WOMEN AND CHILDRENS DIRECTORATE
MATERNITY DEPARTMENT

Congratulations on Your Pregnancy

This booklet has been produced by the Parent Education Midwives

For further information please contact Karen Youens:

01322 428100 extension 8755 or 4906

Alternatively email:

karen.youens@nhs.net
Congratulations on your Pregnancy and welcome to antenatal care under Darent Valley Hospital. As Midwives we aim to provide you with individualised care through pregnancy, birth and following the delivery of your baby. We are here to help and support you through this exciting time and provide services in the local area as well as the Hospital.

Please find enclosed some information that we hope you will find useful.

If at any time you require any further information, please don’t hesitate to ask.

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General information and Telephone Numbers.

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For patient information leaflets visit www.dvh.nhs.uk maternity services.
Darent Valley Hospital Maternity Unit.
Our Address:
Darent Valley Hospital,
Darenth Wood Road
Dartford
Kent, DA2 8DA www.dvh.nhs.uk
Useful Telephone Numbers:

Antenatal Clinic: 01322 -428190 Monday –Friday 9am-430pm

Antenatal Ultrasound Department – 01322 4288331
Monday – Friday 9am-430pm

Aspen Ward 01322-428667

Birthing Unit: 01322 – 428100 Ext 4925

Cedar Ward: 01322- 428671

Community Midwives Office: 01322- 428753 Monday-Friday 9am-3.30pm

Early Pregnancy Unit 01322 - 425378.
Monday –Friday and Sunday 8am- 6pm

Tambootie Maternity Assessment Unit 01322 428278 / 428280
24/7 telephone consultation is available from 18 weeks of pregnancy until 28 days postnatal. (NB We have no control over the Ultra Sound appointments).

Directions to Maternity Departments
Antenatal Clinic. This is located on Level 2 West.
Antenatal Ultrasound Department. This is located on Level 2 West. (Next door to Antenatal Clinic).
Maternity Department and Walnut SCBU (Level 3 West. Yellow Zone)
On entering the main entrance, either go up the main staircase, turn right at the top and keep walking, the Maternity Department is at the end of the corridor. Alternatively, you can take the lift to the 3rd floor and turn left into the West Wing.

Visiting Times:
Two birth partners are permitted on the Delivery Suite and Birth Centre.
Grandparents are welcome to meet their grandchild following arrival.
Cedar and Aspen operate “open visiting” FOR PARTNERS and YOUR OWN CHILDREN.
2pm -8pm for all other visitors, family friends and other children aged over 14

Visiting Times / Ward details

Security:
The Maternity Wards operate strict security. Each ward has an intercom system, and you and your relatives will need to identify yourselves prior to admission.
Please when you enter the wards, only let yourself in the door, not other people, and when you ring the bell please be patient as staff may be busy.
Antenatal Care

If you wish to have your care at Darent Valley Hospital you can refer yourself via the DVH website (www.dvh.nhs.uk)

Having Your Baby at Darent Valley Hospital Online Self-Referral Forms

Alternatively you can inform your GP of your pregnancy so that they can refer to your chosen hospital for your antenatal care to commence.

Your antenatal care will be provided by a hospital or community based Midwife or by your obstetrician.

On receiving your self referral form to tell us you are pregnant, we will send you an email confirming we have received your form (only when an email address has been provided). Following your referral to DVH you will receive a letter regarding your appointment from your community midwife usually within two weeks. We will arrange your first visit with a midwife; this is known as the ‘booking’ visit. It gives you the opportunity to meet your midwife and start planning your pregnancy care. This can take place at your local GP surgery of Children’s Centre, or in our Antenatal Clinic.

You will be able to discuss the choices available to you at Darent Valley Hospital.
You may also like to read the Antenatal Clinic Information Leaflet.

