

Your Pregnancy Guide



your
local
midwives

Widnes and Runcorn



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Choosing where to have your baby

The most important reason in making your decision is the safety of you and your baby.



Choosing where to have your baby

There are two main ways for women to refer to our service: self-referral or via the GP. You will be asked where you would like to have your baby. This is a difficult decision to make if you are not aware of the services that are available.

Many women make their decision based on previous birthing experiences or on the recommendation of family and friends.

The most important reason in making your decision is the safety of you and your baby.

Current research suggests that in normal, uncomplicated pregnancies for women not having their first baby, there is no safety difference between having your baby at home or in hospital.

Wherever you choose to give birth, being as relaxed as possible when you are in labour is more likely to result in your labour progressing well and you achieving a normal birth.

If you require further information, your midwife will be happy to help you.

Homebirth

To book for a home birth it is essential you are healthy, well and have a normal pregnancy.

Occasionally women develop complications in pregnancy or labour which may exclude them from this choice. If you have had a previous normal pregnancy, labour and birth you are less likely to require transfer to a hospital.

Only in exceptional circumstances will it be necessary to transfer you and your baby to hospital.

Hospital birth

Pregnant women in Halton have four hospital choices that provide maternity care:

- Countess of Chester Hospital
- Liverpool Women's Hospital
- Warrington Hospital
- Whiston Hospital

Most women will make their choice based on:

- previous experience
- recommendation of family and friends
- locality and easy access.

Information on each hospital is available on the hospital website.

Who can have a home birth?

Any woman can request to have a home birth. However there are some instances when a home birth may be unwise and your midwife can discuss these with you.

Why have a home birth?

Women have their own personal reasons for choosing a home birth such as:

- it feels right for them
- the need to feel safe, secure and in control
- a previous bad experience in hospital or a fear of hospitals
- the need to avoid unnecessary intervention and focus on normal childbirth
- to assist in the establishment of breast feeding
- less disruption to family life, particularly to other children.

Who will be there?

A midwife will attend any woman choosing to have a home birth. Midwives are experts in normal pregnancy, birth and care of you and your baby following birth. A second midwife will attend your home as your labour advances to ensure two midwives are there for the birth.

The midwife may also be accompanied by a student midwife.

Is it safe?

Evidence suggests that a planned home birth for a woman without complications is safe. Many women also report a feeling of higher satisfaction with their birth experience when compared with those women who have had their birth in hospital.

What types of pain relief can I use?

Women who labour and deliver at home report needing fewer drugs for pain relief.

Women labouring at home tend to be more relaxed, feel in control and are able to cope with their contractions. However, you will have access to entonox (gas and air). Cylinders will be delivered to your home when you are 37 weeks pregnant.

You may also wish to consider other types of pain relief such as TENS, aromatherapy and water. If you wish to have a home water birth, please ask your midwife for information about how to loan a pool from our service.

Will I have to go into hospital?

If there are any complications you will be asked to transfer to hospital.

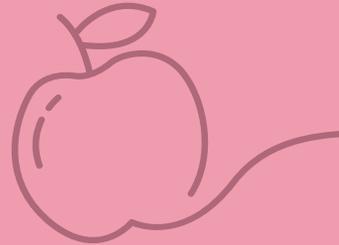
How do I arrange a home birth?

Speak to your midwife who will be able to discuss home birth in more detail with you, answer your questions and make the necessary arrangements.

You can also ask to speak to a supervisor of midwives.

Healthy eating and drinking

It is important for you and your baby's health that you eat a balanced diet when you are pregnant. A balanced diet is one that includes different fresh foods that should be eaten every day.



Fruit and vegetables

- Try to eat at least five portions a day
- Fresh orange juice counts as one of the five, but drinking more than one glass will still only count as one portion.



Meat, fish and alternatives



- Eat daily portions of protein, such as lean meat, fish, beans and lentils
- Choose lean cuts of meat
- Avoid liver and pâté.



