



**NHS**

**Royal Berkshire**  
NHS Foundation Trust

# Useful resources during your pregnancy

Information for new parents

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**Congratulations on your pregnancy! This information is a list of useful resources to help you develop a relationship with your baby and learn more about feeding and safe sleeping.**

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## General resources

Have you seen this booklet? It's a great source of information to read during your pregnancy and keep for once baby is here.

Collect your copy from your midwife.



## Relationship building resources

Babies love to be held and are comforted by touch, so why not start building the relationship with your baby by talking and singing to them while they are in the womb? Stroke your bump and notice when they move and wriggle around. Once born, care for them with as much skin-to-skin contact as possible.

Take a look at these links to help you understand why this is so good for your baby's development. These can all be found on the Unicef Baby Friendly website under '*Resources*'.

- Unicef – Building a Happy Baby: A Guide for Parents\* [Building a Happy Baby \(unicef.org.uk\)](http://unicef.org.uk)
- Unicef Baby Friendly Initiative: Relationship Building video\* [The Importance of relationship building video - Baby Friendly Initiative \(unicef.org.uk\)](http://unicef.org.uk)
- Unicef: Skin to Skin Contact\* [Skin-to-skin contact - Baby Friendly Initiative \(unicef.org.uk\)](http://unicef.org.uk)
- Unicef: Meeting baby for the first time video\* [Meeting baby for the first time video - Baby Friendly Initiative \(unicef.org.uk\)](http://unicef.org.uk)
- RBH Skin to Skin Contact video [Skin to Skin with your Baby - YouTube](http://unicef.org.uk)

- RBH Connecting with your baby during pregnancy video [Connecting with your Baby in Pregnancy - YouTube](#)

## Infant feeding

What happens in your baby's first years has a big effect on how healthy he or she will be in the future. Mum's milk gives your baby all the nutrients he, or she needs for around the first 6 months of life (and it's important beyond 6 months too). It helps to protect your baby from infections and other diseases, and as a mum, it also reduces your chances of getting some illnesses later in life.

Breastfeeding also helps you and your baby to get closer – physically and emotionally. So while you are feeding your baby, the bond between you grows stronger

Open the links below to find out more about why breast milk is so important for your baby's health, and discuss it with your midwife to find out more.

- Check our feeding webpage <https://www.royalberkshire.nhs.uk/services-and-departments/maternity/feeding-your-baby>
- RBFT Maternity Facebook page <https://en-gb.facebook.com/RBFTMaternity/> for the most current information.
- RBH Infant feeding video [https://youtu.be/dtO0KvF\\_d30](https://youtu.be/dtO0KvF_d30)
- Unicef Baby Friendly Initiative: Off to the best start leaflet\* [Breastfeeding leaflet \(unicef.org.uk\)](#)
- Unicef Baby Friendly Initiative: Positioning & Attachment\* [Positioning and attachment video - Baby Friendly Initiative \(unicef.org.uk\)](#)
- Global Health Media: Breastfeeding series\* <https://www.youtube.com/watch?v=axQi5PqRZ0M>
- Unicef Baby Friendly Initiative: Responsive Feeding\* [Responsive Feeding Infosheet - Baby Friendly Initiative \(unicef.org.uk\)](#)

## Safer sleeping

**It is important you learn about factors which may increase the risks for babies. Keep your baby close during day time sleep as well.**

- Lullaby Trust: Safer Sleep Advice How to reduce the risk of SIDS for your baby <https://www.lullabytrust.org.uk/safer-sleep-advice/>
- Lullaby Trust: Safer Sleep Advice: Co-sleeping with your baby <https://www.lullabytrust.org.uk/safer-sleep-advice/co-sleeping/>

*Resources marked \* are available in other languages from Unicef and Global Health Media*

To find out more about our Trust visit [www.royalberkshire.nhs.uk](http://www.royalberkshire.nhs.uk)

**Please ask if you need this information in another language or format.**

D Ciepkiwicz, Maternity Support Worker (Gold Lead), October 2020

Reviewed: May 2024

Next review due: May 2026



# COVID-19 (Coronavirus) and pregnancy

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**You may be feeling unsure how COVID-19 could affect you, your baby and your pregnancy care. This leaflet summarises the risks of COVID-19 during pregnancy, the key advice to follow and what to do if you think you have symptoms of COVID-19.**

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## The risks of COVID-19 during pregnancy

COVID-19 infection during pregnancy is likely to be a mild, flu-like illness – there is no evidence that being pregnant makes you more likely to become infected. However, recent studies have shown that both hospital admissions and severe illness are more common while pregnant (compared to those not pregnant), particularly after 28 weeks' gestation. If you are from an Asian or Black ethnic group or have underlying medical conditions, you also have an increased chance of developing severe illness. Your midwife or obstetrician (pregnancy doctor) will discuss your individual risk with you and plan your care accordingly.

## Key advice during pregnancy

- The most effective way to protect yourself is to be vaccinated.
- The 'new variants' of COVID-19 are thought to be more infectious and to lead to more severe disease during pregnancy. For these reasons, you may want to take a more cautious approach to social distancing, face coverings and hand washing if you are mixing outside your household group. For up-to-date information go to <https://www.nhs.uk/conditions/covid-19/how-to-avoid-catching-and-spreading-covid-19/> or ask your community midwife.
- Washing your hands regularly is always recommended and you may choose to wear face coverings when you leave your home – ensure your mouth and nose are covered.
- Stay away from anyone who has symptoms of COVID-19.
- Stay active and hydrated to reduce the risk of blood clots.
- Eat a healthy diet; take folic acid and vitamin D supplements as advised during pregnancy.
- Attend all of your antenatal appointments and scans unless you have symptoms of COVID-19 or think you have been infected. *Speak to your midwife if you need to reschedule an appointment due to the reasons above.*
- Contact the Maternity Triage line 0118 322 7304 if you are worried about yourself or your unborn baby.
- If you have been advised that you are in a high-risk group and were advised to shield, **please ensure to let your community midwife know**. It is important to alert hospital staff of your increased risk if you are admitted to hospital.
- We recommend that you have your winter flu vaccine, unless there are good reasons not to; discuss these with your GP, midwife or obstetrician.

