

Routine antenatal care for healthy pregnant women

**Understanding NICE guidance –
information for pregnant women,
their families and the public**

October 2003



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**Understanding NICE guidance – information for pregnant women,
their families and the public**

Issue date: October 2003

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Copies of this booklet can be ordered from the NHS Response Line; telephone 0870 1555 455 and quote reference number N0310. A version in Welsh and English is also available, reference number N0311. Mae fersiwn yn Gymraeg ac yn Saesneg ar gael hefyd, rhif cyfeirnod N0311. The NICE clinical guideline on which this information is based, *Antenatal care: routine care for the healthy pregnant woman*, is available from the NICE website (www.nice.org.uk). Copies can also be obtained from the NHS Response Line, reference number N0309.

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About this information

This information describes the guidance that the National Institute for Clinical Excellence (called NICE for short) has issued to the NHS on antenatal care. It is based on *Antenatal care: routine care for the healthy pregnant woman*, which is a clinical guideline produced by NICE for doctors, midwives and others working in the NHS in England and Wales. Although this information has been written chiefly for women who are pregnant or thinking of becoming pregnant, it may also be useful for family members and anyone with an interest in pregnancy or in healthcare in general.

Clinical guidelines

Clinical guidelines are recommendations for good practice. The recommendations in NICE guidelines are prepared by groups of health professionals, lay representatives with experience or knowledge of the condition being discussed, and scientists. The groups look at the evidence available on the best way of treating or managing a condition and make recommendations based on this evidence.

There is more about NICE and the way that the NICE guidelines are developed on the NICE website (www.nice.org.uk). You can download

the booklet *The Guideline Development Process – Information for the Public and the NHS* from the website, or you can order a copy by phoning 0870 1555 455.

What the recommendations cover

NICE clinical guidelines can look at different areas of diagnosis, treatment, care, self-help or a combination of these. The areas that a guideline covers depend on the topic. They are laid out at the start of the development of the guideline in a document called the scope.

The recommendations in *Antenatal care: routine care for the healthy pregnant woman*, which are also described here, cover:

- the care you can expect to receive from your midwife and doctors during your pregnancy, whether you plan to give birth at home or in hospital
- the information you can expect to receive
- what you can expect from antenatal appointments
- aspects of your lifestyle that you may want to consider (such as diet, exercise, alcohol and drug intake, sexual activity and smoking)

- routine screening tests for specific conditions
- occupational risk factors in pregnancy
- what will happen if your pregnancy goes beyond 41 weeks
- what will happen if your baby is bottom first (known as the breech position) for the birth.

They do not cover:

- information on birth or parenthood and on preparing for them
- extra care you may need if you are expecting more than one baby
- extra care you may need if you develop additional problems (such as pre-eclampsia) or if your unborn baby has any abnormalities.

The information that follows tells you about the NICE guideline on antenatal care. It doesn't attempt to explain pregnancy or describe any extra care you may need for specific problems. If you want to find out more about pregnancy and antenatal care, or if you have questions about the specific treatments and options mentioned in this booklet, talk to your local midwife or doctor.

How guidelines are used in the NHS

In general, health professionals working in the NHS are expected to follow NICE's clinical guidelines. But there will be times when the recommendations won't be suitable for someone because of a specific medical condition, general health, their wishes or a combination of these. If you think that the treatment or care you receive does not match the treatment or care described in the pages that follow, you should discuss your concerns with your midwife or doctor.

If you want to read other versions of this guideline

There are three versions of this guideline:

- this one
- the NICE guideline *Antenatal care: routine care for the healthy pregnant woman*, which has been issued to people working in the NHS
- the full guideline, which contains all the details of the guideline recommendations, how they were developed and information about the evidence on which they are based.

All versions of the guideline are available from the NICE website (www.nice.org.uk). This version and the NICE guideline are also available from the NHS Response Line – phone 0870 1555 455 and give the reference number(s) of the booklet(s) you want (N0310 for this version, N0311 for this version in English and Welsh, and N0309 for the NICE guideline).

Guideline recommendations

The guideline recommendations cover the routine care that all healthy pregnant women can expect to receive during their pregnancy.

You will receive extra care, in addition to what we describe here, if you are pregnant with more than one baby, if you already have certain medical conditions or if you develop a health problem during your pregnancy.

The guideline does not cover the care that women receive during or after a birth.

About antenatal care

Antenatal care is the care that you receive from health professionals during your pregnancy. It includes information on services that are available and support to help you make choices. You should be able to access antenatal care services

that are readily and easily available 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 about your care.

