

INFORMATION FOR EXPECTANT PARENTS



Congratulations to you and your family on your pregnancy!

From the time of conception, you will go through some major changes, physiological and psychological, your experience is unique and the way your body adjusts and changes can be different to anyone else, being healthy will help you cope better with these changes.

It is common that, even if you are very happy and excited about having a baby, you feel anxious and worried at times, if you think that these feelings are affecting your everyday life, talk to your health professional.

During your pregnancy you will be offered a series of appointments with your midwife, and sometimes a doctor who specialises in pregnancy and birth (an Obstetrician), to check that you and your baby are well. They will give you useful information and advice and answer any questions you may have.

You will also be offered Antenatal Education classes, physiotherapy classes and breastfeeding workshops. A hypnobirthing course is also available at a charge.

This leaflet is intended to provide practical information to expectant parents and to help them to take informed choices.

1. “Eating while you are pregnant”

A healthy diet is an important part of a healthy lifestyle at any time, but is especially vital if you are pregnant. Eating healthily during pregnancy will help your baby to develop and grow and it will help your body to cope better with the changes that are taking place.

○ What should I eat?

It is important to try and eat a variety of foods including:

- ❖ Plenty of fruits and vegetables. Aim for at least 5 portions of a variety of fruit and vegetable every day.
 - ❖ Plenty of starchy foods, such as bread, pasta, rice, pulses (e.g. lentils, beans) and potatoes.
 - ❖ Protein rich food including lean meat, fish, chicken, nuts and pulses. Aim for at least two servings of fish a week, including one oily fish, eggs and pulses.
 - ❖ Plenty of fibre, found on grain bread, wholegrain cereals, brown rice, pulses, fruits and vegetables. This helps prevent constipation, which can be common in pregnancy but less likely if you eat a diet rich in fibre.
 - ❖ Calcium rich foods, including dairy products (milk, cheese and yogurt), Plant based milk alternatives, nuts, vegetables and pulses.
- **Iron:** The requirement of iron doubles during pregnancy. Pregnant women can become short of iron, so make sure you eat iron-rich foods every day.

Iron absorption is helped when certain foods are eaten together. Foods that contain vitamin C (such as oranges or broccoli) aid iron absorption. Furthermore, try to avoid drinking tea or coffee with these foods because they could make absorption harder for the body (they contain something called tannin). This is particularly important when you eat iron from plant sources, which are not as easily absorbed as easily.

Good sources of iron include: red meat, pulses, green leafy vegetables, dried fruit and fortified cereals

If the iron level in your blood becomes low, your GP or midwife may advise you to take iron supplements.

- **Vitamins and supplements**

- **Folic acid: we advise you take** at least 400micrograms (mcg) of folic acid supplement daily from the time you stop using contraception to until you are 12 week pregnant.

Folic acid is important in pregnancy as it can help to prevent birth defects known as neural tube defects, including spina bifida. If you have already had a pregnancy affected by neural tube defect or if you are Diabetic, Epileptic or have a BMI over 30 you will need higher a dose of folic acid as the chance of having a baby affected is very slightly higher than the rest of the population.

You should also ensure you take food containing folic acid in your diet, such as green leafy vegetables and fortified breakfast cereals.

If you want to take your folic acid from a multivitamin tablet, make sure that it contains at least 400mcg and does not contain vitamin A.

- **Vitamin D: we advise you take** supplements containing 10mcg of vitamin D daily. Vitamin D regulates the amount of calcium and phosphate in the body, which are needed to keep bones, teeth and muscles healthy. Vitamin D also plays a role in muscle function and the immune system.

Oily fish, eggs, fat spreads, plant based milks and cheese provide vitamin D in our diet but the main source of vitamin D is the summer sunlight. Spending some time outdoors taking care not to burn will help you get enough vitamin D.

If you have dark skin or if you always cover up your skin when you are outside, you may be particularly at risk of vitamin D deficiency. Ask your GP for more information.

