

# Helping pregnant women make the best use of antenatal care services

Information for the public

Published: 1 September 2010

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

## About this information

NICE clinical guidelines advise the NHS on caring for people with specific conditions or diseases and the treatments they should receive. The information applies to people using the NHS in England and Wales.

This information explains the advice about the check-ups women attend during their pregnancies that is set out in NICE clinical guideline 110.

If you are pregnant, you need to have check-ups from a midwife or doctor several times during your pregnancy, starting as soon as you know you are pregnant. This is called 'antenatal care'. The midwife or doctor will give you advice to help you and your baby stay healthy, but will also be looking for signs that you might need treatment to stop you or your baby getting ill. Although it does not happen very often, on rare occasions pregnant women or their babies can become seriously ill or die if they do not get the treatment or

help they need. Early and regular check-ups will help to pick up any problems.

## Does this information apply to me?

Yes, if you need extra support to make sure you get your antenatal check-ups and any treatment you or your baby needs.

Some women may need extra because of their personal circumstances, such as problems with alcohol or drugs, or because they have a violent partner or family member. A woman's age may also mean that extra support is needed – for example, young women might feel uncomfortable having check-ups in a clinic where most of the other women are older. Women who have moved here from another country may not know how to find a midwife or doctor, or may not understand English very well.

## Your care

**If you think that your care does not match what is described in this information, please talk to a member of your healthcare team.**

In the NHS, patients and healthcare professionals have rights and responsibilities as set out in the NHS Constitution ([www.dh.gov.uk/en/DH\\_132961](http://www.dh.gov.uk/en/DH_132961)). All NICE guidance is written to reflect these. You have the right to be involved in discussions and make informed decisions about your treatment and care with your healthcare team. Your choices are important and healthcare professionals should support these wherever possible. You should be treated with dignity and respect. To help you make decisions, healthcare professionals should explain pregnancy and antenatal care. They should cover possible benefits and risks related to your personal circumstances.

The information you are given should be suitable for your personal circumstances, and take account of any religious, ethnic, or cultural needs you have. It should also take into account whether you have any physical or learning disability, sight or hearing problem or language difficulties. You should have access to an interpreter or advocate (someone who helps you put your views across) if needed. Your family and carers should be given their own information and support. If you agree, they should also have the chance to be involved in decisions about your care.

If you have made an 'advance decision' (known as a 'living will' in the past) in which you

have already given instructions about any treatments that you do not wish to have, your healthcare professionals have a legal obligation to take this into account.

Healthcare professionals should follow the Department of Health's advice on consent ([www.dh.gov.uk/en/DH\\_103643](http://www.dh.gov.uk/en/DH_103643)) and the code of practice for the Mental Capacity Act. Information about the Act and consent issues is available from <http://www.nhs.uk/CarersDirect/moneyandlegal/legal>. In Wales healthcare professionals should follow advice on consent from the Welsh Government ([www.wales.nhs.uk/consent](http://www.wales.nhs.uk/consent)).

## When you become pregnant

**Your midwife or doctor will give you advice about keeping yourself and your baby healthy.**

The first time you talk to a doctor or nurse (or any other healthcare professional) about your pregnancy, they should let you know about the antenatal care you should have. If you want to carry on with the pregnancy, they will offer you an appointment with a midwife or doctor. This is called the 'booking appointment' and you should have this appointment before you are 10 weeks pregnant if possible. At the booking appointment you can talk to your midwife or doctor about your care and where you will have your baby. They will tell you about the tests that are available to check on the health of your baby (known as 'screening tests') and when you can have them. They will also give you advice about keeping yourself and your baby healthy, and about antenatal classes you can go to during your pregnancy.

There is more information about the booking appointments and antenatal classes in NICE's information for the public on routine antenatal care for healthy pregnant women (see [Other NICE guidance](#)).

If you are not sure you want to have the baby, and are thinking about having an abortion, you should be offered an appointment at a clinic to talk about this.

## 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 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 should 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, 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.**

## 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?

## Questions for your family or partner to ask your midwife or doctor

- What can I do to give support during the pregnancy?
- Are there any organisations or groups nearby where we could get support?

