



NHS

Royal Berkshire
NHS Foundation Trust

Useful resources during your pregnancy

Information for new parents

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.

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](https://www.youtube.com/watch?v=...)

- 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
- 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

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



Expressing colostrum

Learning to hand express, or harvest, 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 able to ensure your baby gets the benefits of colostrum no matter how you choose to feed or what happens after birth.

SAFETY MESSAGE: Colostrum syringe caps **MUST BE REMOVED** before giving the milk to the baby as they can be a choking hazard. To avoid leaking, keep syringes flat until frozen and keep in the plastic packaging. Your midwife or maternity support worker can show you how to give your expressed colostrum to your baby.

Colostrum: First type of milk

Colostrum is the first milk you will produce and this is present from around 16 weeks of pregnancy. Colostrum is a concentrated, sticky, yellowish liquid 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. You may like to store of colostrum in preparation for birth just in case you, or your 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 your 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..

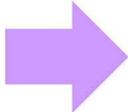
Strongly recommended from 36 weeks if you:

- Have gestational diabetes.
- Are receiving additional care or ultrasound scans due to the growth of your 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.
- Your baby is 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 immediate risk of pre-term labour.

How can I express my colostrum?

- You can express colostrum by hand from 36 weeks (or before if advised). 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 not 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. It is a good skill to start practising, as expressing within 2 hours of giving birth can help with milk production if you are separated from your baby. The image below shows some techniques for expressing – make sure you are relaxed. It can help to try after a warm bath or shower.

<h3>Colostrum</h3> <ul style="list-style-type: none">Colostrum is rich and concentrated yellow liquid, small in quantity that acts like vital medicine for your baby born prematurely or unwellColostrum is high in anti-infective and anti-viral properties and is important for priming and protecting your baby's delicate gutIf your baby isn't with you (for example on the Neonatal Unit) it is important that you start hand expressing. This is recommended within 2 hours of birth to 'switch on' milk producing hormones and significantly boost milk productionA good technique is important for stimulation and adequate removal of milk. Please let your Midwife/Midwifery Support Worker/Nurse/Infant Feeding Team know how we can best support you. <div style="border: 1px solid purple; padding: 5px;"><h4>Key Points</h4><ol style="list-style-type: none">Hand express within 2 hours of birthStimulate 8-10 times in 24 hours not leaving long gaps between expressingExpress at least once overnight</div> <div style="text-align: center;"><p>If you don't take it, the breast won't make it</p><p>If you don't use it, you lose it</p></div>	<h3>How to hand express</h3> <div style="border: 1px solid purple; padding: 5px; text-align: center;"><p>You may only get a few drops of milk your first few times or nothing at all Keep trying every few hours – stimulation is key</p></div> <ul style="list-style-type: none">Make sure you are in a comfortable positionMassage your breast working from the top to the nippleMake a C shape with your thumb and fingers 2-3cm away from the base of the nipplePress fingers rhythmically, press and releaseContinue for a few minutes at a time, remember it takes time for the milk to flow. You may need to move your fingers further forward or further back to find the right spotOnce the milk stops or slows down rotate your position to try a different section of your breast and repeat.Make sure you do both breasts <div style="text-align: right;"></div> <div style="text-align: center;"><div style="border: 1px solid purple; padding: 5px; display: inline-block;"><p>Helpful video link for hand expressing</p><p><small>youtu.be/KOzVCwdjZw0</small></p></div></div>
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- 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. Place the label **INSIDE** the plastic bag as labels can detach in the freezer. 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 use to supplement a reluctant or sleepy baby. Keep expressing if there issues with the efficiency of breastfeeds as this maximises your future milk supply. Remember to take expressed milk home when you leave hospital, it is best to use this in the early days.

- If you are interested in expressing during pregnancy, please speak to your community midwife,
- Watch the RBH infant feeding class https://www.youtube.com/watch?v=dtO0KvF_d30 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 to see the technique, please note this is breast milk and not colostrum being expressed - <https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/video/hand-expression/>
- Global Health media <https://www.youtube.com/watch?v=axQi5PqRZ0M> (available in other languages)
- How to Express Your First Milk – Video – Global Health Media Project <https://globalhealthmedia.org/video/how-to-express-your-first-milk/> (available in other languages)

Contact information

For further information ask your community midwife, or contact our infant feeding advisors by emailing the infant feeding team rbft.infantfeedingteam@nhs.net

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 (Updated Dec 2020) <https://www.nice.org.uk/guidance/ng3>

