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Some advice on smoking in pregnancy has been updated in 'How to stop smoking in pregnancy and following childbirth' (NICE public health guidance 26). In this document changes are marked with black strikethrough. For more information see www.nice.org.uk/guidance/PH26

Understanding NICE guidance

Information for people who use NHS services

Routine antenatal care for healthy pregnant women

NICE 'clinical guidelines' advise the NHS on caring for people with specific conditions or diseases and the treatments they should receive.

This booklet is about the care of healthy pregnant women in the NHS in England and Wales. It explains guidance (advice) from NICE (the National Institute for Health and Clinical Excellence). It is written for healthy pregnant women but it may also be useful for their families or for anyone with an interest.

The booklet aims to help you understand the care that should be available in the NHS during your pregnancy. There are examples of questions you could ask throughout this booklet to help you. Some sources of further information and support are on page 23.

Pregnancy is measured in weeks so throughout this booklet we have referred to your pregnancy in weeks (and days where appropriate).

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The advice in the NICE guideline covers:

- the routine care that all healthy women can expect to receive during their pregnancy.

It does not specifically look at:

- women who are pregnant with more than one baby, women with certain medical conditions or women who develop a health problem during their pregnancy.

This is an update of advice on 'Antenatal care: routine care for the healthy pregnant woman' that NICE produced in 2003.

NICE has published other guidelines for women who have diabetes in pregnancy, women who are giving birth at 37 to 42 weeks (term), women who have their labour induced, women who have a caesarean or breech birth, and on the care that women and their babies should receive during the first 6 to 8 weeks after birth. All of these guidelines are available at www.nice.org.uk

Your care

Your care should take into account your personal needs and preferences, and you have the right to be fully informed and to make decisions in partnership with your healthcare team. To help with this, your healthcare team should give you information you can understand and that is relevant to your circumstances. All healthcare professionals should treat you, your partner and your family with respect, sensitivity and understanding and explain your care simply and clearly.

Any information, and discussions you have with your midwife or doctor, should include explanations and details about the care you receive. You can ask any questions you want to and can always change your mind. Your own preference is important and your healthcare team should support your choice of care wherever possible.

Your care, and the information you are given about it, should take account of any religious, ethnic or cultural needs you may have. It should also take into account any additional factors, such as physical or learning disabilities, sight or hearing problems, or difficulties with reading or speaking English. Your healthcare team should be able to arrange an interpreter or an advocate (someone who supports you in putting across your views) if needed. Your interpreter or advocate will keep anything you tell them private.

If people are unable to understand a particular issue or are not able to make decisions for themselves, healthcare professionals should follow the advice that the Department of Health has produced about this. You can find this by going to the Department of Health website (www.dh.gov.uk/consent). Your healthcare professional should also follow the code of practice for the Mental Capacity Act. For more information about this, visit www.publicguardian.gov.uk

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

Antenatal appointments

At each appointment you should be given information and clear explanations that you can understand. You should have the opportunity to discuss any issues and ask questions. You should receive verbal information supported by written information and antenatal classes.