Antenatal Booking:
The antenatal booking appointment is likely to be your first contact with the midwife this pregnancy and the appointment should last approximately 1 hour. It is a routine appointment offered to all women usually between 8-12 weeks from the first day of your last menstrual period. During this appointment the midwife will discuss with you your medical history, family history and any previous pregnancies you have had. At this appointment your midwife will also check your general health including your height, weight, blood pressure and your urine; we therefore do ask you to provide a urine sample at this appointment. Your midwife will discuss with you general pregnancy advice, common pregnancy symptoms, antenatal screening (including blood tests and scans), foods to avoid
in pregnancy, general health and emotional wellbeing in pregnancy, antenatal classes and any other questions you may have.

Questions to ask at the booking appointment:
- Can I choose where to have my antenatal appointments?
- Can I choose where to have my baby?
- Can you give me a leaflet or other information about antenatal care?
- Is there any help, like an interpreter, for women who don’t speak or read English?
- How can my family or partner help me during my pregnancy?
- Are there any support groups or drop-in centres nearby that could help me during my pregnancy?

We request that you attend the first appointment alone as your midwife will ask you some personal questions that are private to you. However if your partner wishes to come along do be aware that they may be asked to wait outside for a small part of your appointment. Your midwife will also provide you with a plan of care; this will explain when you can expect to see a midwife (if you are low risk) or a midwife and consultant (if risk factors are present). You will be informed when you next need to make contact for future appointments and you will be given contact details for appropriate areas.

**Your Hand Held Maternity Notes**

At your booking appointment the midwife or doctor will write your details in a set of notes called ‘hand held maternity notes’. You will receive your hand held notes at your 16 week appointment from the antenatal clinic or community midwife. You will be asked to keep these notes at home and bring them with you to all of your antenatal appointments. At each appointment the midwife or doctor will write in the notes what antenatal care you have received, such as check-ups and the results of any tests you have had.

If you are moving to a new area please tell your midwife or doctor. You should be able to take your hand held maternity notes with you to your new hospital or birth centre.

**Tell your midwife or doctor if you are moving to a new area.**

**Antenatal Education Classes at Darent Valley Hospital.**

Please visit [www.dvh.nhs.uk](http://www.dvh.nhs.uk) maternity services /parent education where you will find details of the parent education classes available, you can choose and book your classes on line. Comments from parents and their families can be viewed on the DVH website which also includes a virtual tour of the maternity unit. ['Virtual' (video) tour](http://www.dvh.nhs.uk)

**Blood Tests Screening and Ultra sound in Pregnancy.**

Further information can be found at: [Antenatal tests and screening - NHS](http://www.dvh.nhs.uk)
Antenatal and new born screening timeline

The first ultrasound scan will be automatically generated by your midwife on receipt of your pregnancy referral; this will be your dating scan. When you receive your appointment letter for your first scan it will contain a consent form. You will need to sign this form and hand it in on the day of your scan if you are happy to have screening for chromosomal abnormalities. This screening test is called the ‘combined test’. The sonographer will measure a pouch of fluid on the back of your baby’s neck called the nuchal measurement.

Following this scan you will be referred for a blood test to look at different hormones. The combined test looks at the three most common chromosomal abnormalities – Down Syndrome (Trisomy 21), Edwards Syndrome (Trisomy 18) and Patau’s Syndrome (Trisomy 13).

You can choose to exclude Down Syndrome screening but you will need to inform the midwife taking your blood.

You will receive the results as a letter in the post within two weeks of having the test done. Please refer to ‘Screening tests for you and your baby’:

www.screening.nhs.uk

The second scan will be performed at 20-22 weeks this is an anomaly scan which assesses your baby’s development and wellbeing. From 26-28 weeks, your midwife will routinely assess the growth of your baby using a growth chart that has been created just for you; the chart takes into account your height, weight and ethnicity and provides the midwife with a growth chart that is individual to you and your baby.
Blood Tests

At your antenatal booking the midwife will offer routine screening blood tests, *Screening Guidelines encourage women to have bloods taken ideally before 10 weeks gestation; this is always before your dating scan.*

Blood tests include:

**HIV, hepatitis B and syphilis**
Please inform the midwife if you know your infection history or if you decline the test.