Bread, cereals, pasta, rice and potatoes



- Make starchy foods the basis of all your meals
- Wholemeal foods contain more fibre and help prevent constipation
- Eat fortified cereals (e.g. cornflakes) daily, as they contain many of the vitamins that you will need during pregnancy.

Fat and sugar



- Eat small amounts
- Do not attempt to diet during your pregnancy. You will lose any excess weight once you have had your baby if you continue to eat a balanced diet.

Milk and dairy products



- Eat daily portions of dairy foods, such as milk, yoghurt and cheese
- Choose lower fat portions
- Avoid mould ripened soft cheeses and blue veined cheeses.

Folic acid

Folic acid helps to prevent abnormalities in the baby, e.g. spina bifida. The recommended dose is 0.4mg per day for at least 8 weeks before pregnancy and up to 12 weeks into the pregnancy.

If you are taking anti-epileptic drugs or have a family history of fetal abnormalities, the recommended dose is 5mg per day. A folic acid prescription can be obtained from your GP. Alternatively it can be obtained from any pharmacy.

Vitamin A

High levels of vitamin A can cause abnormalities in unborn babies. You should avoid taking vitamin supplements containing vitamin A while you are pregnant. You should also avoid eating liver or anything made from liver, such as pâté.

Caffeine

Caffeine is a stimulant that is contained in tea, coffee and cola drinks. Some cold and flu remedies also contain caffeine. Too much caffeine should be avoided (200mg per day - see below) as it is passed through the placenta and may affect your baby. Too much caffeine can also cause miscarriage.

Vitamin D

All women will need vitamin D supplements as a matter of routine care during pregnancy to help with healthy development of the baby. Your midwife will advise you.

Iron

Anaemia is common during pregnancy. You will be offered blood tests to monitor your iron levels, and if necessary, a course of iron supplements will be prescribed. However it is known that a balanced and varied diet is effective in preventing anaemia.

Good sources of iron rich food are:

- **Meat:** particularly red meats, corned beef and black pudding
- **Fish:** sardines, tuna (in small amounts) and pilchards
- **Eggs:** hard boiled
- **Pulses:** beans, lentils and peas
- **Dried fruit:** apricots, raisins and peaches
- **Green vegetables**
- **Others:** breakfast cereals, bread, cocoa, chocolate, marmite, bovril, oxo and treacle.

Drinking caffeine-based drinks such as coffee, tea and cola is known to reduce iron absorption. It is advisable to avoid these drinks for thirty minutes before and after a meal.

To aid absorption take your iron tablet with a drink rich in vitamin C, for example fresh orange juice.

Caffeine content measurements

One mug of
Instant coffee



One mug of
Filter coffee



One mug of
Tea



One can of
Cola



Foods to avoid



Mould ripened soft cheese may contain listeria, e.g. Camembert or Brie, blue veined cheese, Chevre (a type of goat's cheese) and any other with a similar rind. There is no risk with hard cheese such as cheddar or with cottage or processed cheese. Always read the label if you are unsure.



All types of **pâté** (including vegetarian) may contain listeria.



Raw/Undercooked meat. Cook all meat and poultry thoroughly so that there is no trace of pink or blood. It is fine to eat whole cuts of beef and lamb such as steaks, cutlets and joints (but not rolled joints) rare, as long as the outside has been properly cooked.



Sushi. It is fine to eat sushi and other dishes made from raw fish as long as the fish has been frozen first. Some raw fish used to make sushi such as smoked salmon does not need to be frozen first as the smoking kills any worms that may be in the fish.



Peanuts. If you would like to eat peanuts or food containing peanuts during pregnancy you can choose to do so as part of a healthy balanced diet, unless you are allergic to them or your health professional advises you not to. The latest research shows that there is no clear evidence that eating peanuts in pregnancy affects the chances of your baby developing a peanut allergy.



Unpasteurised milk and dairy products (Goats, sheep and some cows milk). Ensure milk is labelled as pasteurised. Natural yoghurt is not pasteurised. Always read the label to see if it is pasteurised.



Raw or soft boiled eggs may contain salmonella. It is best to avoid dishes that contain raw eggs, such as home made mayonnaise. During pregnancy, eggs are best eaten when they are thoroughly cooked.