| Appointment | What should happen |
|---|---|
| First contact with your midwife or doctor | <p>Your midwife or doctor should give you information about:</p> <ul style="list-style-type: none"> • folic acid supplements • food hygiene, including how to reduce the risk of a food-acquired infection • lifestyle, including smoking cessation and the risks of recreational drug use and alcohol consumption • antenatal screening tests. |
| Booking appointment | <p>Your midwife or doctor should give you information about:</p> <ul style="list-style-type: none"> • how the baby develops during pregnancy • nutrition and diet, including vitamin D supplements • exercise, including pelvic floor exercises • antenatal screening tests • your pregnancy care pathway • where to have your baby • breastfeeding and workshops • antenatal classes • maternity benefits. <p>Your midwife or doctor should:</p> <ul style="list-style-type: none"> • see if you may need additional care or support • plan the care you will get throughout your pregnancy • ask about your job to identify any potential risks • measure your height and weight and calculate your body mass index • measure your blood pressure and test your urine for protein • find out whether you are at increased risk of gestational diabetes or pre-eclampsia • ask about mental illness and ask about any signs of depression • offer you screening tests and make sure you understand what is involved before you decide to have any of them • offer you an ultrasound scan to estimate when the baby is due • offer you an ultrasound scan at 18 to 20 weeks to check the physical development of the baby. |
| 16 weeks | <p>Your midwife or doctor should give you information about the ultrasound scan you will be offered at 18 to 20 weeks and help with any concerns or questions you have.</p> <p>Your midwife or doctor should:</p> <ul style="list-style-type: none"> • review, discuss and record the results of any screening tests • measure your blood pressure and test your urine for protein • consider an iron supplement if you are anaemic. |
| 18 to 20 weeks (anomaly scan) | <i>Ultrasound scan to check the physical development of the baby if you wish it.</i> |
| 25 weeks | <p>Your midwife or doctor should:</p> <ul style="list-style-type: none"> • check the size of your abdomen • measure your blood pressure and test your urine for protein. |
| <p>■ Extra appointment if this is your first baby</p> | |

| Appointment | What should happen |
|--|---|
| 28 weeks | Your midwife or doctor should: <ul style="list-style-type: none"> • check the size of your abdomen • measure your blood pressure and test your urine for protein • offer more blood screening tests • offer first anti-D treatment if you are rhesus D-negative. |
| 31 weeks | Your midwife or doctor should: <ul style="list-style-type: none"> • review, discuss and record the results of any screening tests from the last appointment • check the size of your abdomen • measure your blood pressure and test your urine for protein. |
| 34 weeks | Your midwife or doctor should give you information about preparing for labour and birth, including how to recognise active labour, ways of coping with pain in labour and your birth plan. Your midwife or doctor should: <ul style="list-style-type: none"> • review, discuss and record the results of any screening tests from the last appointment • check the size of your abdomen • measure your blood pressure and test your urine for protein • offer second anti-D treatment if you are rhesus D-negative. |
| 36 weeks | Your midwife or doctor should give you information about: <ul style="list-style-type: none"> • breastfeeding, including hints and tips for success • caring for your newborn baby • vitamin K and screening tests for your newborn baby • your own health after the baby is born • being aware of the 'baby blues' and postnatal depression. Your midwife or doctor should: <ul style="list-style-type: none"> • check the size of your abdomen • check the position of the baby and discuss options to turn the baby if he or she is bottom first (breech position) • measure your blood pressure and test your urine for protein. |
| 38 weeks | Your midwife or doctor should give you information about what happens if your pregnancy lasts longer than 41 weeks ¹ . Your midwife or doctor should: <ul style="list-style-type: none"> • check the size of your abdomen • measure your blood pressure and test your urine for protein. |
| 40 weeks | Your midwife or doctor should give you more information about what happens if your pregnancy lasts longer than 41 weeks ¹ . Your midwife or doctor should: <ul style="list-style-type: none"> • check the size of your abdomen • measure your blood pressure and test your urine for protein. |
| 41 weeks | Your midwife or doctor should: <ul style="list-style-type: none"> • check the size of your abdomen • measure your blood pressure and test your urine for protein • offer a membrane sweep¹ • offer induction of labour¹. |
| <p>■ Extra appointment if this is your first baby</p> <p>¹ The clinical guideline 'Induction of labour' is being updated and is expected to be published in June 2008, together with an accompanying 'Understanding NICE guidance' booklet.</p> | |

Antenatal care

About antenatal care

Antenatal care is the care that you receive from healthcare professionals during your pregnancy. It includes information on services that are available and support to help you make choices. Your antenatal services should be readily and easily accessible and sensitive to your needs.

During your pregnancy you should be offered a series of antenatal appointments to check on your health and the health of your baby. During these appointments you should be given information and clear explanations about your care. You should be given the opportunity to discuss any issues and to ask questions. You should also be offered antenatal classes, including breastfeeding and workshops.

