WHAT IS A MIDWIFE?

A midwife is a qualified professional who will care for you pre-conceptually, antenatally, during labour and birth and postnatally.

Midwives undergo intense training and meet clinical standards that mean we are autonomous professionals and are able to manage your care either with or without a doctor’s input.

We are governed by strict codes of conduct, rules and a code of practice as well as our supervision and these guide us to give you the optimum care.

Midwife means ‘with woman’ and that is just what we aim to be, ‘with you’. Obviously, we can’t individually be with you 24/7 but as part of a team we aim to provide you with the care, advice and support that you need and deserve.

Not pregnant?

You don’t have to wait until you are pregnant, check local pharmacists for numbers and give us a ring if you want to chat before you are pregnant.

Pregnant?

Just call and we can arrange to meet you, cover the do’s and don’ts, advise on diet and answer all those questions that can appear to be never ending. We will also advise you on your antenatal care and arrange screening and, of course, we will talk about labour and birth, suggest books and classes.

As midwives in Portsmouth, we work in our Community, Birth Centres and the Main Unit based in Queen Alexandra Hospital and that makes us easily accessible to you.

If you have any questions please call us and if we don’t have the answer we will find out or suggest someone or somewhere that you will find it.

HOW LONG AFTER STOPPING CONTRACEPTION CAN I START PLANNING A PREGNANCY?

It is a good idea to have at least one normal period after you have stopped taking contraception, and make a note of when this was.

When you have a positive pregnancy test you should make a note of that date too.

It is also a good idea to start taking Folic Acid in preparation for your pregnancy.

Usually your fertility returns to normal when you stop taking contraception but sometimes your ovulation may be irregular or delayed for a short time.

This is not uncommon, especially if you have been using the Depo-Provera contraceptive injection, where delay can take from six months to a year.

FOLIC ACID

You should be taking 400 micrograms of folic acid every day from the time of conceiving your baby until at least the twelfth week of pregnancy to lower the chances of your baby being born with spina bifida and other neural tube defects.
Folate is the natural form of folic acid and it is found in foods such as:

- Green vegetables
- Brown rice
- Fortified bread
- Breakfast cereals

**HOW CAN I TELL WHEN I AM IN MY FERTILE PERIOD?**

There are many ways in which your body indicates when you are in your fertile time. Keeping track of these changes can help you recognise the best time for you to have sex.

Your normal cervical mucous changes and becomes wetter, thinner and clearer, usually about 14 days prior to when your next period is due, and if you take your body temperature on waking you may see a slight dip before you ovulate, followed by a rise afterwards.

Some women use these indicators as well as using a kit which is available from most pharmacies, but these can be quite expensive and getting to know your own body is probably a more effective way of getting pregnant.

Tracking these indicators may or may not be helpful, especially if you have an irregular cycle and, for some women, the constant monitoring can add to tension and stress.

Even if you have regular sex and are able to track your body changes, pregnancy does not always happen straight away and this is normal, so don’t get worried if you don’t get pregnant after several months.

Remember that nine out of ten couples will become pregnant within one year and around five out of ten within two years.

**WHAT CAN AFFECT HOW QUICKLY I BECOME PREGNANT?**

If you have regular sex two to three times a week there should be a good chance of becoming pregnant as sperm live up to seven days. This means you do not have to have sex every day or at the same time every day.

A normal healthy man will produce approximately 200- to 500-million spermatozoa (also called sperm or spermatozoans), produced in the testes, per ejaculation ensuring that there are plenty of sperm to fertilise an egg.

No one sexual position is better than another.

You may not ovulate (produce an egg) every month or you may have a long irregular cycle. Sometimes, fertilisation does take place but implantation of the egg is not secure and it is lost in the next period.

As you get older your chances of pregnancy get less but many women over 35 years do successfully achieve healthy pregnancies and babies.

There are a number of reasons why your partner’s sperm production could be less. These could be related to a history of mumps, testicular injury, and untreated sexually transmitted infections.
**HOW LONG SHOULD I TRY FOR A PREGNANCY BEFORE I SEE MY DOCTOR?**

If you don’t get pregnant, it does not mean you have a problem.

Most General Practitioners (GPs) will prefer you to have been having regular sex two or three times a week for at least a year before they refer you for tests.

**HOW QUICKLY SHOULD I BECOME PREGNANT?**

Even if you are having regular sex and are able to track your body changes, pregnancy does not always happen straight away. This is normal, so don’t get worried if you don’t get pregnant after several months. Remember that nine out of ten couples will become pregnant within one year and around five out of ten within two years.