## **What to do if you think you have symptoms of COVID-19**

If you think that your symptoms are mild and you can complete a sentence without pausing to breathe, please call the Maternity Triage line on **0118 322 7304**. The Triage midwife will assess your symptoms and decide with you if you need further assessment

**If you feel breathless, please call 111 or 999.**

**It is important to seek medical advice as early as possible if you have any concerns about you or your unborn baby.**

## **Maternity appointments if you have COVID-19**

Do not attend any maternity appointments or ultrasound scans if you have, or think you may have COVID-19.

- To re-arrange community midwife appointments, please call 0118 322 8059. If you are asked to leave a message, please do so and the community team will call you the following day.
- If you are due to attend hospital for a scan, please call 0118 322 7279. The team will advise if it is safe to delay your scan.

## **Birthing partners**

If your birthing partner has symptoms of COVID-19, has recently tested positive for COVID-19, they will not be able to support you during labour or your stay in hospital. During your pregnancy, it may be helpful to plan who your 'backup' birthing partner would be, if needed.

## **COVID-19 vaccination in pregnancy and while breastfeeding**

The COVID-19 vaccination is safe and strongly recommended in pregnancy. This is because you and your baby/babies are considered at additional risks of significant complications from COVID-19. The decision whether to have the vaccination during pregnancy is your choice. The Royal College of Obstetricians and Gynaecologists (RCOG) and The Royal College of Midwives (RCM) have produced an information leaflet about the benefits and possible risks of the vaccination to women and birthing people (a link to these websites can be found at the end of this leaflet); these are summarised below:

### **Over 200,000 vaccines have been given in pregnancy with no safety concerns**

- Receiving two doses of the vaccine is almost 100% effective at preventing admission to hospital with COVID-19 during pregnancy. This is even more effective than in non-pregnant people.
- COVID-19 causes stillbirth in 1 in 100 cases where someone has become unwell with it. COVID-19 increases the risk of a baby being born prematurely by 3 times. One in ten have needed admission to care Intensive Care due to COVID-19 during pregnancy.
- The vaccines do not contain live Coronavirus or any ingredients that are harmful during pregnancy. Unlike some other medications, the vaccine cannot pass through to the baby and affect their long-term development. The vaccine does not pass through breastmilk. Once vaccinated you will produce protective antibodies against Covid infection which are then passed to the baby when breastfeeding.

## Additional resources about COVID-19 and pregnancy

- Royal College of Midwives website <https://www.rcm.org.uk/coronavirus-hub/>
- Royal College of Obstetricians and Gynaecologists website <https://www.rcog.org.uk/guidance/coronavirus-covid-19-pregnancy-and-women-s-health/>
- NHS website: [www.nhs.uk/conditions/coronavirus-covid-19/](http://www.nhs.uk/conditions/coronavirus-covid-19/)
- Healthy eating and vitamin supplementation in pregnancy: <https://www.rcog.org.uk/globalassets/documents/patients/patient-information-leaflets/pregnancy/pi-healthy-eating-and-vitamin-supplements-in-pregnancy.pdf>
- WHO Questions and Answers - COVID 19 vaccines and pregnancy: [WHO-2019-nCoV-FAQ-Pregnancy-Vaccines-2022.1-eng.pdf](https://www.who.int/news-room/questions-and-answers/question-detail/20210511-covid-19-vaccines-pregnancy)
- COVID-19 infant feeding resources: <https://www.royalberkshire.nhs.uk/patient-information-leaflets/maternity-covid-19-and-infant-feeding-resources.html>[www.breastfeedingnetwork.org.uk/coronavirus](http://www.breastfeedingnetwork.org.uk/coronavirus)
- Factsheet on use of Covid-19 vaccinations in breastfeeding and pregnancy: [www.hifn.org/covid-interim](http://www.hifn.org/covid-interim)

## Contact numbers and queries

If you have any queries or need to contact us, please use the number below

- Maternity Triage: 0118 322 7304
- Maternity Call Centre: 0118 322 8964 (select option 1)
- Community Midwives office: 0118 322 8059
- Maternity Ultrasound: 0118 322 7279

To find out more about our Trust visit [www.royalberkshire.nhs.uk](http://www.royalberkshire.nhs.uk)

**Please ask if you need this information in another language or format.**

S Fleming, Consultant MW (Maternity), February 2021

Reviewed: March 2023

Next review due: March 2023

### Our Maternity Strategy and Vision

*'Working together with women, birthing people and families to offer compassionate, supportive care and informed choice; striving for equity and excellence in our maternity service.'*

You can read our maternity strategy here



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# Expressing colostrum in pregnancy (harvesting your colostrum)

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**Learning to hand express your colostrum before birth is a great way to prepare for your breastfeeding journey. By expressing your colostrum towards the end of your pregnancy you will be better prepared to meet any feeding challenges should they arise.**

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**SAFETY MESSAGE:** if you have collected your colostrum in syringes please note that they may have caps on the end to secure the liquid. These caps **MUST BE REMOVED** before giving the milk to the baby, so ensure birth partners understand this too. If your syringes do not have caps, just keep the syringes flat until frozen and keep in the outside packaging. Ask clinical staff to show you how to give your expressed milk to your baby.

## Colostrum: First type of milk

Colostrum is the first milk a pregnant woman produces and this is present from around 16 weeks of pregnancy. Colostrum is a concentrated, sticky, yellowish substance which is easy to digest, helps to clear your baby's first poo (meconium), reduces jaundice, **and is full of antibodies to help protect your baby from infection.** It is small in quantity but is everything your baby needs in the first few days of life. If you have known risk factors (see below), we would strongly recommend harvesting colostrum antenatally, but it can be useful for anyone to try. Some mothers like to have a store of colostrum in preparation for birth just in case they, or their baby, are unwell or separated following birth. Even without these issues, it is common for babies to take time to breastfeed efficiently. Having the colostrum in advance minimises the chance of any delay in a baby receiving their mothers' milk and the need for formula use. It also helps you to learn a valuable skill for managing future breastfeeding challenges and stimulates production of breastmilk.