**Sickle cell and thalassaemia screening**
Commonly found in family origins from Africa, Asia and the Middle East.
Please inform the midwife if you are aware of your status history as your baby’s father may require screening.

**Full blood count**
To check your haemoglobin levels to ensure you do not require iron tablets.

**Blood group (group and antibody screen)**
This test identifies your blood group, which will be either A, B, O or AB and if you have any unusual antibodies.
In addition the *Rhesus factor* for your blood group will be identified.
If you are Rhesus negative you will be offered a prophylactic dose of *Anti-D* at approximately 28-30 weeks of pregnancy.

*Anti-D for Rhesus negative women – patient information leaflet*
All of these blood tests will be explained in more detail to you by your midwife when gaining consent and filling in the blood request forms.
The blood forms will be given to you at your antenatal booking.

**NB the Down syndrome screening test is done after the dating scan;** it is beneficial to have it done the same day as the scan, or the following day if scanning is performed out of hours or Monday if the scan is performed on the weekend.

For further information please visit *Blood Tests in Pregnancy*
Choice of Place of Birth

THANK YOU FOR CHOOSING TO HAVE YOUR BABY AT DARTFORD & GRAVESHAM NHS TRUST.

We can offer you the choice of having your baby:

- At Home
- In our alongside Birth Centre
- On our Delivery Suite

Our aim is to support you in having a positive birth experience wherever you choose to have your baby. Your options for place of birth will be discussed with you at your booking visit, and then regularly throughout your pregnancy. Between 36-37 weeks, you and your midwife will discuss the best options for you and guide you with your birth plan.

You may find this guide which is intended to help you plan where to give birth helpful:


Home Birth
http://www.dvh.nhs.uk/our-services-specialists/a-to-z-of-services/maternity-services/home-birth/

Home births are a popular choice for some women who have a normal uncomplicated pregnancy, in familiar surroundings with their family around them. The 2015 NICE Intrapartum Guidelines showed that home births were as safe as hospital births for second and subsequent babies, but that there was a very small increase in problems for babies of first time mothers. Women having their baby at home have a higher chance of an uncomplicated birth and a lower chance of caesarean section or other medical interventions. They are also more likely to successfully breastfeed and be happy with their birth experience.

The Birth Centre (Midwifery Led)

The alongside Birth Centre is situated on Aspen Ward, Level 3 and provides a “home from home” environment in a hospital setting with women centred, midwifery led care.

NICE 2014 Intrapartum care guidelines recommend giving birth in a Birth Centre as being particularly suitable for all low risk women that are above 37 weeks gestation.
The rates of intervention are lower than in an obstetric unit and the outcome for the baby is no different. Research has shown that women are more mobile in labour, use less pain relief, more likely to have a normal birth and are less likely to require a caesarean section. We have 2 birthing pools, bean bags, birthing balls and encourage women to remain as mobile as possible during their labour.

Sometimes transfer to Delivery suite is required if any problems develop during the labour. Most transfers are non-emergency transfers such as delay in labour.

Approximately 35- 40% of first time mothers require transfer and 5-10% of mothers having their second or subsequent birth.

**Delivery Suite (Obstetric Unit)**

Birth on Delivery Suite is recommended for women with some medical conditions or where there are concerns with their baby, or if there were complications during a previous labour. Low risk women can choose to have their baby on Delivery Suite if they wish.

Darent Valley Hospital Delivery Suite is situated on level 3 and has 8 rooms including a birth pool room. Birth balls are also available to help you get into optimum positions for giving birth. A 24 hour epidural service is available.

Your options for place of birth will be discussed with you throughout your pregnancy and at 36 weeks by your Community Midwife. Page 3 of your hand held notes gives you room to write down your birth preferences following your discussion.

If you or your community midwife are unsure if you are suitable to give birth on the Birth Centre and you are considering this option contact the Birth Centre on 01322 428100 ext. 4925 to discuss, and if necessary an appointment in the Birth Choices clinic can be arranged for you.