- **Vitamin A:** You need some vitamin A, but too much could harm your baby. You should avoid taking supplements containing vitamin A, fish liver oil supplements and liver products, as they are rich in vitamin A.

- **Is there any food I should avoid?**

There are certain foods we advise you avoid while you are pregnant because they carry an increased risk of food poisoning, while others contain toxins or nutrients that are best avoided during pregnancy. **Food poisoning** as well as unpleasant for you it can harm you baby.

Listeriosis, a type of food poisoning, is caused by listeria; this germ can cause miscarriage, stillbirth or severe illness to your baby. Remember to avoid the following as **Listeria** bacteria has been found in:

- ❖ Soft-mould cheeses such as Camembert, brie and blue-veined cheese.
- ❖ Pate (any type)
- ❖ Undercooked foods such as ready meals.

Raw eggs and food containing raw eggs can be eaten as long as they contain a lion stamp.

Although liver is a good source of iron, you should avoid it while you are pregnant. Liver is also rich in **vitamin A**, having large amounts of this vitamin could harm your baby.

Always remember to:

- ❖ Wash your hands before and after handling food, particularly after handling raw meat, and keep raw foods separate from ready-to-eat foods to avoid food poisoning caused by germs such as salmonella, toxoplasma gondii, campylobacter and E. Coli.
- ❖ Always make sure that meat has been well cooked, particularly sausages and minced meat.
- ❖ Wash fruits and vegetable thoroughly, including ready prepared salads.
- ❖ Always wear gloves when you are gardening or changing cat litter and wash your hands afterwards. This is to avoid toxoplasmosis, an infection caused by a parasite found in the in the faeces of infected cats, infected meats and soil. Toxoplasmosis in pregnancy can lead

to serious problems such as stillbirth or miscarriage; the infection could also spread to the baby causing serious complications.

- ❖ You should avoid contact with birthing livestock and newborn lambs, calves or kids as there is a possibility they may be carrying an infection that could be detrimental to your health or the health of your baby.

➤ **About fish**

- ❖ Avoid shark, swordfish and marlin. Limit the amount of tuna you eat, no more than two steaks a week (170g raw) or four medium cans a week. This is because of the high levels of mercury. Mercury is released into the environment (including air, water and soil) from natural and human sources; high levels of this metal can harm baby's developing nervous system.
- ❖ Have no more than two portions of oily fish a week. Portions should be limited because it contains pollutants.
- ❖ Cooked shellfish rather than raw. It might be contaminated and cause food poisoning.

- **Caffeine:** You should limit the amount of caffeine but you do not need to cut it out completely.

Caffeine is naturally in some foods and hot drinks such as coffee, tea and chocolate, and it is also added to some soft and energetic drinks. It is important not to have more than 200mg of caffeine a day. High levels of caffeine can lead to low birth weight and even miscarriage.

Roughly:

- 1 mug of instant coffee= 100mg
- 1 cup of tea= 50mg
- 1 can of coke= 40 mg
- 1 bar of chocolate= 50mg
- Energy drinks amount varies
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Remember that caffeine is also in certain cold and flu remedies.
Always check with your GP or health professional before taking any medication or over the counter remedies.

➤ **Do I need to cut out alcohol?**

It is best to stop drinking altogether when you are pregnant.

Drinking alcohol at any stage during pregnancy can cause harm to your baby and the more you drink, the greater the risk. According to the Department of Health, not drinking alcohol is the safest approach: <https://www.nhs.uk/news/food-and-diet/new-alcohol-advice-issued/>

○ ***How much weight should I expect to put on? Why your weight matters?***

If you gain too much weight, this can affect your health and consequently, the health of your baby. But equally, it's important that you don't try to diet. You should be increasing the amount of certain nutrients but you should not eat for two.

A raised body mass index (BMI) during pregnancy puts you at higher risk of serious health problems including preeclampsia (high blood pressure disorder that can occur during pregnancy), thrombosis (a blood clot in your legs or your lungs) and gestational diabetes (high blood sugar that develops during pregnancy). Being overweight increases the risks during labour and birth, these include long labour, emergency caesarean section, anaesthetic complications, heavy bleeding after birth or your baby becoming stuck during birth.