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

A record should be kept of 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.

You have a right to take part in making decisions about your care. To be able to do this you will need to feel confident that you:

- understand what is involved
- feel comfortable about asking questions
- can discuss your choices with your antenatal care team.

Your care team should support you in this by making sure you have access to antenatal classes and information that is based on the best research evidence available.

While you are pregnant you should normally see a small number of health practitioners, led by your midwife and/or doctor (GP), on a regular basis. They should be people with whom you feel comfortable.

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 ten appointments. If you have had children before, you should have around seven appointments. Some of them may take place at your home if this suits you. Your antenatal appointments should take place in a setting where you feel able to discuss sensitive issues that may affect you (such as domestic violence, sexual abuse, mental illness or drug use).

Early in your pregnancy your midwife or doctor should give you appropriate written or other 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 38–39 gives a brief guide to what usually happens at each antenatal appointment.

What should happen at the appointments

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

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

Appointments in early pregnancy

Your first appointment should be fairly early in your pregnancy (before 12 weeks). Your midwife or doctor should use it to identify your needs (such as whether you need additional care) and should ask you about your health and any previous physical or mental illness you have had,

so that you can be referred for further assessment or care, if necessary.

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

Your midwife or doctor should give you information on pregnancy care services and the options available, maternity benefits, diet, other aspects of your life which may affect your health or the health of your baby, and on routine screening tests. They 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.

During one of these early appointments your midwife or doctor should check your blood pressure and test your urine for the presence of protein. They should also 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.

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 (see page 20) which 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, as you wish.

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 with them and what you want to do.

Checking on your baby's development

At each antenatal appointment 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.

The rest of this information tells you more about what you can expect from your midwife and/or doctor during your pregnancy and about the tests that you should be offered. It also tells you what you can expect if your pregnancy continues a week or more beyond your due date or if your baby is in the breech position (that is, bottom first) prior to birth.

Advice on money matters and work

Your midwife or doctor should give you information about your maternity and benefits rights. You can also get information from the Department of Trade and Industry – phone the helpline on 08457 47 47 47, call 08701 502 500 for information leaflets or visit the website at www.dti.gov.uk/er/workingparents.htm. The Government's interactive guidance website (www.tiger.gov.uk) also has information. Up-to-date information on maternity benefits can also be found on the Department for Work and Pensions website (www.dwp.gov.uk).

Your midwife or doctor should ask you about the work that you do, and should tell you about any possible risks to your pregnancy. For most women it is safe to continue working while you are pregnant, but there are hazards in some jobs that could put you at risk. More information about risks at work is available from the Health and Safety Executive; the website

address is www.hse.gov.uk/mothers/index.htm or you can phone 08701 545 500 for information.

Lifestyle advice

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

Exercise

You can continue or start moderate exercise before or during your pregnancy. Some vigorous activities, however, such as contact sports or vigorous 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 as this can cause problems in the developing baby.

Alcohol

Excess alcohol can harm your unborn baby. If you do drink while you are pregnant, it is better to limit yourself to one standard unit of alcohol a day (roughly the equivalent of a small glass of wine, a half pint of beer, cider or lager, or a single measure of spirits).

Smoking

Smoking increases the risks 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 help to give up or 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 0 169.

Cannabis

The effects of cannabis on the unborn baby are uncertain. If you smoke 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 may be able to reduce the 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

Pregnant women should be informed that few complementary therapies have been established as being safe and effective during pregnancy. Women should not assume that such therapies are safe and they should be used as little as possible during pregnancy.

Diet and food

Folic acid

Your midwife or doctor should give you information about taking folic acid (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 which 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 which causes damage to the baby's central nervous system).

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.

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.

You should not be offered vitamin D supplements as a matter of routine while you are pregnant. There is not enough evidence to tell whether they are of any benefit to pregnant women.

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 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 you handle 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 tests

Early in your pregnancy you should be offered a number of tests. The purpose of these tests is to check whether you have any conditions or infections that could affect you or your baby's health.

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.

Ultrasound scans

Early in your pregnancy (usually around 10 to 13 weeks) you should be offered an ultrasound scan to estimate when your baby is due and to check whether you are expecting more than one baby. If you see your midwife or doctor for the first time when you are more than 13 weeks pregnant, they should offer you a scan then.

Between 18 and 20 weeks you should be offered another scan to check for physical abnormalities in your baby. You should not have any further routine scans, as they have not been shown to be useful.