To find out more about our Trust visit www.royalberkshire.nhs.uk

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

RBFT Infant Feeding Team Lead, February 2015

Reviewed: December 2024

Next review due: December 2026

15.5 Royal Berkshire Hospital Foundation Trust – Antenatal Care Schedule (NICE recommendations 2021)

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>NOTE - 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"> Folic Acid 400 mcg daily up to 12 weeks (5mg for patients at high risk of NTDs) Vitamin D 10 mcg daily throughout pregnancy and whilst breast feeding ALL women especially those at risk - see AN guideline GL956 Healthy Start vitamins. Aspirin 150mg OD to be advised for those women at risk to commence from 12wks <p>Healthy Eating in Pregnancy NHS UK National Screening Committee booklet</p> <p> Make booking appointment with midwife between 7 – 10+0 weeks via online booking system for on RBH website.</p> <p>NOTE: refer women 10 +0 weeks and over to midwife for urgent booking with midwife – should be made within 2 days.</p>
Booking 7-10+0wks (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 or who have been identified as high or moderate risk of SGA should be recommended 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 & 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.</p> <p>MSU for microscopy for women with moderate or high risk factors of premature birth.</p>

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<p>Booking 7-10+0wks (1 hour)</p>	<p>All</p>	<p>MW</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>
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	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 Screening tests for you and your baby (STFYAYB) - GOV.UK (www.gov.uk).</p> <p>Offer antenatal classes to Primps via QR code.</p> <p>All leaflets can be found on Patient Information Leaflets - Royal Berkshire NHS Foundation Trust</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>
11-14wks (20 mins)	All	USS		<p>Combined screening USS for nuchal translucency or dating scan</p> <p>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>

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19-22wks	All	USS		Anomaly scan (only 1 person to attend with woman, NO children)
24wks				OGTT to be undertaken in Antenatal clinic for those at risk of GDM
25wks (20 mins)	Primip	MW	  	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 & plotted. Enquire regarding emotional wellbeing Discuss reduced fetal movements and give Kicks count information. MAT B1
28wks (20 mins)	All	MW	   	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 & plotted. Review screening test results and review 20-week scan report 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 FBC, G&S and antibody screen If anaemic at previous appointments of on oral iron refer to Iron deficiency anaemia management in Maternity guideline (GL783) for test to be taken. Review screening test results if done at 16 weeks Discuss reduced fetal movements and give Kicks Count information. AN connecting with your baby conversation, Enquire regarding emotional wellbeing. Check if Local Authority has contacted if social risk assessment was sent at Booking Check if parent education classes booked Check if anti D prophylaxis appointment made for 30 weeks if needed Check MAT B1 given. Check maternal vaccine status. Discuss domestic violence if partner not present or able to provide safe place to ask sensitive questions – record on EPR. Repeat maternal weight & VTE prophylaxis risk assessment.
31wks (20 mins)	Primip	MW	  	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 & symphysis-fundal height measured & plotted. Discuss/record test results from 28/40. Enquire regarding emotional wellbeing Check maternal vaccines

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34wks (30 / 40 mins)	All	MW	   	<p>BP, urinalysis, CO recording (inclusive of VBA for ALL smokers), Fetal Heart, maternal pulse & symphysis-fundal height measurement & plotted. 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 (CG179).</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		<p>Discuss postnatal personalised care plan and Postnatal care: Where and when and</p> <p>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.</p>
36wks (20 mins)	All	MW	  	<p>BP, urinalysis, Fetal Heart, maternal pulse & symphysis-fundal height, CO recording. Presentation - If breech refer to ANC for presentation USS</p> <p>Record/discuss blood results Check & record MRSA results.</p> <p>Check FBC, platelets & ferritin if woman required.</p> <p>Discuss infant feeding and Antenatal colostrum harvesting</p> <p>Check maternal vaccines.</p> <p>Enquire regarding emotional wellbeing</p> <p>Discuss reduced fetal movements and give Kicks Count information</p> <p>Discuss domestic violence if partner not present or able to provide safe place to ask sensitive questions – record on EPR</p>
38wks (20 mins)	All	MW	   	<p>BP, urinalysis, CO recording (inclusive of VBA for ALL smokers), Fetal Heart, maternal pulse, symphysis-fundal height and presentation</p> <p>Enquire regarding emotional wellbeing</p> <p>Record/discuss blood results if applicable.</p> <p>Check & record MRSA results if applicable.</p> <p>Check FBC & platelets if woman required.</p> <p>Infant feeding and Antenatal colostrum harvesting</p> <p>Check maternal vaccines.</p> <p>Discuss reduced fetal movements and give Kicks Count information</p> <p>Discuss domestic violence if partner not present or able to provide safe placeto ask sensitive questions – record on EPR.</p> <p>Stretch and sweep from 39wks if opportunity arises. USS should be reviewed to exclude low lying placenta.</p> <p>Discuss and offer IOL from 41wks. Book IOL via orders on EPR.</p>