**DO I NEED TO SEE A DOCTOR BEFORE I GET PREGNANT?**

It is a good idea to consult your Doctor or midwife if you have any gynaecological conditions, such as Polycystic Ovary Syndrome or a previous ectopic pregnancy.

Some medical problems also might affect your pregnancy, such as a history of heart disease, high blood pressure or thrombosis.

If you or your partner has any concerns about a hereditary condition you may be referred for genetic counselling.

**WHAT SHOULD I EAT NOW I AM PREGNANT?**

**Five Types of Food You Should Be Eating**

1. **Plenty of fruit and vegetables** - ideally fresh, but even tinned, frozen or dried will help you and your baby. Aim for five portions a day. Try to vary the types of fruit and vegetables that you eat. The vitamins and minerals will help to keep you and your baby healthy and free from infections.

2. **Starchy foods**, such as pasta, bread, rice and potatoes will help keep you vigorous and give your baby the energy they need to grow strong.

3. **Eat foods rich in high quality protein**, such as lean meat and chicken, fish, eggs and pulses. These foods will help your baby grow healthily and keep your iron stores up to prevent you becoming anaemic as your body copes with supporting both of you.

4. **Ensure that you eat lots of fibre rich foods**, such as wholegrain bread, pasta, rice, pulses, fruit and vegetables. These will help to prevent you becoming constipated.

5. **Make sure that you consume plenty of calcium rich dairy foods**, such as milk, cheese and yoghurt.
FOODS TO AVOID

Try to avoid foods that are high in fat and sugar as these will lead to you putting on weight, which will strain your back during pregnancy and can be difficult to lose after your baby is born.

Some types of cheeses are made with a mould, which may contain listeria. If you were to contract listeria during your pregnancy, then your baby could be harmed. Cheeses to avoid are:

- Camembert
- Brie
- Chèvre - a type of goat's cheese
- Blue cheeses

All types of pâté should be avoided, as these too may harbour listeria.

Raw or partially cooked eggs may have salmonella, which will give you food poisoning and harm your baby. Make sure that any egg that you eat has a solid white and a solid yolk.

Meat should also be well cooked, as undercooked meats may also make you both unwell. Be especially careful with poultry (chicken, turkey, etc) and foods made with minced meat (burgers, sausages, etc). Make sure that you always wash your hands after touching raw meat.

You don’t want to take in too much vitamin A, as these levels can build up and potentially harm your baby. So, don’t have too much liver or take too many supplements containing vitamin A.

Most fish are fine to eat. In fact, ideally you should be aiming to eat two portions of oily fish (FRESH tuna, mackerel, sardines and trout). However, you should be careful with foods that may contain high levels of mercury, such as TINNED tuna, shark, swordfish and marlin.

Avoid raw shellfish as these can sometimes contain harmful bacteria and viruses that can cause food poisoning.

Ideally you should not drink alcohol whilst you are pregnant. However, if you do want to drink, the most you should have should be one or two units of alcohol, perhaps once or twice a week.

One unit of alcohol is the same as:

- half a pint of standard strength beer, lager or cider
- half a glass of wine
- one pub measure of a spirit

Limit the amount of caffeine you drink every day, but you don't need to stop it completely. If you have more than 300mg a day, then you raise your chances of having a low birth weight baby or even miscarriage of your pregnancy.

300mg of caffeine is roughly the same as:

- three mugs of instant coffee
- four cups of instant coffee
- three cups of brewed coffee
- six cups of tea
- eight cans of cola
- four cans of energy drinks
- eight (50g) bars of plain chocolate or 16 similar sized milk chocolate bars
WHAT CAN I DO ABOUT MY NAUSEA AND VOMITING DURING MY PREGNANCY?

This usually starts at about four/six weeks lasting until about 14 weeks. For some women this may last longer.

You can feel nauseous or actually vomit. Most commonly, sickness occurs in the morning but it can be at any time of the day. It is caused by the hormones of pregnancy relaxing the muscles of the gut.

Nausea may return towards the end of your pregnancy as there is less room for your stomach due to the size of the baby. This means that everything above your bump gets displaced.

