign that they are well

Most women usually begin to feel their baby move between 16 and 24 weeks of pregnancy. A baby's movements can be described as anything from a kick, flutter, swish or roll. The type of movement may change as your pregnancy progresses.



## How often should my baby move?

There is no set number of normal movements.

From 16-24 weeks on you should feel the baby move more and more up until 32 weeks then stay roughly the same until you give birth.



**DO NOT WAIT**  
until the next day  
to seek advice if  
you are worried  
about your baby's  
movements



It is **NOT TRUE** that babies move less towards the end of pregnancy or in labour.



You should **CONTINUE** to feel your baby move right up to the time you go into labour and whilst you are in labour too.

**Get to know your baby's movements**



## Why are my baby's movements important?

A reduction in a baby's movements can be an important warning sign that a baby is unwell.

Around half of women who had a stillbirth noticed their baby's movements had slowed down or stopped.

If you think your baby's movements have slowed down or stopped, speak to your midwife or maternity unit **immediately** (midwives are available 24 hours a day 7 days a week). There is always a midwife available, even at night.



- **Do not** put off getting in touch with a midwife or your maternity unit.
- **Do not worry about phoning**, it is important you talk to a midwife or your maternity unit for advice even if you are uncertain. It is very likely that they will want to see you straight away.



## What if my baby's movements become reduced again?

If, after your check up, you are still not happy with your baby's movement, you must contact either your midwife or maternity unit straight away, even if everything was normal last time.

**NEVER HESITATE** to contact your midwife or the maternity unit for advice, no matter how many times this happens. There are midwives on duty in the maternity unit 24 hours a day.



Do not use hand-held monitors, Dopplers or phone apps to check your baby's heartbeat.

Even if you detect a heartbeat, this does not mean your baby is well.



This leaflet is available in other languages:  
[tommys.org/pregnancyresources](https://www.tommys.org/pregnancyresources)



Find out more at  
[tommys.org/pregnancy-hub](https://www.tommys.org/pregnancy-hub)

## First Trimester Screening

Most babies develop normally, but unfortunately, a small percentage of babies will have a significant abnormality. Screening tests are not diagnostic but can show if there is an increase chance your baby has a problem.

### Offered in early pregnancy

When offered in the first trimester, the test uses information from the ultrasound scan and a blood test from you, to calculate the risk of the unborn baby having either Down's (T21), Edward's (T18) or Patau's (T13) Syndrome. In addition, other information is used such as mother's age, weight, weeks or pregnancy, family origin and smoking status.

A blood test taken between 11 weeks and 2 days, to 14 weeks and 1 day of pregnancy is used which looks at the levels of marker in your blood. An ultrasound scan is performed between 11 weeks and 2 days and 14 weeks and 1 day of pregnancy. This measures the Nuchal Translucency (fluid) at the back of the baby's neck.

### Screening later in pregnancy

If it has not been possible to have the first trimester combined screening test, you will be offered a blood test between 14 weeks and 2 days to 20 weeks of pregnancy. A risk is calculated using the blood results together with information such as mother's age, weight, weeks of pregnancy, family origin and smoking status. The test is known as the Quadruple test. **This is for Down's syndrome only.**

### Twin Pregnancy

The first trimester combined screening for Down's, Edward's and Patau's Syndrome early in pregnancy can be performed on mothers carrying twins to determine an individual risk for each baby. Quad testing for twin pregnancies is now available but for Down's syndrome only.

### Screening test results

If the risk calculated from either test is 1:150 or greater, this is considered 'low risk' and you will not be offered a diagnostic test. However, it is important to be aware that screening will not detect all baby's affected with either Down's, Edward's or Patau's syndrome. Low risk does not mean 'No' risk.

If the risk is less than or equal to 1:150, this is considered to be 'high risk' and you will be offered a diagnostic test. This does not mean that your baby definitely has Down's, Edward's or Patau's syndrome and most women who have the diagnostic test do not have this condition.

### Diagnostic tests

These tests are offered to women who have received an increased risk result following screening or to anyone with a family history or inherited problem. If you are facing the decision about diagnostic testing, a member of the Antenatal Screening Team will discuss your result with you and give you more detailed information.

### Amniocentesis

Amniocentesis is carried out from 16 weeks of pregnancy and is usually performed under continuous ultrasound guidance and a fine needle is passed through the wall of the abdomen, into the womb to remove a small amount of the amniotic fluid from the around your baby. The sample is then tested in the laboratory to check the baby's chromosome and a result is usually received within 2-3 working days. Amniocentesis has a miscarriage risk of 1:100 (1%).



## CVS (Chronic Villus Sampling)

CVS is usually carried out from 11 weeks to 13 weeks and 6 days of pregnancy and is performed at Birmingham Women's Hospital in the Fetal Medicine Department. It is performed under continuous ultrasound guidance and a fine needle is passed through the wall of the abdomen, into the womb to remove a small sample of tissue from the placenta.

## Antenatal Checks

### Blood tests

At the first booking appointment, you will be offered a blood test for Hepatitis B, HIV, Syphilis, full blood count, blood group and electrophoresis (sickle cell and thalassemia).

If there is history of gestation diabetes, you will be offered a further blood test checking your blood glucose levels at this point. You may also be required to have a glucose tolerance test later in your pregnancy at 28 weeks to screen for a condition known as gestational diabetes.

Your full blood count will be taken again at 28 weeks of pregnancy to ensure your iron levels remain normal, they may be repeated again at 34 weeks.

If your blood group comes back as 'rhesus negative' you may be offered further tests and an injection of Anti-D at around 28 weeks of pregnancy. Around 15% of women are rhesus negative. Your midwife will discuss this further with you if required.

### Blood Pressure

Blood pressure is checked on a regular basis to detect any raised blood pressure in pregnancy known as pregnancy induced hypertension (PIH) or pre-eclampsia. You need to tell your midwife or doctor immediately if you get headaches or spots before your eyes as these can be signs that your blood pressure has risen.

### Urine

To ensure a clean urine sample is collected, the best time is just after a bath/shower. It is checked for protein, sign of Infection and glucose, the possibility of the presence of diabetes.

The sample is tested in the laboratory to check the baby's chromosomes. The initial results are usually available within 3-4 working days. CVS has a miscarriage risk of 1-2:100 (1-2%).

Please see your 'Screening tests for you and your baby' leaflet for further information or visit:

[www.screening.nhs.uk](http://www.screening.nhs.uk)

### Symphysis Fundal Height (SFH)

It is important to check your baby's growth from 26 weeks of pregnancy to ensure they are growing well. It is measured using a tape measure for the top of your uterus (fundus) to the upper part of the pubic bone (symphysis) and are marked on your individual growth chart.

### Fetal Heart

If you wish, your midwife or doctor can listen to your baby's heart beat with a pinard or handheld device called a Doppler.

### Liquor

Liquor refers to the water around the baby. A gentle examination of the abdomen can give an idea of whether the amount is about right or whether there is suspicion of there being too much or too little, in which case an ultrasound is needed.

### Abdominal Examination

Abdominal examination describe the way the baby lies in your womb. If your baby position is breech (bottom first), there is any increased chance of labour complications. It is usually recommended to try and turn the baby before labour commences (ECV - external cephalic version).

### Fetal movements

You usually start to feel some movements between 16 and 24 weeks. However, especially after 26 weeks, it is very important to be aware of your baby's activity. Become familiar with your baby's typical daily patterns of movements and contact your midwife or fetal assessment until (FAU) immediately if you feel that the movements have altered. A reduction in movements may be a warning sign that your baby needs checking.

## Infant Feeding

There is support offered for Infant Feeding throughout your pregnancy and into the postnatal period. Whether you chose to breastfeed or bottle feed, the experts are on hand.

Here at Walsall, we have a specialist Infant Feeding Team to guide, support and answer any questions you may have.

### FLO

From 28 weeks of pregnancy, you can be signed up for the text message 'Flo' service. This will provide you with helpful information, tips and links to videos on lots of things such as breastfeeding, safe sleep and developing close and loving relationships. You will receive a text message asking you to opt. You will then receive texts during your pregnancy tailored to your gestation. Once your baby is born, text Flo saying 'birthday' and this will trigger the appropriate postnatal protocol to start.

**Text HELP or SORE anytime if you require additional feeding support.**



Principles for Effective Breastfeeding:

- Skin to skin contact with your baby immediately after birth will help initiate your breast milk.
- You will be offered support to feed your baby as soon as possible
- You will be shown how to maintain your milk supply, even if you and your baby are separated
- No other food or drink is recommended for the first 6 months, unless medically indicated
- You and your baby should stay close so feeding cues can be responded to early
- Responsive feeding (keep watching for feeding cues, maintain eye contact whilst feeding, check your positioning and attachment)
- Use of teats and dummies may affect your milk supply whilst establishing breastfeeding

### Your Milk

Colostrum is the milk you will produce in the first few days. It is full of antibodies to protect your baby against infection. You will produce the right amount to meet your baby's needs. Your midwife will show how to position your baby and to make sure they are attached correctly.

**Ask your midwife about the colostrum collection kit in your pregnancy. You can start collection from 36 weeks of pregnancy and store in fridge/freezer.**

If you are bottle feeding, ensure you bring the 'starter pack' formula feeds with you in your hospital bag as we no longer provide milk or bottles.

Babies who are NOT breastfed have an increased chance of;

- Diarrhoea/vomiting
- Chest infections
- Ear infections
- Constipation
- Becoming obese
- More likely to develop type 2 diabetes and other illnesses later in life
- Developing eczema
- Sudden Infant Death Syndrome (SIDS)

**To speak with the Infant Feeding Team contact:**

07794 117247 or 01922 721172 ext. 7720  
(Monday-Friday: 8am-5pm)

**Infant Feeding Support Services:**

01922 605248 (Monday - Friday: 9am-5pm)

**National Breastfeeding Helpline:**

0300 1000212 (365 days 9.30am-9.30pm)



# Your Health in Pregnancy

## Basic Health in Pregnancy

It is important to tell your GP, obstetrician and midwife about any pre-existing physical or mental health conditions. This includes any previous surgery (including cosmetic procedures) or any childhood conditions or health problems. This information helps the team assess if anything further is needed to keep you and your baby healthy during the pregnancy.