Types of fish. Do not eat shark, marlin or sword fish and no more than 2 tuna steaks a week (140g cooked, 170g raw) or 4 medium cans of tuna a week.

Healthy lifestyle

Making healthy choices during pregnancy is more likely to result in a healthy mother and baby.



Alcohol

Avoid alcohol in pregnancy. If you choose to drink alcohol, no more than 1-2 units (see below) per week is advised by the Department of Health.

Getting drunk and binge drinking is not advisable as too much alcohol increases the risk of miscarriage (NICE 2008). Drinking alcohol in pregnancy may lead to fetal alcohol syndrome.

Drugs

Taking non-medical drugs during pregnancy is not recommended as it may seriously harm you and your baby. A specialist midwife is available for help and support if needed.

Smoking

The effects on your baby of smoking in pregnancy include a higher risk of miscarriage, nausea, haemorrhage and stillbirth and long term risks of cancer, coronary heart disease and lung diseases. Smoking may cause in your baby:

- low birth weight
- premature labour
- breathing problems
- asthma
- glue ear
- increased risk of cot death and meningitis.

Second hand smoke can also affect your baby.

Alcoholic unit measurements

Exercise

Regular exercise is essential to good health throughout life. You can start moderate exercise before or during your pregnancy.

Some activities: contact sports, horse riding, skiing, cycling, gymnastics should be avoided.

Ask your midwife about exercise classes such as aquanatal and yoga. Brisk walking for 10 minutes per day is beneficial during pregnancy if other forms of exercise do not appeal. It is important to seek advice before starting any new form of exercise.

Sexual activity

Sex is safe unless your midwife advises you otherwise. If you have any vaginal bleeding contact your midwife.

Relationships

Some women find pregnancy a time of increased stress and physical discomfort. It can greatly affect your emotional state, your body image and relationships with others. If you feel anxious or worried about anything you can discuss your problems in confidence with your midwife.

1/2 pint of ordinary strength beer or lager



1 shot of spirit (25ml)



1 small glass of wine (125ml)



Food hygiene

- Only use pasteurised or UHT milk.
- Wash your hands before you handle food and after handling meats and vegetables.
- Ensure food has not gone past its use by date.
- Wash utensils thoroughly before re-using.
- Avoid eating uncooked ready prepared meals.
- When re-heating foods ensure they are thoroughly heated right through, do not eat it if it is luke-warm or cold. Bacteria is killed by heat so thorough cooking minimises the risk of infection.
- Use opened food straight away or store correctly until needed.
- Avoid raw or partially cooked meat, especially poultry. Cook all meats until pinkness has gone and the juices run clear.
- Use separate cutting boards for meats and poultry to those used for vegetables and other foods.
- Ensure all surfaces are thoroughly washed and cleaned after preparing foods.
- Store raw meats separate to other foods to avoid contamination.
- Wash all fruit and vegetables including ready prepared salads.

Avoiding infections

It is important that you and your unborn baby stay healthy. Make sure you avoid infections from food and animals during your pregnancy by taking simple precautions. Although the possibility of contracting an infection in pregnancy is very rare, it is important that you are aware of the risks associated with some foods and activities.

Listeria and salmonella

Listeria bacteria can be found in some cheeses and milk products. It causes flu like symptoms and can cause miscarriage in pregnant women, stillbirth, or severe illness in newborn babies. Salmonella can be picked up from food and harm your unborn baby. It is also advisable to avoid high-risk foods when breastfeeding your baby.

Infections from animals

Bacteria like campylobacter and salmonella can be present in the excreta of cats and other animals. Bacteria such as these are common forms of food poisoning. Symptoms are abdominal pain, diarrhoea and sickness. These infections are not known to cause any effects to an unborn baby but the symptoms are unpleasant and they are best avoided. Putting the bacteria in your mouth causes infection of the stomach, so always wash your hands thoroughly before handling food and after handling animals.