Blood tests

Anaemia

You should be offered two tests for anaemia: one at your first antenatal appointment and another at your 28th week. 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. Your partner may also be offered tests to confirm whether you need an anti-D injection. You can find more information about this in *Guidance on the routine use of anti-D prophylaxis for RhD negative women: information for patients*, published by NICE in 2002 and available at www.nice.org.uk/pdf/Anti_d_patient_leaflet.pdf.

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.

Screening 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 giving birth too early. It can be detected by testing a urine sample.

Hepatitis B virus

Hepatitis B virus is a potentially serious infection that can affect the liver. Many people have no symptoms, however. 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 providers should have clear procedures for managing your care if you test positive.

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.

In the first part of your pregnancy you should be offered 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 tests you are being offered and what the results may mean for you. 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 test results are positive, you should be offered further tests to confirm whether your baby does, in fact, have Down's syndrome. The time at which you are tested will depend on what kinds of tests are used.

Screening tests for Down's syndrome are not always right. They can sometimes wrongly show as positive, suggesting the baby does have Down's syndrome when in fact it does not. This type of result is known as a 'false positive'. The number of occasions on which this happens with a particular test is called its 'false-positive rate'.

At present you should be offered screening tests with a false-positive rate of less than 5 out of 100 and which detect at least 60 out of 100 cases of Down's syndrome. The tests which meet this standard are:

- from 11 to 14 weeks:
 - nuchal translucency (an ultrasound scan)
 - combined test (an ultrasound scan and blood test)
- from 14 to 20 weeks:
 - triple test (a blood test)
 - quadruple test (a blood test)
- from 11 to 14 weeks **and** 14 to 20 weeks:
 - integrated test (an ultrasound scan and blood test)
 - serum integrated test (a blood test).

By April 2007 all pregnant women should be offered screening tests for Down's syndrome with a false-positive rate of less than 3 out of 100 and which detect more than 75 out of 100 cases. The tests which meet this standard are:

- from 11 to 14 weeks
 - combined test
- from 14 to 20 weeks
 - quadruple test

- from 11 to 14 weeks **and** 14 to 20 weeks
 - integrated test
 - serum integrated test.

Pre-eclampsia

Pre-eclampsia is an illness that happens in the second half of pregnancy. Although it is usually mild, it can cause serious problems for you and your baby if it is not detected and treated.

Your midwife or doctor should tell you more about the symptoms of advanced pre-eclampsia, which include:

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

They should assess your risk of pre-eclampsia at your first antenatal 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 had it before
- have not been pregnant before
- are 40 years old or more
- have a mother or sister who has had pre-eclampsia
- are overweight at the time of your first antenatal appointment
- are expecting more than one baby or you already have high blood pressure or diabetes.

Whenever your blood pressure is measured during your pregnancy, a urine sample should be tested at the same time for protein (as this can be another sign of pre-eclampsia).

Whenever a member of your healthcare team measures your blood pressure they should use the same type of equipment, method and conditions so that the results at different times of your pregnancy can be compared.

Placenta praevia

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 showed that your placenta extends over the cervix you should be offered another abdominal scan at 36 weeks. If this second abdominal scan is unclear, you should be offered a vaginal scan.

Tests not offered as a matter of routine

There are a number of screening tests which have sometimes been offered to women in the past or have been suggested for routine antenatal care. The following tests should not be offered to you as a matter of routine because they have not been shown to improve outcomes for mothers or babies:

- cardiotocography (a record of the trace of a baby's heartbeat, which is monitored through electronic sensors placed on the mother's abdomen, sometimes called a trace or CTG)

- Doppler ultrasound (an ultrasound scan which measures the blood flow between the baby and the mother)
- vaginal examinations to predict whether a baby may be born too early
- routine breast and pelvic examinations
- screening for gestational diabetes mellitus (a form of diabetes triggered by pregnancy)
- daily counting and recording of the baby's movements
- routine screening for the following infections:
 - group B streptococcus (GBS); this is a bacterial infection that can affect the baby (if you have previously had a baby with neonatal GBS, you should be offered treatment around the time of your labour)
 - toxoplasmosis (see page 19)
 - asymptomatic bacterial vaginosis (a vaginal infection which produces no symptoms)
 - cytomegalovirus; infection with this virus can affect the baby
 - chlamydia trachomatis (a vaginal infection) where there are no symptoms (a national screening programme for chlamydia is due to start soon, so arrangements for this will probably change).

There is not enough evidence about the effectiveness or cost effectiveness of routine screening for hepatitis C virus to justify it.

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. If you want to discuss these things, your midwife or doctor is there to give you information and support.