## Strongly recommended if you:

- Have diabetes.
- Are receiving additional care or ultrasound scans due to the growth of their baby, large or small.
- Are taking Beta-blocker medication e.g. Labetalol.
- Have a planned Caesarean birth or an induced birth.
- Are expecting twins or multiples.
- Are anticipated to need Special Care admission.
- Are expected to have cleft lip or palate.
- Have a family history of metabolic disorders e.g. MCADD.
- Have any other medical conditions where challenges are anticipated (please discuss with your healthcare professional).

However, you should **avoid** expressing if you are at risk of **pre-term labour**.

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## How can I express my colostrum?

You can begin expressing by hand (more effective at capturing your milk than by using a pump) a few times a day, from 36 weeks of pregnancy (or before by arrangement). It helps to be warm and relaxed – practice in the shower/bath or when watching TV or listening to music when you first try. Ensure your hands are washed, then massage your breast to aid the flow. This can be gentle stroking, just to encourage the release of hormones. Cup your breast and place your thumb and finger about 2-3cm from the base of the nipple. Try and feel a change of texture in the breast tissue, some women describe a ‘ridge’ or ‘gap’, these are your milk ducts. Using your thumb and fingers in a C shape, apply gentle pressure, and build up a rhythm, pressing, holding and releasing. Repeat this again and again, avoiding sliding your fingers over your skin. Collect any colostrum (droplets at first) on a clean sterile teaspoon, (you can sterilise this by immersing in boiling water for 10mins). When the flow slows, rotate your thumb and forefinger around the breast and repeat. If you do not see any colostrum, try widening, or narrowing, your thumb and forefinger and /or push back into your chest wall and then press hold and release as before. Try swapping back and forth between breasts and repeating massage.

If no colostrum is expressed it does not mean that there is a lack of production, it just means that on that occasion the colostrum was not ‘let-down’ or that you need to practice the technique. If that happens, try at a different time or day, or perhaps when you are more relaxed. Sometimes the first attempts just produce a tiny drop, too small even to collect. Don’t worry this will increase if you keep trying.

Store your ‘harvested colostrum’ in a freezer in small sterile containers to bring in once your baby is born. For high risk cases the hospital can provide you with a small pot which you can freeze and add to in a layer effect. Store in your freezer, in a see-through bag, label with your full name, and date of birth and date of expression. When you come into hospital, bring some in, in an insulated cool bag with ice packs, and let the midwives know so it can be placed in our freezer. It is crucial that it stays frozen as it will thaw quickly and we do not know when exactly you will need it! Remember to mention to staff that you have some colostrum if there are feeding challenges and to take it home again if it’s not needed.

If you are interested in expressing during pregnancy, please speak to your community midwife,

- Watch the infant feeding class currently available on YouTube.com “Pregnancy feeding workshop” and take a look at the other short videos so that you can build a relationship with your baby
- Read the ‘Off to the best start’ leaflet (<https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/leaflets-and-posters/off-to-the-best-start/>)
- Take a look at these expressing videos : <https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/video/hand-expression/>
- Global Health media one on you tube: <https://www.youtube.com/watch?v=axQi5PqRZ0M>
- Follow the links on the M&B app: “Getting ready for Birth.... Thinking about feeding your baby... Hand Expressing before your baby is born”
- Watch our videos on the Royal Berkshire Maternity Facebook® page.

Hand expressing in pregnancy can be a great tool for you to prepare for breastfeeding.

However, if you do not wish to express, please rest assured that it is not vital to successful

breastfeeding. Also, if you try hand expressing but do not obtain any colostrum this does mean that there is anything wrong, nor does it mean your body won't be able to produce enough breast milk for your baby after birth.

## Contact information

For further information ask your community midwife, or contact our infant feeding advisors by emailing the infant feeding team at [infantfeeding.team@royalberkshire.nhs.uk](mailto:infantfeeding.team@royalberkshire.nhs.uk)

## References

1. Ballarat Health Services (2010) The ante natal expression of colostrum Catalogue No 731074
2. Cox SG (2010) An ethical dilemma. Should recommending antenatal expressing and storing of colostrum's continue? Breastfeeding review 18 (3) 5 – 7.
3. NICE Guideline NG3 (2015) <https://www.nice.org.uk/guidance/ng3> "Off to the best start" leaflet (Unicef 2015)
4. Video clip for expressing Unicef ([www.babyfriendly.org.uk/parents/resources/audiovisual](http://www.babyfriendly.org.uk/parents/resources/audiovisual))
5. Global Health media <https://www.youtube.com/watch?v=axQi5PqRZ0M>
6. Mother and Baby App M&B

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**Please ask if you need this information in another language or format.**