- **Obesity** also increases the risk of miscarriage, still birth, macrosomia (big baby), birth defects and prematurity. It can also cause complications with diagnostic tests, for example, it can make it difficult to see certain problems with the baby's anatomy on the ultrasound scan, and it may also make more difficulty to check the baby's heart rate during labour.

Weight gain varies and it depends on what you weighed before you became pregnant. A woman who was average weight before getting pregnant should gain around 25 to 35 pounds after becoming pregnant (10 to 15kg).

It is a good idea to cut down on fatty and sugary foods and snacks. It may help you to avoid gaining excess weight.

- **Exercise** appears to be an important part of controlling weight gain in pregnancy and it is not dangerous for your baby. Keep your normal physical activity for as long as you feel comfortable. The more active and fit you are during pregnancy, the easier your body will adapt to your changing shape and weight gain. Some evidence shows that active women are less likely to experience problems

later in pregnancy and during labour. But it is important you do not exhaust yourself or suddenly start strenuous exercise.

➤ **Where I can get more information?**

For further information you can search on line **NHS Choices**.

And if in doubt, ask to your health professional, midwife or GP.

2. “Common pregnancy ailments”

Nausea and vomiting (morning sickness)

Nausea and vomiting can be very unpleasant but they are not usually associated with poor pregnancy outcome. In most of cases, it will resolve within 16 to 20 weeks. Despite being called morning sickness, nausea or vomiting can occur at any time during the day.

It is thought that hormonal changes in the first 12 weeks of pregnancy can be the cause of sickness in pregnancy. Various factors such as stress, family history, nausea and vomiting in previous pregnancies, obesity, first pregnancy or multiple pregnancy, may mean you are more likely to have it

Ginger, peppermint and acupressure (P6) are remedies that appear to be effective in reducing symptoms. You can also try some changes to your diet and daily life to help ease the symptoms, these include:

- Eating small amounts and more frequently rather than large portions, but do not stop eating. Most women can manage savoury foods such as toast or crackers, better than sweet or spicy.

- Drinking plenty of fluids and sipping them rather than in large amounts
- Avoiding foods and smells that make you feel sick. Changes in your food preferences may occur in pregnancy.
- Rest, as tiredness can worsen nausea

If the nausea and vomiting persist, they become severe, it is interfering in your daily life or you are not able to keep any food or drink down, talk to your GP or community midwife, as there is a chance that you become dehydrated. The GP may recommend a short course of antiemetic (anti-sickness).

Indigestion (dyspepsia) and Heartburn in pregnancy

Indigestion causes discomfort to the majority of pregnant women, it is partly caused by hormonal changes and, in later pregnancy, by the growing uterus (womb) pressing on your stomach. The symptoms include feeling full, bloating, sick, nauseous and burping, usually after having food.

Heartburn is a strong burning sensation in your chest caused by the stomach acids passing from your stomach into the oesophagus (the tube from your mouth to your stomach) due to the relaxation of the valve that keeps the acids out of the oesophagus. The cause of this relaxation is the hormonal changes that occur in pregnancy.

The following changes to your diet and lifestyle can be enough to ease the symptoms:

- Eat healthy. Eating less rich, fatty and spicy food and cutting down on caffeine may help. Fruit juice and chocolate may trigger your indigestion.

- Try eating smaller meals more often and sit up straight when you are eating, as it takes the pressure off your stomach.
- Avoid eating for a few hours before bed. Sleeping propped up can help.
- Stop smoking and drinking alcohol, as well as worsening indigestion, they seriously affect your health and the health of your unborn baby.

If despite diet and lifestyle modifications, indigestion and/or heartburn remain troublesome, talk to your midwife or GP, they may suggest using medication to ease the symptoms.