Information you should expect

Your midwife or doctor should give you information in writing or some other form that you can easily use and understand. If you have a physical, learning or sensory disability, or if you do not speak or read English, your midwife or doctor should provide you with information in an appropriate format.

Your midwife or doctor should support you by respecting your views and decisions and by making sure you have access to antenatal classes, workshops and information that is based on the best research evidence available.

Questions you might like to ask your healthcare team

- Can I check that I've understood what you've said?
- Can you explain it again? I still don't understand.
- Is there a leaflet that I can take home?

While you are pregnant you should normally see a small number of healthcare professionals, led by your midwife and/or doctor, on a regular basis. They should be people with whom you feel comfortable. You should be given information about where you will be seen and who will be looking after you.

Your maternity notes should record the care you receive. You should be asked to keep your maternity notes at home with you and to bring them along to all your antenatal appointments.

Antenatal appointments

The exact number of antenatal appointments and how often you have them will depend on your individual situation. If you are expecting your first child, you are likely to have up to 10 appointments. If you have had a baby before, you should have around 7 appointments. Your antenatal appointments should take place in a setting where you feel able to discuss sensitive problems that may affect you (such as domestic violence, sexual abuse, mental illness or recreational drug use).

Early in your pregnancy your midwife or doctor should give you written information about the likely number, timing and purpose of your appointments, according to the options that are available to you. You should have a chance to discuss the schedule with them. The table on pages 4 and 5 gives a brief guide to what usually happens at each antenatal appointment.

What should happen at the appointments

The aim is to check on you and your baby's progress and to provide clear information and explanations, in discussion with you, about your care. At each appointment you should have the chance to ask questions and discuss any concerns or issues with your midwife or doctor.

Each appointment should have a specific purpose. You will need longer appointments early in pregnancy to allow plenty of time for your midwife or doctor to assess you, discuss your care and give you information. Wherever possible the appointments should include any routine tests.

Appointments in early pregnancy

First contact with your midwife or doctor

Your first appointment should be as early in your pregnancy as possible. At this appointment you should be given information about taking folic acid supplements, food hygiene and aspects of your life that may affect your health or the health of your baby (such as smoking, recreational drug use and alcohol consumption). You should also receive information about antenatal screening options and the conditions being screened for. Before any test is done, you should be given information about the reason for the test. Your midwife or doctor should explain to you that decisions on whether to have these tests rest with you, and they should make sure that you understand what those decisions will mean for you and your baby. You should make sure that you understand all the information you are given and that you have had enough time to decide whether you want to have the test or not.

Booking appointment

Your second antenatal appointment is called the booking appointment and ideally this should take place by 10 weeks. At this appointment you should be given information about how the baby develops during pregnancy, nutrition and diet including vitamin D supplements, exercise and pelvic floor exercises. You should also receive information about maternity benefits, antenatal classes, breastfeeding workshops, planning your labour and where to have your baby. In addition you should receive more information about the routine screening tests that you can have.

At your booking appointment your midwife or doctor should weigh you and measure your height. If you are significantly overweight or underweight, you may need extra care. You should not usually be weighed again.

Your midwife or doctor should use these early appointments to identify your needs (such as whether you need additional care) and they should ask you about your health and about any previous physical or mental illness you have had, so that you can be referred for further assessment or care, if necessary. Your midwife or doctor should also ask whether you have been feeling down or depressed at all.

They should give you an opportunity to let them know, if you wish, if you are in a vulnerable situation or if you have experienced anything that means you might need extra support, such as domestic violence, sexual abuse or female genital mutilation (such as female circumcision).

Appointments in later pregnancy

The rest of your antenatal appointments should be tailored according to your individual health needs. They should include some routine tests (page 14) that are used to check for certain conditions or infections. Most women are not affected by these conditions, but the tests are offered so that the small number of women who are affected can be identified and offered treatment. Your midwife or doctor should explain to you in advance the reason for offering you a particular test. When discussing the test with you, they should make it clear that you can choose whether or not to have the test.