### Common Pregnancy Symptoms

As your body changes in pregnancy, you can experience some minor problems which can cause irritation and some discomfort. If you are at all concerned, please discuss with your midwife or doctor. You may feel some tiredness, nausea, backache or other mild aches and pains; you have heart burn, constipation, haemorrhoids (piles). You may also experience swelling of your hands and ankles, or varicose veins.

### Vitamin's in Pregnancy

It is recommended to commence pregnancy Vitamin's within the first trimester.

It is important you get enough vitamin D during your pregnancy and while you are breastfeeding. The following women are at greater risk of having low levels of vitamin D:

- Your family origin is South Asian, African, Caribbean or Middle Eastern
- You stay indoors a lot of the time and cover your skin when outdoors
- You have a diet that is low in vitamin D
- Your pre pregnancy body mass index (BMI) is above 30

The best source of vitamin D is sunlight but having a vitamin D rich diet also helps. Oily fish, eggs, meat and fortified cereals. If taking a vitamin D supplement, ensure the dose of 10 micrograms (mcg) a day.

**Folic Acid** from the time of conception until 12 weeks pregnant. This is to help prevent neural tube defects such as Spina bifida.

### Healthy Eating and Drinking

Make sure you eat a variety of different foods to get the right balance of nutrients for your growing baby and for your body to deal with the changes taking place. How you prepare and cook your food is also important, to prevent food poisoning. Take care—some foods need to be cooked well, such as meat, poultry and eggs. Avoid pate and mould-ripened soft cheese, liver and liver products, unpasteurized milk, marlin, swordfish and shark.

Eat plenty of fruit and vegetables because these provide vitamins and minerals, as well as fibre which help digestion and prevent constipation. Eat at least five portions of fruit and vegetables a day— these can be fresh, frozen, canned, dried or juiced. Always wash them carefully. Cook vegetables lightly in a little water, or eat them raw but well washed, to get the benefit of the nutrients they contain.



### Caffeine

Caffeine contains a stimulant that is contained in tea, coffee and cola drinks. Too much caffeine should be avoided as it is passed through the placenta and may affect your baby. Two cups of coffee or four cups of tea a day is current government advice.



## Alcohol and Smoking

### NO ALCOHOL



### Alcohol

It is best to avoid alcohol completely if you are trying to become pregnant, and during the first 3 months of pregnancy because of the risk of miscarriage. Alcohol reaches your baby through the placenta and because your baby cannot process alcohol as fast as you do, you baby is exposed to alcohol for a longer period of time. Too much alcohol can harm your baby's development and in excessive cases the baby may have physical and mental problems known as Fetal Alcohol Syndrome.

Binge drinking (drinking more than 5 units of alcohol in one session) is especially harmful.

For more advice on government guidelines and the risks surrounding alcohol consumption during pregnancy, please call **01922 444044** or get in touch with the **Beacon Recovery Services on 01922 669840**.

### Illegal Drug Use

Use of illegal or street drugs when pregnant can seriously harm you and your baby. If you, or someone close to you, are using drugs, it is important to seek help straight away. You can talk to your midwife, GP or any other professional you meet.

**For 24 hour immediate help:**

**Call FRANK 0300 123 600 or text FRANK 82111**

Or visit [www.talktofrank.com/contact-frank](http://www.talktofrank.com/contact-frank)

### NHS Choices

[www.nhs.uk/conditions/pregnancy-and-baby/illegal-drugs-in-pregnancy](http://www.nhs.uk/conditions/pregnancy-and-baby/illegal-drugs-in-pregnancy)

### Smoking

When you inhale smoke you also take tar, carbon monoxide (a poisonous gas) and over 4,000 chemicals into your lungs. Carbon monoxide gets into your bloodstream and reduces the amount of oxygen flowing round your body. Oxygen is needed for your baby to grow. Reduced oxygen to your baby can affect his/her health and development.

Your midwife or GP will refer you to Walsall Stop Smoking Service, who can then contact you to arrange support for your attempt to quit. The advisor will be flexible to suit your needs and provide you with an appointment that is convenient for you.

Your midwife and smoking advisor will support you throughout your attempt to quit. If you would like to consider nicotine replacement therapy to help you quit smoking your advisor will be able to discuss this with you and provide a prescription for these products.

**Please call 01922 444044 and ask to speak to an NHS Smoking in Pregnancy Advisor.**

If you stop smoking before or during pregnancy, it will help reduce the risk of:

- Miscarriage
- Bleeding
- Slow growth
- Premature birth
- Stillbirth
- Low birth weight
- Cot death
- Breathlessness and wheezing
- Colic
- Smoking related diseases for you.

The Walsall NHS Stop Smoking Service supports pregnant women and their families to stop smoking.

## Work and Benefits

Having a baby may involve a change in your household income. Your midwife will be able to advise you where to get information on all financial aspects of the the arrival of a new including budgeting, benefits and work options. Contact your local DSS office or midwife for a booklet on the Government's latest provision on Maternity Rights and Benefits and discuss your options with your human resources department or employer early in pregnancy. An FW8 certificate will be issued in early pregnancy entitling you to free prescriptions and dental treatment. Your midwife will also supply you with a maternity certificate after 21 weeks of pregnancy (Mat B1) to claim your entitlement. Families on certain benefits can get support known as Healthy Start in which you receive vouchers for free milk, fruit, vegetables and vitamins.

## Travel

### Travel-Flights

If you are planning to travel abroad during your pregnancy, you need to discuss your own individual risks with your doctor or midwife. Most women having a straightforward pregnancy won't experience any problems. However, there are higher risks if you have any medical conditions or had any previous or current problems during your pregnancy.

Some airline, cruise or ferry companies will not accept you as a passenger towards the end of your pregnancy.

You need to contact your travel company for details and you may need a letter to say you are fit to travel. You also need to check with your travel insurers as some may not cover travel during pregnancy.

There is evidence to suggest that periods of inactivity such as long journeys will increase the risk of developing blood clots. It's recommended that you do some leg exercises to encourage blood circulation and consider wearing compression stockings/tights on long drives or flights. Drink plenty of fluids and walk around the cabin every 30 minutes to encourage good blood circulation.



### Travel-Car

On longer car journeys it is important to stop regularly for a break and to stretch your legs. Wear your seatbelt with the cross strap between your breasts and the lap strap across your pelvis under your bump, not across your bump. Road accidents are among the most common causes of injury in pregnant women. Avoid making long trips on your own and share the driving with others when possible.

## Sex in Pregnancy

It is safe to have sex in pregnancy, unless you have been advised not to. Some couples find sex very enjoyable during pregnancy, whereas some find their sex drive changes and they don't feel like they want to as often or at all. If you don't feel like having sex, think about other ways you could feel intimate and close with your partner. Your breasts may be sore and tender, and as your bump grows certain positions become more difficult. Having sex cannot harm your baby, and he or she will not be aware of what is happening.

**For more information visit:**

**NHS Choices** [www.nhs.uk/conditions/pregnancy-and-baby/sex-in-pregnancy](http://www.nhs.uk/conditions/pregnancy-and-baby/sex-in-pregnancy)

**National Childbirth Trust** [www.nct.org.uk/pregnancy/sex-during-pregnancy-questions-andconcerns](http://www.nct.org.uk/pregnancy/sex-during-pregnancy-questions-andconcerns)

## Domestic Violence & Mental Health

### Violence and Abuse at home

Pregnancy can be the happiest time of a woman's life but for some women it is the most vulnerable. Domestic violence is the largest unreported crime, affecting 1:4 at some point in their life, regardless of social status or intellect. It can take many forms, including physical, sexual, mental or emotional abuse. Domestic violence can lead to serious complications, which affect you and your baby. You can speak in confidence to your midwife who can offer you help and support and refer you on to a support agency.

**Victim Support - 08081689111**

**Walsall Domestic Violence - 01922 406767**

### Your Mental Health and Wellbeing

Expecting a baby can be a joyful and exciting time. However, it is also common for pregnant women to experience anxiety, depression or emotional distress. This can happen to anyone.

At your booking appointment, your midwife will ask you questions about your mental and physical health so that they can find out whether you need any extra support. Every woman is asked these questions. Even if you do not have a specific mental health issue, it is a good idea to talk with your midwife if you're feeling anxious.

Your midwife will ask you:

- how you are feeling
- whether you have or have ever had mental health difficulties
- whether you have ever been treated by a specialist mental health service
- whether a close relative has ever had severe mental illness during pregnancy or after birth

It's important to be honest with the midwife about how you feel. They won't judge you, and they can help you get support or treatment if you need it.

If the midwife thinks you need support, they will refer you to the most appropriate service for your needs such as talking therapies, a specialist midwife, specialist perinatal services or your GP.

### During your Pregnancy

It is not uncommon for mental health problems to start during pregnancy, so if you have any of the symptoms below at any point, speak to your midwife or doctor as soon as possible.

- Feeling low or anxious most of the time for more than two weeks
- Losing interest in things you normally like
- Having panic attacks
- Feeling worthless or guilty
- Losing your appetite
- Having unpleasant thoughts that keep coming back and you can't control them
- Finding yourself repeating an action (like washing, checking, counting) to feel better
- Finding your thoughts race and you become extremely energetic and happy
- Feeling you are so afraid of giving birth that you don't want to go through with it
- Continual thoughts that you are an unfit mother or that you're not attached to the baby
- Thoughts about self harm or suicide

### Tips to improve your Mental Health

- Exercise and eat well.
- Take time out for yourself every day. Do something you enjoy that's just for you.
- Meditation. Many women find meditation and hypnobirthing not only help them relax but also helps manage pain in labour. See page 31
- Talk to someone you trust
- Ask for practical help from family or friends. Whether its help with housework, shopping, childcare or having the close supportive relationship.
- Consider talking therapies. Sometimes its easier to talk to someone you don't know.