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40wks (20 mins)	All	MW	  	<p>BP, urinalysis, CO recording (inclusive of VBA for ALL smokers), Fetal Heart, maternal pulse, symphysis-fundal height and presentation</p> <p>Offer membrane sweep.</p> <p>Enquire regarding emotional wellbeing</p> <p>Ensure Induction of labour is booked</p> <p>Discuss reduced fetal movements and give Kicks Count information</p> <p>Infant feeding and Antenatal colostrum harvesting</p> <p>Check maternal vaccines.</p> <p>Discuss domestic violence if partner not present or able to provide safe place to ask sensitive questions – record on EPR</p>
41wks (20 mins)	All	MW	   	<p>This appointment would be offered if IOL declined.</p> <p>BP, urinalysis, CO recording (inclusive of VBA for ALL smokers), Fetal Heart, maternal pulse, symphysis-fundal height and presentation</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</p> <p>Offer membrane sweep for Primiparous & multiparas</p> <p>Enquire regarding emotional wellbeing.</p> <p>Discuss reduced fetal movements and give Kicks Count information.</p> <p>Discuss domestic violence if partner not present or able to provide safe place to ask sensitive questions – record on EPR.</p> <p>Book Induction of labour if patient consent, refer to consultant obstetrician if still declining IOL</p>

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

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

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 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 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

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

GP	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
GP or Named Community Midwife	<p>If you require any of the following please contact your midwife or GP:</p> <ul style="list-style-type: none"> • Changing of your midwife appointment • 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. • For ‘fitness to fly’ letters contact your GP surgery or private travel clinics. • Vaccinations in pregnancy including Pertussis or Influenza please contact your GP surgery. • Some medications in pregnancy may be prescribed by your GP or some via your Obstetrician or midwife. Please ask your midwife for advice. 	<ul style="list-style-type: none"> • Tel number of GP surgery or named community midwife • If unable to get hold of a midwife, please contact the Community Midwife Office 0118 322 8059
Triage	<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"> • Headaches and / or visual disturbances not relieved with paracetamol. • Sudden swelling of ankles, hands, feet or face. • Persistent itching of soles of feet and palms of hands. • Abdominal pain. • Feeling unwell, breathlessness, shivery or unable to pass urine. • Leaking of fluid – either blood or water. • Offensive vaginal discharge. • Baby’s movements that have changed from the usual pattern you are used to. • All labour related enquiries. • Postnatal concerns see below. 	<ul style="list-style-type: none"> • Maternity Triage 0118 322 7304
General enquiries <u>NON</u> <u>URGENT</u>	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"> • Community Midwives Office 0118 322 8059

<p>Postnatal advice</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"> • Maternity Triage 0118 322 7304 • NHS 111 / 999
<p>Mental Health</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 https://talkingtherapies.berkshirehealthcare.nhs.uk/ 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"> • Phone your GP, NHS 111, midwife or health visitors • Talking therapies 0300 365 2000 • Triage 0118 322 7304 • NHS 111 • Crisis 0800 129 9999 • Samaritans 116 123 • NHS 999
<p>Health Visiting</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 https://cypf.berkshirehealthcare.nhs.uk/our-services/public-health-nursing-health-visiting-school-nursing-immunisation/health-visiting/</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"> • Bracknell 0300 365 6000 • Wokingham 0300 365 7000 • Reading 0118 904 7100 • West Berks 0300 303 3944 • Slough, Windsor and Maidenhead 0300 365 6523 • ChatHealth 07312 263 283

To find out more about our Trust visit 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

Most women and birthing people usually begin to feel their baby move between 16 and 24 weeks of pregnancy.



How often should my baby move?

There is no set number of normal movements.

From 16-24 weeks on you should feel the baby move more and more up until 32 weeks then stay roughly the same until you give birth.



If you think your baby's movements have slowed down, stopped or changed call your maternity unit or midwife immediately

The maternity unit is open 24 hours a day 7 days a week. Even at night. Don't wait.

Get to know your baby's movements



It is **NOT TRUE** that babies move less towards the end of pregnancy or in labour.



You should **CONTINUE** to feel your baby move right up to the time you go into labour and while you are in labour too.

Why are my baby's movements important?

