

Congratulations! You're pregnant!

A Guide to the First 12 Weeks

 Pampers

This booklet will help provide you with support and guidance after that little blue line has appeared

Pampers and the Royal College of Midwives – working together for the support and wellbeing of mothers and babies every step of the way



Congratulations! You're pregnant!



Discovering you're going to have a baby is wonderful and exciting but it can also be an anxious time too and we hope this guide helps you, especially if you are a first time mother-to-be. Becoming a parent is a life changing event for both mothers and fathers and there is much to find out about pregnancy and birth and how to care for your new baby.

But you don't have to rely only on books, friends and family for help because your midwife is also there to help and guide you by answering your questions. She will know all about the antenatal care provided and options for giving birth in your area.

So don't be afraid to ask her questions about any aspect of pregnancy and giving birth because the more you know the more relaxed and in control you will feel. This will also enable your midwife to plan with you the kind of pregnancy care you receive to meet your individual needs.

To help you navigate your way from finding out you're pregnant to becoming a mother, leading baby care brand Pampers® has teamed up with the Royal College of Midwives to develop this no-frills guide. Here you will discover what you can expect from your midwife once you find out that you're pregnant, and the support and advice available to you in the first 12 weeks and beyond.

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A Guide to the First 12 Weeks

Your questions answered...

I've just discovered I'm pregnant. When will I first see a midwife and what will happen? What questions will she ask me, will I need to be examined and what information do I want from her? How often will I have to see my midwife?

Most women have their first antenatal visit around the 8th to 12th week of pregnancy. This can take place in your home, local health centre, children's centre, maternity unit or GP surgery. (You can refer yourself straight to a midwife; you do not need to go via your GP unless you wish to do so. Your surgery will be able to advise you how to contact a midwife.)

The main purpose of this visit is for you and the midwife to share information. The midwife will ask you about your health, any illnesses or operations, whether you are taking any medication, and about any previous pregnancies or miscarriages. You will also be asked about your family origin because there are certain inherited conditions that are more common in some family groups. Another common question is, for example, whether there are any twins or inherited illnesses in your family. The midwife will ask you for the date of the first day of your last period to estimate a date of birth for your baby. Your blood pressure and a specimen of blood will be taken and a urine sample tested. You will be weighed and your height will be measured because it can give a rough guide to the size of your pelvis and will help to determine your body mass index (BMI). Your BMI is important as obesity can

lead to complications in pregnancy. You will also be given advice about diet and lifestyle choices during pregnancy.

This visit is your opportunity to ask questions about any aspect of maternity care and to decide who will be responsible for your pregnancy care. For example you can have midwife or consultant led care or shared care with the midwife and your GP. It is important you express your own feelings and preferences. It is a good idea to write down your questions before the visit because it is easy to forget once you are there. Whilst it can vary, you are likely to see your midwife on a monthly basis until 30 weeks; fortnightly until 36 weeks and weekly thereafter until you give birth.

Finally, register on the Pampers Village community website www.pampers.co.uk – a place to grow. The site offers a network of Pampers Village Parenting Panel experts offering advice that covers all areas of baby, as well as parent, wellbeing – from fitness to fertility. The site will also open you up to other mothers and fathers who you can share experiences and top tips with - laughing and supporting one another every step of the way through the incredible journey that is pregnancy and parenthood. You will also receive regular email updates showing you how your baby is growing, plus money off vouchers nearer your due date and once the baby is born.



What do I do if I'm worried about something before my first midwife appointment? Is there anyone I can call?

Before your first midwife visit, if you are worried about anything then you can access your GP or the NHS Choices website: www.nhs.uk

My midwife and I think my baby is due on different days... How can I work out when my exact due date is?

Date of birth can be estimated using the first day of your last normal period by adding one year and seven days to the date and then subtracting three months. For example, if the date of your last period is 15 June 2008; the estimated date of birth is 22 March 2009.

The majority of women now have an ultrasound dating scan in the first three

months of pregnancy and the estimated delivery date is based on fetal measurements taken during the scan.

This can be different from the date based on your last period. The date you are given is not an exact date, rather it is an estimate of expected date of birth, and women rarely give birth on this date. Some women will give birth before the due date and many give birth up to two weeks after the due date; consequently the due date should be used as a guide because giving birth at any time between 37 to 42 weeks of pregnancy is considered normal.

Help! It's all so confusing. What scans and tests will I be offered and when? What if I want particular tests or do not want some of them?