### Walsall Talking Therapies Service

Call: 0800 953 0995

Website: [www.blackcountryhealthcare.nhs.uk/walsall-talking-therapies](http://www.blackcountryhealthcare.nhs.uk/walsall-talking-therapies)

Email: [talkingtherapies.walsall@nhs.net](mailto:talkingtherapies.walsall@nhs.net)



## Exercise in Pregnancy

### Exercise

Regular exercise is important to keep you fit and supple. Make sure your instructor knows you are pregnant. Provided you are healthy and have discussed this with your midwife, exercise such as swimming, yoga for pregnancy or aqua natal classes are safe. However, scuba diving and any vigorous exercise or contact sports should be avoided.

Some women feel exercise helps them adjust to the physical changes taking place in their body, promoting a sense of wellbeing and reducing feelings of stress, anxiety and depression. Exercise may help prevent some pregnancy complications and can help with swollen ankles/feet.

Avoid exercise where you could lose your balance and hurt yourself. Ensure you drink plenty of water during exercise and remember that hormonal changes preparing you for birth can make you more flexible so it's important to avoid deep twists of the spine. It is important to warm up and cool down when exercising to avoid strain or injury.

You are now invited by the Health in Pregnancy Service (HIPS), for a healthy buggy walk at Walsall Arboretum. **For more information or to book into a session please call 01922 423252.**

### Pelvic Floor Exercise

Pelvic floor exercises help strengthen the muscles of the pelvis, which are under additional strain during pregnancy and childbirth. Adopting these exercises regularly will reduce the likelihood of you experiencing pregnancy related incontinence, and help your body to recover after birth. It can also reduce the risk of incontinence in the future.

### Dental Care in Pregnancy

During pregnancy and after birth it's important to have regular dental check-ups. Hormonal changes in pregnancy may cause bleeding gums. It is important to keep a good level of dental hygiene to prevent tooth decay and gum disease.

It is recommended that you brush twice a day with fluoride toothpaste (this is safe to use in pregnancy). After consuming sugary products, use a mouthwash containing fluoride, or brush your teeth. Drinking water after eating sugary foods can also be of benefit to preventing dental decay.

NHS dental care is free for pregnant women and for one year after the birth of your baby. It is recommended that all pregnant women see their dentist during pregnancy. It is especially important to see your dentist if you have persistent sore or bleeding gums.

**Don't forget to speak with your midwife of GP for your Maternity Exemption Certificate. This entitles you to free prescriptions and dental care certificate (FW8). Free during pregnancy and up to 1 year after birth.**

### Eye care in pregnancy

During pregnancy you may experience slight changes in your vision and/or experience dry eyes. Eye tests are recommended every two years and are free when you are pregnant.

**Contact your local optician to book an appointment.**



## Infections and Pregnancy

**If you come into contact with or develop any infectious disease, including tuberculosis, develop a rash or if you think you have been in contact with any of the following please inform your midwife or GP by telephone urgently.**

### Chicken pox

Chicken pox is caused by the varicella zoster virus. Chicken pox is highly infectious and can be dangerous to your baby and cause problems with development if caught before 20 weeks of pregnancy. If you had chicken pox as a child, it is likely that you are immune and you do not need to worry. If you think you may have come into contact with someone with chicken pox and you know that you are not immune, please seek medical advice.

### Parvovirus (slapped cheek syndrome)

Parvovirus is very infectious and usually affects children. The main symptom is a red blotchy rash on the face. It can also be accompanied by mild fever, headache and sore throat. If you contract parvovirus in pregnancy it can be harmful to your baby. Please speak to your GP or Midwife if you think you may have been in contact with parvovirus.

### Toxoplasmosis

Toxoplasmosis is an infection caught by direct contact with cat faeces, contaminated soil or contaminated meat. It can cause flu like symptoms and is harmful for your unborn baby. You are advised to wear gloves when gardening or handling cat litter and to thoroughly wash fruit and vegetables.

### Sexually transmitted infections (STIs)

STIs such as chlamydia, herpes and gonorrhoea are becoming increasingly common and when left untreated in pregnancy can be dangerous to your baby. If you are concerned that you or your partner may have been exposed to STIs please attend your local sexual health service clinic for full sexual health screening.

### Group B Streptococcus (GBS)

GBS is a transient bacterial infection, commonly found in the gut, occasionally spreading to the vaginal and rectal tract. GBS causes no symptoms and is harmless to adults. It can however be harmful to babies of infected mothers if they are born vaginally. GBS is not routinely screened for but can be detected via urine or swap tests. If it is detected or you have been infected with GBS in the past, it is recommended that you have intravenous antibiotics during labour to protect your baby from the infection.



### Signs of infection

Contact your GP or midwife for advice if you develop signs of infection. For example:

- Sore throat
- Fever
- Shivering
- Fast heart rate
- Abdominal pain
- Unpleasant vaginal discharge

**For more information, please visit**

**NHS Choices** [www.nhs.uk/conditions](http://www.nhs.uk/conditions)

**Walsall Integrated Sexual Health Service (WISH)**

01922 270400

[www.walsallsexualhealth.co.uk](http://www.walsallsexualhealth.co.uk)

## Flu Vaccine

**It is currently recommended that all pregnant women have flu and whooping cough vaccinations during pregnancy. Ask your midwife or GP about this early in pregnancy.**

### Flu Vaccine

In pregnancy, the immune system is naturally suppressed. This means that pregnant women are more likely to catch flu and if they do catch it, more likely to develop complications. Complications include miscarriage, premature labour and in extreme cases, death. Having the flu vaccine could help you avoid catching flu and protect your baby.

### Is the vaccine safe for me and my baby?

There is no evidence that inactivated vaccines, such as the seasonal flu vaccine, will cause harm to pregnant women or their unborn baby, so it is perfectly safe.

### Am I still immune if I had the flu last year?

There is usually more than one type of flu in circulation in any year and having had one type of flu will not protect you from the other type.

### Which vaccine is recommended in the UK?

The seasonal flu vaccine is recommended for pregnancy in the UK. The seasonal flu vaccine generates a protective antibody response in your body to three influenza viruses. However, the protection offered is still not 100% and there is still a small risk of catching flu.

### What should I do if I or people close to me catch flu before I have the vaccine?

Call your GP immediately to explain what's happening and tell him/her you are pregnant. Flu can be more severe in people with compromised immune systems therefore, it is important to know if there are any other health conditions.

### If a pregnant woman goes to her GP and is told that she doesn't need to be vaccinated, what should she do?

The seasonal flu vaccine is freely available to all pregnant women and should be routinely offered by GP's as recommended by the Department of Health.



### To avoid spreading flu:

- **Catch it:** Always covering your nose and mouth with a tissue when coughing or sneezing.
- **Bin it:** Throwing away dirty tissues promptly and carefully.
- **Kill it:** Maintaining good basic hygiene, for example washing hands frequently with soap and warm water or using a sanitizer gel.

### Where can I have my vaccine?

All pregnant women will be offered the flu vaccine when they attend their dating scan during flu season (October-March). Women who have already had their dating scan before October, will be offered the vaccine to have at your GP surgery or Antenatal Clinic.

### For Pregnant women, the symptoms of flu are:

- Sudden fever
- Tiredness
- Sore throat
- Runny nose
- Cough
- Headache
- Muscle & Joint pain

### For more information please visit:

**Department of Health**

[www.dh.gov.uk](http://www.dh.gov.uk)

**NHS**

[www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)

[www.nhs.uk/vaccinations](http://www.nhs.uk/vaccinations)

## Whooping Cough Vaccine

**Expectant mothers can help protect their babies by getting themselves vaccinated against whooping cough from 20 weeks of pregnancy.**

### What is the problem?

You may have thought that whooping cough had died out but since 2010, there has been an increasing number of people being diagnosed with the disease in the UK and other countries. We are unsure why, but the causes are being investigated. The important thing is to protect your baby, who is too young to protect themselves.

### Why should I be concerned?

Whooping cough is a serious disease that can lead to pneumonia and permanent brain damage. Many babies with whooping cough will be admitted to hospital and unfortunately at risk of dying from the disease. Deaths from whooping cough are rare in the UK but rates still occur.

### Why aren't babies vaccinated to protect them against the disease?

Babies that get whooping cough disease are generally too young to have started their normal vaccinations therefore are not protected. Babies immune systems don't make good responses to vaccines until they are two months old.

### How can I protect my baby?

The only way you can help protect your baby from getting whooping cough in their first weeks after birth, is by having the whooping cough vaccine yourself whilst you are pregnant. You will then pass some immunity to your baby before birth.

The best time to get vaccinated is around 20 weeks of pregnancy but you can still have the vaccine up to 38 weeks pregnant.

### Side effects?

There are no safety concerns related to having the vaccine but you may experience some mild side effects within the vaccination area. Side effects include:

- **Swelling**
- **Redness**
- **Tenderness**

### What do I need to do?

You will be offered the whooping cough vaccination by your midwife, when you attend for ultrasound scans or by your GP surgery when you are 20 weeks pregnant.

You can talk to your GP, midwife or pharmacist for more information and advise.

**Act now to protect your baby from whooping cough from birth.**

**For more information, please visit:**

**NHS**

[www.nhs.uk/vaccinations](http://www.nhs.uk/vaccinations)

**Department of Health**

[www.immunisations.dh.gov.uk](http://www.immunisations.dh.gov.uk)

## Common Pregnancy Complaints

### Nausea and/or vomiting

This is very common, particularly in the first 16 weeks of pregnancy. Often known as 'morning sickness'. This can be misleading as it can occur at any time of the day. It can help to eat small, regular meals throughout the day. If the vomiting is severe, it is known as hyperemesis gravidarum and may require treatment with anti-sickness medication.

### Urinary tract infections (UTI)

These are common in pregnancy and you should inform your midwife or GP if you experience any signs and symptoms. These include pain on passing urine, passing small amounts of urine frequently or urine that is cloudy and strange smelling. You may require antibiotics.

### Incontinence

This can affect women during and immediately after pregnancy due to the effect of hormones on the pelvic floor and the pressure from the pregnancy. Women may leak a small amount of urine when coughing, laughing, sneezing or moving suddenly and this is usually nothing to worry about. If symptoms persist for a long period of time, ask your GP to refer you for specialist support.

#### To strengthen the pelvic floor:

- Sit or lie comfortable and relax the stomach and buttocks.
- Squeeze and lift the muscles around your front passage, vagina and back passage.
- Imagine stopping the flow of urine.
- Try performing some short, strong squeezes.