## If you have a problem with alcohol or drugs

If you have a problem with alcohol or drugs, the doctor or nurse should offer to put you in touch with people who run programmes that can help with these problems. For more

information see [Pregnant women who have problems with alcohol or drugs](#).

## Questions to ask about an alcohol or drug treatment programme

- What will the programme involve?
- How long will it take?
- How will it help me?
- Why have you decided to offer me this particular programme?
- What will happen if I choose not to do the programme?

## During your pregnancy

You should be given a phone number that you can use at any time to contact a midwife or doctor.

At each of your antenatal appointments you should be given enough information to help you make decisions about your care. Your midwife or doctor should explain the antenatal care that is available.

You should be given a phone number that you can use at any time, including evenings and weekends, to contact a midwife or doctor at the hospital or birth centre.

You will be able to bring your family or partner with you to your appointments, but you should be given at least one appointment when you talk to a midwife or doctor on your own.

Your midwife or doctor will usually keep anything you tell them confidential. But if they have concerns about your safety or your baby's safety they might need to tell other people, such as a social worker, about your pregnancy. If this happens, they will tell you, and explain the reason.

## Questions to ask your midwife or doctor

- What number can I phone you on?
- Is there a midwife or doctor I can phone during evenings and weekends?
- Can I talk to a midwife or doctor on my own?

## Decisions about your care

You should be able to talk to a midwife or doctor about your care throughout your pregnancy. You can change your mind about your care at any time.

If you are over 16 you will be asked to give your 'informed consent' to any particular test or treatment that you have. Informed consent means that the test or treatment is completely explained to you before you decide whether to have it. This should include telling you what it involves, what the benefits and risks might be, whether there are different tests or treatments you could have, and what might happen if you decide not to have the test or treatment. If you are not able to make decisions about your tests or treatment, your midwife or doctor has a duty to talk to your family or carers unless you have specifically asked them not to.

In an emergency, healthcare professionals may give treatment immediately, without obtaining your informed consent, when it is in your best interests.

If you are under 16 you still may be able to give informed consent. This is explained in [Decisions about your care if you are under 16](#).

## Pregnant women who have problems with alcohol or drugs

If you have a problem with alcohol or drugs, you should be given the name and phone number of a midwife or doctor who has special experience in the care of pregnant women with alcohol or drug problems. You should be put in touch with an alcohol or drug treatment programme.

Your midwife or doctor should also tell you about other organisations that can help you, such as alcohol or drug support services.

Your midwife or doctor should discuss your alcohol or drug use with you and try to answer any questions you have. They should explain the extra care your baby might need, where your baby will be cared for and whether a social worker will be involved. They should also talk to you about the possible effects of your alcohol or drug use on your baby, and about any difficult feelings you may have about this.

Your doctor or midwife should offer to send you reminders about your appointments in different ways, for example by text message. They should also offer you information about getting help with transport to your antenatal appointments if you need it.

## Questions to ask your midwife or doctor

- What effects could my alcohol or drug use have on my baby?
- Will I get reminders about my appointments?
- Can I get any help with transport to my appointments?
- Will my baby be taken into care?

## Pregnant women who have moved here from another country

If you have moved here from another country as an asylum seeker or refugee, or if you moved here as a migrant within the past year, your midwife or doctor should tell you about the care you can have and how to find it.

You should also be able to get easy-to-understand information in leaflets, videos on the internet or DVDs. You should be able to get the information in different languages. You should also be able to find it in everyday places such as pharmacies (chemists), community centres, GP surgeries (family doctors) and family planning clinics.

## If you have difficulty understanding or speaking English

If you have difficulty understanding or speaking English, you should be offered an interpreter to translate between you and the midwife or doctor. The interpreter should not be a member of your family. You may be given longer appointments (or more appointments) so that there is enough time for everything to be translated.

### Questions to ask your midwife or doctor

- Can you arrange for me to have an interpreter?
- Do you have any information in my language?

## Young pregnant women (aged under 20)

If you are under 20, you should be given the name and phone number of the midwife who will provide most of your care during your pregnancy.

Your baby's father can be involved in your antenatal care if this is what you want.

You should be given information about having your antenatal care together with other young women in places that are easy to get to, such as community centres.