During your appointments your midwife or doctor should give you the results of any tests you have had. You should be able to discuss your options and what you want to do.

During your later antenatal appointments, you should be given information about breastfeeding, how to prepare for labour and birth, your birth plan, how to know if you are in active labour, looking after yourself and your new baby, screening tests for newborn babies and being aware of signs of 'baby blues' and postnatal depression. You should also receive information on induction of labour in case your baby is late.

Checking on your baby's development

At each antenatal appointment from 24 weeks, your midwife or doctor should check on your baby's growth. To do this, they should measure the distance from the top of your womb to your pubic bone. The measurement should be recorded in your notes.

You will be offered an ultrasound scan if your midwife or doctor has any concerns about your baby's growth. For more information about antenatal ultrasound scans, see page 14.

The rest of this booklet tells you more about what you can expect from your midwife or doctor during your pregnancy and about the tests that you should be offered.

Lifestyle advice

There are a number of things you can do to stay healthy while you are pregnant. Your midwife or doctor can tell you more about them.

Work

You should be able to carry on working during your pregnancy, but your midwife or doctor will ask about your job to see whether the work you do could be putting you or your baby in danger. The Health and Safety Executive (www.hse.gov.uk) can give you more information about possible occupational hazards. Your doctor or midwife should also give you information about your maternity rights and benefits.

Exercise

You can continue or start moderate exercise before or during your pregnancy. Some vigorous activities, however, such as contact sports or racquet games, may carry extra risks such as falling or putting too much strain on your joints. You should avoid scuba diving while you are pregnant because this can cause problems in the developing baby.

Alcohol

If you are pregnant or planning to become pregnant, you should try to avoid alcohol completely in the first 3 months of pregnancy because there may be an increased risk of miscarriage.

If you choose to drink while you are pregnant, you should drink no more than 1 or 2 UK units of alcohol once or twice a week. There is uncertainty about how much alcohol is safe to drink in pregnancy, but at this low level there is no evidence of any harm to the unborn baby.

You should not get drunk or binge drink (drinking more than 7.5 UK units of alcohol on a single occasion) while you are pregnant because this can harm your unborn baby.

Smoking

Smoking increases the risk of your baby being underweight or being born too early – in both instances, your baby's health may be affected. You will reduce these risks if you can give up smoking, or at least smoke less, while you are pregnant. You and your baby will benefit if you can give up, no matter how late in your pregnancy.

If you need it, your midwife or doctor should offer you information, advice and support to help you ~~ideally give up or at least cut down~~ on smoking, or to stay off it if you have recently given up. The NHS Pregnancy Smoking Helpline can also provide advice and support – the phone number is 0800 169 9 169.

There is 1 UK unit in half a pint of ordinary strength beer or lager or a single measure of spirits. There are 1.5 UK units in a small (125 ml) glass of wine.

Cannabis

The effects of cannabis on the unborn baby are uncertain. However, if you use cannabis, it may be harmful to your baby.

Sexual activity

There is no evidence that sexual activity is harmful while you are pregnant.

Travel

When you travel by car you should always wear a three-point seatbelt above and below your bump, not over it.

If you are planning to travel abroad you should talk to your midwife or doctor, who should tell you more about flying, vaccinations and travel insurance. The risk of deep vein thrombosis from travelling by air may be higher when you are pregnant. Your midwife or doctor can tell you more about how you can reduce your risk by wearing correctly fitted compression stockings.

Prescription and over-the-counter medicines

Only a few prescription and over-the-counter medicines have been shown to be safe for pregnant women by good-quality studies. While you are pregnant, your doctor should only prescribe medicines where the benefits are greater than the risks. You should use as few over-the-counter medicines as possible.

Complementary therapies

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

Diet and food hygiene

Folic acid

Your midwife or doctor should give you information about taking folic acid tablets (400 micrograms a day). If you do this when you are trying to get pregnant and for the first 12 weeks of your pregnancy, it reduces the risk of having a baby with conditions that are known as neural tube defects, such as spina bifida (a condition where parts of the backbone do not form properly, leaving a gap or split that causes damage to the baby's central nervous system).