**Common Ailments of Pregnancy**

Your body has a great deal to do during pregnancy. Sometimes the changes taking place will cause irritation or discomfort, and on occasions they may seem quite alarming. There is rarely any need for alarm, but you should mention anything that is worrying you to your maternity team. Please refer to [NHS Choices – common ailments of pregnancy](https://www.nhs.uk/conditions/pregnancy-birth/pregnancy-ailments/).

**Early Pregnancy Unit:** [Early Pregnancy Unit Leaflet](#)

The Early Pregnancy Unit is an Emergency Service based at Darent Valley Hospital. It is an appointment only service which offers a comprehensive assessment of women with symptoms in early pregnancy. The new Early Pregnancy Unit (EPU) at Darent Valley Hospital opposite ANC is now open, offering; a nurse led a sensitive, holistic woman centred service for women from 5 to 18 weeks of pregnancy.

If you feel your symptoms require urgent attention, please attend A&E. Either your GP or Accident and Emergency department can refer you to the EPU. Early Pregnancy Unit 01322 - 425378. Monday –Friday and Sunday 8am- 6pm
Emotional Well Being in Pregnancy:  Emotional Wellbeing in Pregnancy

When you have your first antenatal appointment you should be asked if you have ever had problems with your emotional wellbeing in the past, and whether you have been bothered by feeling down, hopeless or unable to enjoy things lately. You should also be asked about this again following the birth of your baby. These questions are asked of every pregnant woman and new mum, not just those who have (or have had) mental health problems. Asking these questions, and listening to the answers, allows your care team to identify if you are currently unwell or assess if you are at risk of becoming mentally unwell during pregnancy or after giving birth.

If you are taking any medication for your emotional wellbeing, it is important to discuss your medication with your G.P, Psychiatrist or Obstetrician. They will give you the information that you need to help you decide what is best for you and your baby. You may decide to continue, change or stop your medication; however it is very important not to stop your medication suddenly as to do so may cause you to relapse.

A woman’s main support will usually be from her partner, family and close friends. It is helpful if those close to the woman know about her mental health, so that they can help look out for signs if she starts to become unwell. They also need to know who to contact, if she becomes unwell.

The Community Midwife and Health Visitor will be able to advise you regarding support groups and children’s activities held in the nearest children’s centre. In addition to your Midwife, GP and Obstetric Consultant you can also source help and support from:

PANDAS Foundation – pre and postnatal depression advice and support
http://www.pandasfoundation.org.uk/

The National Childbirth Trust (NCT) website
https://www.nct.org.uk/ or helpline 0300 330 0700

MIND
www.mind.org.uk or helpline 0300 123 3393

Fatherhood Institute
www.fatherhoodinstitute.org
**Exercise during Pregnancy:**
Please refer to [NHS Choices - Exercise in pregnancy](https://www.nhs.uk/conditions/exercise-in-pregnancy/).

The more active and fit you are during pregnancy, the easier it will be for you to adapt to your changing shape. It will also help you to cope with labour and get back into shape after the birth.

Keep up your normal daily physical activity or exercise (sport, running, yoga, dancing, or even walking to the shops and back) for as long as you feel comfortable. Exercise is not dangerous for your baby – there is some evidence that active women are less likely to experience problems in later pregnancy and labour.

You might like to try swimming because the water will support your changing body shape.

Pelvic floor exercises help to strengthen the muscles of the pelvic floor, which come under great strain in pregnancy and childbirth. The pelvic floor consists of layers of muscles that stretch like a supportive hammock from the pubic bone (in front) to the end of the backbone. If your pelvic floor muscles are weak, you may find that you leak urine when you cough, sneeze or strain. This is quite common and you needn’t feel embarrassed. It's known as stress incontinence and it can continue after pregnancy. By performing pelvic floor exercises, you can strengthen the muscles, this helps to reduce or avoid stress incontinence after pregnancy. All pregnant women should do pelvic floor exercises, even if you're young and not suffering from stress incontinence now.

**Foods in Pregnancy**
There are some foods to avoid or take care with when you're pregnant, because they may make you ill or harm your baby. Make sure you know the important facts about which foods you should avoid or take precautions with when you're pregnant.