There are several things you could try to help with this unpleasant feeling:

1. Try eating dry toast or a plain cracker before getting up in the morning
2. Get up out of bed slowly and dress slowly
3. Avoid greasy and spicy foods
4. You will need to experiment with different foods to know which foods make you feel sick
5. If you are vomiting persistently and unable to tolerate fluids then you should consult with your GP

HEARTBURN

This can occur throughout the pregnancy and is caused by the pregnancy hormones.

The muscle that normally keeps the stomach closed relaxes, causing regurgitation of the stomach acid into the food pipe. This causes an unpleasant burning discomfort behind your sternum. You may also feel nauseous and find you are burping a lot.

Heartburn can be made worse by

- stress
- worry
- certain foods

So what can you do to help with the symptoms?

1. Try to reduce your intake of coffee
2. Stop smoking or at least try cut down the amount of cigarettes you smoke
3. Have small frequent meals instead of large ones
4. Try to sit upright and sleep with extra pillows so that you are sleeping more upright. This will help to prevent regurgitation
5. A glass of milk may give some relief
6. Antacids will help but ask for magnesium or aluminium based solutions as sodium based antacids will cause water retention
CONSTIPATION

In pregnancy the muscles in the bowel slow down. This is due to many factors:

- Pregnancy hormones relax and slow smooth muscle
- The weight of the uterus presses onto the bowel
- You are less active towards the end of the pregnancy
- You may be on iron therapy, one of the side effects of which is constipation

There are several things you can try to help minimise constipation:

1. Make sure you drink lots of fluids - a minimum of two litres daily to prevent dehydration as this will make constipation worse
2. Incorporate a high fibre diet with lots of fresh fruit and vegetables
3. If the constipation becomes problematic then you can ask your GP or Midwife to give you a mild laxative to help soften your motions

VARICOSE VEINS

These are common in pregnancy. They can be in the legs, labia or vagina. They are usually associated with long periods of standing. They can be more common in older women and can be hereditary. They are due to the weight of the pregnancy on the pelvis slowing down the circulation.

They are particularly common if you have a multiple pregnancy, eg, twins /triplets. You will know if you have varicose veins, as the veins will look prominent and will make your legs ache and become distended.

- Try to rest with your legs elevated as this will help to improve the circulation
- You may find comfort if you wear support tights
- If you have varicose veins of the vulva you may find comfort in elevating your pelvis when resting
- Avoid wearing tight restrictive clothing

HAEMORRHOIDS (PILES)

Haemorrhoids are varicose veins of the rectum which can pop out of your bottom.

They can be painful. They are usually caused by poor circulation due to the weight of the pregnancy on the rectum. They are also made worse by straining in constipation. If you have a job where you are standing for long periods of time this can also make them worse.

Sometimes, if you have had to strain to pass a motion, the haemorrhoids can bleed a little. If you have any worries about bleeding ask your midwife for advice.

All of the advice given for constipation can also be used to help minimise haemorrhoids.
CRAMPS

Cramps can occur in any of the muscles in the body, but more commonly in the legs. As the womb gets bigger it puts pressure on the nerves which supply the legs and therefore causes spasms.

Cramp will be made worse by:

- Dehydration
- Tiredness
- Low calcium in the diet

Things you can do to help relieve cramps in pregnancy:

1. Try to have regular exercise as this will improve the circulation
2. Warm baths or showers may help to ease the aches
3. If you wake up with leg cramps try rolling a ball with the soles of your feet as this will help to restore the circulation

BACKACHE

This is probably the most common disorder of pregnancy and can be a source of much discomfort and worry. The pregnancy hormones cause the ligaments of the pelvis and uterus to relax and become unstable. As the pregnancy advances you will change your centre of gravity to maintain your balance. This is achieved by pushing your shoulders back, and so the curve of the spine is exaggerated. This all puts a strain on your lower back causing discomfort.

You can minimise this by:

1. Wearing low shoes
2. Trying to keep good posture
3. Always bending from the knees
4. Avoiding leaning forwards
5. Trying to keep mobile with regular exercise such as walking, swimming and stretching
6. You may also find that a hot water bottle or massage will give you some relief

FREQUENCY OF URINATION

This is due to the pressure of the pregnant uterus on the bladder. There is very little you can do to prevent this.

However, it is important that you continue to drink lots of clear fluid throughout your pregnancy to avoid becoming dehydrated as this can lead to urinary infections.

If you think you have a urinary infection you must see your GP.
OEDEMA

This is swelling of the lower legs due to fluid retention.

It usually only affects the lower legs and ankles during pregnancy. It is due to the pressure of the pregnant uterus on the pelvic veins and lymph drainage vessels.