Vitamin D

Your midwife or doctor should give you information on getting enough vitamin D both during your pregnancy and while you are breastfeeding. This is especially important if you are at risk of vitamin D deficiency (if your family origin is South Asian, African, Caribbean or Middle Eastern, if you stay indoors a lot, if you usually cover your skin when you go outdoors, or if your diet is particularly low in vitamin D-rich food such as oily fish, eggs, meat, and vitamin D-fortified margarine and breakfast cereal). We only get a very small amount of vitamin D from our diet; the best source is sunlight. One way of ensuring you get enough vitamin D is to take a vitamin D supplement (10 micrograms per day) as found in the Healthy Start multivitamin supplement or from your community pharmacy. You can find out more about Healthy Start at www.healthystart.nhs.uk

Vitamin A

Excess levels of vitamin A can cause abnormalities in unborn babies. You should avoid taking vitamin A supplements (with more than 700 micrograms of vitamin A) while you are pregnant. You should also avoid eating liver (which may contain high levels of vitamin A) or anything made from liver, such as pâté.

Other food supplements

You do not need to take iron supplements as a matter of routine while you are pregnant. They do not improve your health and you may experience unpleasant side effects, such as constipation.

Food hygiene

Your midwife or doctor should give you information on bacterial infections such as listeriosis and salmonella that can be picked up from food and can harm your unborn baby. In order to avoid them while you are pregnant it is best:

- if you drink milk, to keep to pasteurised or UHT milk
- to avoid eating mould-ripened soft cheese, such as Camembert or Brie, and blue-veined cheese (there is no risk with hard cheese such as Cheddar, or with cottage cheese or processed cheese)
- to avoid eating pâté (even vegetable pâté)
- to avoid eating uncooked or undercooked ready-prepared meals
- to avoid eating raw or partially cooked eggs or food that may contain them (such as mayonnaise)
- to avoid eating raw or partially cooked meat, especially poultry.

Toxoplasmosis is an infection that does not usually cause symptoms in healthy women. Very occasionally it can cause problems for the unborn baby of an infected mother. You can pick it up from undercooked or uncooked meat (such as salami, which is cured) and from the faeces of infected cats or contaminated soil or water. To help avoid this infection while you are pregnant it is best to:

- wash your hands before and after handling food
- wash all fruit and vegetables, including ready-prepared salads, before you eat them
- make sure you thoroughly cook raw meats and ready-prepared chilled meats
- wear gloves and wash your hands thoroughly after gardening or handling soil
- avoid contact with cat faeces (in cat litter or in soil).

Screening and tests

Early in your pregnancy you should be offered a number of tests.

Your doctor or midwife should tell you more about the purpose of any test you are offered. You do not have to have a particular test if you do not want it. However, the information these tests can provide may help your antenatal care team to provide the best care possible during your pregnancy and the birth. The test results may also help you to make choices during pregnancy.

Questions you might like to ask your healthcare team

- What is the test for?
- What does the test involve?
- Are there any risks?
- What will the results show?
- How and when will I get the results?
- Who do I contact if I don't get the results?
- What happens if I choose not to have the test?
- What happens if the test shows that there might be a problem?

Ultrasound scans

You should be offered an ultrasound scan between 10 weeks 0 days and 13 weeks 6 days to estimate when your baby is due and to check whether you are expecting more than one baby. This scan may also be part of a screening test for Down's syndrome (see page 15).

You should be offered another scan, normally between 18 weeks 0 days and 20 weeks 6 days, to check for physical problems in your baby. This is called the anomaly scan. Your doctor or midwife will give you more information about the scan and what the results may mean for you so you can decide whether you want to have the scan or not. If the scan shows a possible problem, you will be referred to a specialist to discuss the options available to you. It is important to realise that no test is 100% accurate.

Screening tests for Down's syndrome

Down's syndrome is a condition caused by the presence of an extra chromosome in a baby's cells. It occurs by chance at conception and is irreversible.

