

**Saint Mary's Hospital  
Emergency Gynaecology Unit****Information for Patients**

# Pregnancy Advice

## Common symptoms of pregnancy

There are several common symptoms in pregnancy, but every woman is different and will experience different symptoms, some may experience none. The common symptoms are listed below:

- Nausea and vomiting.
- Fatigue.
- Shortness of breath.
- Urinary frequency.
- Headaches.
- Backache.
- Cramping.
- Cravings and aversions.
- Constipation or bloating.
- Mood swings.
- Sensitivity to smells.
- Sore breasts.
- Dizziness and fainting.

You can seek medical advice if any of your symptoms are not manageable. You can self-refer to the Emergency Gynaecology Unit if you are less than 16 weeks pregnant and are suffering with abdominal pain, vaginal bleeding or increased nausea and vomiting, known as hyperemesis. You can call the unit for advice on (0161) 291 2561 (24 hours). For any other problems you need to see your GP or local Emergency Department in an emergency situation.

For further information on common signs and symptoms please visit:

[www.nhs.uk/Conditions/pregnancy-and-baby/pages/signs-and-symptoms-pregnancy.aspx](http://www.nhs.uk/Conditions/pregnancy-and-baby/pages/signs-and-symptoms-pregnancy.aspx)

## Emergency scans in Pregnancy

If you require an emergency scan in pregnancy due to pain or bleeding, this can be arranged in the Emergency Gynaecology Unit. We will only offer a scan if you are more than 7 weeks pregnant. Alternatively you may have your blood pregnancy hormone (HCG) levels monitored and a scan can be arranged when or if appropriate. This will be decided by one of the doctors or specialist nurses.

If you have already had a scan and re-attend with the same symptoms, you will not be offered another scan unless there has been a significant change in symptoms or they have lasted longer than 14 days. This will be the decision of the doctor or specialist nurse who assesses you.

If you are more than 12 weeks pregnant and have previously had a scan showing you have a viable pregnancy, then you may not need an ultrasound scan; we will first try to listen to your baby's heartbeat with the fetal Doppler (sonicaid). It will again be at the discretion of your doctor or nurse if you require an ultrasound scan.

All scans performed under 10 weeks of pregnancy will be an internal, transvaginal scan (TVS). Over 10 weeks of pregnancy a transabdominal scan (TAS) can be performed, with a full bladder.

If you feel you need to be seen in the Emergency Gynaecology Unit then please call us on **(0161) 291 2561** and we can advise you.

## Antenatal care

Throughout your pregnancy you will have routine antenatal appointments with your midwife or obstetrician. You need to arrange this yourself either via your GP or directly through a midwife at a children's centre, depending on the area in which you live. If you are unsure then please contact your GP for further information.

Your first visit is to inform them you are pregnant and they will give you some general advice about pregnancy. You will then be seen when you are between 8-12 weeks pregnant for your booking appointment. This may be done in the community or in a hospital setting and may take around 2 hours. You will be given your hand held pregnancy notes, have your antenatal screening and any additional or special requirements will be discussed at this point. This is when you will be referred for your first ultrasound scan to date the pregnancy.

You will routinely have 2 scans in your pregnancy: a dating scan between 8-14 weeks and a structural/anomaly scan at between 18-20 weeks+6 days. You may also have nuchal screening (this is an initial screening test for Down's, Edwards' and Patau's syndromes) at the time of your dating scan, but you must discuss this with your midwife at your booking appointment so it can be arranged for the appropriate time.

In your first pregnancy, you will receive approximately 10 routine antenatal appointments, either in community or the hospital. In subsequent pregnancies, you will receive approximately 7 appointments. Additional appointments may be arranged if you have any extra needs.

## Vitamins and supplements in pregnancy

The best source of vitamins and minerals comes from the food we eat but when you are pregnant you need to take a folic acid and a vitamin D supplement. The recommended dose is:

### Folic acid

You should take 400 micrograms (mcg) of folic acid every day, whilst you are trying to get pregnant and until you are at least 12 weeks pregnant. This is important as it can help to prevent birth defects known as neural tube defects, including spina bifida. If you didn't take folic acid before you conceived, you should start as soon as you find out that you are pregnant.

