The Leeds Teaching Hospitals
NHS Trust

Planning for Pregnancy

Information for patients and families

Leeds
Maternity Care

Introduction

Planning a pregnancy will give you the chance to consider identifying, adopting and modifying your physical, emotional and social wellbeing. This leaflet provides key information to assist you with starting your journey towards optimising your pre-pregnancy and pregnancy health. Around 84% of couples will conceive naturally within a year if they have regular unprotected sex. For others, it can take longer. It is a good idea to see your GP if you have not conceived after a year of trying.

For more information on trying for a baby, the NHS provide information here:

https://www.nhs.uk/pregnancy/trying-for-a-baby/trying-to-get-pregnant/

Contraception

Preventing pregnancy until you are physically and emotionally ready to conceive is an important part of pregnancy planning.

If you have had a baby before, you can get pregnant as little as three weeks after birth, even if you are breastfeeding. It is important to use contraception every time you have sex until you are ready to get pregnant again.

There are many forms of contraception, ranging from:

- Natural family planning
- Barrier methods (condoms, diaphragms, caps)
- Hormonal Contraception (such as pills, injections or implants)
- Intra-uterine devices (such as coils)
- Permanent forms (such as tubal ligation and vasectomy)

It is important to be aware that most methods of contraception do not protect you from sexually transmitted infections.

You midwife, GP, practice nurse or local family planning clinic can provide further advice on this topic.

For further information please visit:

https://www.contraceptionchoices.org

Previous pregnancy loss

Miscarriage can affect up to one in every five pregnancies and is often not caused by something someone did or didn't do. If you have previously experienced a miscarriage then it can raise many feelings when considering trying for a pregnancy again. Support and information around this topic is available here:

https://www.miscarriageassociation.org.uk/

https://www.tommys.org/baby-loss-support/miscarriage-information-and-support/trying-again-after-miscarriage

Are you ready to conceive?

This is an important question and involves considering your lifestyle and health behaviours as well as your readiness to start or extend your family.

Tommy's charity has a digital preconception tool available for people who are planning a pregnancy that will tell you all you need to know about how to improve the health of your future pregnancy and child/ren:

https://www.tommys.org/pregnancy-information/planning-pregnancy/planning-for-pregnancy-tool

You can improve your chances of getting pregnant and having a healthy pregnancy by considering some of the following:

Your weight

Being overweight (having a body mass index or BMI over 25) or obese (having a BMI over 30) can increase the chance of some pregnancy problems, such as high blood pressure, blood clots, miscarriage and gestational diabetes occurring.

Before you get pregnant you can use the BMI healthy weight calculator to find out your body mass index:

https://www.nhs.uk/live-well/healthy-weight/bmi-calculator/

Following a healthy, balanced diet and regularly moving your body is advised before, during and after pregnancy to optimise your health.

You can keep to a healthy weight by eating healthily and doing regular physical activity that you enjoy. Physical activity is safe when planning for pregnancy and can support healthy weight and positive mental health.

The following info-graphics provide advice and ideas on recommended activity levels for a non-pregnant adult, for during pregnancy and for after childbirth:

Physical activity for adults and older adults (publishing.service.gov.uk)

Physical activity and pregnancy | RCOG

Physical activity for women after childbirth (birth to 12 months) (publishing.service.gov.uk)

Your diet

Good nutrition is about eating food that gives your body what it needs to stay healthy and work properly. The main nutrients your body needs are proteins, carbohydrates, healthy fats, vitamins and minerals.

What you eat can affect your chances of getting pregnant, but the full picture is not very clear-cut because it is hard to separate diet from other factors. What we do know is that the best foods for getting pregnant are the same as those for general well-being: whole grains, healthy fats and proteins.

The 'NHS Eatwell Guide' shows how much of what we eat overall should come from each food group to achieve a healthy, balanced diet:

https://www.nhs.uk/live-well/eat-well/food-guidelines-and-food-labels/the-eatwell-guide/

A healthy diet includes:

- Choosing wholegrain high fibre foods (such as bread with seeds, brown rice and pasta) instead of white processed foods (white bread, white rice and pasta)
- Eating more fruit and vegetables, including lentils and beans
- Avoiding saturated 'bad' fats, such as fried foods, pastry, biscuits, pies and cakes.
- Eating more unsaturated 'good' fats, such as avocados, nuts, oily fish and seeds
- Avoiding sugary food and drink, such as sweets, biscuits, cakes and fizzy drinks.