Constipation and haemorrhoids (piles)

The hormonal changes in pregnancy make constipation more likely, it can also occur later in pregnancy when your uterus enlarges and presses on the bowel. If you feel constipated, try some changes to your diet and life style such as moderate daily exercise, eating more fruit and vegetables and whole grains as well as drinking plenty of fluids. If these changes are not effective, your GP may prescribe an oral laxative.

Haemorrhoids are enlarged veins in or around your lower rectum and anus. Constipation can cause piles from straining during bowel movement. In addition, when you are pregnant, piles can occur because hormones make these veins relax or from the increased pressure on these veins during pregnancy. There are internal (inside the rectum) and external piles (a lump hanging outside of the anus). Sometimes they do not cause symptoms but at other times they cause itching, discomfort and bleeding.

Some useful tips that may help are-

- Avoiding constipation
- Avoiding standing for long period of times.
- Regular exercise to improve circulation and avoid constipation.
- Avoiding straining to pass stools

Your GP or midwife may suggest a suitable cream to alleviate the soreness.

Backache

Backache is extremely common. From early pregnancy, the ligaments of the body naturally soften and stretch due to the effect of the hormones (relaxin, progesterone) to prepare you for labour. If you get backache in early pregnancy, this is likely to be the cause. As the pregnancy progresses, the weight of the growing baby puts more strain on your back, ligaments and muscles, causing backache.

There are a few tips that can help you prevent and cope with an aching back:

- Keep an eye on your posture. Avoid twisting your spine. Sit up straight and with your lower back well supported.
- Be sensible about lifting objects.
- Wear flat or low-heeled shoes.
- If you work standing, adjust your work surface to avoid stooping.
- Get enough rest, particularly later in pregnancy.

Exercising in water, massage therapy and back care classes may help to ease backache during pregnancy.

If it is very painful, ask your midwife to refer you to the physiotherapist.

Stretch marks

Stretch marks (striae gravidarum) are very common and they can happen whenever the skin is stretched, they affect the connective tissue and vary from woman to woman. The more common places where stretch marks appear are the abdomen, the upper thighs and the breast. You are more likely to have them if your weight gain along the pregnancy is more than average.

Stretch marks do not cause any harm but they can produce emotional and psychological distress for many women. Remember that they will fade somewhat after pregnancy. There is no specific treatment for them, whether or not you get them depends on your skin type.

Tiredness

Feeling tired or even exhausted may take you by surprise but it is very common in pregnancy, especially in the first 12 weeks. The physical discomfort as well as the emotional distress of this major life change event can cause sleep problems.

Try to look after yourself, eat healthy, exercise, get plenty of rest, and do not push yourself too hard. Accept any offers of help from your family and friends. Usually tiredness will improve after the first few months and will return later in pregnancy when your baby grows.

Sleeping can be difficult in the late stages of pregnancy. It can be challenging to find a comfortable position. Sleeping on your side

might be more comfortable. Use pillows to support your back and abdomen; a pillow between your knees may help. Try to relax before bedtime and avoid caffeine in the evening, relaxation techniques may also help.

If sleeplessness is accompanied by other symptoms such as hopelessness and apathy, talk to your GP or midwife, as it can be a sign of depression.

Vaginal discharge

During pregnancy the increase in vaginal discharge is a common physiological change. It is intended to protect from infections and is due to the hormonal changes.

The vaginal discharge should be white and clear, if it becomes coloured, smells strange or you feel itchy or sore, talk to your GP or midwife.

Towards the end of pregnancy, your discharge may contain thick mucus and be blood stained, this is called “show”, and is a sign that your body is starting to prepare for birth. If in doubt, talk to your midwife.

3. “Birthplace choices”

At the Queen Elizabeth Hospital, you can choose to have your baby at home, in the birth centre (Waterlily,) or on Central Delivery Suite. Giving birth is generally safe for you and your baby, the choice will depend on your wishes and your risk factors and needs of clinical

support. Wherever you choose, the place should be right for you. Your midwife or obstetrician will help you and your partner to take an informed choice.

- **Home birth:**

If you have had a straightforward pregnancy, you and your baby are healthy and you have no medical conditions, a homebirth may be ideal for you.