Chlamydia

Ovine Chlamydia is a very rare disease that can affect sheep. It may cause miscarriage in pregnant women if they come into close contact with sheep and newborn lambs. It can also be passed onto women through contaminated clothing and boots. Be aware when you are in the countryside or visiting farms.

Pigs

Research is ongoing to see if pigs are a source of hepatitis E infection. Avoid contact with pigs and pig's faeces as this infection is dangerous in pregnancy. There is no risk from eating cooked pork products.

Toxoplasmosis

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 get it from eating undercooked or uncooked meat, from the faeces of infected cats, contaminated soil or water.

To avoid this during pregnancy it is advisable to:

- Wear gloves and wash your hands thoroughly after gardening or handling soil.
- Avoid contact with cat faeces (in cat litter, or in soil). It is best to get someone else to empty and clean any litter trays.
- Ensure all meats are thoroughly cooked before you eat them.



Parent education

Prospective mums and dads may feel they have a lot to learn about labour and birth. Parent education assists in this preparation enabling you both to make informed choices regarding your care during labour, life after birth and caring for your newborn. Your midwife will arrange these classes for you during your pregnancy.

Work and benefits

Contact your local DSS office or midwife for a booklet on the Governments' latest provision on Maternity Rights and Benefits and discuss your options with your personnel office or employer early in pregnancy; ensure everything is in writing. Up to date information can also be found on the Department for Work and Pensions website www.dwp.gov.uk.

An FW8 certificate will be issued in early pregnancy entitling you to free prescriptions and dental treatment. Your midwife will also supply you with a maternity certificate after 20 weeks of pregnancy called a Mat B1 to claim your entitlement.

Domestic abuse

1 in 4 women experience domestic abuse at some time in their lives and many cases start during pregnancy. It can take many forms, including physical, sexual, mental or emotional abuse.

Where abuse already exists it has been shown that it may worsen during pregnancy and after the birth. Domestic abuse can lead to serious complications, which affect your baby.

You can speak in confidence to your midwife or a specialist midwife who can offer help and support or you may prefer to contact a support agency such as Women's Aid.

Travel

To protect you and your baby, always wear a seatbelt with the diagonal strap across your body between your breasts and the lap belt over your upper thighs. The strap then lies above and below your 'bump', not over it.

Also make sure all baby / child seats are fitted correctly according to British Safety Standards.

If you are planning to travel abroad you should seek advice from your midwife or GP. Short haul air travel is generally permitted up to 34 weeks of pregnancy and long haul air travel up to 28 weeks.

However, you will need to confirm this with the airline. Long haul air travel is associated with an increased risk of deep venous thrombosis. Wearing correctly fitted compression stockings, drinking more fluids, mobilising when possible and performing leg exercises are effective at reducing the risk. It is advisable to confirm that you can receive medical insurance cover as some companies have greater restrictions than others.

Common ailments in pregnancy

Pregnancy brings a variety of physical and emotional changes. Many of these changes are normal, although some of them may cause you discomfort. If you want to discuss these problems contact your midwife.



Nausea and sickness

You may feel sick or experience vomiting in the early part of your pregnancy. This usually stops around your 16th to 20th week. Women use different ways to cope with morning sickness or reduce its effect, such as:

- Ginger nut or arrowroot biscuits
- Eating breakfast in bed
- Eating small amounts more often
- Avoiding cooking smells
- Using wrist acupressure

Although the common name for nausea and sickness in pregnancy is called 'morning sickness' it can occur at any time. If you begin to vomit even when you drink, particularly if you have not eaten for more than 24 hours, contact your GP or midwife.

Headaches

The hormonal changes and demands the growing baby makes on a woman's body often results in tiredness and occasionally feelings of exhaustion. This is normal in the early and late stages of pregnancy. During these periods many women suffer from headaches which should resolve with rest or simple analgesia, such as paracetamol. If you suffer from persistent headaches, especially in the later stages of pregnancy, you should consult your midwife.

Heartburn

Heartburn in pregnancy is normal, particularly as your baby grows bigger and your stomach is pushed upwards. Drinking iced milk can relieve heartburn symptoms. If your heartburn persists your GP can prescribe an antacid to relieve the symptoms.