Infant Feeding Team Lead,

Reviewed: June 2022, amended with safety notice July 2022















Next review due: July 2024














KEY	Clinical assess		Discussion	Documentation	Give written info	Appointment	
Appoint	Who	With					
Pre-Booking < 8wks (20 mins)	All	GP	 				<p>BP, urinalysis and CO recording for all patients (inclusive of VBA which includes discussion of opt out referral to the Tobacco dependency team for any patient who discloses they are a current smoker). Whenever CO testing is offered, it should be followed up by an enquiry about smoking status with the CO result and smoking status recorded.</p> <p><b>NOTE</b> - If new to UK i.e., asylum seeker/immigrant full medical examination with GP encouraged</p> <p>AN screening tests Nutritional supplements:</p> <ul style="list-style-type: none"> <li>Folic Acid 400 mcg daily up to 12 weeks (5mg for patients at high risk of NTDs)</li> <li>Vitamin D 10 mcg daily throughout pregnancy and whilst breast feeding ALL women especially those at risk - see AN guideline GL956</li> <li>Healthy Start vitamins.</li> <li>Aspirin 150mg OD to be advised for those women at risk to commence from 12wks</li> </ul> <p>Healthy Eating in Pregnancy NHS UK National Screening Committee booklet</p> <p>Make booking appointment with midwife between 8 - 10 weeks via online booking system for on RBH website.</p> <p><b>NOTE: refer women 12 weeks and over to midwife for urgent booking with midwife – should be booked within 2 weeks of contacting MW</b></p>
Booking 8-10wks (1 hour)	All	MW	     				<p>Complete EPR booking for all women.</p> <p>Antenatal risk assessment – consultant referral if required – refer to GL810 for criteria.</p> <p>Assess the risk of: GDM, PET, FGR, VTE, FGM.</p> <p>Patients at risk of PET advised to take Aspirin 150mgs daily from 12weeks to 36 weeks, unless advised by a clinician to take a smaller dose or commence sooner (SBLv3).</p> <p>Complete Obstetric Consultant referral if required (refer to GL810 for referral criteria) Complete a Consultant Midwife referral needed and if a known surrogate pregnancy.</p> <p>BP, maternal pulse, urinalysis, weight &amp; height - calculate BMI.</p> <p>CO recording – refer ALL smokers and patients with a CO 4 or above to Tobacco dependency team via orders EPR and complete VBA. Whenever CO testing is offered, it should be followed up by an enquiry about smoking status with the CO result and smoking status recorded.</p> <p>Booking bloods: FBC/serology/group and antibody screen, Haemoglobinopathies. and MSU for microscopy.</p> <p>Check Ferritin levels for those at risk of IDA- See Iron deficiency anaemia management in Maternity guideline (GL783)</p> <p>Advise and offer chlamydia screening if under 25, previously diagnosed and poor compliance suspected and/or symptoms persist.</p> <p>Hepatitis C testing if applicable Refer to GL956 for testing criteria.</p> <p>Discuss domestic violence if partner not present or able to provide safe place to ask sensitive questions – record on EPR.</p> <p>Lifestyle considerations: nutrition and diet, physical activity, smoking, alcohol consumption and recreational drug use</p> <p>Immunisation for flu, whooping cough and other infections, in line with relevant guidelines.</p> <p>Complete Health Visitor Liaison if social concerns and send to Health Visitor, local Authority and upload copy to EPR notes, ensure consent gained and form signed</p> <p>Children’s services referral form to be completed and sent from 12 weeks where applicable</p> <p>FW8 certificate</p>



	All	MW		<p>Discuss birthplace, changes during pregnancy, staying healthy during pregnancy, antenatal care.</p> <p>Give details of named midwife and contact details (urgent and non-urgent)</p> <p>Discuss antenatal personalised care plan – record on EPR</p> <p>Discuss combined screening and sign post patients to <a href="#">Screening tests for you and your baby (STFYAYB) - GOV.UK (www.gov.uk)</a>.</p> <p>Offer antenatal classes to Primips via QR code.</p> <p>All leaflets can be found on <a href="#">Patient Information Leaflets - Royal Berkshire NHS Foundation Trust</a></p>
				<p>Book OGTT for patients with previous gestational diabetes as soon as possible. Discuss OGTT for those with risk factors and book OGTT for 24+0 and 28+0 weeks.</p> <p>Inform patients that they will be contacted by the admin team with nuchal scan appointment details</p> <p>Note: CO recording should be completed at every appointment for all patients regardless of <i>smoking status and referral to Tobacco dependency team offered if current smoker or CO reading 4 or above.</i></p>
11-13wks (20 mins)	All	USS		<p>Combined screening USS for nuchal translucency or dating scan ANC for serum testing.</p>
16wks (20 mins)	All	MW	    	<p>BP, urinalysis, CO recording for all patients (inclusive of VBA for ALL smokers). Fetal Heart and Maternal pulse.</p> <p>Patients who missed the combined screening should be offered second trimester screening.</p> <p>If RhD negative, take blood for Fetal Rh DNA testing Record/discuss blood test results/urine results</p> <p>Check OGTT result if previous GDM</p> <p>If anaemic at booking repeat bloods- refer to Iron deficiency anaemia management in Maternity guideline (GL783)</p> <p>Review screening test results and action as necessary.</p> <p>Review scan report and ensure anomaly scan is booked</p> <p>Discuss: whooping cough (from 20 weeks up to 32 weeks and book via GP) and flu vaccine (wintertime only- any stage of pregnancy).</p> <p>Signs and symptoms of Pre-eclampsia and obstetric cholestasis</p> <p>Remind Primips to book on to parent Education classes – provide QR code.</p> <p>Enquire regarding emotional wellbeing</p> <p>Discuss reduced fetal movements and give Kicks Count information</p> <p>AN connecting with your baby conversation</p> <p>Discuss domestic violence if partner not present or able to provide safe placeto ask sensitive questions – record on EPR.</p> <p>Ensure patient has 24 hour contact number for maternity department at hospital they are booked to deliver at.</p> <p>Ensure patients who are at risk of developing GDM have OGTT appointment booked for 24- 28 weeks.</p> <p>Health Visitor referral to be completed via EPR message centre to Community 16Week + HV referrals pool.</p> <p>Ensure patients who need to take Aspirin have started taking it</p>
19-22wks	All	USS		<p>Anomaly scan (only 1 person to attend with woman, <b>NO</b> children)</p>
24wks				<p>OGTT to be undertaken in Antenatal clinic for those at risk of GDM</p>