Home is a familiar and private environment where you can move as you wish. All this may help you feel more in control, relaxed and safe and therefore cope better with labour. Studies show that labour progresses well at home and you are less likely to have interventions such as instrumental delivery than women giving birth in a hospital.

Statistically, if it is your first baby, a home birth is a slightly less safe option for your baby and you are more likely to be transferred to the hospital (this can be for numerous reasons). You can speak to your midwife about this to get more information. If you are having your second or subsequent baby, a home birth is statistically as safe as having your baby at the hospital and can offer many positives for you and your family.

Please, take into consideration that sometimes the service may not be available if many women are in labour at the same time.

- **Birth Centre: Waterlily**

If your pregnancy is low risk, the birth centre may appeal to you. Waterlily Birth centre is led by community midwives, by being in the correct environment, the risk of interventions such as an

instrumental delivery or drugs to speed your labour up is lower and, statistically, it is as safe as an obstetric unit.

Waterlily has been designed to aid relaxation during labour with a home from home feel for you and your partner. You will benefit from rooms with en-suite facilities, birthing pools and kitchen and living area (depending on availability).

- **Central Delivery Suite (CDS)**

If you have a medical condition or have had any problems in your pregnancy (such as pre-eclampsia, diabetes or breech presentation,) which can increase risks for you or your baby, the labour ward would be recommended for you.

Please, talk to your community midwife for further information and details about your birthplace options.

4. “Maternity Inpatient Information”

- **Preparing for labour and beyond**

Please, ensure you have paracetamol at home ready to use as pain relief for early labour and the days following discharge. Please, do not bring lots of luggage with you onto Central Delivery Suite/Birth Centre as the space in the rooms is limited. You could consider packing a “labour” bag for you to take and to have another bag kept in the car until needed.

If everything is straightforward with you and your baby, you may be able to go home the same day. Please, do not bring your car seat into the hospital until you are ready to be discharged.

○ **What you need to bring into the hospital**

ESSENTIALS

- ✓ Nappies
- ✓ Baby clothes
- ✓ Muslin/bibs
- ✓ Baby blanket
- ✓ A pen to complete baby feed chart
- ✓ Cotton wool
- ✓ Night clothes and underwear. Gown and slippers.
- ✓ Socks
- ✓ Toiletries
- ✓ Maternity pads (not thin sanitary pads)
- ✓ Money for car park
- ✓ Snacks and drinks for energy
- ✓ Red Child Health Book (if your health visitor has given you one)
- ✓ Paracetamol and Ibuprofen (after an assessment we will allow you to self-administer pain relief whilst you are in hospital).

IDEAS TO THINK ABOUT

Breast pads, lanolin based nipple cream, Lip balm, music, magazines, book, camera, pillow, money for a TV card.

If you have chosen to bottle feed your baby:

- Formula milk (ready to feed bottles for first feeds)
- 2 feeding bottles and teats

○ **Your stay on Castle Acre: the postnatal ward**

If you stay at the hospital, you will be transferred from CDS/ Waterlily Birth Centre to the ward environment. The ward is set out in bays with 4 beds in each. There are also some individual rooms. Those side rooms are used for clinical needs or can be requested as an amenity room (see “Mother & baby room” below – page 21).

Once you are on the ward,, it can be helpful to have the curtains open around the beds for communication between midwives and women, unless they are needed for privacy.

Please, be aware that you will have a midwife caring just for you on CDS/Birth Centre but on the ward, one midwife may be caring for between 8 to 11 women and babies. It is important for us and for you that we communicate well.

If your baby is admitted to the Neonatal Intensive Care Unit (NICU), you will be accommodated on Castle Acre ward until you are medically fit for discharge. You will then be discharged home. Nearer the time when your baby is ready to be discharged, you may be invited to stay in a room on NICU with your baby in preparation for taking your baby home.