Go by NHS websites and not by other blogs or forums for the most up to date and evidence based advice.

[NHS Choices – Foods to avoid in pregnancy](https://www.nhs.uk/conditions/foods-to-avoid-in-pregnancy/) or click on the links below to go directly to the topic you want to know about.

- **Some types of cheese**
- Raw or partly cooked eggs
- Caffeine
- Vitamin/fish oil supplements
- Peanuts
- Milk and yoghurt
- Ice cream
- Foods with soil on them
- Herbal teas

- Pâté
- Raw or undercooked meat
- Liver
- Cold cured meats
- Fish
- Raw shellfish
- Smoked fish
- Sushi
- Liquorice
Health and Wellbeing during Pregnancy:
It is important to you and your baby to have the best start possible. If you require help to stop smoking, drinking, and drug misuse or have weight problems help can be obtained through your GP or midwife. NHS Choices (www.nhs.uk) has information on pregnancy and your midwife will also answer any questions that you may have at your booking appointment.

Smoking in Pregnancy
It’s never too late in pregnancy to give up smoking. Stopping smoking is possibly the single most important thing you can do to improve your health and that of your unborn baby. This should be done as early as possible in pregnancy, because smoking during pregnancy can result in poor growth of your baby. It can also lead to premature births and even stillbirth. Ideally, you should try to give up smoking without the use of Nicotine Replacement Therapy (NRT) but if you can’t manage this you can use NRT. The risks to your unborn baby are far less than from continuing to smoke. If you have sickness or nausea, NRT patches may be preferable to gum, lozenges, tablets or inhalators. Nicotine Replacement Therapy is FREE during pregnancy.

Please talk to a stop smoking adviser or healthcare professional for advice. For more information, or to get all the confidential help and advice you need to quit, speak to your midwife, or call your local stop smoking service on 0300 123 1220 or visit https://www.kenthealthandwellbeing.nhs.uk @kentquit or text "Quit Pregnant" to 87023

Alcohol in Pregnancy
Experts are still unsure exactly how much, if any, alcohol is completely safe for you to have while you're pregnant, so the safest approach is not to drink at all while you're expecting.

What's the official advice?
The Department of Health recommends that if you’re pregnant, or planning to become pregnant, you should avoid alcohol altogether.

Additional antenatal advice from the National Institute for Health and Care Excellence (NICE) advises women to avoid alcohol in the first three months in particular, because of the increased risk of miscarriage.

How is drinking in pregnancy potentially harmful?
When you drink, alcohol passes from your blood through the placenta and to your baby. A baby's liver is one of the last organs to develop and doesn't mature until the latter stages of pregnancy. Your baby cannot process alcohol as well as you can, and too much exposure to alcohol can seriously affect their development.

In addition to the risk of miscarriage, more recent research found that drinking, particularly in the first three months of pregnancy, also increases the risk of premature birth and low birthweight.

Should you choose to drink after the first three months of your pregnancy, consuming alcohol carries risks of affecting your baby after they're born. The risks are greater the more you drink; the effects include learning difficulties and behavioral problems.
More information about the possible effects of alcohol in pregnancy can be found at [NHS Choices – Fetal alcohol syndrome](http://www.nfas-uk.org/) and National Organisation for Fetal Alcohol Syndrome.

**Nausea and Vomiting:**

**NHS Choices - Nausea and Vomiting during Pregnancy**

Many pregnant women (50-75%) will suffer from nausea and/or vomiting during their pregnancy. This can start from 4-6 weeks and generally eases at around 12-16 weeks. Most women will not need treatment, but a few women will be so affected by this they may need hospital treatment. Morning sickness is not really an appropriate term as these feelings of nausea and vomiting can happen at any time.

It is not understood what causes some women, but not others, to experience this. Hormones are suspected to have some role and certainly the occurrence is higher with twin pregnancies.