More information on healthy eating for conception can be found here:

https://www.tommys.org/pregnancy-information/planning-a-pregnancy/are-you-ready-to-conceive/tips-healthy-pre-pregnancy-diet

Alcohol and illegal or recreational drug use

It is advisable not to drink alcohol or use illegal or recreational drugs if you are pregnant or trying to get pregnant. Alcohol and other drugs can be passed to your unborn baby and also contribute to fertility issues.

Alcohol use in pregnancy can lead to long-term harm to your baby, and the more you drink, the greater the risk.

There is no known safe level of alcohol in pregnancy. We know that drinking large amounts of alcohol increases the risk of:

- miscarriage
- premature birth (where the baby is born before they are fully formed)
- low birth weight
- learning difficulties and behavioural problems in later life for the baby

You can find more information and support on this topic here:

https://www.tommys.org/pregnancy-information/planning-a-pregnancy/are-you-ready-to-conceive/drugs-alcohol-and-trying-conceive

Stopping smoking

If you smoke tobacco, it is likely to take you longer to get pregnant than someone who does not smoke. Most people who have regular, unprotected sex (every 2-3 days) will get pregnant within a year. But for those who smoke, the chances of getting pregnant are cut by almost half each month.

Smoking during pregnancy is strongly linked to a variety of health problems, including:

- premature birth
- low birth weight
- sudden infant death syndrome (SIDS), also known as cot death
- miscarriage
- breathing problems or wheezing in the first six months of life

Quitting can be challenging but free specialist and local support is available for residents of Leeds who wish to stop smoking:

Home | Leeds Stop Smoking Services

Once you are pregnant, the Leeds Teaching Hospitals NHS Trust Stop Smoking Service offers bespoke stop smoking support to maternity patients.

The NHS also offers free help, support and advice on stopping smoking, including when you're pregnant, and can give you details of local support services:

https://www.nhs.uk/better-health/quit-smoking/

Smoke from other people's cigarettes can damage your baby, so ask your partner, friends and family to quit with you.

Reviewing any medicines you take

Not all medicines are safe to take when you're pregnant or planning a pregnancy, whether they're on prescription or medicines you can buy in a pharmacy or shop.

If you take medicines and you're planning to get pregnant, talk to a doctor.

Try not to stop taking your medicines without the advice of your GP.

Folic acid

Folic acid is a vitamin that is essential for the healthy development of a baby. It is known as vitamin B9 and is found in certain foods as folate. Folic acid is responsible for cell growth and development. This vitamin supports the healthy development of a baby's brain and spinal cord.

When you are trying to get pregnant, it is recommended to take a daily folic acid supplement. For many people, this will be at a dose of 400 micrograms a day. Some people may be advised to take a higher prescribed dose of folic acid (5 milligrams daily) if they have certain risk factors or conditions. A GP or midwife will be able to advise on the correct dose that is suitable for your individual circumstances.

For further information please visit:

https://www.tommys.org/pregnancy-information/planning-a-pregnancy/are-you-ready-to-conceive/benefits-taking-folic-acid-pregnancy

Caffeine

Drinking a lot of caffeine before and during pregnancy has been linked to infertility, miscarriage and low birth weight so the advice is to limit intake to 200mg a day.

Tommy's charity produces a useful tool to help you calculate your caffeine intake here:

https://www.tommys.org/pregnancy-information/planning-a-pregnancy/are-you-ready-to-conceive/caffeine-and-getting-pregnant

Vaccinations and infections

Some infections, such as rubella, can harm your baby if you catch them during pregnancy. Most people in the UK are immune to rubella, due to the uptake of the measles, mumps and rubella (MMR) vaccination. If you have not had two doses of the MMR vaccine, or you're not sure if you have, ask your GP surgery to check your vaccination history. If you have not had both doses or there's no record available, you can have the vaccinations at your GP surgery. You should avoid getting pregnant for one month after having the MMR vaccination, which means you'll need a reliable method of contraception.

Seasonal vaccination programmes for covid and flu occur each year and are safe to be received before and during pregnancy as required. You can find out from your healthcare provider if you are eligible for one or both of these vaccinations.