○ **Visiting times**

- CDS: There is no visiting
- Birth Centre (Waterlily): Open visiting times.
- Castle Acre: Partners and own children from 8:30 to 20:30h. Other visitors, from 10:30pm until 20:30pm, avoiding meal times (our patients are given protected mealtimes to allow them time to eat and drink as required). Please limit volumes of visitors attending to see you at the same time as the ward can get very busy.

Please ensure that hand gel is used prior to enter the wards. You cannot bring balloons, fruit or flowers onto the wards due to infection control.

○ **Birth partner**

You may have two birth partners with you whilst you are on CDS. Due to CDS being a busy acute area, there is no swapping of birth partners. If you are coming in for an elective caesarean section, you can have one person come in with you and accompany you into theatre. If you are coming in for Induction of Labour you will be allowed one person with you until your labour is established.

On Waterlily there are no restrictions on how many birth partners you can have, although please take into consideration the size of the rooms

○ **Contact numbers**

- Central Delivery Suite: 01553 613 720
- Castle Acre: 01553 613 710
- Waterlily Birth Centre: 01553 214 635

For Non urgent enquiries contact

- Community Helpline between 8am – 4pm 07881510496

Please, note that, for confidentiality reasons, we cannot give out any patient information on the phone to friends or relatives.

5. “Mother & baby room”

Would you like to have a single room during your stay on Castle Acre Ward?

We have 5 “*mother & baby*” rooms available, 3 of which are en suite. Please, be aware these rooms are for single occupancy only.

If you would like to make use of one of these rooms then we will try to arrange this. On admission to Central Delivery Suite (CDS) or Waterlily, please, ask the midwife to contact the ward to see if a room is available. We will always try to accommodate your request.

Accommodation available:

- *Mother & baby* room with en suite: £55.
- *Mother & baby* room without en suite: £40.

Prices quoted are for 24 hours period, from midday to midday, or part thereof and bookings will be for 2 nights with payment requested in advance of occupancy where possible.

If you would like further information or would like to view any of the rooms, please, contact the ward on **01553 613 710**.

6. “Listening to your baby’s heart rate during labour”

Most healthy, full term babies cope with labour without problems, but there are a few who do not cope so well.

One of the best ways of finding out how your baby is coping is to listen to its heartbeat. If you are healthy and have had a trouble free pregnancy, the midwife will listen to your baby’s heart beat at a regular times through your tummy using a trumpet shape stethoscope (Pinard) or a small hand held device which looks like a microphone (Doppler). The midwife will do this for long enough to check the pulse (heartbeat) rate of your baby and the pattern of the rate. This is known as **intermittent auscultation**.

When pregnancy has been straightforward, intermittent auscultation reduces the chances of further unnecessary interventions.

Sometimes...

If during labour your midwife suspect at any point that your baby may not be coping so well, or you choose to have an epidural, they may suggest that you are attached to an electronic heart monitor so that your baby’s heartbeat can be listened to continuously. This is called Electric Foetal Monitoring (EFM) and this is done using a cardiotocography machine (CTG).

This device consist of two discs held by belts around your tummy, one disc is to monitor how often your uterus (womb) contracts, and the other is held in place where the heartbeat of your baby can be heard. The monitor records the heartbeat of your baby as a pattern on a strip of graph paper. The midwife or doctor will interpret this trace to help get an idea of how your baby is coping.

Being attached to a CTG monitor can make moving around more difficult, it will not be possible to go for a walk or have a bath, but you may stand up or sit down.

If you prefer and it is available, there is a wireless CTG monitor called telemetry which allows you to remain mobile. It can also be used whilst you are in the birthing pool.

→ Listening to your baby this way may be suggested if:

- You have health problems such as diabetes or high blood pressure.
- You have had a caesarean section before.
- Your pregnancy is more than 42 weeks
- Your labour is started off- induced.
- Your baby is small or early.
- You are having twins or triplets.
- You have had problems with this pregnancy.

Occasionally...

If there is a poor quality record of the heartbeat of your baby, which may be due to a loss of contact, the doctor or midwife may suggest a “clip”(foetal scalp electrode, FSE) to be attached to your baby’s head to pick up the heartbeat. They will talk to you about this further if need be.