Aim to perform 5-10 squeezes. Relax for 5 seconds in-between. Perform 4-6 times daily.

### Faintness

Feeling faint is common and often caused by standing up too quickly or lying flat on your back. Always stand up gently and when lying down, try to stay on your side, particularly after 28 weeks of pregnancy.

### Headaches

These may increase due to hormonal changes. Ensure you drink plenty of water, rest and take paracetamol if required. If headaches persist or you experience a sudden severe headache, contact your midwife or GP.

### Indigestion/heartburn

Caused by hormonal changes and the womb pressing on your stomach as your baby grows. There are plenty of home remedies you can try such as milk or antacids to help relieve symptoms.

### Swollen hands, ankles and feet

These can often occur as the body holds more water whilst pregnant. Avoid standing for long periods, rotate your ankles regularly and elevate your feet when seated. Sudden or severe swelling is not normal and you should contact MFAU or Triage.

### Constipation

This can occur early in the pregnancy and is considered normal. Ensure you drink plenty of water and that you are getting lots of fruit, vegetables and fibre in your diet.

### Pelvic Girdle Pain

Affects 1:5 women during pregnancy and can cause mild discomfort for some or severe pain for others. Try to keep your knees together and avoid putting excess strain on one side of the body during daily activities. Things you can try to prevent/help include, getting dressed whilst sitting down, taking stairs one step at a time and using a backpack instead of a handbag. If the discomfort persists, ask your midwife regarding a referral to our local physiotherapy services.

#### Physiotherapists:

##### Nicky Smith:

[nicola.marsh@walsallhealthcare.nhs.uk](mailto:nicola.marsh@walsallhealthcare.nhs.uk)

##### Caroline Larkin:

[caroline.larkin@walsallhealthcare.nhs.uk](mailto:caroline.larkin@walsallhealthcare.nhs.uk)

01922 721172 ext.7603



As previously mentioned, there are several common pregnancy complaints however, if you are concerned about your health for any reason or experience any of the following, contact Maternity and Fetal Assessment Unit (MFAU) or Triage.

### Unresolved headaches or visual disturbances

These could indicate that your blood pressure is raised. If there is also protein in your urine, you may have pre-eclampsia which could cause further complications such as blood clotting and seizures. Quick medical assistance will help reduce the risk of alleviating problems.

### Bleeding

This may come from anywhere in the birth canal, including the placenta (afterbirth). Occasionally, there can be an 'abruption', when part of the placenta separates from the womb putting your baby at great risk. Any bleeding should be reported and investigated immediately.

### Placenta praevia

This can be picked up on ultrasound scan as a 'low lying placenta'. This is when the placenta is covering all or part of the entrance of the womb (cervix). If you have a low lying placenta, you will have follow up scans at 34-36 weeks pregnant to see if it has moved. If the placenta remains low, it can cause sudden or severe bleeding.

### Itching

Itching, especially on the hands and feet, can be caused by a liver condition known as Obstetric Cholestasis (OC). OC can affect your baby and in rare cases result in still birth if not treated. Simple blood tests can check to see if you have the condition.

### Premature labour

Labour may start prematurely (before 37 weeks) for a variety of reasons. Once it starts properly it could be difficult to stop. If your labour starts before 34 weeks you may be given steroid injections to help your baby's lungs mature.

### Thrombosis

Clotting of the blood that can occur due to increased levels of clotting factors during pregnancy. They are increased to help stop bleeding once the baby and placenta have been delivered but carry the increased risk for pregnant women to get blood clots. You are advised to see your GP immediately if you have pain or swelling in your leg, chest pain or cough up blood. A risk assessment of your individual risk factors is completed during pregnancy to identify the need to medication to help prevent clots. Risk factors include, age, weight, smoking status or family history of thrombosis.

### Gestational diabetes

High blood sugar that develops during pregnancy and usually disappears after birth. It occurs when the body cannot produce enough insulin (a hormone responsible for controlling blood sugar levels) to meet the increased demands of pregnancy. Symptoms aren't common, but many women are screened for this condition during pregnancy, particularly if they have certain 'risk factors'. Ask your midwife if you are at risk of developing gestational diabetes and if you need to be tested.

### For more information, please visit:

**Tommy's** [www.tommys.org/pregnancy-information/im-pregnant/early-pregnancy/10-common-pregnancy-complaints](http://www.tommys.org/pregnancy-information/im-pregnant/early-pregnancy/10-common-pregnancy-complaints)

**NHS** [www.nhs.uk/conditions/pregnancy-and-baby/common-pregnancy-problems/](http://www.nhs.uk/conditions/pregnancy-and-baby/common-pregnancy-problems/)



## Miscarriage

A miscarriage is the loss of a pregnancy during the first 24 weeks.

An early miscarriage occurs up until 13 weeks of pregnancy.

Symptoms of a miscarriage can include bleeding, abnormal vaginal discharge, lower abdominal pain and a loss of pregnancy symptoms.

The first trimester can be an anxious time for many reasons, one of which might be worrying about whether the pregnancy will continue. Sadly, as many as 1:5 pregnancies will end in early miscarriage.

The loss of a baby at any stage of a pregnancy can be devastating for both parents. It doesn't matter how far into the pregnancy it happened, or whether or not the pregnancy was planned, the sense of loss can be very strong. It is important to remember that everyone deals with loss differently and it's ok to grieve for your baby. There are a number of organisations that can provide expert support and information for parents who have suffered a loss.

Whilst there are a number of reasons why a pregnancy might not be successful, the majority of first trimester miscarriages occur because of a problem with the chromosomes which mean that the baby could never have developed, not because of anything the mum has done, or not done. The vast majority of women who suffer the loss of a baby do go on to have successful pregnancies in the future.

A miscarriage can be diagnosed by an ultrasound scan. You may be required to stay in hospital overnight but most women go home on the same day. You will receive a follow up from a doctor, nurse or midwife who specialises in early pregnancy.

Here at Walsall, we have a dedicated Bereavement Midwife to lead our Bereavement services. The Bereavement Midwife helps to provide emotional support to women, their partners and their families and to signpost them to organisations that can offer further counselling and support.

Don't hesitate to call Early Pregnancy Assessment Unit (EPAU) for further assessment. All options are provided for miscarriage and all staff are trained in giving supportive, patient-centred care including bereavement.

**For more information, visit:**

**Miscarriage Sssoiation**

[www.miscarriageassociation.org.uk](http://www.miscarriageassociation.org.uk)

**Tommy's**

[www.tommys.org/pregnancy-information/pregnancy-complications/pregnancy-loss/miscarriage-information-and-support](http://www.tommys.org/pregnancy-information/pregnancy-complications/pregnancy-loss/miscarriage-information-and-support)



## Still Birth

When a baby passes away after 24 weeks of pregnancy, either before or during birth, this is known as a stillbirth.

Stillbirth is one of the most devastating things a family can experience, and a range of support is given through a specialist team of midwives, obstetricians, GP's, counsellors and charities.

Many stillbirths are linked to a problem with the placenta, which is essential for the baby's growth and development. If the placenta does not work properly, it can lead to babies not receiving the oxygen and nutrients they require.

Other causes include infection, heavy bleeding (haemorrhage), pre-eclampsia and pre-existing diabetes. Not all stillbirths can be prevented, but there are some simple things that can be done to minimise the risk:

- Stop smoking and avoid alcohol and drugs
- Sleeping on your side from around 28 weeks pregnant
- Attend all antenatal appointments and ultrasound scans to enable to appropriate monitoring of yourself and baby
- Call for assistance/ attending hospital immediately if your baby's movements have altered

Babies who are suffering Intra Uterine Growth Restriction (IUGR) can grow slowly in the womb that they are at risk of health problems. This is a significant cause of stillbirth.

The team at Walsall Manor NHS Trust, use the GAP (Growth Assessment Protocol) programme which uses personalised growth charts to better detect babies who are not growing well.

Walsall Manor NHS Trust have achieved third best in the UK for their efforts at detecting babies with restricted growth therefore, reducing the risk of stillbirth.



### For more information visit:

#### NHS Choices

[www.nhs.uk/conditions/stillbirth](http://www.nhs.uk/conditions/stillbirth)

#### Tommy's

[www.tommys.org/pregnancy-information/pregnancy-complications/pregnancy-loss/stillbirth-information-and-support](http://www.tommys.org/pregnancy-information/pregnancy-complications/pregnancy-loss/stillbirth-information-and-support)

#### SANDS (Stillbirth and Neonatal death charity)

[www.sands.org.uk](http://www.sands.org.uk)



# WOMB TO WORLD

## Walsall Antenatal Programme



### Antenatal Classes

#### Walsall Womb to World Antenatal Programme

is delivered virtually on Microsoft Teams, four sessions over four weeks each month. Sessions are delivered by health care practitioners who will be supporting you throughout your pregnancy and beyond into parenthood. Teams include Maternity Services, Health in Pregnancy Service (HIPS) and Infant Feeding Service.

#### Sessions, Wednesday 1pm-3pm:

- 1- Getting to Know your Unborn Baby
- 2- Labour and Birth
- 3- Infant Feeding
- 4- Postnatal Care and Bonding

You are able to sign up at any time after 16 weeks of pregnancy and will need to provide;

- Name
- Date of Birth
- Email Address
- GP Surgery
- How many weeks pregnant you are

#### To join us please contact:

#### The Midwife Led Unit (MLU)

01922 605420

#### Health Visiting Service

01922 603074

#### Infant Feeding Service

01922 721172 ext 7720

#### Health in Pregnancy Service (HIPS)

01922 423252

Becoming a parent can be one of the most rewarding and challenging times of your life and whether it is your first or consecutive pregnancy our parent education sessions are designed to support you and help you prepare.

If you join face to face education sessions or virtual sessions you will have the opportunity to meet other parents-to-be. They will be going through similar experiences as you, so meeting others can really help.

Our education classes are here to support you ahead of your baby's arrival, help you and your baby stay healthy throughout your journey and give you tips and advice how as a family you can start to build a strong relationship with your little one.

#### All our classes are free.

Every booking will accommodate the pregnant mother and her birth partner, however, you are very welcome to attend alone.