25wks (20 mins)	Primip	MW	  	<p>BP, urinalysis, CO recording (inclusive of VBA for ALL smokers), Whenever CO testing is offered, it should be followed up by an enquiry about smoking status with the CO result and smoking status recorded. , Fetal Heart, maternal pulse and symphysis-fundal height measurement &amp; plotted.</p> <p>Enquire regarding emotional wellbeing</p> <p>Discuss reduced fetal movements and give Kicks count information.</p> <p>MAT B1</p>
28wks (20 mins)	All	MW	   	<p>BP, Urinalysis, CO recording (inclusive of VBA for ALL smokers), Whenever CO testing is offered, it should be followed up by an enquiry about smoking status with the CO result and smoking status recorded. Fetal Heart, maternal pulse, weight and symphysis-fundal height measured &amp; plotted.</p> <p>Review screening test results and review 20-week scan report</p> <p>Referral for all women that have smoked at any stage of the pregnancy for serial ultrasound scanning via EPR messaging centre to Cat 06 Maternity Referrals</p> <p>FBC, G&amp;S and antibody screen</p> <p>If anaemic at previous appointments of on oral iron refer to Iron deficiency anaemia management in Maternity guideline (GL783) for test to be taken.</p> <p>Review screening test results if done at 16 weeks</p> <p>Discuss reduced fetal movements and give Kicks Count information.</p> <p>AN connecting with your baby conversation,</p> <p>Enquire regarding emotional wellbeing.</p> <p>Check if Local Authority has contacted if social risk assessment was sent at Booking</p> <p>Check if parent education classes booked</p> <p>Check if anti D prophylaxis appointment made for 30 weeks if needed</p> <p>Check MAT B1 given.</p> <p>Check maternal vaccine status.</p> <p>Discuss domestic violence if partner not present or able to provide safe place to ask sensitive questions – record on EPR.</p> <p>Repeat maternal weight &amp; VTE prophylaxis risk assessment.</p>
31wks (20 mins)	Primip	MW	  	<p>BP, urinalysis, CO recording (inclusive of VBA for ALL smokers)</p> <p>Whenever CO testing is offered, it should be followed up by an enquiry about smoking status with the CO result and smoking status recorded.</p> <p>Fetal Heart, maternal pulse &amp; symphysis-fundal height measured &amp; plotted.</p> <p>Discuss/record test results from 28/40.</p> <p>Enquire regarding emotional wellbeing</p> <p>Check maternal vaccines</p>
34wks (30 / 40 mins)	All	MW	   	<p>BP, urinalysis, CO recording (inclusive of VBA for ALL smokers), Fetal Heart, maternal pulse &amp; symphysis-fundal height measurement &amp; plotted.</p> <p>If anaemic at previous appointments of on oral iron refer to Iron deficiency anaemia management in Maternity guideline (GL783) for test to be taken.</p> <p>MRSA swabs if health worker or has recently had surgery or recent admission into hospital in the last year – for further information refer to <a href="#">(CG179)</a>.</p> <p>Discuss personalised care plan for labour – if not actioned</p> <p>Complete 34wk checklist and options for birth</p> <p>Enquire regarding emotional wellbeing.</p> <p>Discuss domestic violence if partner not present or able to provide safe place to ask sensitive questions – record on EPR.</p> <p>Discuss reduced fetal movements and give Kicks Count information</p> <p>Reducing risks of cot death - Vitamin K prophylaxis - Fetal Monitoring in labour - Pain relief in labour, Infant feeding and Antenatal colostrum harvesting (provide pack).</p> <p>Check maternal vaccines.</p>

34wks (30 / 40 mins)	All	MW		Discuss postnatal personalised care plan and Postnatal care: Where and when and Neonatal blood spot screening NHS UK Screening Tests for you and your baby if not already given, SIDS - Reducing Risk of Cot Death and BCG leaflet - if relevant.
36wks (20 mins)	All	MW	  	BP, urinalysis, Fetal Heart, maternal pulse & symphysis-fundal height, CO recording. Presentation - If breech refer to ANC for presentation USS Record/discuss blood results Check & record MRSA results. Check FBC, platelets & ferritin if woman required. Discuss infant feeding and Antenatal colostrum harvesting Check maternal vaccines. Enquire regarding emotional wellbeing Discuss reduced fetal movements and give Kicks Count information Discuss domestic violence if partner not present or able to provide safe place to ask sensitive questions – record on EPR
38wks (20 mins)	All	MW	   	BP, urinalysis, CO recording (inclusive of VBA for ALL smokers), Fetal Heart, maternal pulse, symphysis-fundal height and presentation Enquire regarding emotional wellbeing Record/discuss blood results if applicable. Check & record MRSA results if applicable. Check FBC & platelets if woman required. Infant feeding and Antenatal colostrum harvesting Check maternal vaccines. Discuss reduced fetal movements and give Kicks Count information Discuss domestic violence if partner not present or able to provide safe placeto ask sensitive questions – record on EPR. Stretch and sweep from 39wks if opportunity arises. USS should be reviewed to exclude low lying placenta. Discuss and offer IOL from 41wks. Book IOL via orders on EPR.
40wks (20 mins)	All	MW	  	BP, urinalysis, CO recording (inclusive of VBA for ALL smokers), Fetal Heart, maternal pulse, symphysis-fundal height andpresentation Offer membrane sweep. Enquire regarding emotional wellbeing Ensure Induction of labour is booked Discuss reduced fetal movements and give Kicks Count information Infant feeding and Antenatal colostrum harvesting Check maternal vaccines. Discuss domestic violence if partner not present or able to provide safe place to ask sensitive questions – record on EPR
41wks (20 mins)	All	MW	   	This appointment would be offered if IOL declined. BP, urinalysis, CO recording (inclusive of VBA for ALL smokers), Fetal Heart, maternal pulse, symphysis-fundal height andpresentation Whenever CO testing is offered, it should be followed up by an enquiry about smoking status with the CO result and smoking status Offer membrane sweep for Primiparous & multiparas Enquire regarding emotional wellbeing. Discuss reduced fetal movements and give Kicks Count information. Discuss domestic violence if partner not present or able to provide safe placeto ask sensitive questions – record on EPR. Book Induction of labour if patient consent, refer to consultant obstetrician if still declining IOL



# Useful contact numbers for new parents and parents-to-be

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**A list of contact numbers and support for you to refer to throughout pregnancy and beyond.**