Some women have an increased risk of having a pregnancy affected by a neural tube defect, and are advised to take a higher dose of 5 milligrams (mg) of folic acid each day until they are 12 weeks pregnant.

Women have an increased risk if:

- They or their partner have a neural tube defect.
- They have had a previous pregnancy affected by a neural tube defect.
- They or their partner have a family history of neural tube defects.
- They have diabetes.

If any of these apply to you, talk to your GP as they can prescribe a higher dose of folic acid.

### Vitamin D

All adults, including pregnant and breastfeeding women, need 10 micrograms (mcg) of vitamin D a day. As vitamin D is found only in a small number of foods, whether naturally or added, it might be difficult to get enough from foods alone. So everyone over the age of five years should consider taking a daily supplement.

Both folic acid and vitamin D can be obtained as a pregnancy multivitamin or from your GP.

There is also The Healthy Start Scheme which provides vouchers to pregnant women and families who qualify. The vouchers can be used to buy milk, plain fresh and frozen vegetables as well as coupons that can be exchanged for free vitamins locally.

For more information and to see if you qualify visit: [www.healthystart.nhs.uk/](http://www.healthystart.nhs.uk/)

or call (0845) 607 6823.

## Healthy eating in pregnancy

Eating a healthy, varied and well balanced diet in pregnancy is very important so that you and your baby get the vitamins and minerals you need. There are some foods that you should avoid or take care with when you are pregnant, because they have the potential to make you ill or harm your baby. These include:

- Some types of cheeses.
- Raw or partially cooked eggs.
- Caffeine.
- Fish oil supplements.
- Pate.
- Sushi.
- Raw shellfish.
- Some types of fish.
- Liver.
- Game.
- Cold cured meats.

For a more detailed view of precautions and foods to avoid please visit:

[www.nhs.uk/conditions/pregnancy-and-baby/pages/foods-to-avoid-pregnant.aspx](http://www.nhs.uk/conditions/pregnancy-and-baby/pages/foods-to-avoid-pregnant.aspx)

## Smoking in pregnancy

Protecting your baby from tobacco smoke is one of the best things you can do to give your child a healthy start in life. It is also one of the most important things that you can do to improve your own long-term health. It can be difficult to stop smoking, but it's never too late to quit.

Every cigarette you smoke contains over 4,000 chemicals, so smoking when you are pregnant harms your unborn baby.

Smoking restricts the essential oxygen supply to your baby. As a result, their heart has to beat harder every time you smoke. It can also increase risks and complications in pregnancy and during birth. By stopping smoking now you will reduce the risk of premature labour, stillbirth and cot death and sudden infant death syndrome.

You can contact your GP/ practice nurse if you require support to help you stop smoking.

For more information please see:

[www.nhs.uk/Conditions/pregnancy-and-baby/pages/smoking-pregnant.aspx](http://www.nhs.uk/Conditions/pregnancy-and-baby/pages/smoking-pregnant.aspx)

## Alcohol in pregnancy

If you drink alcohol in pregnancy, some will pass through the placenta to your baby. Drinking in pregnancy can lead to long-term harm to your baby, and the more you drink, the greater the risk. We know that alcohol in pregnancy can affect your baby's brain development, growth, and increase your risk of stillbirth and premature labour. The current recommendation is that if you are pregnant or planning to become pregnant, the safest approach is not to drink alcohol at all to keep the risks to your baby to a minimum. Drinking around the time of conception and during the first three months may increase your risk of a miscarriage.

For more information please see:

[www.nhs.uk/Conditions/pregnancy-and-baby/pages/alcohol-medicines-drugs-pregnant.aspx](http://www.nhs.uk/Conditions/pregnancy-and-baby/pages/alcohol-medicines-drugs-pregnant.aspx)

## Exercise in pregnancy

Exercise is not dangerous to your pregnancy and there is evidence that active women are less likely to experience problems later in pregnancy and labour. The more active and fit you are, the easier it will be for you to adapt to your changing shape and weight gain. Keep up your normal daily physical activity or exercise for as long as you feel comfortable.