Although you may be feeling terrible your baby is highly unlikely to be affected at all. The placenta is able to absorb all the essential substances that are necessary for your baby to develop well. Most people don’t need treatment and symptoms will remain mild and manageable. It is important to try and keep fluids down, so try small sips rather than huge glasses, carry a bottle of water with you to encourage regular sips. Try eating little and often, avoiding large meals and choosing things rich in carbohydrates such as bread and crackers. Avoid fried and spicy foods, and try not to miss meals as hunger can often increase the feeling of nausea. Some people find that certain smells, teeth cleaning or even standing up too quickly may induce nausea. If possible, avoid anything that triggers the symptoms as far as you are able to.

Alternative therapies can also be helpful such as trying ginger, travel sickness wristbands or traditional acupuncture. **When using alternative therapies always make sure the practitioner is qualified and trained to deal with any issues involving pregnancy.**

If your nausea and vomiting becomes unmanageable and you are unable to tolerate liquids and or/food you are advised to contact your GP who may be able to prescribe medication to help ease your symptoms.

Pregnancy Sickness Support is a UK charity offering support and information to women experiencing severe nausea and vomiting in pregnancy. [https://www.pregnancysicknesssupport.org.uk/](https://www.pregnancysicknesssupport.org.uk/)

**Professional Midwifery Advocates (Formally Supervisors of Midwives)**

Professional Midwifery Advocates can provide support and guidance to you and your midwife to plan your pregnancy care and plan for the birth of your baby. We can discuss with you the most appropriate choices for you and your baby. If you have any concerns regarding your maternity care a Professional Midwifery Advocate can be contacted 24 hours a day seven days a week via the hospital switchboard on 01322 428100 – ask for the Professional Midwifery Advocate on call.

Professional Midwifery Advocates can also be contacted via email on:
Sex in Pregnancy

**NHS Choices – Sex in pregnancy**  it’s perfectly safe to have sex during pregnancy, your partner's penis can't penetrate beyond your vagina, and the baby cannot tell what's going on. However, it is normal for your sex drive to change during pregnancy, don't worry about this, but do talk about it with your partner, read more on talking about sex. Later in pregnancy, an orgasm or even sex itself can set off contractions (known as Braxton Hicks contractions), if this happens you'll feel the muscles of your womb (uterus) go hard. This is perfectly normal and there's no need for alarm, if it feels uncomfortable, try your relaxation techniques or just lie quietly until the contractions pass.

**When to avoid sex in pregnancy.** Your midwife or doctor will probably advise you to avoid sex if you've had any heavy bleeding in pregnancy, since sex may increase the risk of further bleeding if the placenta is low or there is a haematoma (a collection of blood). You'll also be advised to avoid sex if your waters have broken (rupture of membranes) as this can increase the risk of infection. If you’re unsure, ask your midwife or doctor.

**Travelling In Pregnancy:**

**NHS Choices - travelling whilst pregnant**  With the proper precautions, and armed with information on when to travel, recommended vaccinations and travel insurance most women can travel safely well into their pregnancy. Please access [https://www.gov.uk/foreign-travel-advice](https://www.gov.uk/foreign-travel-advice) for region specific travel advice.

Travelling in the final months of pregnancy can be tiring, so many women find the best time to travel or take a holiday is in mid-pregnancy, between four and six months. After week 28 of pregnancy, the airline may ask for a letter from your doctor or midwife confirming your due date, and that you aren't at risk of complications, sometimes called a ‘fitness to fly letter’. You can get this letter from your GP or midwife.

We advise that you check individual airline requirements as these may differ.

**Vaccinations during Pregnancy:**

**NHS Choices - Vaccinations**

**The Flu Vaccine.** It is recommended that all pregnant women have the flu vaccine whatever stage of pregnancy you are at, but particularly if you are pregnant during flu season. There is good evidence that pregnant women have a higher chance of developing complications if they get flu, particularly in the later stages of pregnancy. Please contact your GP for the vaccination.