If the baby is not coping well, the doctor or midwife may need to take a sample of blood from the top of your baby’s head (FBS) during an internal examination. This will help the doctors to find the best way to help your baby through the labour.

Occasionally, you may need help with the birth straight away. It will be discussed with you and your partner if the situation arises.

We strongly advise you not to purchase equipment to listen to your baby's heartbeat as hearing the beat itself does not mean your baby is

7. The third stage of labour

There are two ways in which the delivery of the afterbirth (placenta and membranes) can take place.

1) Physiological third stage

This is where no drugs are used and the afterbirth is delivered naturally. The uterus will contract and you may be aware of a slight urge to push.

Advantages:

You do not need an injection. No drugs are given to you avoiding possible side effects.

Disadvantages

- It may take longer, up to an hour (breastfeeding helps)
- Blood loss may be heavier immediately after birth (if you are fit and healthy that should not cause you any problem)

2) Active third stage

This is where you are given an injection in the top of your leg as the baby is being born.

This injection contains a combination of drugs, which cause the uterus to contract.

Once the womb is contracted, the midwife or the doctor will deliver the afterbirth by gently pulling on the umbilical cord.

Advantages

- Delivery of the afterbirth is quicker
- There is usually less blood loss

Disadvantages

- May cause a rise in blood pressure (depending on the drug)
- May cause you sickness and headache

This method is recommended if you are anaemic, you have been induced or you have had a heavy blood loss in a previous birth.

It is advisable you discuss the information provided about the third stage with your midwife or doctor as your own individual needs may affect your choice.

8. “Vitamin K”

○ What is vitamin K?

This vitamin occurs naturally in food especially in liver and some vegetables. Vitamin K helps blood to clot in order to prevent bleeding.

○ **Why vitamin K for my baby?**

At birth, babies have very low stores of vitamin K. Vitamin K deficiency can cause bleeding in an infant, this is called **vitamin K deficiency bleeding (VKDF)**. VKDF is a non-inherited condition occurring in babies under 6 months of age. This rare and serious condition can lead to bleeding from the nose, mouth or into the brain. When it occurs in the brain it may cause brain damage or even death.

The risk is very small. VKDB can happen in as many as 1 in 10,000 full-term babies, but the risk is effectively removed when your baby is given a vitamin K supplement. *This is why Department of Health recommends that all newborn babies are given vitamin K.*

○ **Which babies are at greater risk?**

Babies at increased risk include those who:

- Are premature (born before 37 weeks of pregnancy)
- Had a complicated birth e.g. a forceps delivery.
- Have liver disease that may show as prolonged jaundice or as other symptoms, such as pale stools or dark urine.
- Fail to take or find it hard to absorb feeds.
- Are ill for other reasons.
- Have bleeding or spontaneous bruising in early infancy.
- Have mothers who have been taking certain medication such as anti-convulsants (given to people with epilepsy) or drugs to treat tuberculosis.

○ **How is Vitamin K given?**

There are two methods of giving Vitamin K to your baby:

- By mouth
- By injection

Both ways offer effective protection against VKDB but, if vitamin K is given by mouth, several doses are needed.

- **What are the risks of vitamin K?**

The Department of Health leaflet, Vitamin K, was produced in 1998 to answer parents' concerns over the possible link between administering vitamin K to newborn babies and leukaemia or any other cancer.

A careful review of data from the UK Children's Cancer Study Group in 2003 found no evidence that neonatal vitamin K administration, irrespective of route, influences the risk of children developing leukaemia or any other cancer.

Vitamin K is safe for your baby, the side effects are very rare and the benefit is enormous however, the decision about whether your baby receives extra Vitamin K and how it is given is entirely yours. If you wish to discuss Vitamin K further please speak to your midwife or doctor at your next antenatal appointment.

Contact numbers

- Central Delivery Suite: 01553 613720
- Castle Acre: 01553 613710
- Waterlily Birth Centre: 01553 214635

For Non urgent enquiries please contact your named midwife on their work mobile.