## Complementary Services

### Reflexology

Reflexology is a holistic complementary therapy. It is not just a foot massage, it is a method where pressure is applied to the reflex points in the feet to stimulate the whole body. The aim is to achieve homeostasis (a state of internal balance).

Reflexology is beneficial as it reduces stress, improves circulation and aides deep relaxation.

Here at Walsall Healthcare NHS Trust, we offer postdates Reflexology Treatments.

At the end of your pregnancy, reflexology may help to stimulate labour. Specific treatment can be given by a Reflexology Trained Midwife to stimulate oxytocin production.

An appointment can be booked by your midwife to see a Reflexology Midwife at the MLU, considering there are no pregnancy complications. The appointment will last approximately 1 hour.



### Aromatherapy Service

Aromatherapy services are offered to low risk women from 37 weeks of pregnancy, during labour and into the postnatal period.

Aromatherapy uses essential oils extracted from plants, which can be inhaled, used in a compress, bath and massaged into the skin. It is also offered as an additional option for labour comfort and relaxation for low risk women.

Our aromatherapy services are free of charge.

Please speak with your midwife or contact the MLU for more information.



### Hypnobirthing Courses

Hypnobirthing is a complete birth education programme that teaches simple but specific self-hypnosis, relaxation and breathing techniques for a better birth experience.

The Wise Hippo Birthing Programme is a new modern hypnobirthing course with a difference.

The programme imparts couples with the knowledge they need to focus on the birth being a normal and natural event and helps take away the 'fear' of the birthing process. Couples are taught how to relax and remain calm during labour and birth.

You will not be in a trance or asleep but aware and fully in control. Most importantly, you will learn how to put yourself back in control of your birth.

Research has shown that hypnobirthing may help to;

- Create a calm, peaceful birth experience
- Shorten the first stage of labour
- Eliminate or reduce the need for stronger pain relief
- Reduce the likelihood of interventions
- Promote bonding of mother, baby and the birthing partner

The course is held at Walsall's MLU for a small fee.

**For more information, please visit:**

**The Wise Hippo**

[www.thewishippo.com](http://www.thewishippo.com)

**Walsall's MLU**

01922 605422

# Preparing for Your Baby

## Preparing for Birth

### Getting to know your baby

Taking time as part of your daily routine to think about and bond with your unborn baby is known to release oxytocin, a hormone which can help your baby's brain to develop.

You can try this by:

- Talking or singing to your baby and encouraging your partner/family to do the same
- Massaging your bump
- Having a bath
- Trying pregnancy yoga
- Practising hypnobirthing
- Playing music to your baby

Remember, you will still feel your baby's movements up until the birth. **Contact Maternal and Fetal Assessment Unit (MFAU) or Triage if the movements change.**

### Preferences for Birth

These are decisions that you will make following discussion with your midwife or consultant at around 34-36 weeks pregnant but is helpful if you start thinking of your preferences before. Most women have the option of three places to give birth. See pages 6 & 7.

It's a good idea to note down on your options using the Badger Notes app, under Birth Plan. It is a written record of what you would like to happen during labour, birth and afterbirth.

When doing so, it is important to take into account your medical history and once you are in labour, the midwife caring for you will discuss your preferences and agree a plan of care with you. However, if complications arise, your midwife and doctor may have to discuss a further plan with you.

### Where is the safest place for me and my baby?

If you have certain needs or complications with your health or pregnancy, it may mean that giving birth in the hospital is the safest option. If this is your first baby, and your pregnancy is considered 'low risk', it is just as safe to have your baby in the MLU as it is to have your baby in a labour ward.

Research shows the risk to the baby is slightly increased when planning to give birth at home. If this is your second or subsequent baby, it is just as safe to have your baby at home as it is to have your baby in the MLU or in the hospital.

Women who give birth at home, or in a midwifery-led birthing centre are much less likely to require medical interventions including caesarean section, instrumental delivery, blood transfusion and episiotomy.

**Towards the end of your pregnancy, you may feel a variety of different emotions as the birth becomes closer. You may feel excited, anxious or even scared – this is all normal. There are several things that you can do to help your mind and body prepare for birth.**

### Perineal massage

Massaging the perineum (the area between the vagina and anus) in the later weeks of pregnancy has been shown to reduce the likelihood of tearing during birth or the need for an episiotomy.

It is recommended to practice this daily from 34 weeks pregnant until the birth of your baby.

### How?

- Wash your hands
- Massage oil (preferably vegetable based) into the skin of the perineum using fingers and thumbs
- Place one or both thumbs inside your vagina and press downwards towards the anus. Move to each side in a U-shaped stretching movement. This may give a tingling/burning sensation



### Stopping work/slowing down

It is personal preference when you choose to stop work but it is worth considering your commute, your working environment, your proximity to your hospital of choice and allowing time to prepare.

You can discuss this with your midwife or doctor.

### Birth Discussion

The birth plan can help you and your birth partner to think about your choices and preferences during labour and the birth of your baby. You will have the opportunity to meet with your midwife to discuss the plan, around 36 weeks pregnant. This will help our team understand the kind of birth you would like.

- Your Environment for Labour and Birth
- Your Birthing Partners
- Are you happy for Students to be present?
- Coping Strategies and Pain Relief
- Different Positions for Labour and Birth
- How you would like to give birth?
- Induction of Labour if required
- Monitoring you and baby throughout Labour
- Would you prefer Continuous Monitoring and Intermittent Monitoring of your baby's heart?
- How do you feel about Vaginal Examinations?
- Do you have any preferences if you are having a Caesarean Section?
- Delayed cord clamping, delivery of the placenta
- Who will cut the cord?
- Would you or your partner like skin to skin?
- How would you like to feed your baby?
- Vitamin K for your baby
- Any other preferences

You can access your birth plan to make notes on the Notes app





## Your Hospital Bag

Here is a list of things to consider when packing your hospital bag. Even if you are planning a homebirth, it is useful to pack a bag in case your plans change before or during labour.

### For You

- Maternity Notes and birth plan
- Regular medication
- Comfy clothes to wear in labour
- Slippers/Flip flops
- Dressing gown and pyjamas (at least 2)
- Comfy clothes to wear home
- Crop top/bikini for using water/birthing pool
- Comfortable bra/feeding bra
- Knickers for after the birth, large cotton (at least six)
- Towels if using water/birthing pool
- Toiletries
- 2 packs of maternity sanitary pads
- Breast Pads
- Massage oils if you have a preference
- Glasses/contact lenses
- Portable speakers to play music
- Drinks and snacks
- Water spray/fan
- Pregnancy pillow if you like
- TENS machine if using
- Books/magazines
- Phone/charger

### For Your Birthing Partner

- Coins for car park
- Drinks and snacks
- Phone/charger
- Camera
- Books/magazines
- Comfy clothes
- Overnight stay clothes/toiletries if able to stay

### For Your Baby

- 1 pack of nappies
- Clothes, sleep suits and vests (at least 4 of each)
- Several cotton hats
- Clothes for going home
- Socks/mittens
- Cotton wool/water wipes
- Muslin square/bibs
- Car seat to take baby home
- Baby blankets
- Milk (Expressed breastmilk or formula starter pack)



## Signs of Labour

As your labour starts you may notice some of the following signs, and this is what you can do .

### Mucus Plug (sometimes called, show)

During pregnancy, a plug of thick mucus forms in the cervix and as the body prepares for labour it may come out through the vagina. This can happen several weeks before labour, during labour or sometimes not at all. It appears as a clear or pink/ slightly blood stained jelly-like substance and you might notice it more than once. You don't need to call your midwife about this unless you are worried.

However if you notice that it is heavily blood stained or that you are losing fresh blood, call MFAU or Triage straight away.

### Contractions

During a contraction, your womb gets tight and then relaxes. You may have had these throughout your pregnancy, particularly towards the end. Before labour, these are called Braxton Hicks contractions.

When you're having regular contractions that last more than 30 seconds and begin to feel stronger, labour may have started. Your contractions will become longer, stronger and more frequent as your labour progresses.

You can call your chosen place of birth at any point for support and the midwives will advise you on what steps to take.



### Rupture of Membranes (Waters Breaking)

The amniotic sac is the fluid filled bag that your baby grows inside during pregnancy and this sac will break before your baby is born. When it breaks, the fluid will drain out from the vagina. Most women's waters break during labour, but it can happen before labour starts.

If your waters break, you may feel a slow trickle or a sudden gush of fluid. If you think your waters have broken it is important to call your chosen place of birth, MLU or triage, straight away.

Wear a thick sanitary pad as your midwife may ask to see this when you attend for assessment.

If your waters do break before labour, it is likely that your labour will start naturally within 24 hours, however if it does not start, it is recommended that your labour is induced to reduce the risk of infection for both you and your baby.

### Call MFAU, Triage or MLU if:

- Your waters break
- You have any fresh red vaginal bleeding
- Your baby isn't moving as often as usual
- You have strong and regular contractions
- You have constant abdominal pain
- You feel unwell or you are worried

### For more information, please visit:

#### NHS Choices

[www.nhs.uk/conditions/pregnancy-and-baby/labour-signs-what-happens](http://www.nhs.uk/conditions/pregnancy-and-baby/labour-signs-what-happens)

#### Maternal and Fetal Assessment Unit (MFAU)

01922 656249

#### Triage

01922 656967

#### Delivery Suite

01922 656283

#### Midwifery Led Unit (MLU)

01922 605422

## Early Labour

Working out whether you are in the early stages of labour or not, can be very confusing. So it is important to remember that every woman's labour is different and sometimes it can take a long time, this is perfectly normal. If you think you are in the early stages of labour, the main thing to remember is to stay calm and relaxed.

### Braxton Hicks Contractions vs Labour Contractions?

Braxton Hicks can occur all through the late stages of your pregnancy. They are the tightening of the muscle of the uterus which last for 30-60 seconds and may be several times an hour.

Labour contractions are noticeably longer, more regular, increase in frequency and are generally more painful than Braxton Hicks. This will encourage your latent phase of labour.