There are certain exercises you should avoid in pregnancy. For more information please visit:

[www.nhs.uk/conditions/pregnancy-and-baby/pages/pregnancy-exercise.aspx](http://www.nhs.uk/conditions/pregnancy-and-baby/pages/pregnancy-exercise.aspx)

## Sex in pregnancy

It is completely safe to have sex in pregnancy and the baby cannot tell what is happening. It is, however, normal for your sex drive to change during pregnancy; do not worry about this, but talk to your partner.

Later in pregnancy an orgasm or sex can set off uterine tightenings, known as Braxton hicks. This is perfectly normal, if this happens and you are uncomfortable, try relaxation techniques or lie quietly until they pass.

There are occasions where you will need to avoid sexual intercourse, such as if you are bleeding, if your waters have broken, if your placenta is low lying. If you are unsure please seek advice from a medical professional such as your GP or midwife.

For further information please visit:

[www.nhs.uk/conditions/pregnancy-and-baby/pages/sex-in-pregnancy.aspx](http://www.nhs.uk/conditions/pregnancy-and-baby/pages/sex-in-pregnancy.aspx)

## Travel in pregnancy

With the proper precautions, it is safe to travel in pregnancy. Some women prefer not to travel in the first trimester (up to 12 weeks) due to nausea and feeling tired during the early stages of pregnancy and due to the risk of miscarriage being higher in the first 12 weeks whether you travel or not. Travelling in the final stages of pregnancy can be uncomfortable and some airlines will not let you fly over 28 weeks, whereas others stop at 36 weeks and 32 weeks in a twin or multiple pregnancy.

With any travel over 5 hours there is a small risk of blood clots (deep vein thrombosis) so you should drink plenty of water and move around at least every 30 minutes. You can also buy some compression stockings from your local pharmacy. These should be worn during the journey to help reduce leg swelling.

With any long car journeys, take regular breaks to move around, keep the car well ventilated and wear your seat belt between the breasts and the lap strap under your bump.

For more information please visit:

[www.nhs.uk/conditions/pregnancy-and-baby/pages/travel-pregnancy.aspx](http://www.nhs.uk/conditions/pregnancy-and-baby/pages/travel-pregnancy.aspx)

## Vaccinations in pregnancy

During your pregnancy you will be advised by your midwife to be vaccinated against whooping cough and influenza.

Babies who are too young to get their vaccinations are at great risk of contracting whooping cough (pertussis). Young babies with whooping cough are often very unwell and most will be admitted to hospital because of their illness. When whooping cough is particularly severe, their life can be at risk. Pregnant women can help protect their babies by becoming vaccinated – ideally from 20 weeks, after the second scan, up to 32 weeks' gestation. If for any reason you miss having the vaccine, you can still have it up until you go into labour.

There is good evidence that pregnant women have a higher chance of developing complications if they get flu, particularly in the later stages of pregnancy. One of the most common complications of flu is bronchitis, a chest infection that can become serious and develop into pneumonia. Other complications are not common, but include:

- Otitis media (middle ear infection).
- Septic shock (blood infection that causes a severe drop in blood pressure).
- Meningitis (infection of the brain and spinal cord).
- Encephalitis (inflammation of the brain).

If you have flu while you are pregnant, it could mean your baby is born prematurely or has a low birth weight, and may even lead to stillbirth or death in the first week of life. The vaccine is available from your GP and is free to pregnant women, between September and January.

For more information please visit:

[www.nhs.uk/conditions/pregnancy-and-baby/pages/whooping-cough-vaccination-pregnant.aspx](http://www.nhs.uk/conditions/pregnancy-and-baby/pages/whooping-cough-vaccination-pregnant.aspx)

and

[www.nhs.uk/Conditions/pregnancy-and-baby/Pages/flu-jab-vaccine-pregnant.aspx](http://www.nhs.uk/Conditions/pregnancy-and-baby/Pages/flu-jab-vaccine-pregnant.aspx)

## Useful links

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

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

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

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

[www.tommys.org/pregnancy-information](http://www.tommys.org/pregnancy-information)