There are many screening tests in pregnancy and you and your partner should ensure you fully understand the purpose of each test to enable you to make an informed choice about which ones, if any, you would like to have. It is important to remember that whilst having a test can reassure you that your baby is likely to be born healthy, screening tests cannot guarantee this. You can discuss screening with your midwife who will know what tests are carried out in your area (there are regional differences) and you can visit the NHS website which outlines the antenatal screening tests available: www.screening.nhs.uk

Generally, screening tests include a blood test for blood group typing, to rule out anaemia, to detect the presence of Syphilis, Hepatitis B, HIV, Sickle Cell and Thalassaemia status and Rubella (German measles) immunity.

There is also a special blood test for Down's syndrome carried out between 15-18 weeks. Most areas offer a dating scan between 8 – 13 weeks and a detailed scan to detect any abnormality between 18 – 20 weeks.

Some maternity units carry out a Nuchal Translucency scan between 11 – 14 weeks. This scan measures the thickness of a collection of fluid at the back of the baby's neck; if the amount of fluid is increased, this is associated with chromosomal abnormalities including Down's syndrome. In simple language, chromosomal abnormalities mean any defects in the baby's chromosomes – which are the structures found in all living cells, containing the chemical patterns which control what, in this case, your baby, is like.

Whilst screening tests are recommended they are not compulsory and you can decline some or all of them if you wish. If you want a particular test that your local hospital does not offer and you are prepared to pay for the test, hospital staff will advise you of where this test can be carried out and how to make an appointment.

I'm 9 weeks pregnant and keep noticing spots of blood in my underwear. It's not much, but I'm still worried... what's wrong with me and is my baby ok?

This is called spotting and can happen in the early months of pregnancy usually around the time you would have had a period and usually there is no cause for concern, but you should mention it to your midwife. You should always see your midwife or doctor straightaway if you have vaginal bleeding that is more than spotting on your underwear because you need to find out the cause. Spotting can

occur after intercourse and sometimes a vaginal infection can cause a small amount of bleeding. In the early months of pregnancy bleeding, if associated with abdominal pain, may indicate a threatened miscarriage, so it is always safe to check.

When should my partner and I stop having sex? Can my baby feel it when we do and will it hurt her?

Many couples worry if it is safe to have sex during pregnancy, but it is not harmful to the baby. You would have been advised if sex is not advisable during your pregnancy.

If you have not been advised not to have sex you can continue to have sex throughout pregnancy if you wish. Sex can become physically difficult and uncomfortable as pregnancy progresses and you may have to try different positions. If you notice any blood loss after intercourse you should consult your midwife or GP. During the last month of pregnancy sexual intercourse can trigger Braxton Hicks (painless) contractions of the womb. You will feel your womb go hard; there is no cause for alarm, just lie quietly on your side until it passes. Not all couples want to have sex during pregnancy and this is normal too. If this is the case, you and your partner should discuss it as there are other ways of being close.



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Your questions answered

I've just found out I'm having twins. Will my antenatal care be different to other mothers?

Antenatal care will be the same but you will be offered more screening to monitor the size and growth of your babies. Twin pregnancy tends to be shorter than a single pregnancy. On average women with twins tend to go into labour at around 37 weeks. This is usually a relief because by then the size of your womb is causing considerable pressure symptoms including backache and heartburn. To relieve any anxieties you might have about giving birth to twins and caring for them afterwards, talk to your midwife and attend your local preparation for labour and parenthood classes.

You may also find it helpful to contact or join one of the national organisations such as the Twins and Multiple Births Association (tamba) on www.tamba.org.uk or the Multiple Births Foundation www.multiplebirths.org.uk - they can usually put you in touch with a local member or group.

I've tried really hard but I don't seem to be getting on with my midwife. How can I go about making a change?

Sometimes there can be a personality clash between a woman and her midwife and midwives understand this. If it happens you are entitled to be seen by someone else. Ideally you should speak with your midwife; she may already suspect something is wrong and once you confirm this she is likely to

suggest you see another midwife. If you feel unable to talk to her, find out the name of the senior midwife at your maternity unit and arrange to see or speak with her; she will arrange for you to see another member of the midwifery team. Failing that, you can see your GP for antenatal care - but it is important you develop and maintain a good relationship with the midwives because they will be caring for you in labour and afterwards.

I know lots of pregnant women get morning sickness, but what if I'm still nauseous past 12 weeks? Plus what if it's not just in the morning? Is this normal? Is there anything I can do to feel better?

Feeling nauseous beyond 12 weeks can be normal for some women. Fortunately it does not usually go on for the whole of pregnancy and you should see an improvement soon. Whilst the exact cause is unknown, nausea and morning sickness is thought to be due to raised hormone levels. Try eating small amounts of food on a regular basis. Starchy foods like bread, potatoes, rice and pasta can often help relieve feelings of nausea as they help maintain steadier blood sugar levels.

Try to avoid fatty foods and any smells that make you feel nauseous. Wear comfortable, loose clothing because tight waistbands will make you feel very uncomfortable, and try to get as much rest and sleep as you can because tiredness can make you feel worse.