### What is the latent phase of labour?

The latent phase is the beginning of the first part of your labour. It is a period of time that will not necessarily be continuous and is unique to each individual woman. Some women will have backache and cramps and others will experience irregular tightenings which will start, stop and may start again the next day. This is perfectly normal.

The duration of the latent phase of labour varies from woman to woman. It may last for 24 hours or more and can be exhausting for you. It helps if you can stay as relaxed as possible during this part of your labour and remain at home in comfortable surroundings as long as you can.

**This is an exciting time even if it is tiring.**

### What is happening during the latent phase of labour?

Your contractions will feel uncomfortable but they may not be regular. They will be sharp but short lasting, this is normal. They will stop and start, last for 30 seconds and may continue for several hours. This is normal too.

The neck of the womb (cervix) has been long and closed during your pregnancy. These first contractions help to soften the cervix and prepare your body for active labour.

As the contractions become closer together, longer and stronger, the cervix will also begin to shorten and then open.

Once the cervix is 4cm dilated, contractions are regular and lasting for at least 1 minute, then labour has become active.

### What should I do at this stage?

If you think your labour is starting then you may want to seek advice from a midwife. You can ring your intended place of delivery at any time for support and advice.

### How can I help myself?

There are many ways of helping yourself to cope through these first hours of the latent phase of phase. It is important to try and remain relaxed. Keep your breathing deep, steady and slow during the contractions. This will prevent you from using extra energy. Once the contraction is wearing off, close your eyes and allow your body to rest before the next one.

Take a warm bath or shower at regular intervals ensuring your bump is covered by the water. This will also help you to relax.

You may want to call your birthing partner for added support. They will be able to provide you with extra support and reassurance to help reduce your anxiety. It will be helpful if your partner massages your back and to adopt alternative positions.

Try your best to remain active during this stage but without exhausting yourself. Take a walk out with your partner/family, stopping if you need to during a contraction. Remaining upright will assist gravity and help your baby to descend into the pelvis.

If you have access to a birthing ball, use it regularly as this can alleviate any discomfort and swaying and rocking your hips will assist you.

Ensure you maintain your energy levels by eating small, light meal and drinking isotonic drinks.

It is safe to take simple pain relief, such as Paracetamol. You can take two 500mg tablets, every 4-6 hours. Do not take more than 8 tablets within 24hours.

**Remember you can all at any time!**

## Induction of Labour

### What is Induction of Labour?

In most pregnancies, labour starts naturally between 37 and 42 weeks. However, sometimes labour can be induced (started artificially) if your baby is overdue or there is any sort of risk to you or your baby's health, for example, if you have high blood pressure or if your baby is failing to grow and develop.

### How is Labour Induced?

There are a variety of methods that can be used to induce your labour. You may be offered one or all of the methods described below, depending on individual circumstances.

#### Membrane Sweep

Before formal induction of labour, you will be offered a vaginal examination with membrane sweeping to encourage labour to start. This will usually be done at 40 and 41 weeks of pregnancy for first time moms and once at 41 weeks for multiple pregnancies.

Membrane sweep involves your midwife or doctor placing a finger just inside the cervix and making circular, sweeping movements. This is to separate the membranes from the cervix. The procedure may cause some discomfort but will not harm your baby.

This has been shown to increase the chances of your labour starting naturally within 48 hours and may reduce the need for other methods of induction of labour.

If labour does not progress, you'll be offered formal induction of labour.

#### Outpatient Induction of Labour

Walsall Manor NHS Trust now offer outpatient induction of labour for Low Risk Women, that allows women to remain in the comfort of their own familiar surroundings whilst waiting for labour to start (within an agreed time frame).

If outpatient induction of labour is offered to you, it will be arranged through Maternal and Fetal Assessment Unit (MFAU) at Walsall Manor NHS Trust by your community midwife if your pregnancy is 10-12 days past your due date.

On the day of your induction, you will attend MFAU for full assessment of yourself and baby. If all is well, a doctor will perform a vaginal examination and insert rods into the cervix. The rod gradually absorbs fluid in the cervix, increasing in size and therefore dilating the cervix. The rods will remain in situ for 24 hours.



If labour starts, contact delivery suite and they will remove the rods when you arrive.

If labour does not start within 24 hours and there are no concerns, you will attend delivery suite the following morning for further induction of labour.

If your cervix is dilated enough for your water's to be broken, a midwife will perform the artificial rupture of membranes (breaking your water's)

If it is not possible to break your water's, then further induction of labour will be offered.

#### Breaking your waters

If your waters have not already broken, a procedure called amniotomy may be recommended. This is when the

midwife or doctor makes a hole in the sac of waters surrounding your baby. This releases the waters and aims to create a surge of hormones to encourage contractions.

This is done by using a small instrument through your vagina and cervix. It will cause no harm to your baby but a vaginal examination is needed to perform therefore may be a little uncomfortable.

## Using Prostaglandins

Prostaglandins are drugs that help to induce labour by encouraging the cervix to soften and shorten. They are given in hospital as a pessary or gel and are inserted into the vagina. More than one dosage may be needed for the induction to be successful.

Before giving any prostaglandins, your midwife will record a tracing of your baby's heartbeat and will continue if you and your baby are well.

After being given prostaglandins, you should lie down for at least 30 minutes and your baby's heartbeat will be monitored at regular intervals. Each dose will be given at least 6 hours apart.

Occasionally, prostaglandins can cause your uterus to contract too much which can affect the pattern of your baby's heartbeat. If this happens, the midwife may ask you to adopt different positions or for a doctor to review and suggest things to help relax the uterus.

## Using Oxytocin

Oxytocin is administered in the delivery room through a drip and enters the bloodstream through a tiny tube placed into your hand or arm.

It is an artificial form of hormone which causes your uterus to contract. Once contractions have started, the rate of the drip is adjusted so that your contractions occur regularly until your baby is born.

During administration of oxytocin, your midwife will need to continuously monitor your baby's heartbeat using the electronic monitor.

Like prostaglandins, occasionally oxytocin can cause your uterus to contract too much. In this case, the drip will be adjusted or turned off to reduce the contractions. Another drug may also be needed to help reduce the frequency of contractions but your doctor and midwife will discuss these options with you before any decision is reached.

## When is Induction of Labour recommended?

Induction of labour will be recommended when it is felt that either the health of yourself or your baby is at risk and will benefit from birth. For example;

- Diabetes
- IUGR (your baby has restricted growth)
- Blood pressure problems
- If your pregnancy is over 41 weeks
- If your waters have broken but your labour has not started

## What will happen on my Induction Day?

You will be given a date and time of expected admission for your inductions to start.

You will contact your admitting ward, either Primrose Ward or Delivery Suite, at 09.00am on your given date to check for bed availability and time to arrive.

It is sometimes necessary to delay your admission due to the volume of activity on these wards. If this occurs, you will be given an appointment to visit the MFAU for an antenatal assessment and new arrangements will be made for your induction.

The whole process of inducing your labour may take up to 48 hours depending on the type of induction required.

Once you are in active labour, you will be allowed two birthing partners present with you on Delivery Suite. No other visits will be allowed into your delivery room during this time.

**If you have any questions or wish to discuss anything further, please discuss with your midwife or doctor. Or visit:**

**Royal College of Obstetricians & Gynaecologists (RCOG)** [www.rcog.org.uk](http://www.rcog.org.uk)

**The National Institute for Health and Care Excellence (NICE)** [www.nice.org.uk](http://www.nice.org.uk)



## Pain Relief

It is important to learn about all the ways that you can relieve your labour pains if required. It is also important for whoever is going to be your birthing partner to know about your options as they can support you.

### Self Help

The most important thing you can do to help yourself is learning to relax and having confidence in your own body. Being anxious can make pain worse, especially when you don't understand what is happening or you don't feel in control.

Your positioning can also make a difference. Upright positions such as kneeling, sitting, squatting, walking or using a birthing ball all help. Changing position not only makes labour less painful but can also encourage contractions to be more effective and helps your baby move down into the right position for birth.

**Remember your skills of Hypnobirthing to help you cope and gain back control. Aromatherapy can also be used in labour by a trained aromatherapy midwife.**

### Hydrotherapy (Water)

Being in water for your labour and birth, has shown great benefits for effective pain relief. The water will be kept at a comfortable temperature but will not be above 37.5C. Advantages of water include;

- Encourages you to relax and reduces pain
- Makes you feel more in control
- Gives your body support
- Reduces the need for epidural
- No side effects
- You can also use gas and air in addition
- You can leave and enter the water when you wish.



### Transcutaneous Electrical Nerve Stimulation (TENS)

TENS is a gently electric current that gives a tingling feeling through four pads placed on your back. TENS stimulates the release of your body's natural painkiller, endorphins, and also reduces the number of pain signals to the brain. TENS may be useful whilst you are at home in the latent phase of labour.

Advantages of TENS include;

- There are no known side effects for you or your baby
- You control the strength of the current
- You can use when you wish.

### Entonox (Gas & Air)

This is a mixture of oxygen and nitrous oxide gases. It is breathed in via a mouthpiece which you hold yourself. To get the best out of using gas and air, it is important to breathe it in at the very beginning of each contraction. It takes 15-20 seconds to work. By doing this, it will be fully effective when the pain is at its worst. Advantages of gas and air include;

- It is easy to use and quick to work effectively
- You can control it yourself
- You can stop using immediately if you wish
- It can be used at any time, any in water
- It has no harmful side effects to your baby

### Pethidine

Pethidine is given as an injection into the muscle, usually the leg. It takes approximately 20 minutes to work and the effect lasts between 2-4 hours. Pethidine helps you to relax in between contractions, so you are ready and in control to cope with the next one. Advantages of Pethidine include;

- It is a muscle relaxant and can help with the progress of labour
- Can be used with gas and air
- Can be given several times during labour
- Helps you to relax

## Epidural

An epidural is the insertion of a plastic tube into your back close to the nerves carrying the pain signal from your womb. Anaesthetic medicine is given through this tube and works by stopping the pain from getting to the nerves. When the epidural is working well, you may feel your womb getting tight but there will be no pain.

### Who should have an epidural?

Most people can have an epidural but women with some medical conditions and certain pregnancy related problems would be advised against it. Epidural is only available on Delivery Suite, not MLU or home.