A reduction or change in a baby's movements can be an important warning sign that a baby is unwell.

Around half of women who had a stillbirth noticed their baby's movements had slowed down or stopped.

What if my baby's movements reduce again after check up?

If, after your check up, you are still not happy with your baby's movements, you must contact either your maternity unit or midwife straight away, even if everything was normal last time.

NEVER HESITATE to contact your maternity unit or midwife for advice, no matter how many times this happens.

DO NOT WAIT until the next day to get advice if you are worried about your baby's movements



- **Do not** put off getting in touch with a midwife or your maternity unit.
- **Do not worry about phoning.** It is important you talk to your maternity unit or midwife for advice even if you are not sure. It is very likely that they will want to see you straight away.

DO NOT USE HOME DOPPLERS



Do not use hand-held monitors, Dopplers or phone apps to check your baby's health.

Even if you hear a heartbeat, this does not mean your baby is well.

Contact details:

Use your phone camera to scan this QR code to read more about your baby's movements in pregnancy:



www.tommys.org/pregnancy-information

Sources and acknowledgements

The information in this leaflet is based on RCOG Green-top Guideline No. 57 *Reduced Fetal Movements* (2011) and RCOG Patient Information Leaflet *Your baby's movements in pregnancy: information for you* (2012, updated 2019).

Thank you to the following organisations for supporting the development of this leaflet:



Tommy's

The pregnancy and baby charity

Reviewed: Oct 2024 | Next review Sept 2026

tommys.org

Tommy's is registered charity no 1060508 and SC039280



Midwifery services in Berkshire

Congratulations on your pregnancy!

Booking your first appointment

To book your first appointment please call **0118 322 8964** and select **Option 1** or you can book on-line at <https://www.royalberkshire.nhs.uk/services-and-departments/maternity>.

Interpreters can be provided at your appointments, please let us know if you require this service.

Your first appointment or 'booking appointment' is an important meeting with a midwife where they will take your medical history and offer you tests that are recommended for you and your baby / babies and plan your care.

Depending on your location and your personal circumstances, you will be booked with one of our dedicated teams of community midwives and maternity support workers.

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.

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

If you would like to give birth to your baby / babies with another hospital, please contact the appointments line on **0118 322 8964**. Depending on which hospital you choose, you will either be able to book directly with them or your community midwife will refer you after your first appointment. Please be aware that your scans, blood tests and hospital appointments location will vary, depending on the hospital you are booked at to give birth.

Having your baby at the Royal Berkshire Hospital

The Royal Berkshire Hospital offers the following options for birth:

- Home birth
- Delivery Suite
- Midwife Led Rushey Birth Centre



Delivery Suite room – which also has a Pool Room where you can have a water birth.



Rushey Birth Centre room

The maternity unit also has an antenatal clinic, scanning and a Maternity Assessment Unit, which you may need to attend if there are concerns about your or your baby's / babies' health.

Having your baby at home

Our Homebirth Team offer a 'caseloading' model of care. This means that you will get to know a small team of specialist homebirth midwives who will provide all of your care from before birth to after. If you are interested in learning more, please email rbft.homebirthteam@nhs.net. You can also find the team on Facebook (Royal Berkshire Maternity: Homebirth Team).

Additional care

For those with specific concerns about birth, or specific health or social needs, our consultant midwives can provide additional support and help plan your care.

If you have had a previous birth and want to talk about that experience, our Birth Reflections Midwife can review your notes with you and help with any questions. Please ask your community midwife about these services.

Additional support

We can provide additional support available through our Rainbow Care service and Pre-Term Birth Clinic and your community midwife will support you with these referrals if you need them. If you have more complex needs or want to speak to someone about your mental health, your community midwife can refer you to local services including perinatal mental health, the local children's centres, Early Help and the health visiting team.

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.

Further information

For more information, browse the hospital website and Facebook page. Royal Berkshire Maternity & Neonatal Voices Partnership (MNVP) listen to your feedback and work together with the Trust in improving services. You can find out more on their website and Facebook group.

- <https://www.facebook.com/RBFTMaternity>
- [rbh_rbft_maternity](#)
- <https://www.royalberkshirermnvp.org/>



To find out more about our Trust visit www.royalberkshire.nhs.uk

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

Community Team Lead Midwife, April 2018

Reviewed: November 2024. Next review due: November 2026

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.

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 and choose 'Friends & Family Surveys'

www.royalberkshire.nhs.uk



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www.royalberkshire.nhs.uk/patients-and-visitors/accessibility/accessing-information/reachdeck-accessibility-and-translation-toolbar