My partner is already terrified of the birth and I'm only in the first 12 weeks of my pregnancy! What I really want is my partner to be there – how can I convince them? And am I allowed to ask someone else, like my mum, to come as well, in case my partner can't cope?

Your partner is not alone in feeling this way and rather than try to convince him/her you should talk to them about their fears to find out what they are. Since the 1970s fathers have increasingly been the support person in labour and indeed a loving partner can provide strong support and be a reassuring familiar face. However, nowadays, not all partners really want to be there, but feel they must as it is expected of them. The French obstetrician, Michel Odent conducted research that led him to believe that the

presence of the father is not always for the best and may actually slow the labour down. It has also been suggested that the woman's partner can be too emotionally involved to give the intense support required.

In recent years women have been asking another woman (their mother, sister or friend) to support them. Your birth supporter has a very important role to play and it is important to realise that a person's physical presence does not necessarily mean they are giving you support. You must choose the person you know you can rely on to give you confidence, unfailing support and encouragement during labour. Most maternity units allow two birth partners (check with your midwife) so you can take your mum with you in case your partner decides they cannot cope.

When will I be able to find out if I'm having a boy or a girl? What if I do not want to know, will I be told anyway?

The sex of the baby can be determined in many cases on ultrasound scan but some maternity units have a policy of not telling parents the sex of the baby during pregnancy. In units that will tell you the sex of the baby you are usually asked first if you want to know and if you don't, your wishes will be respected. Do bear in mind though that sometimes girls turn out to be boys!

What do I do if I'm worried about something in-between my midwife appointments?

Early on in pregnancy you will be given either your Maternity Record, which you are meant to keep with you at all times (even if you go on holiday or away for the weekend), or a card; both of which will have a list of names and telephone numbers. This will include a telephone number for your midwife, GP surgery and maternity unit and telephone numbers to call outside of clinic hours (i.e. at night and at weekends).

I am unsure where to have my baby. What are my options and when do I need to make my mind up?

This is something you should discuss with the midwife at your first antenatal visit to find out what the options are in your area. Government policy is that women should have a choice over where they give birth. In some areas this choice is made in late pregnancy or even in early labour. The place of birth will be discussed with you, and unless you have specific medical history you will have a choice of place of birth, including home, local maternity unit or birth centre (if

there is one). Even if you have a particular medical history you will be able to choose which hospital to attend. You can change your mind about where to give birth at any time during pregnancy, and if you do, ensure you discuss it with your midwife so she can make alternative arrangements. For example you may decide at the last minute you want a home birth, in which case the midwife will need to check that a certain number of midwives (dependent on your local area) are available to attend you at home. Equally, if you have booked a home birth and complications occur during pregnancy, you will be advised to give birth in hospital.

Are there any exercises or other preparation I can do to prepare for labour?

Most maternity units have preparation for labour classes that are held both in hospital and the community; your midwife will give you the dates of these classes. Many women and their partners also attend classes run by the National Childbirth Trust (NCT). Wherever you chose to go, the classes will prepare you for labour and caring for your baby and feeding. NHS classes usually include a virtual or actual tour of the hospital as well. The classes also give you and your partner the opportunity to meet other couples. If you enjoy regular aerobic exercise when not pregnant, some sports centres offer aerobic and aquanatal classes for pregnancy. Very often these classes are organised by midwives who have undergone appropriate training. Some women prefer the gentler exercise of Yoga or Pilates see www.pilates.co.uk or you may be interested in learning about active birth; for more information on this go to www.activebirthcentre.com

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A quick guide to useful websites

We hope that you have found this guide supportive and informative. Here is a summary of all the useful websites contained in this guide, If you have printed out this guide, revisit the online version to click on the links to go straight to their corresponding web pages.



- Pampers Village website: A community website that includes expert advice from the Pampers Village Parenting Panel covering baby and parent wellbeing, plus a forum and email updates and vouchers relevant to the stage of your pregnancy or age of your baby.
www.pampers.co.uk
- NHS Choices website: Great for helping answer any questions you might have before your first midwife appointment.
www.nhs.uk
- Antenatal screening tests: Outlines all the tests available so you can read up on them if you wish to do so before your first midwife appointment and think about any questions you want to ask before making an informed choice.
www.screening.nhs.uk
- Multiple births: Help and support for those who find out they are having more than one baby!
www.tamba.org.uk
www.multiplebirths.org.uk
- Pilates & Pregnancy: A gentle low impact form of exercise that is considered to be one of the best forms of exercise for a pregnant woman
www.pilates.co.uk
- Active Birth: Outlines ways you can prepare for birth, for example, treatments available that are safe during pregnancy.
www.activebirthcentre.com

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