Early in your pregnancy you should be offered information and screening tests to check whether your baby is likely to have Down's syndrome. Your midwife or doctor should tell you more about Down's syndrome, the screening tests you are being offered, what the results may mean for you and the decisions that you may need to think about. You have the right to choose whether to have all, some or none of these tests. You can opt out of the screening process at any time if you wish. Screening tests will only indicate that a baby may have Down's syndrome. If the screening test results are positive, you should be offered further information, support and more tests to confirm whether or not your baby has Down's syndrome.

Between 11 weeks 0 days and 13 weeks 6 days, the screening test for Down's syndrome should be the combined test (an ultrasound scan and blood test). Between 15 weeks 0 days and 20 weeks 0 days, the screening test should be the triple or quadruple test (both are blood tests).

Blood tests

Anaemia

You should be offered two tests for anaemia: one at your booking appointment and another at 28 weeks. Anaemia is often caused by a lack of iron. If you develop anaemia while you are pregnant, it is usually because you do not have enough iron to meet your baby's need for it in addition to your own; you may be offered further blood tests. You should be offered an iron supplement, if appropriate.

Blood group and rhesus D status

Early in your pregnancy you should be offered tests to find out your blood group and your rhesus D (RhD) status. Your midwife or doctor should tell you more about them and what they are for. If you are RhD-negative, you should be offered an anti-D injection to prevent future babies developing problems.

Early in your pregnancy, and again at 28 weeks, you should be offered tests to check for red-cell antibodies. If the levels of these antibodies are significant, you should be offered a referral to a specialist centre for more investigation and advice on managing the rest of your pregnancy.

Inherited blood conditions

Inherited blood conditions, such as thalassaemia and sickle cell disease, mainly affect people whose family origin is African, Caribbean, Middle Eastern, Asian or Mediterranean, but these conditions are also found in the North European population. At your first appointment, your midwife or doctor should give you information about inherited blood conditions, offer advice and support, and ask some questions about your and your partner's family origins to find out whether you are at risk of being a carrier or having a baby with an inherited blood condition. If you are a carrier of an inherited blood condition, the father of your baby should also be offered advice, support and screening without delay.

Testing for infections

Your midwife or doctor should offer you a number of tests, as a matter of routine, to check for certain infections. These infections are not common, but they can cause problems if they are not detected and treated.

Asymptomatic bacteriuria

Asymptomatic bacteriuria is a bladder infection that has no symptoms. Identifying and treating it can reduce the risk of developing a kidney infection. It can be detected by testing a urine sample.

Chlamydia

Chlamydia is a sexually transmitted vaginal infection that is more common in women who are younger than 25 years. It may have no symptoms but, rarely, may cause problems such as eye infections and pneumonia in the baby. The National Chlamydia Screening Programme has been set up to screen young women. If you are younger than 25, your midwife or doctor should give you more information about this at the booking appointment.

Hepatitis B virus

Hepatitis B virus is a potentially serious infection that can affect the liver. Many people have no symptoms. It can be passed from a mother to her baby (through blood or body fluids), but may be prevented if the baby is vaccinated at birth. The infection can be detected in the mother's blood.

HIV

HIV usually causes no symptoms at first but can lead to AIDS. HIV can be passed from a mother to her baby, but this risk can be greatly reduced if the mother is diagnosed before the birth. The infection can be detected through a blood test. If you are pregnant and are diagnosed with HIV, you should receive specialist care.

German measles (rubella)

Screening for German measles (rubella) is offered so that, if you are not immune, you can choose to be vaccinated after you have given birth. This should usually protect you and future pregnancies. Testing you for rubella in pregnancy does not aim to identify it in the baby you are carrying.

Syphilis

Syphilis is rare in the UK. It is a sexually transmitted infection that can also be passed from a mother to her baby. Mothers and babies can be successfully treated if it is detected and treated early. A person with syphilis may show no symptoms for many years. A positive test result does not always mean you have syphilis, but your healthcare team should have clear procedures for managing your care if you test positive.