**Whooping Cough**  Babies who are too young to start their vaccinations are at greatest risk of whooping cough. Young babies with whooping cough are often very unwell and most will be admitted to hospital because of their illness. Pregnant women can safely help protect their babies by getting vaccinated – ideally when they are 28-32 weeks pregnant, although they may be given the vaccine up to 38 weeks of pregnancy.
Vitamin Supplements: Vitamin D for Pregnant and Breastfeeding Women

Eating a healthy, varied diet in pregnancy will help you to get most of the vitamins and minerals you need; there are some vitamins and minerals that are especially important. It is best to get vitamins and minerals from the food you eat, but when you are pregnant you may need to take some supplements as well, to make sure you get everything you need.

It’s recommended that you take:

- **400 micrograms of folic acid each day** – you can take this before you are pregnant until you are 12 weeks pregnant and
- **10 micrograms of vitamin D** each day throughout your pregnancy, you should also carry on taking this after your baby is born if you breastfeed.

Due to the ingredients of certain multivitamins we would advise that you take a ‘pregnancy specific’ multivitamin to ensure that it contains everything you need for yourself and your baby. You can get supplements from pharmacies and supermarkets, or your GP may be able to prescribe them for you. You may be eligible for free vitamins through the Healthy Start scheme. Read more about Healthy Start here - [Healthy Start - GOV.UK](https://www.gov.uk/healthy-start)

For Further Information on Your Pregnancy and Antenatal Care Access:

- **Expressing Your Breast Milk in Pregnancy**
  

Infant Feeding: For information regarding antenatal preparation and your baby’s feeding options access: [Best Beginnings | Watch from Bump to Breastfeeding](http://www.bestbeginnings.org.uk/watch-fbtb)

(NB you are welcome to attend the session’s antenatal).

This includes information on Preparing for birth; Birth, Skin-to-Skin and the First Feed.

www.bestbeginnings.org.uk/watch-fbtb

Details of infant feeding support groups are available via the dvh.nhs.uk website.

- **Maternity Patient Information Leaflets**
  
  [National Institute for Health and Care Excellence (NICE)](https://www.nice.org.uk/guidance/

  [NHS Choices - Your health, your choices](https://www.nhs.uk/about-us/your-choices)

  [Your Antenatal Care - Pregnancy and Baby Guide](https://www.nhs.uk/antenatal/pregnancy-and-baby-guide/)

  [Start4Life - Home - NHS](https://www.nhs.uk/start4life/)


  [Your pregnancy and baby - Pregnancy and baby guide - NHS](https://www.nhs.uk/pregnancy/)

If you used any of our maternity services please complete the relevant form: FFT
**Antenatal Service online form** or **Antenatal Service (word doc)**