Thrush

If you have vaginal thrush, a yeast infection known as candida, contact your GP for treatment. Your doctor will prescribe you cream and / pessaries. During pregnancy you should avoid taking any treatment for thrush that needs to be swallowed.

Itching in pregnancy

Mild itching in pregnancy is common and is caused by an increased blood supply to the skin. In late pregnancy stretching skin may also cause itchiness.

Seek advice if:

- The itching becomes severe, particularly on hands and feet.
- If you develop jaundice (yellowing of skin and eyes)
- If you also have a rash.

Teeth and gums

Bleeding gums are caused by a build-up of plaque (bacteria) on the teeth.

During pregnancy, hormonal changes in your body can cause the plaque to make your gums more swollen and bleed more easily.

Go to the dentist for a check-up. It is free while you are pregnant and for one year after your baby's birth.

Backache

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

Constipation

Many women suffer from constipation during pregnancy due to the hormonal changes. If you suffer from constipation while you are pregnant your midwife or GP can offer advice in changing your diet to a high fibre one and increasing your intake as this often relieves the problem. If you have severe problems that are not alleviated by diet your GP can prescribe you a gentle laxative.

Haemorrhoids

If you suffer from haemorrhoids (piles) your midwife can give you advice in changing your diet. If your symptoms continue to be troublesome your GP can prescribe a cream to help relieve the problem.

Abdominal and pelvic pain

You may feel aches and pains as your body changes with your growing baby, using simple analgesia, such as paracetamol should ease any discomfort. If any pelvic or abdominal discomfort becomes painful and does not ease with rest it is important that you consult your GP or midwife.

Varicose veins

Although varicose veins are 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 have more vaginal discharge than usual while you are pregnant. This is normally nothing to worry about. However, if the discharge becomes itchy, sore, smells unpleasant, or you have pain on passing urine, tell your midwife or GP as you may need treatment.

Water infections

Urinary tract infections (water infections) are common in pregnancy. Between antenatal appointments if you experience any burning, stinging or discomfort when passing urine you need to contact your midwife or GP.

If you are concerned about any symptoms or discomfort you are experiencing during your pregnancy or you need help or advice, your midwife or GP will be happy to discuss it with you.



Raised BMI in pregnancy

Women who are overweight are
at increased risk of developing
pregnancy complications.



What is BMI?

Body mass index (BMI) is a tool for indicating weight “status” in adults. It is possible for 2 people to have the same BMI but be very different in terms of fitness and build. BMI ranges are based on the effect body weight has on health. As BMI increases so does the risk of disease. This is the same for pregnant women.

BMI	Weight status	Recommended weight gain
Below 18.5	Underweight	12.5 – 18 kg (28 – 40lb)
18.5 – 24.9	Normal	11.5 – 16 kg (25 -35lb)
25.0 – 29.9	Overweight	7 -11.5 kg (15 – 25lb)
30.0 – 34.9	Obese	6+ kg (15+lb)
35.0 and over	Morbidly obese	6+ kg (15+lb)

National Institute for Health and Clinical Excellence. (2010) Dietary interventions and physical activity interventions for weight management before, during and after pregnancy.

Why is BMI used in pregnancy?

BMI is now calculated for all women at their booking appointment. The Confidential Enquiry into Maternal Deaths (CEMD, 2002) highlighted the need for midwives to use this tool for all women at booking as part of the risk assessment. This report suggests that women with a BMI greater than 30 have increased risks in pregnancy.

The National Institute of Excellence (NICE, 2007) have suggested that using a BMI of 35 as the level when risks are increased. Within Halton, we have agreed that if a woman has a BMI level of less than 18 or greater than 35 we would advise a delivery in a hospital unit rather than at home.

What are the risks of a raised BMI?

Antenatal period

Women who are overweight are at increased risk of developing pregnancy complications. You are more likely to have a miscarriage, become diabetic, develop high blood pressure and have blood clots. Scans to check for abnormalities of the baby are not as accurate in larger ladies. It is also more difficult to feel and check how big the baby is and to see which way it is lying.