Screening for medical conditions

Gestational diabetes

Gestational diabetes is a type of diabetes that develops in the later stages of pregnancy. Some women are more likely to develop gestational diabetes. You should be given information about gestational diabetes and offered a test if:

- you are overweight (body mass index 30 kg/m² or higher)
- you have given birth to a very large baby before (weighing 4.5 kg or more)
- you have had gestational diabetes before
- you have a parent, brother or sister with diabetes
- your family origin is South Asian, black Caribbean or Middle Eastern.

Gestational diabetes usually improves with changes to diet and exercise. Tablets or insulin therapy may be needed to control diabetes if lifestyle changes do not work. Women with gestational diabetes may have more monitoring and interventions during both their pregnancy and their labour. If you are at risk of gestational diabetes and it is not detected and controlled, this may lead to a larger than normal baby which may mean a small risk of difficulties during the birth. The 'Understanding NICE guidance' booklet 'Diabetes in pregnancy' is available from www.nice.org.uk or from NICE publications (phone 0845 003 7783 or email publications@nice.org.uk and quote reference N1485).

Pre-eclampsia

Pre-eclampsia is a condition that happens in the second half of pregnancy and can cause serious problems for you and your baby if it is not detected and managed. Signs of pre-eclampsia are high blood pressure, protein in the urine and/or swelling of the hands, feet, ankles and sometimes the face. Your blood pressure and urine will be checked for signs of pre-eclampsia at every antenatal appointment.

Your risk of pre-eclampsia should be assessed at your booking appointment in order to plan for the rest of your appointments. You are more likely to develop pre-eclampsia when you are pregnant if you have any of these risk factors:

- you are 40 or older
- you have not had a baby before
- your last pregnancy was more than 10 years ago
- you or a family member has had pre-eclampsia before
- your body mass index is 35 kg/m² or more (very obese)
- you already have circulation problems such as high blood pressure
- you already have kidney disease
- you are expecting more than one baby.

You may need to have your blood pressure measured more often if you have any signs of pre-eclampsia, such as protein in your urine or high blood pressure.

You should seek immediate medical help if you experience any symptoms of pre-eclampsia, which include:

- severe headache
- problems with vision, such as blurred vision or lights flashing before the eyes
- severe pain just below the ribs
- vomiting
- sudden swelling of the face, hands or feet.

Placenta praevia (low-lying placenta)

Placenta praevia is when the placenta is low lying in the womb and covers all or part of the entrance (the cervix). In most women, as the womb grows upwards, the placenta moves with it so that it is in a normal position before birth and does not cause a problem.

If an earlier ultrasound scan (usually between 18 weeks 0 days and 20 weeks 6 days) showed that your placenta extends over the cervix, you should be offered another abdominal scan at 32 weeks. If this second abdominal scan is unclear, you should be offered a vaginal scan.

Managing common problems

Pregnancy brings a variety of physical and emotional changes. Many of these changes are normal, and pose no danger to you or your baby, even though some of them may cause you discomfort. Remember that your midwife or doctor is there to give you information and support.

Backache

Backache is common in pregnant women. You may find that massage therapy, exercising in water or going to group or individual back care classes may help you to relieve the pain.

Constipation

If you become constipated while you are pregnant, your midwife or doctor should tell you ways in which you can change your diet (such as eating more bran or wheat fibre) to help relieve the problem.

Haemorrhoids (piles)

There is no research evidence on how well treatments for haemorrhoids work. However, if you get haemorrhoids, your midwife or doctor should give you information on what you can do to change your diet. If your symptoms continue to be troublesome, they may offer you a cream to help relieve the problem.

Heartburn

Your midwife or doctor should give you information about what to do if you get heartburn during your pregnancy. If it persists, they should offer you antacids to relieve the symptoms.

Nausea and sickness

You may feel sick or experience vomiting in the early part of your pregnancy. This does not indicate that anything is wrong. It usually stops around your 16th to 20th week. Your midwife or doctor should give you information about this. You may find that using wrist acupressure or taking ginger tablets or syrup helps to relieve these symptoms. If you have severe problems, your doctor may give you further help or prescribe antihistamine tablets for sickness.