Respiratory syncytial virus (RSV) is a common virus that causes coughs and colds. RSV usually gets better by itself, but it can be serious for young babies. If you become pregnant you will be offered the RSV vaccine during pregnancy, usually after 28 weeks of pregnancy. Receiving the vaccine at the optimal time during pregnancy allows protection from the vaccine to be passed to the baby through the placenta, which means the baby is less likely to get severe RSV for the first 6 months after they are born.

Sexually Transmitted Infections (STI's)

Sexually transmitted infections (STI's) are passed from 1 person to another through genital contact or unprotected sex. It is a good idea to get checked (and treated if needed) for an STI before you get pregnant because:

- some STI's can affect fertility
- some STI's can cause health problems for you and your baby during and after pregnancy
- some treatments for STI's are not suitable if you are pregnant

More information on this topic including where to find your nearest sexual health clinic can be found here:

https://www.tommys.org/pregnancy-information/planning-a-pregnancy/are-you-ready-to-conceive/getting-pregnant-and-sexually-transmitted-infections-stis

https://www.leedssexualhealth.com/

Long-term health conditions

If you have a long-term health condition, such as epilepsy or diabetes, it could affect the decisions you make about your pregnancy – for example, where you might want to give birth.

You may need to have medications adjusted and reviewed before becoming pregnant too.

Before you get pregnant, have a discussion with your specialist or a GP about getting pregnant. There are often specialist preconception clinics you can be referred to support you to get your pregnancy off to the best start. If you're taking medicine for a condition, do not stop taking it without talking to a doctor first.

Screening

If you or your partner is known to have a genetic condition, speak with your GP to see if it would be beneficial speaking with a prenatal genetic counselling specialist before you conceive. More information can be found here:

https://www.leedsth.nhs.uk/a-z-of-services/pathology/clinical-genetics/

https://www.tommys.org/pregnancy-information/planning-a-pregnancy/are-you-ready-to-conceive/conception-and-your-babys-genes

Sickle cell disease (SCD) and thalassaemia are inherited blood conditions that mainly affect people with ethnic origin histories from Africa, the Caribbean, the Mediterranean, India, Pakistan, south and Southeast Asia, and the Middle East.

If you are pregnant and live in England you will be offered screening tests for these conditions, but you do not have to wait until you're pregnant before you have a test.

If you or your partner are concerned you may be a carrier for one of these conditions, perhaps because someone in your family has a blood condition or is a carrier, it's a good idea to get tested before starting a family.

You can ask for a free blood test from either a GP or a local sickle cell and thalassaemia centre.

Find out more about screening for sickle cell and thalassaemia screening here:

https://www.nhs.uk/pregnancy/your-pregnancy-care/screening-for-sickle-cell-and-thalassaemia/

Domestic abuse

One in four women experience domestic abuse at some point in their lives and many cases start or worsen during pregnancy or after the birth. It may take the form of physical, sexual, or emotional abuse, stalking and harassment, online or digital abuse or financial control. It can take place between couple relationships or between family members.

You can speak in confidence to your healthcare team who can offer help and support.

Further information and local support can be found here:

https://ldvs.uk/

Emotional Wellbeing

Pregnancy and having a baby can be both an exciting and challenging time. If you have a mental health condition it can bring extra challenges and you may require increased support at this time.

If you are currently or have previously received care or treatment for your mental health and you are planning to have a baby, you should speak to your doctor in advance so that they can offer you help with any additional support or care planning required.

More information and support is available here:

Planning a pregnancy with a serious mental health condition - YouTube

https://leedsmentalwellbeingservice.co.uk/

Cervical Screening

Cervical screening tests used to be known as 'smear tests' and are a way of checking if there are any abnormal (unusual) cells on the cervix (the entrance to the womb from the vagina).

Abnormal cells can sometimes lead to cervical cancer.

Being checked regularly means that any abnormal changes in the cells of the cervix can be found at an early stage and treated (if needed) to stop cancer growing.

Cervical screening is not advised during pregnancy because pregnancy can make it harder to know if your test result is normal or not.

All women aged 25 to 64 who are registered with a GP get a letter inviting them for cervical screening every three years. If you're planning to get pregnant ask your GP if you are up to date with your cervical screening.

For more information on the NHS cervical screening programme is available here:

https://www.nhs.uk/conditions/cervical-screening/

What did you think of your care?

Scan/click the QR code or visit **bit.ly/nhsleedsfft**

Your views matter

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