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## Information leaflets

Download leaflets from our website: <https://www.royalberkshire.nhs.uk/leaflets>

You can also visit the NHS pregnancy guide for further information at <https://www.nhs.uk/pregnancy/>

## Dating / combined screening scan

The maternity unit will call you after your booking appointment with the midwife (or on Monday if booked on a Friday or weekend) to arrange your scan. More information on screening in pregnancy can be found on our website <https://www.royalberkshire.nhs.uk/featured-services/maternity/antenatal-services/antenatal-screening/>

or <https://www.gov.uk/government/publications/screening-tests-for-you-and-your-baby>

## Antenatal education and infant feeding classes

These are provided by National Childbirth Trust – free to women giving birth for the first time at Royal Berkshire Hospital: Visit the website [www.nct.org.uk/BerkshireAntenatal](http://www.nct.org.uk/BerkshireAntenatal) to book your place via the on-line form. Additionally RBFT pregnancy feeding workshops are available to watch on [https://youtu.be/dtO0KvF\\_d30?si=HhL34GZL4PXy6QF](https://youtu.be/dtO0KvF_d30?si=HhL34GZL4PXy6QF) at your convenience.

## Homebirth Team

If you are interested in having a homebirth or finding out more information about the homebirth service we provide. Your midwife can refer you to the homebirth team or you can email the team for a reply within 7 days on [rbft.homebirth.team@nhs.net](mailto:rbft.homebirth.team@nhs.net)

## Postnatal care

All women will be seen at home the day after discharge from hospital. These will be planned by the community midwives following the birth of your baby.

## Named community midwife

At your booking appointment you will be given the name and contact details of your midwife. You will also be given the community office number to contact if the midwife is on annual leave. Please be aware that calls you receive from the midwife maybe from a withheld number and also ensure that you provide us with the most up to date contact telephone number.

## Useful contact information

<b>GP</b>	If you have any concerns about yourself or your baby and you are less than 16 weeks pregnant, please phone your GP.	GP surgery or NHS 111 / 999
<b>GP or Named Community Midwife</b>	<p>If you require any of the following please contact your midwife or GP:</p> <ul style="list-style-type: none"> <li>• Changing of your midwife appointment</li> <li>• Maternity certificates (MatB1) can be provided by your named GP surgery or your midwife– please provide them with your expected date of delivery at time of request.</li> <li>• For ‘fitness to fly’ letters contact your GP surgery or private travel clinics.</li> <li>• Vaccinations in pregnancy including Pertussis or Influenza please contact your GP surgery.</li> <li>• Some medications in pregnancy may be prescribed by your GP or some via your Obstetrician or midwife. Please ask your midwife for advice.</li> </ul>	<ul style="list-style-type: none"> <li>• Tel number of GP surgery or named community midwife</li> <li>• If unable to get hold of a midwife, please contact the Community Midwife Office 0118 322 8059</li> </ul>
<b>Triage</b>	<p>Please call triage (24hrs service) if you are over 16 weeks pregnant or recently had a baby and experience any of the following symptoms or concerns about your wellbeing such as:</p> <ul style="list-style-type: none"> <li>• Headaches and / or visual disturbances not relieved with paracetamol.</li> <li>• Sudden swelling of ankles, hands, feet or face.</li> <li>• Persistent itching of soles of feet and palms of hands.</li> <li>• Abdominal pain.</li> <li>• Feeling unwell, breathlessness, shivery or unable to pass urine.</li> <li>• Leaking of fluid – either blood or water.</li> <li>• Offensive vaginal discharge.</li> <li>• Baby’s movements that have changed from the usual pattern you are used to.</li> <li>• All labour related enquiries.</li> <li>• Postnatal concerns see below.</li> </ul>	<ul style="list-style-type: none"> <li>• Maternity Triage 0118 322 7304</li> </ul>
<b>General enquiries</b> <b><u>NON</u></b> <b><u>URGENT</u></b>	RBFH Community Midwives office. Messages will be retrieved daily and calls returned within 24 hours. Please provide full name and contact telephone number clearly on any message left.	<ul style="list-style-type: none"> <li>• Community Midwives Office 0118 322 8059</li> </ul>

<p><b>Postnatal advice</b></p>	<p>If you are concerned about your own health and wellbeing after giving birth, please call Triage. If you have concerns about your baby's health and wellbeing please call NHS 111 or 999.</p> <p>If you need urgent advice on infant feeding but not concerned about your baby's wellbeing please contact community midwife or Maternity Triage if out of hours.</p> <p>If you have been discharged from hospital but a midwife has not contacted you by 16:00 on the following day, please contact Maternity Triage.</p>	<ul style="list-style-type: none"> <li>• Maternity Triage 0118 322 7304</li> <li>• NHS 111 / 999</li> </ul>
<p><b>Mental Health</b></p>	<p>If you are concerned about your mental health or feel you or your partner require psychological support to manage the everyday tasks, please speak to your midwife, GP, health visitor or NHS 111 for signposting to services.</p> <p>You can self-refer to Talking Therapies <a href="https://talkingtherapies.berkshirehealthcare.nhs.uk/">https://talkingtherapies.berkshirehealthcare.nhs.uk/</a> Should your symptoms worsen and/or out of hours, call Maternity triage or NHS 111.</p> <p>For urgent mental health needs: CRISIS (Urgent help not emergency) 0800 129 9999 Samaritans (24 hours service) 116 123 Mental health emergency</p>	<ul style="list-style-type: none"> <li>• Phone your GP, NHS 111, midwife or health visitors</li> <li>• Talking therapies 0300 365 2000</li> <li>• Triage 0118 322 7304</li> <li>• NHS 111</li> <li>• Crisis 0800 129 9999</li> <li>• Samaritans 116 123</li> <li>• NHS 999</li> </ul>
<p><b>Health Visiting</b></p>	<p>After discharge from midwifery care, advice and support are provided by your local health visiting team.</p> <p>Local contact details, services and information can be found on <a href="https://cypf.berkshirehealthcare.nhs.uk/our-services/public-health-nursing-health-visiting-school-nursing-immunisation/health-visiting/">https://cypf.berkshirehealthcare.nhs.uk/our-services/public-health-nursing-health-visiting-school-nursing-immunisation/health-visiting/</a></p> <p>Non-urgent questions can be texted to ChatHealth for confidential advice and information aimed to be answered within 24 hours</p>	<p>Heath visitor areas:</p> <ul style="list-style-type: none"> <li>• Bracknell 0300 365 6000</li> <li>• Wokingham 0300 365 7000</li> <li>• Reading 0118 904 7100</li> <li>• West Berks 0300 303 3944</li> <li>• Slough, Windsor and Maidenhead 0300 365 6523</li> <li>• ChatHealth 07312 263 283</li> </ul>