Thrush

If you have thrush (a yeast infection – also known as candida or vaginal candidiasis) your doctor may prescribe cream and/or pessaries for you to apply to the area for 1 week. While you are pregnant, it is best to avoid taking any medicine for thrush that needs to be swallowed. There is no evidence about how safe or effective these medicines are for pregnant women.

Vaginal discharge

You may get more vaginal discharge than usual while you are pregnant. This is usually nothing to worry about. However, if the discharge becomes itchy or sore, or smells unpleasant, or you have pain on passing urine, tell your midwife or doctor, because you may have an infection.

Varicose veins

Varicose veins are also common. They are not harmful during pregnancy. Compression stockings may relieve the symptoms (such as swelling of your legs), although they will not stop the veins from appearing.

If you are pregnant beyond 41 weeks

If your pregnancy goes beyond 42 weeks, there is a greater risk of your baby developing health problems. Therefore at 41 weeks you should be offered a 'membrane sweep', which involves having a vaginal examination; this stimulates the neck of your womb (known as the cervix) to produce hormones that may trigger spontaneous labour. If you choose not to have a membrane sweep, or it does not cause you to go into labour, you should be offered a date to have your labour induced (started off).

If you decide against having labour induced and your pregnancy continues to 42 weeks or beyond, you should be offered ultrasound scans and your baby's heartbeat may be monitored regularly.

If your baby is positioned bottom first

At around 36 weeks your midwife or doctor will check your baby's position by examining your abdomen. If your baby is bottom first (known as the breech position), your midwife or doctor should offer you a procedure called external cephalic version (ECV). ECV means they will gently push the baby from outside, so that he or she is moved round to 'head first'.

More information

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

- Action on Pre-eclampsia, 020 8863 3271, www.apec.org.uk
- Down's Syndrome Association, 0845 230 0372, www.downs-syndrome.org.uk
- National Childbirth Trust, 0870 444 8707, www.nct.org.uk
- Sickle Cell Society, 020 8961 7795, www.sicklecellsociety.org
- UK Thalassaemia Society, 020 8882 0011, www.ukts.org

NHS Direct online (www.nhsdirect.nhs.uk), the NHS Pregnancy Smoking Helpline (0800 169 9 169) and Healthy Start (www.healthystart.nhs.uk) may also be good starting points for finding out more. Your local Patient Advice and Liaison Service (PALS) may also be able to give you further information and support.

If this is your first pregnancy, your midwife or doctor should give you a copy of 'The pregnancy book' (published by the Department of Health). It tells you about many aspects of pregnancy, including: how the baby develops, deciding where to have a baby, feelings and relationships during pregnancy, antenatal care and classes, information for expectant fathers, problems in pregnancy, when pregnancy goes wrong, and rights and benefits information. It also contains a list of useful organisations.

If you need further information about any aspects of antenatal care or the care that you are receiving, please ask your midwife, doctor or a relevant member of your healthcare team. You can discuss this guideline with them if you wish, especially if you aren't sure about anything in this booklet. They will be able to explain things to you.

About NICE

NICE produces guidance (advice) for the NHS about preventing, diagnosing and treating different medical conditions. The guidance is written by independent experts including healthcare professionals and people representing patients and carers. They consider the best available evidence on the condition and treatments, the views of patients and carers and the experiences of doctors, nurses and other healthcare professionals working in the field. Staff working in the NHS are expected to follow this guidance.

To find out more about NICE, its work and how it reaches decisions, see www.nice.org.uk/aboutguidance

This booklet and other versions of this guideline aimed at healthcare professionals are available at www.nice.org.uk/CG062

You can order printed copies of this booklet from NICE publications (phone 0845 003 7783 or email publications@nice.org.uk and quote reference N1483).

We encourage NHS and voluntary sector organisations to use text from this booklet in their own antenatal care information.