

Information for patients

Introduction

Most women have a positive, successful experience of pregnancy by following the advice of midwives and healthcare professionals. These are some of the things that are good for your pregnancy:

Stopping Smoking

Smoking cigarettes in pregnancy is associated with higher rates of stillbirth. If you smoke while you are pregnant your baby's growth and development are affected, and problems with your baby's health and wellbeing are much more likely due to reduced oxygen. If you smoke you should stop, ideally before your pregnancy, you can access the smoking cessation services yourself on <https://www.nhs.uk/live-well/quitsmoking> or you can ask your GP or visit the websites. Even part way through your pregnancy it is still worth giving up smoking. At your booking appointment with the midwife you will be referred to smoking cessation services who will work with you during pregnancy to stop smoking.

Ensure You Are a Healthy Weight

Being heavily overweight (Obese) is a risk factor for stillbirth. Obesity is defined as a body mass index (BMI) over 30. The best way to protect your health and your baby's wellbeing is to lose weight ideally before you become pregnant. If you are obese when you become pregnant, your midwife or GP can give you advice about improving your health while pregnant. Eating healthily and activities such as walking and swimming are good for all pregnant women. If you were not active before becoming pregnant, you should consult your midwife or doctor before starting a new exercise programme while you're pregnant.

Avoid Alcohol and Drugs during Pregnancy

Drinking alcohol and taking drugs during pregnancy can seriously affect your baby's development, as well as increase your risk of miscarriage and stillbirth. For more information on alcohol and drugs during pregnancy visit NHS choices.

Go to All Your Antenatal Appointments

It is important to attend all antenatal appointments, keep in regular contact with your midwives and report any concerns. They will monitor the progress of your pregnancy and if there are problems they can make sure you get the care you need.

Urine and blood tests, along with regular blood pressure monitoring and ultrasound scans can pick up early signs of medical conditions that might affect your baby.

During your antenatal appointments, your midwife will monitor the development of your baby. They will monitor your baby's growth and position. Regular measurement of your baby's growth can tell your midwife (and you) about your baby's progress. Poor growth can indicate problems and it is important this is picked up. A baby not growing well is at an increased risk of stillbirth.

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What Do We Mean by Poor Growth?

Midwives check the growth and wellbeing of your baby at every antenatal appointment from 28 weeks. They use a tape measure and then they plot your baby's growth on a personalised growth chart to ensure he or she is continuing to grow.

Every baby is different and should grow to a size that's normal for him or her. But all babies should continue to grow steadily throughout the pregnancy. Some babies are naturally small, usually because their mothers are small. If a baby seems to be smaller than it should be, or his or her growth pattern tails off as the pregnancy continues, this is described as 'growth restriction', being 'small for gestational age' (diagnosed by scan).

If a baby does not reach his or her growth potential in the womb this may be because the placenta is not working properly. This increases the risk of stillbirth.

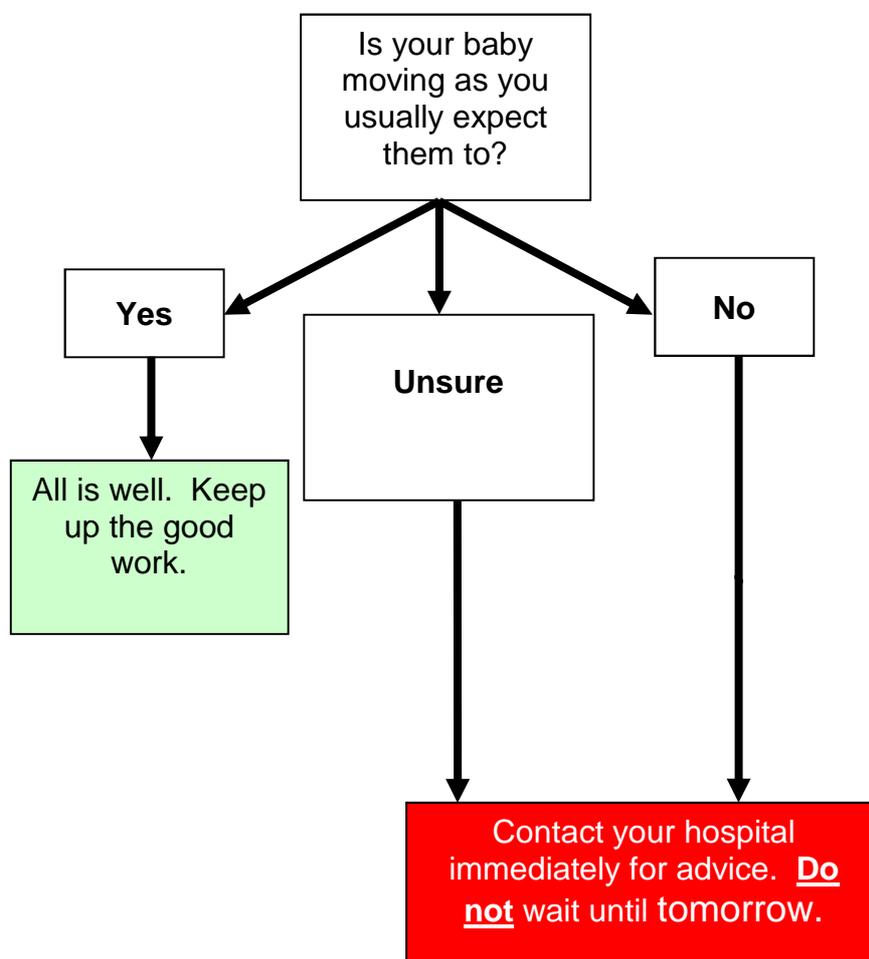
Potential problems with a baby's growth can be picked up during your routine antenatal appointments. You will be referred to the hospital for a scan if growth problems are suspected by your midwife. However, it's important to be aware of your baby's movements in order to try to spot any problems as early as possible.