Birth

Women with a raised BMI (greater than 35) may have problems moving about in labour and it can be more difficult to hear the baby's heart beat during labour.

Your baby may be bigger than average which may make your delivery more difficult. This increases the chance of you having to have help with the delivery therefore the chances of having an instrumental delivery or a caesarean section are higher. This may be difficult to perform and therefore riskier for you.

Epidurals and spinal blocks are more difficult to site in larger women and general anaesthetics are riskier. After the birth you are at an increased risk of getting blood clots in your legs and if you have had a caesarean birth you are more likely to have complications with your wound. Long term your child can develop problems with obesity.

Breast feeding is recommended as there is less likelihood of your baby becoming obese and therefore developing diabetes and other illnesses later in life.

What can be done to help?

Pre-pregnancy care

Weight loss before you get pregnant is the ideal aim. Whilst this may not be possible during the pregnancy it is something you should seriously think about before trying to get pregnant.

Pregnancy care for a woman with a BMI of 35 and above

Women with a BMI of 35 or above will be recommended to give birth in a hospital unit.

You will be advised not to put on excessive amounts of weight during pregnancy – ideally you should try to maintain your current weight. (You may also be referred to a dietician).

This is best achieved by dietary and healthy lifestyle advice including:

- Adopt a healthier eating style by eating regular meals, cutting down on fatty or sugary foods. Avoid alcohol.
- Aim for 5 portions of fruits, vegetables and salads per day.
- Dairy foods like milk, cheese and yoghurt are important for calcium.
- Become more active – take part in regular exercise e.g. swimming/aquanaerobics/yoga.

Further advice can be found on NHS Direct www.nhsdirect.nhs.uk or NHS Choices www.nhs.uk.

A scan to date the pregnancy will be offered, as will a detailed fetal anomaly scan. Scans to check the baby's growth and position in later pregnancy will also be arranged.

Monitoring your blood pressure

Your blood pressure (BP) will be monitored regularly and a larger BP cuff will be used to check the measurements as it is more accurate.

A test for diabetes will be offered at 28 weeks (glucose tolerance test (GTT)) and you will be given a leaflet explaining this procedure.

The anaesthetic department of the hospital unit where you wish to deliver will be advised of any pregnant woman with a BMI of 40 or above. The anaesthetist will discuss a plan for pain relief in labour and anaesthesia for a caesarean if this becomes necessary.

At all times you will be treated with dignity and respect and will be involved in discussions about your care and the risks associated with your pregnancy.

How to reduce the risk of getting an infection after having your baby

After you have had a baby you are at increased risk of getting an infection.



Infection after having a baby

Infection may occur at the site of the afterbirth (placenta) inside your womb or in the area where you have had stitches internally (vagina) or externally (perineum).

Even if you have not had stitches there is still a chance of infection because you may have some small grazes that did not need to be stitched.

There are things you can do to reduce the risk of getting an infection after you have had your baby:

Washing your hands is the most important thing you can do to prevent infection. However, not only should you wash your hands after going to the toilet, it is very important that you wash your hands before going to the toilet as well as before changing your sanitary pads. This is particularly the case if you have a sore throat, a cough, a cold or have young children.

Your midwife will discuss with you the best way to clean your hands. It is easy for some germs on your hands (even if they look clean) to cause an infection in or around your stitches or inside your womb (uterus).

If you are somewhere where you are unable to use soap and water then you should use an alcohol based hand gel.

Make sure you drink plenty of fluids.

Change your sanitary pads regularly, each time you go to the toilet. At least four times a day for the first few days.

If possible use a towel to dry your hands that is not used by the rest of the family.

If you start to feel unwell in any way — for example:

- if you have a high temperature
- increased bleeding
- increased pain or new pain
- develop a cough, cold or sore throat.
- notice an offensive smell
- pain when passing urine
- passing urine more often than usual and passing smaller amounts
- or generally feel unwell.

You need to see your midwife or GP

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