You should also be given information about antenatal classes and drop-in sessions for young women, and any benefits you might be entitled to, such as housing benefit. And you should be able to find out whether you can get help with transport to your antenatal appointments if you need it. All the information you are given should be clear and easy to understand.

### Questions to ask your midwife or doctor

- Do you have any information about pregnancy or antenatal care that is especially for people my age?
- Can I get any help with transport to appointments?
- Are there any other young mothers I could talk to?
- How can the baby's father help me?
- Can I decide on my own about any tests or treatment I am offered?
- Where can I get information about what benefits I am entitled to?

## Decisions about your care if you are under 16

If you are under 16 and your midwife or doctor is sure that you understand a test or treatment you are being offered, you will be able to decide on your own whether to have it. You can always involve your parents or another person with parental responsibility (someone who is responsible for looking after you) if you wish, and your midwife or doctor will encourage them to support you. If you decide to have the test or treatment, you will be asked to give 'informed consent'. Informed consent is explained in [Decisions about your care](#).

If your midwife or doctor is not sure you understand a test or treatment, one of your parents or a person with parental responsibility will be asked to give informed consent for you to have the test or treatment. In an emergency, if one of your parents or a person with parental responsibility for you cannot be contacted, healthcare professionals may give treatment immediately when it is in your best interests.

## Pregnant women who have a violent or threatening partner or family member

If your partner or a member of your family is violent, threatens or frightens you, you should tell your midwife or doctor about it.

The midwife or doctor will write anything you say to them in a special confidential record

and not in your hand-held maternity notes. They will not involve your partner or family in your care if you do not want them to be involved.

You may be offered longer appointments, and extra ones, to give you more time to talk about the problems you are having. Your midwife or doctor will also ask you for a phone number that is safe for you to be contacted on.

Your midwife or doctor will tell you about organisations that can help you. These may be support groups, women's refuges, social services or the police. Your midwife or doctor may ask if you would like to talk to a domestic abuse support worker, who can give you practical help and emotional support. If you are worried about what may happen if other people become involved, your midwife or doctor will discuss your concerns with you.

You will be given practical information about how to keep yourself and your baby safe. You should also be given a small card with phone numbers you can call for advice or help in an emergency.

## Questions to ask your midwife or doctor

- What will happen to the information I give you?
- What should I do if I cannot come to a check-up or appointment?
- What help can I get?
- When will you use the phone number I have given you?

## More information

The organisations below can provide more information and support. NICE is not responsible for the quality or accuracy of any information or advice provided by these organisations.

- Maternity Action, 0845 600 8533  
[www.maternityaction.org.uk](http://www.maternityaction.org.uk)

- National Childbirth Trust, pregnancy and birth helpline 0300 33 00 700, details of local branches 0844 243 6000  
[www.nct.org.uk](http://www.nct.org.uk)

You can also go to NHS Choices ([www.nhs.uk](http://www.nhs.uk)) for more information.

## Other guidance from NICE

NICE has published other information for the public about guidelines on pregnancy and birth:

- Caesarean section (see [www.publications.nice.org.uk/IFP132](http://www.publications.nice.org.uk/IFP132))
- Antenatal care for women who are pregnant with twins or triplets (see [www.publications.nice.org.uk/IFP129](http://www.publications.nice.org.uk/IFP129))
- High blood pressure in pregnancy (see [www.publications.nice.org.uk/IFP107](http://www.publications.nice.org.uk/IFP107))
- Induction of labour (see [www.publications.nice.org.uk/IFP70](http://www.publications.nice.org.uk/IFP70))
- Routine antenatal care for healthy pregnant women (see <http://publications.nice.org.uk/IFP62>)
- Diabetes in pregnancy (see [www.publications.nice.org.uk/IFP63](http://www.publications.nice.org.uk/IFP63))
- Care of women and their babies during labour (see <http://publications.nice.org.uk/IFP55>)
- Mental health problems during pregnancy and after giving birth (see <http://publications.nice.org.uk/IFP45>)
- Care of women and their babies in the first 6–8 weeks after birth (see <http://publications.nice.org.uk/IFP37>)
- Quitting smoking during pregnancy and after childbirth (see <http://publications.nice.org.uk/PH26>)

## Accreditation