**Words Used By Midwives and Doctors – Glossary of Terms**

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
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<tbody>
<tr>
<td>ABO/Rhesus</td>
<td>Blood types/groups.</td>
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<tr>
<td>Amniocentesis</td>
<td>The taking of amniotic fluid (also called liquor pronounced like-or) from mother’s uterus to do tests.</td>
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<tr>
<td>Antenatal</td>
<td>During pregnancy, before the birth.</td>
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<td>Antibodies</td>
<td>Proteins produced in the blood. Checks are done to see that the mother is not developing antibodies against her baby’s blood group.</td>
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<td>BP</td>
<td>Blood pressure.</td>
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<tr>
<td>Booking</td>
<td>Your first antenatal check.</td>
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<tr>
<td>Br, Breech</td>
<td>Unborn baby is lying bottom down.</td>
</tr>
<tr>
<td>BS</td>
<td>Blood sugar level.</td>
</tr>
<tr>
<td>C, Ceph, Cephalic</td>
<td>Unborn baby lying head down.</td>
</tr>
<tr>
<td>CVS</td>
<td>Chorionic villus sampling—taking a small sample of placenta to test for Down syndrome and other abnormalities in the baby.</td>
</tr>
<tr>
<td>Cx (Pap) Smear</td>
<td>Routine test to detect early warning of cancer of cervix (neck of uterus).</td>
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<tr>
<td>Down risk</td>
<td>Test for level of risk of Down syndrome.</td>
</tr>
<tr>
<td>E, Eng, Engaged</td>
<td>Unborn baby’s head has moved down into the mother’s pelvis ready to be born.</td>
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<tr>
<td>EDD</td>
<td>Expected (estimated) date of delivery for baby’s birth. It is normal for the baby to arrive up to two weeks before or after this date.</td>
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<tr>
<td>Fetal heart (FH)</td>
<td>Unborn baby’s heart rate.</td>
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<tr>
<td>Fetal movements</td>
<td>Unborn baby’s movements.</td>
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<tr>
<td>Fetus/Foetus</td>
<td>Unborn baby.</td>
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<tr>
<td>FH (H)</td>
<td>Fetal heart (heard).</td>
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<tr>
<td>FMF: FMNF</td>
<td>Fetal (baby) movements felt: fetal movements not felt.</td>
</tr>
<tr>
<td>Fundal height</td>
<td>Size of uterus.</td>
</tr>
<tr>
<td>Gestation (gest’n)</td>
<td>Number of weeks pregnant.</td>
</tr>
<tr>
<td>Glucose test (GTT)</td>
<td>Blood test to see how well your body uses sugar. It is a test for gestational diabetes, a problem that sometimes develops during pregnancy and may be a problem for the woman and unborn baby.</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
</tr>
<tr>
<td>---------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Gravida</td>
<td>The number of times you have been pregnant, including this pregnancy. Primigravida means first, multigravida means more than one pregnancy.</td>
</tr>
<tr>
<td>Hb</td>
<td>Haemoglobin, how much iron is in your blood?</td>
</tr>
<tr>
<td>Hypertension</td>
<td>High blood pressure.</td>
</tr>
<tr>
<td>Lie</td>
<td>The direction the fetus is lying in the uterus, such as transverse, longitudinal or oblique</td>
</tr>
<tr>
<td>Longitudinal</td>
<td>The fetus is lying with its spine parallel to the mother's spine</td>
</tr>
<tr>
<td>LMP</td>
<td>Last menstrual period.</td>
</tr>
<tr>
<td>Midwife</td>
<td>A practitioner specially qualified to care for childbearing women and their babies.</td>
</tr>
<tr>
<td>MSU, MSSU</td>
<td>Mid-stream specimen urine,</td>
</tr>
<tr>
<td>NAD</td>
<td>No abnormality detected (normal).</td>
</tr>
<tr>
<td>NE</td>
<td>Unborn baby's head not engaged (has not moved down into the mother's pelvis).</td>
</tr>
<tr>
<td>Obstetrician</td>
<td>Specialist doctor with extra qualifications in pregnancy and childbirth.</td>
</tr>
<tr>
<td>Oedema</td>
<td>Swelling of ankles, fingers or face.</td>
</tr>
<tr>
<td>Parity</td>
<td>The number of babies you have already had.</td>
</tr>
<tr>
<td>PE, PET</td>
<td>Pre-eclampsia or pre-eclampsia toxaemia (a pregnancy condition with high blood pressure and oedema.)</td>
</tr>
<tr>
<td>Placenta</td>
<td>The afterbirth.</td>
</tr>
<tr>
<td>Postnatal</td>
<td>After the birth.</td>
</tr>
<tr>
<td>Presentation</td>
<td>The part of the baby which is coming first, such as breech, vertex/cephalic or compound</td>
</tr>
<tr>
<td>T, FT, term</td>
<td>Full – term, baby is ready to be born.</td>
</tr>
<tr>
<td>Transverse</td>
<td>Unborn baby lying crossways in the uterus</td>
</tr>
<tr>
<td>US, ultrasound, scan</td>
<td>An examination of an unborn baby using sound waves.</td>
</tr>
<tr>
<td>Uterus, womb</td>
<td>Hollow muscle in which baby grows.</td>
</tr>
<tr>
<td>VE</td>
<td>Vaginal examinations, internal check of mother.</td>
</tr>
<tr>
<td>Vx, Vertex</td>
<td>Unborn baby lying head down in uterus.</td>
</tr>
</tbody>
</table>

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