To find out more about our Trust visit [www.royalberkshire.nhs.uk](http://www.royalberkshire.nhs.uk)

**Please ask if you need this information in another language or format.**

Community Team Lead MW, February 2015

Reviewed: April 2024

Next review due: April 2026





## “Feeling your baby move is a sign that they are well”

### What are normal movements?

Most women begin to feel their baby move between 16-24 weeks of pregnancy. A baby's movements can be described as anything from a kick, flutter, swish or roll. The type of movement may change as your pregnancy progresses. From 16-24 weeks you should feel the baby move more and more up until 32 weeks, they will then stay roughly the same until you give birth.

If you are concerned about your baby's movements call:

There is no set number of normal movements. Your baby will have their own pattern of movements that you should get to know.

### Why are my baby's movements important?

A reduction in baby's movements can sometimes be an important warning sign that a baby is unwell. Two out of three women who had a stillbirth noticed their baby's movements had slowed down or stopped.

### What should I do if I think my baby's movements have slowed down or stopped?

If you think your baby's movements have slowed down or stopped, contact your midwife or maternity unit immediately (it is staffed 24 hours, 7 days a week). Do not put off calling until the next day to see what happens. Do not worry about phoning, it is important for your doctors and midwives to know if your baby's movements have slowed down or stopped.



Do not use any handheld monitors, dopplers or phone apps to check your baby's heartbeat. Even if you detect a heartbeat, this does not mean your baby is well.

### What if my baby's movements are reduced again?

If, after your check up, you are still not happy with your baby's movements you must contact either your midwife or maternity unit straight away, even if everything was normal last time. Never hesitate to contact your midwife or maternity unit for advice, no matter how many times this happens.








- It is **NOT TRUE** that babies move less towards the end of pregnancy
- You should continue to feel your baby move right up to the time you go into labour and whilst you are in labour too.
- Get to know your baby's normal pattern of movement

### Record of admissions regarding fetal movements

Date & Time	Gest	Reason for admission	Outcome	Follow up required	Signed

## Further information

For more information you can download the Mum and Baby App. Search 'Royal Berkshire' in the 'Maternity units' section for information and links to the hospital website and Facebook page. Reading Maternity Voices support the Trust in improving our services. You can find out more on their website and Facebook group.

	Mother & Baby app – download for Apple or Android	 
	<a href="https://www.facebook.com/Royal-Berkshire-RBFT-Maternity">www.facebook.com/Royal-Berkshire-RBFT-Maternity</a>	
	<a href="https://www.twitter.com/RBFTmaternity">www.twitter.com/RBFTmaternity</a>	
	rbh_rbft_maternity	
	<a href="http://www.readingmaternityvoices.org.uk">www.readingmaternityvoices.org.uk</a>	

## Having your baby with a different NHS Trust (e.g. your local hospital or birth centre)

Your community midwife can refer you to a Trust of your choice following your first appointment. That Trust will be responsible for organising your scans, blood tests and hospital appointments. These appointments will take place at the hospital where you plan to give birth.

To find out more about our Trust visit [www.royalberkshire.nhs.uk](http://www.royalberkshire.nhs.uk)

**Please ask if you need this information in another language or format.**

Community Midwife Lead, April 2018  
Reviewed: April 2022  
Next review due: April 2024



**Royal Berkshire**  
NHS Foundation Trust

## Midwifery Services in West Berkshire

To book your first appointment please call 0118 322 8964 and select Option 1

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## Congratulations on your pregnancy.

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In West Berkshire, there are three teams of dedicated community midwives and maternity support workers from the Royal Berkshire Hospital NHS Foundation Trust:



**Rose**



**Fuchsia**



**Jasmine**

Your midwife appointments will be in a location near to your home, making it easy for you to access our services.

**To book your first appointment please call 0118 322 8964 and select Option 1**

### Having your baby at the Royal Berkshire Hospital

The Royal Berkshire Hospital has a Delivery Suite and a Midwifery Led Unit, called Rushey Ward. Birthing pools are available in both areas. There is concessionary parking for those in labour.



**Delivery Suite room**



**Rushey Ward room**

### Having your baby at home

Our Homebirth Team offer a case loading model of care. This means that you will get to know a small team of specialist homebirth midwives.

If you are interested in learning more, please email [rbft.homebirthteam@nhs.net](mailto:rbft.homebirthteam@nhs.net).

You can also find the team on Facebook (Royal Berkshire Maternity: Homebirth Team).

For those with specific concerns about birth, our Birth Reflections Midwife and our consultant midwives can support you. Please ask your community midwife about this.

If you are planning to have your baby at the Royal Berkshire Hospital or at home, the following appointments can be held at the West Berkshire Community Hospital for your convenience:

- Hospital appointments, including obstetric clinics and physiotherapy;
- Baby's hearing screening.

Your community midwife will do your blood tests at your routine appointments.

Additional support is available to those who have suffered the loss of a baby, and to families with specific health or social needs. Community midwives work closely with a local services including perinatal mental health workers and health visitors. Your community midwife will refer you to the appropriate services.

If English is not your first language, we provide specialist antenatal classes in 'Easy English'. These are run by our link Maternity Support Workers and an ESOL trained teacher. Ask your midwife for a referral to these classes.