It can cause you some discomfort by making your legs feel tight.

Some things to try, which may help relieve these symptoms are to:

1. Rest with your legs elevated
2. Avoid standing for long periods
3. Wear loose clothing
4. Avoid salty foods as this will encourage fluid retention

INSOMNIA

This is common toward the end of pregnancy and is due to general discomfort of your growing “bump”.

1. Try to have regular exercise
2. Go to relaxation classes
3. Avoid stimulants such as tea/coffee prior to settling for the night.

VAGINAL DISCHARGE

This is due to increased secretions in the vagina because of the pregnancy hormones.

You may find that the discharge is enough to need a pad. However, if the discharge has an odour or is a yellowish green colour you should see your GP or ask your midwife for advice as this can sometimes indicate an infection.

SEX AND PREGNANCY

So now you’re pregnant and you know the sex worked but, if you’re like most of my patients, you may have some, or perhaps all, of the following questions:

1. Is it safe to have sex?
2. Can I use any position?
3. My partner isn’t the father - is that all right?
4. Will my baby know?
5. Can I harm my baby?
6. Can I orgasm, or is it better not to?
Is it safe to have sex?

Yes, it is safe if you are both healthy and there are no concerns about the pregnancy, go ahead - enjoy!

Most women find that their vaginas are more lubricated and this heightens the enjoyment for both of you. Fluctuating hormones can enhance your desire to make love more often, so it won’t be the mum-to-be who is tired.

However, there are times when sex is not advisable...

- Spotting or bleeding may indicate a threatened miscarriage, erosion on the cervix or a placenta that is low lying.

Should any of these occur you must go to your GP and/or Midwife. We will check for all of the above possibilities and advise you about cause and whether you can continue having sex.

Don’t forget you do not have to have full, penetrative sex to enjoy each other; there is masturbation, oral sex, massage; let your imagination work for you.

Every couple has a unique relationship - what works for one may not be for another; talk about it.

Can I use any position?

The simple answer is yes, if you are fit enough to attempt 'sex gymnastics' - Good luck!

The fact is as your baby grows you will be less able as the bump gets in the way. If you don’t have access to the Kama Sutra think about the following:

- Man making love from behind
- Woman on top (if you tend to be on the heavy side, think again)
- Spooning - sideways on, both lie on your side with man behind and woman draws her knees up

Towards the very end you may feel quite uncomfortable but evidence suggests that semen contains the same prostaglandin as the pessaries to induce pregnancies. So if you can, this is a natural way to get things going.

Don’t worry if, towards the end, you start feeling tired, exhausted and the idea of sex leaves you wanting to lock yourself away. You may feel unattractive and don’t believe your partner when he says, "You are beautiful".

Never forget that most men actually do see their partners as beautiful - you are carrying his child, you are amazing, you are a fertility goddess.

You, on the other hand, think you have a gigantic bum and look like the Michelin Man!

If you have reached this point, have no fear, not long to go now!

The best advice with regards to positioning is do what is right and feels comfortable for the two of you!
My partner isn’t the father, is that all right?

As long as you are both healthy and know for sure that you are not passing on any unwanted diseases - stop worrying. I say this because to be pregnant you had unprotected sex, so be sure that you are clear and your new partner will not be concerned about unprotected sex because you are already pregnant. Just stop and think first.

Will my baby know?

No your baby will not know. They will receive the ‘feel good’ hormones produced during love making and this will not harm them but they certainly won’t be watching!

Can I harm my baby?

No you can’t, unless you have any symptoms that need checking out like bleeding, a change in your discharge or fluid leaking, which may indicate the fluids are leaking from around your baby.

If you have previously had a premature birth it is best to speak to your GP or Midwife first.

Other times that deep penetrative sex is not advised is if your placenta is low-lying or your cervix is known to have dilated (you will have had previous history or symptoms and will be aware of this).

Is it OK to orgasm?

It's absolutely fine, as I said before you may find your sexual senses more enhanced and experience orgasms more regularly. Enjoy it whilst there is no baby to disturb you.

There is one important thing to remember, COMMUNICATE, if you are both happy and feel no discomfort then it’s okay.

It’s when you don’t communicate that your partner can get upset or worry needlessly.

Women’s emotions can be more labile when pregnant, one moment laughing, the next crying. So, the both of you need to be patient, talk and listen, really listen and if you still have a question then ask.