### How is the epidural carried out?

To start with, a needle will be put into a vein in your arm and fluids run through a drip in case your blood pressure lowers.

The anaesthetist will explain the risks involved before they start the procedure and what will happen while the epidural is inserted. The anaesthetist will continue with the procedure when they are sure you understand the explanation and your consent is gained.

The epidural will be done either whilst you are curled up on your side or sitting down bent forward. Your back will be cleaned with a cold solution and then numbed by an injection of local anaesthetic. A small hollow needle will then be put into your back to allow a small tube (catheter) to be fixed near the nerves that supply your womb. The needle is taken out while the catheter remains with a long piece of it outside your body. The anaesthetist will give you the first dose then will connect the epidural to a pump enabling you to control your top up doses.

It takes up to 20 minutes for the epidural to work fully and will usually keep you completely comfortable. Sometimes, you may not be numb enough on one side and extra anaesthetic medicine will be required to correct this.

## Effects of the Epidural

An epidural is the most effective form of pain relief available on Delivery Suite but can carry some effects you need to be aware of;

- It can cause your blood pressure to drop
- It may increase the length of your labour
- Your mobility will be decreased due to numbness in your legs
- One of the drugs in the epidural can make you itch
- No evidence that epidurals cause long term backache
- Many of our patients who have had an epidural say they would have it again.

## Risks of the Epidural

- A small number of women suffer from severe headache because of the epidural. If this happens to you, let the midwife know and an anaesthetist will see you and will treat it.
- There is a slight chance, 1:10,000, of prolonged numbness in the legs which may last for a few months. Permanent nerve damage is extremely rare.
- Life threatening problems resulting from the epidural are extremely rare. The midwives and doctors on Delivery Suite are well trained and deal with any problems that may arise as a result of your epidural.

## Having Your Baby with an Epidural

Since you will be numb from your epidural, you may wonder how you will know when to push to deliver your baby. Our midwives are very experienced at looking after women with epidurals and they will guide you through the process of pushing your baby out when the time is right.

If you should need to have an operation such as a caesarean section or instrumental delivery, the epidural can also be used for this time.

## Care during Labour

### Monitoring Your Baby During Labour

It is important to monitor the heart rate of your baby during labour. The method of doing this will depend on you and your baby's individual needs. Although most babies cope extremely well during labour and birth, there are a few babies who have difficulties and this will be found by their heartbeat. There are different ways of monitoring and can be done intermittently (every 15 minutes for labour and 5 minutes when pushing) or continuously. Low risk women will follow the intermittent pathway.

- **Pinard:** trumpet shaped instrument which helps the midwife to listen to the heart rate. Used for intermittent monitoring.
- **Sonic aid:** a hand held monitor which can also be used during a water birth. You can listen you your baby's heartbeat too. Used for intermittent monitoring.
- **CTG:** cardiotocograph is an electronic fetal monitoring machine that produces a printed recording of your baby's heartbeat and your contractions. Used for continuous monitoring.
- **Telemetry:** wireless electronic fetal monitoring to assist with a mobile labour. Used for continuous monitoring.

### Posture during Labour and Birth

You will be encouraged to move around during labour unless your chosen pain relief makes this difficult. During the active pushing stage, many mothers wish to remain upright and there is evidence that birth can be easier in a squatting or kneeling position. It is important that you find the position which is most comfortable for you.

Here at Walsall Manor, we offer a variety of aids to assist with different positions.

### Eating and Drinking

It is advisable to eat and drink during labour to keep your energy levels up. Sometimes it is recommended you do not eat or drink but the midwife caring for your during labour will discuss this based on your individual circumstances.



### Assessment of Progress

Many factors play a part in the way your labour progresses, including 'the 3 P's';

- **Power:** how strong and effective your contractions are
- **Passage:** the shape and size of your pelvis and birth canal
- **Passenger:** the size of the your baby and which way they are lying

Progress is assessed when necessary and also includes external and internal examinations. This will check whether your baby is moving down in the birth canal correctly and whether your cervix is dilating.

### Placenta

Once your baby is delivered, you will offered a management for the delivery of your placenta.

- **Physiological:** involves no medications and allows your body to expel the placenta naturally
- **Active:** a medication injected into your leg to help your body expel the placenta quickly

### Episiotomy and tears

The area between your vagina and anus stretches to allow the baby to be born. It usually stretches well but sometimes may tear. An episiotomy is a cut to make the opening larger if necessary, to allow the passage of your baby or to speed up the birth if distress is obvious. Your midwife will assess for repair after your baby and placenta have delivered.



# Your New Baby

## Meeting your baby for the first time

After your baby is born, you or your birth partner will be encouraged to hold baby close against your skin to keep baby calm and warm allowing you both to rest and get to know each other. This can be in your delivery room or theatre!

Skin-to-skin contact is a key part of the Unicef UK Baby Friendly Initiative standards. It helps the baby to adjust to life

outside the womb and is highly important for supporting mothers to initiate breastfeeding and to develop a close, loving relationship with their baby.

If you wish to bottle feed, giving the first feed whilst skin to skin with plenty of eye contact encourages the immediate bond.

## Delayed Cord Clamping

Guidance recommends that cord clamping is delayed in all maternity units for at least 1-5 minutes in all babies. In some cases it would not be offered, for example if your baby is requiring breathing support. Delayed cord clamping allows the umbilical cord vessels to close naturally.

Delayed cord clamping allows the blood from the placenta to continue being transferred to the baby even after they are born. This means that the baby could receive up to 30% more blood than they would have without it.

The benefits of this include:

- Increased iron levels in the baby helping with growth and physical and emotional development.
- Increased amount of stem cells, which helps with your baby's growth and helps with their immune system.

## Vitamin K

Your midwife will discuss Vitamin K with you during your birth discussion but will be given during this time.

It is a vitamin that occurs naturally in food such as liver and vegetables and is made in the gut by bacteria. We all need vitamin K to help our blood clot in order to prevent bleeding. A small number of babies suffer bleeding due to vitamin K deficiency. The effect can lead to brain damage or death if not treated. Giving sufficient vitamin K soon after birth can prevent this.

### How is vitamin K given?

There are two methods, injection or oral. Paediatric consultants recommend it is given by a single injection in the baby's thigh. This is because the long term protection is more effective. However, can be given orally if that is your preference. Vitamin K given by mouth must be repeated as a second and third dose for it to be effective.

If you have had your baby in the hospital, you may be moved to Primrose Ward (route 225), where you will be with other mother's and babies.

If you have had your baby in the MLU, you may be able to return home after several hours following delivery.

In both settings, if you are eligible for an early transfer then this will be promoted.

Wherever you are, the midwives are there to guide and support you with recovering from birth. Keep your baby close for optimal brain development.

Don't hesitate to ask for help if you need it.



## Safe Sleeping

The following information about safe sleeping, has saved many babies' lives. It is all backed by research that has shown how to reduce the chance of babies dying suddenly with no explanation. This is known as sudden infant death syndrome (SIDS). To reduce the chance of SIDS, you should follow this key advice for baby safe sleeping;

- **Put babies on their back for every sleep**
- **In a clear, flat sleep space**
- **Keep them smoke free day and night**

### Always put your baby on their back to sleep!

- Put your baby down on their back, not their front or side and placed at the bottom of the cot.
- Do not use any special equipment or products that will keep them on their backs.
- Once they start to roll by themselves, allow them to find their own position for sleeping.

Many babies have died suddenly when placed to sleep on their front or side. Since a Safe Sleeping Campaign started in 1991, the rate of SIDS has dropped by 79%.

### Give your baby a clear, safe sleep space, in the same room as you!

- Choose a firm flat mattress with no raised or cushioned areas.
- No pillows, quilts, duvets or bumpers to be used in the cot or Moses basket.
- Ensure your baby's head is not covered.

Babies should always be in the same room as you for the first six months for sleep, day and night. Soft or raised surfaces, pillows or quilts can increase the chance of SIDS by making it difficult for your baby to breathe or cool down. Evidence shows that the chance of SIDS is reduced if they sleep in the same room as you.

### Keep your baby smoke free before and after birth!

- Smoking in pregnancy greatly increases the chance of SIDS. All women should make the effort to accept our smoking cessation support that is offered.
- You should avoid being exposed to others smoke when you are pregnant.
- Keep your baby away from smoke in your home, care and out and about.

Babies who are exposed to tobacco smoke before or after birth have a much greater risk of SIDS.

**Any time you are cradling your baby and you think you may fall asleep, make sure you place your baby on their back in a clear safe space.**

### If you decide to share a bed with your baby!

Some parents choose to sleep with their baby in bed and some fall asleep with their baby during the night whilst feeding, therefore, it is very important to consider the following points.

- Keep your baby away from pillows.
- Make sure your baby cannot fall out of bed or become trapped between the mattress and wall.
- Make sure the bedclothes cannot cover your baby's face or head.
- Do not leave your baby alone in the bed.

### DO NOT

- Bed share in the early months if your baby was born small or preterm.
- Do not bed share if you have been drinking alcohol or taking drugs.
- Do not bed share if you or anyone else is a smoker.