Interpreters can be provided at appointments if you require this service.



# Antenatal 'Friends & Family' Survey

Thank you for taking the time to complete this short survey. Your feedback is important to us and will help improve services. We will report the results of this 'Friends and Family' survey throughout the maternity unit.

Date survey completed: \_\_\_\_\_

We would like you to think about your experiences of our antenatal services during your pregnancy.

**1. Overall, how was your experience of our service?**

- Very good
- Good
- Neither good nor poor
- Poor
- Very poor
- Don't know

**2. Please write down the main reason for the score you gave above.**

**3. Did you get enough information from a midwife or doctor to help you decide where to have your baby?**

- Yes definitely
- Yes to some extent
- No
- I did not have any antenatal care
- No, but I did not need this information
- Don't know/can't remember

**4. During your pregnancy, did the midwife ask you about personalised care plan?**

- Yes always
- Yes sometimes
- No
- Don't know/can't remember

Please tick box if you DO NOT wish your comments to be made public

Thank you for your  
feedback!

# How was your experience of our service?

We want to know what you think about our antenatal services. This feedback can help to shape how we care for women like you in the future.

Please take a few minutes to complete this short survey.

Once you have answered all the questions, please fold it in half and seal it. You can either leave the completed survey with your midwife or post it back to us free of charge within the next 2 days.

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Freepost RLRJ-XCXE-XCZH  
Community Office (Friends & Family survey)  
L2 Maternity Block  
Royal Berkshire Hospital  
London Road  
Reading RG1 5AN



If you would like to complete the survey online, please visit  
[www.royalberkshire.nhs.uk/surveys](http://www.royalberkshire.nhs.uk/surveys) and choose 'Friends & Family Surveys'

I would like to make a donation of £

Name of Ward/Dept/Appeal

Payment method: Cheque  Cash  Debit card

Please make cheques payable to Royal Berks Charity

Do not send cash in the post

**Card payments**

Visa  Mastercard  Switch/Maestro

Name as it appears on card

Card number

Start date  End date  3 digit security code

Title  First name  Surname

Address

Postcode

Telephone

Email



Please treat all donations I make or have made to The Royal Berks Charity for the past 4 years as Gift Aid donations until further notice. I am a UK taxpayer and understand that if I pay less Income Tax and/ or Capital Gains Tax in the current tax year (6 April to 5 April) than the amount of Gift Aid claimed on all my donations across all charities, it is my responsibility to pay any difference.

Signed  Date of declaration

E: [charity@royalberkshire.nhs.uk](mailto:charity@royalberkshire.nhs.uk)

T: 0118 322 8860

@royalberkscharity

@royalberkscharity

@royalberkschar

@royal-berks-charity



[www.royalberkscharity.co.uk](http://www.royalberkscharity.co.uk)

Charity Registration Number 1052720



# MATERNITY FUND

supporting the staff and patients in the Maternity department at the Royal Berkshire Hospital



Scan the QR code to donate or visit [www.royalberkscharity.co.uk](http://www.royalberkscharity.co.uk)





## The maternity fund: supporting mothers and babies

The Maternity Fund was created by the midwives of the Maternity Department at Royal Berkshire Hospital to enhance the care and support for mothers and newborns across Berkshire.

Originally established in 1993 following a successful appeal to fund a Birthing Pool, the fund has grown over the years; it became part of the Royal Berks Charity in 2017, continuing its mission to improve the maternity experience for families.

Thanks to generous donations, the fund has provided vital equipment to support mothers during labour, including birthing stools that help women stay upright and empowered, as well as aromatherapy boxes for alternative pain relief.

Partners' comfort has been a priority too; reclining chairs were bought for Marsh and Iffley Wards, allowing loved ones to stay overnight in single rooms, ensuring families can be together.

More recently, the fund has enabled the refurbishment of two bereavement suites within the unit; offering grieving parents a private space to mourn away from the main maternity ward.

In addition, a blanket warming cabinet has been purchased, ensuring that newborns stay warm in those critical first moments of life, especially during optimal cord clamping - a practice that gives babies the best possible start.

## Your support can help change lives

Welcoming a baby into the world is a life-changing experience filled with excitement, anticipation, and love. At Royal Berks Hospital, we understand just how significant these moments are for families. Our maternity unit strives to provide a warm, safe, and nurturing environment where every parent and baby feels supported. Whether it's your first time becoming a parent or you're growing your family, the care you receive during this time can make all the difference.

That's why the Royal Berks Hospital Maternity Fund is so crucial. Your generous donations allow us to offer the very best care, technology, and facilities to ensure that every family who comes through our doors enjoys a positive, reassuring, and seamless experience.

### What Your Donation Supports

Every penny donated goes directly to improving the maternity unit. From upgrading essential birthing equipment to making our delivery suites more comfortable, your support allows us to invest in the little details that make a big difference. We are constantly striving to enhance the birthing experience and ensuring that our facilities remain cutting-edge.

### Supporting Future Families

As new parents, you know how important it is to feel confident and comfortable during your time in the maternity unit. The staff at Royal Berks are committed to providing a level of care that ensures your experience is memorable for all the right reasons. But we don't want to stop there. With your help, we can continue to improve, creating an even better environment for future parents.

Your support helps us continue to be a place where every birth is treated with the highest level of care and respect. Imagine the impact your donation will have - helping to support the next generation of families, making sure that every baby born here is met with a safe, positive, and welcoming start to life.

### A Gift That Makes a Difference

Giving to the maternity Fund is more than just a donation - it's a way to give back to your community and ensure that other families experience the same excellent care you received. It's about contributing to the well-being of future parents and their babies.

## About the Royal Berks Charity



Our mission is to provide vital funds to support projects that enhance the care and experience of patients and staff at Royal Berkshire NHS Foundation Trust.

Every penny invested by the Royal Berks Charity in equipment, buildings, people and research benefits your local community either immediately or in the long term.