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.

Heartburn

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

Constipation

If you suffer from constipation 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

There is no research evidence on how well treatments for haemorrhoids work. If you suffer from haemorrhoids, however, 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.

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.

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.

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, as you may have an infection.

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 are for pregnant women.

If you are pregnant beyond 41 weeks

If your pregnancy goes beyond 41 weeks there is a greater risk of certain problems for your baby. 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 which 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 may have your baby's heartbeat monitored regularly, depending on your individual care plan.

You can find more information about what induction of labour means from the *Induction of Labour* guideline, which you can find on the NICE website at:
www.nice.org.uk/pdf/inductionoflabourinfoforwomen.pdf.

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, to move it round to 'head first'. It does not always work.

Your midwife or doctor should give you more information about what ECV involves.

You should not be offered ECV if you:

- are in labour
- have a scar or abnormality in your womb
- have vaginal bleeding
- have a medical condition

or if:

- your waters have broken
- your baby's health seems fragile.

If you choose to have ECV and it cannot be done at 37 weeks, it should be done at 36 weeks.

Where you can find more information

If this is your first pregnancy, your midwife or doctor should give you a copy of *The Pregnancy Book* (published by Health Departments in England and Wales). 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 health 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.

For further information about the National Institute for Clinical Excellence (NICE), the Clinical Guidelines Programme or other versions of this guideline (including the sources of evidence used to inform the recommendations for care), you can visit the NICE website at www.nice.org.uk. At the NICE website you can also find information for the public about other maternity-related guidance on:

- pregnancy and childbirth: electronic fetal monitoring (Guideline C)
- pregnancy and childbirth: induction of labour (Guideline D)
- pregnancy – routine anti-D prophylaxis for rhesus negative women (Technology Appraisal no. 41).

You can get information on common problems during pregnancy from NHS Direct (telephone 0845 46 47; website www.nhsdirect.nhs.uk).

SUMMARY OF YOUR ROUTINE APPOINTMENTS DURING PREGNANCY

At each appointment, you should be given information with an opportunity to discuss issues and ask questions. You should usually be asked to keep your own case notes at home with you and bring them to appointments. Your midwife or doctor should tell you the results of all tests and have a system in place to do this. As well as face-to-face information you should have access to antenatal classes and written information that is based on the best research evidence available.

Wherever possible you should be cared for by a small group of people with whom you feel comfortable. They should assess your particular needs as an individual and give you continuity of care.

Have you had a baby before?

Yes

No

You should discuss this with your midwife or carer. You may need additional care.

Were the pregnancy and birth uncomplicated?

Yes

No

No

Appointment Schedule



Have had a baby before



For first baby

S t a g e o f

Before 12 weeks (may be 2 appointments)

- Give information on diet and lifestyle considerations, pregnancy care services, maternity benefits, and screening tests. Your midwife or doctor should:
- Find out if you need additional care.
 - Tell you how taking folic acid (400 micrograms per day for up to 12 weeks) can reduce certain health risks for your baby.
 - 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 baby is due.
 - Measure your blood pressure, height and weight.
 - Test your urine for the presence of protein.
 - Offer you help to stop smoking if you want it.

✓	y	• Offer you an ultrasound scan at 18–20 weeks to check the physical development of the baby.	✓
✓	o		
✓	u	At 16 weeks	Your midwife or doctor should review, discuss and record results of any screening tests, measure your blood pressure and test your urine.
✓	r	25	Check the size of your abdomen. Measure your blood pressure & test your urine.
✓	p	28	Checks on the size of your abdomen, your blood pressure & urine. More screening tests for anaemia and red cell antibodies if you wish them. If you are rhesus negative, first anti-D treatment if you wish it.
✓	r	31	Checks on the size of your abdomen, your blood pressure & urine.
✓	e	34	Checks on the size of your abdomen, your blood pressure & urine. If you are rhesus negative, second anti-D treatment if you wish.
✓	g	36	Checks on the size of your abdomen, your blood pressure & urine. Check to see if the baby is head first – discuss options to turn the baby if it is feet first (breech position).
✓	n	38	Checks on the size of your abdomen, your blood pressure & urine.
✓	a	40	Checks on the size of your abdomen, your blood pressure & urine.
✓	n	41	Checks on the size of your abdomen, your blood pressure & urine. Discuss option of membrane sweep. Discuss whether you want your labour to be induced after 41 weeks.
✓	c		
✓	y		

7 Total appointments if you've had a baby before

10 Total appointments if this is your first baby



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