Be Aware of Your Baby's Movements

You will usually start feeling some movement between weeks 16 and 20 of your pregnancy, although it can be later than this. These movements may be felt as a kick, flutter, swish or roll. The number of movements tends to increase until 32 weeks of pregnancy and then stays about the same, although the type of movement may change as you get nearer to your due date. You should continue to feel your baby move up to and during labour. There is no specific number of movements that is normal. What is important is noticing and telling your midwife about any reduction or change in your baby's normal movements.

If you notice your baby is moving less than usual or if you have noticed a change in the pattern of movements, it may be the first sign that your baby is unwell and therefore it is essential that you contact your midwife or local maternity unit immediately so that your baby's wellbeing can be assessed. Don't wait for your next appointment.

Your Daily Movements Check



The flowchart is based on the Royal College of Obstetricians and Gynaecologists Green top Guidelines on reduced fetal movements. The chart is simply a guide if your baby is moving yet you still have concerns, please contact your midwife for advice.

Report Any Abdominal Pain or Bleeding

If you have pain or tenderness in your abdominal area you should contact your doctor or midwife. Severe pain, high fever or any vaginal bleeding should be reported immediately. It is better to report any pain that worries you sooner rather than later.

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Protect Yourself Against Infection

Around 10% of stillbirths are caused by infection. Infections such as listeria, salmonella, and toxoplasmosis increase the risk of stillbirth for instance. Eating certain foods such as some types of fish or cheese can increase your risk of being exposed to such infections. Ask for information from your midwife about what foods and activities to avoid during pregnancy. Information can also be found at www.nhschoices.net

Cytomegalovirus (CMV) is a common virus that is usually harmless and there is currently no vaccine. Sometimes it causes problems in babies if you catch it during pregnancy (congenital CMV). The best way to reduce the risk of catching CMV during pregnancy is with some simple hygiene measures:

- wash your hands using soap and hot water – especially after changing nappies, feeding young children or wiping their nose
- regularly wash toys or other items that get young children's saliva or urine on them
- avoid sharing food, cutlery, drinking glasses or dummies with young children

Ask Your Midwife

- Do I have any risks that I need to be aware of?
- What can I do to reduce the risk?

It is important to remember that the majority of pregnancies and births are free from problems but it is good to be informed. If you have any concerns at all please immediately talk to your Midwife. Don't ever feel you should not bother them.

When to call the Midwife

- Change in movements
- Pain in your tummy
- Itching – report any itching to your midwife, particularly on the soles of your feet or palms of your hands
- swollen hands, feet or face
- Any vaginal bleeding or leaking of fluid
- Visual problems or stubborn headaches
- Pain on passing urine
- Mum's instinct that something isn't right

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Sadly, stillbirth rates within the UK (when a baby dies in pregnancy or labour) are one of the highest in developed countries. One in every 200 births ends in stillbirth. Although, not all stillbirths can be prevented there are ways of ensuring you are as healthy as is possible in pregnancy. Most pregnancies and births are problem free but stillbirths are more frequent among the women who fit in the following groups:

- Women who smoke (particularly in early pregnancy)
- Women with specific medical conditions, especially diabetes, hypertension and thrombophilia
- Women with a past obstetric history of complications
- Women who use alcohol or drugs during their pregnancy
- Twin or multiple pregnancies
- Older mothers aged 35 years+ and teenage mothers
- Women with their first baby and women having their 3+ baby
- Women who are overweight / obese i.e. a body mass index (BMI) over 30
- Women living in areas of social deprivation
- Women from some ethnic minority groups

Reference Section

www.Perinatel.org.uk [accessed June 2018]

Gardosi et al (2013) Maternal and fetal risk factors for stillbirth. BMJ 346:108.

www.nhschoices.net [accessed June 2018]

RCOG (2011) Green Top Guidelines (57) Reduced Fetal Movements.

Contact Details for Further Information

Please speak to your midwife if concerned or requiring further advice. All telephone numbers are on the front of your green antenatal book.

Any Comments, Compliments, Concerns or Complaints

If you have any other concerns please talk to your nurse, therapist or doctor. Our Patient Advice and Liaison Service (PALS) are available on 03033 306518 (Grimsby, Scunthorpe and Goole). You can also contact nlg-tr.PALS@nhs.net

As a Trust we value equality of access to our information and services, therefore alternative formats available on request at nlg-tr.interpreters@nhs.net

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