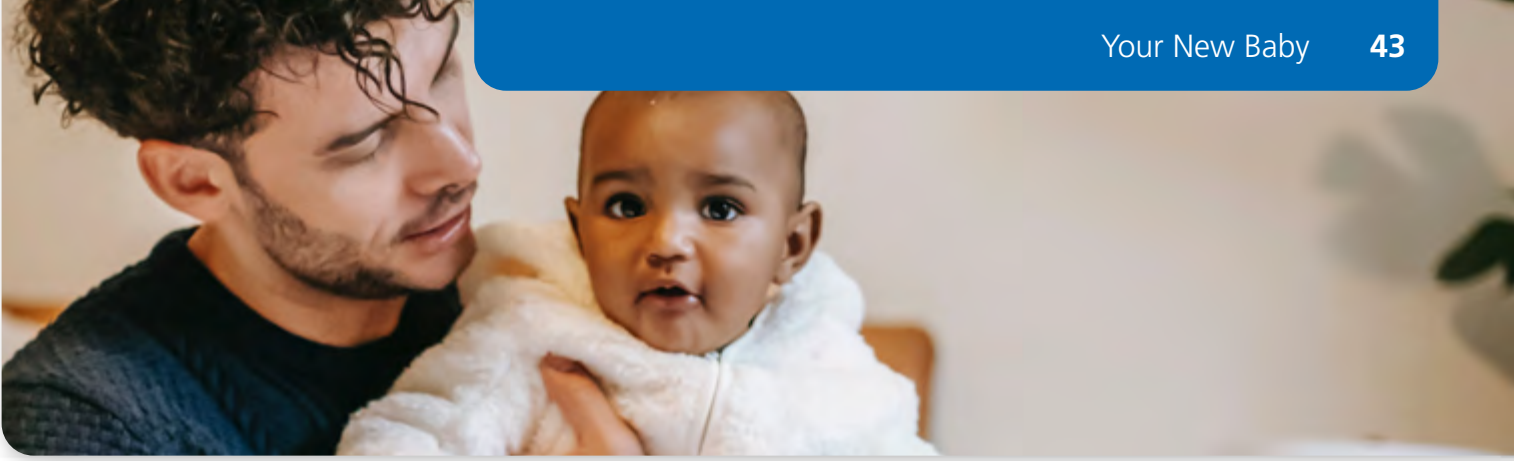
### For more information please visit:

#### Lullaby Trust

[www.lullabytrust.org.uk/safer-sleep-advice/](http://www.lullabytrust.org.uk/safer-sleep-advice/)

#### Unicef

[www.unicef.org.uk/babyfriendly/baby-friendly-resources/sleep-and-night-time-resources/caring-for-your-baby-at-night/](http://www.unicef.org.uk/babyfriendly/baby-friendly-resources/sleep-and-night-time-resources/caring-for-your-baby-at-night/)



## Information for Dads and Partners

Finding out you are going to become a parent can be an exciting but daunting time. The closer you are to your pregnant partner, the more you'll be able to share the experience of pregnancy and birth.

**You can speak with our Transition to Fatherhood Support Team for support and guidance at any point. Call 01922 423252 / 077708 42401 Mon-Fri 09.00-17.00**

### Early pregnancy

Whether the pregnancy was planned, or it is unexpected, it is normal to feel a range of emotions when you discover your partner is pregnant. Talk to your partner, friends and family about how you are feeling. Your partner may be irritable about things that seem small to you, this is due to the effect of hormones on her mood and her own fears and anxieties. Be patient and learn to support each other and encourage her to talk to those close to her. Learn about the screening tests and scans offered in pregnancy. These tests can have implications for you, your partner and the pregnancy as it progresses. See page 14.

### During pregnancy

Attend antenatal classes with your partner as these will help you feel prepared for the birth and caring for the new baby when they arrive. Increase your share of the housework, if possible. If you smoke, now is a great time to stop due to the risks of passive smoking on your partner and your baby after birth. Unborn babies that are exposed to smoke are at a greater risk of complications during pregnancy, such as not growing well or even being still born. After birth, even if you smoke outside, there is an increased risk that your baby will be affected by Sudden Infant Death Syndrome (SIDS). See page 19 & 44. Take pictures with your partner and her growing pregnancy bump if she likes as these make great memories. Try bonding with your baby by talking or singing to them during pregnancy. But also find time for yourself to relax.

### Before the birth

Before labour and birth it is important to discuss with your partner about your role as her birth partner and how you feel about being present at the birth. You can write the birth plan together and support her if it needs to change for any reason. See page 34. You can also make sure you can always be contacted in the final weeks, arrange how you will get to the place of birth, ensure the car always has petrol and ensure you have tested fitting the car seat, do a trial run to test your route to the hospital, and ensure you have small change for parking meters. There are several car parks for all areas. For the MLU, there is a carpark at each end of Charles Street. Main hospital carpark or parking on Pleck Road. You can help pack the hospital bag and make sure you pack the things you need, see page 35. Think about preparing/freezing some meals for after the birth so you don't have to worry about cooking when you first get home and read about what to expect after the birth so you can be prepared as possible to care for your partner and baby.

### Preparing for after the birth

The birth can often feel like such a huge event that not much time or attention is given to fatherhood and parenting.

Having a baby changes relationships, carries responsibility and has significant financial impact, whilst also being a time of intense joy and pride. Up to 10% of new dads/parents can suffer from postnatal depression, so if you start to feel changes in your mood, talk to your family, friends and GP.

# Urgent and Emergency

## Who to contact

### Before 20 weeks of Pregnancy

<p>High fever (temperature over 37.5C) Pain of burning when passing urine Flare ups of nay pre-existing conditions Repeated vomiting or diarrhoea Any non pregnancy related concerns Spotting or light vaginal bleeding</p>	<p><b>Call your GP or Local Urgent Care Centre if out of hours</b></p>
<p>Heavy bright red vaginal bleeding Moderate / severe abdominal pain</p>	<p><b>Call your local Early Pregnancy Assessment Unit (EPAU) or A&amp;E Department</b></p>

### After 20 weeks of Pregnancy

<p>Any non pregnancy related concerns Pain or burning when passing urine Flare ups of any pre-existing conditions Unusual vaginal discharge or discomfort Diarrhoea and/or vomiting for 48 hours</p>	<p><b>Call your GP or Local Urgent Care Centre if out of hours</b></p>
<p>Vaginal bleeding Reduction or change in baby's movements High fever (temperature over 37.5C) Water leaking from your vagina Itching on your hands and feet Headache accompanied by bad swelling in the hands/feet or face Moderate/severe abdominal pain that is constant or comes and goes.</p>	<p><b>Call Maternal and Fetal Assessment Unit (MFAU) or Triage at your booked maternity hospital</b></p>



## After 37 weeks of Pregnancy

Heavy vaginal bleeding  
 A reduction or change in your baby's movements  
 Contractions that are becoming strong and regular in pattern  
 Water leaking from the vagina (water's breaking)  
 Moderate / severe abdominal pain  
 Feeling unwell or worried something is wrong  
 Anything else

**Call your MFAU  
 or  
 Triage  
 or  
 Your place of birth such as  
 Midwifery Led Unit (MLU)**

**A list of the important phone numbers that you need can be found on PAGE 49.**

You can also ask your doctor or midwife to give you the important numbers that you need. It is not advised that you call 999 or 111 for advice, or for an ambulance. Please call your local maternity triage/ Birth Centre directly for advice. If they feel it is necessary, they will recommend that you call an ambulance (999). We do not recommend using the NHS 111 service for pregnancy related advice. Ambulances are for medical and life-threatening emergencies only and should not be used as a mode of transport to hospital in labour without the advice of a medical professional.



# Useful for You

## Maternity Voices Partnership

Walsall parents are being invited to share their experiences of maternity care and help shape services for expectant women, new parents and families by joining a local group.

You can join at any time during your pregnancy or postnatal period by contacting the team via Walsall MVP on Facebook or emailing [walsall.mvp@nhs.net](mailto:walsall.mvp@nhs.net).

Walsall's Maternity Voices Partnership (MVP) meets every two months and its current Chair is mum-of-one Samantha Thompson.

She explained: "I have been involved with the MVP since 2016, shortly after having my son Felix. My maternity care in Walsall was excellent and I want to help all Walsall families to receive the same level of care that I did. I enjoy being part of the MVP because it is a real partnership. It means that families can work closely with midwives and other maternity services staff and a channel like this gives families a voice. From time to time we hear from service users about things that haven't gone so well – as well as the things that have – and this feedback can help bring about meaningful change which is really empowering. Members can also contribute towards specific projects and initiatives, working with NHS staff."

The MVP is also represented at the Black Country and West Birmingham Local Maternity and Neonatal System (LMNS) to improve choice and personalisation of maternity services as well as ensure equity across the region. We listen to feedback from conception right through to postnatal care in the community, including neonatal services.

### Would you like to talk to someone about your experience?

Some women find it helpful to talk to someone about their experiences. This is especially true if they have had a pregnancy, labour or birth that was difficult previously, or if something unexpected happened. It is not unusual to be unsure about your options or what effect your choices may have on this pregnancy and birth. You can speak to your

Midwife and she can refer you to the appropriate clinic, where you will be able to discuss your options.

### Comments and complaints

During your antenatal care, if you have a comment or complaint you can speak to any member of the maternity team and they will be able to put you in touch with the relevant manager. Whilst you are in hospital, if you have a comment or complaint, please ask your care provider if you can speak to the ward manager or midwife in charge. **You can also discuss your issues with Patient Advice and Liaison Services (PALS) on 01922 656463.**





## Useful Local Contacts

### Walsall Healthcare NHS Trust

01922 721172

### Community Midwives Office

01922 656248

### Midwifery Led Unit (MLU)

01922 605422

### Delivery Suite

01922 656283

### Early Pregnancy Assessment Unit (EPAU)

01922 721172 ext. 7373

### Maternal and Fetal Assessment Unit (MFAU)

01922 656249

### Triage

01922 656967

### Health in Pregnancy Service (HIPS)

01922 423252

### Walsall Integrated Sexual Health (WISH)

01922 270400

### Antenatal Clinic

01922 656577

### Infant Feeding Team

01922 605248

01922 721172 ext. 7720

### Primrose Ward (Ward 25)

01922 721172 ext. 6425

### Foxglove Ward (Ward 24)

01922 721171 ext. 7718

### British Pregnancy Advisory Services (BPAS)

03457 30 40 30

### Addiction Help Services

01922 444044

### Beacon House

01922 669840

### Smoking Cessation

01922 444044

### Domestic Violence Helpline

01922 406767

### Teen Pregnancy Services

01922 602330

### Stillbirth and Neonatal Death Charity (SANDS)

020 74365881

### Physiotherapy Services

01922 721172 ext. 7603

### Health Visitor Services

01922 603074

### Patient Advise and Liaison Service (PALS)

01922 656463

## Your Appointments

Date	Time	Where	Notes











# Walsall Healthcare NHS Trust



[www.walsallhealthcare.nhs.uk](http://www.walsallhealthcare.nhs.uk)



[@WalsallHcareNHS](https://www.facebook.com/WalsallHcareNHS)



[@WalsallHcareNHS](https://twitter.com/WalsallHcareNHS)

Caring for Walsall together

