

Planning your pregnancy



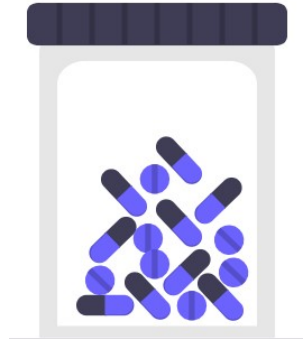
You can improve your chances of getting pregnant and having a healthy pregnancy by following the steps in this leaflet.

1. Start taking a daily folic acid supplement

Taking folic acid for two to three months **before** you try for a baby, and for the first 12 weeks of pregnancy, lowers the risk of the baby having a neural tube defect such as spina bifida by 70%.

Most women need one tablet (400 micrograms) per day, which can be bought over the counter. Some women need a higher dose, which can only be prescribed. Women are advised to take the higher dose if they:

- are obese or have a body mass index of 30 or above
- have diabetes, sickle cell disease or thalassaemia
- take anti-epilepsy drugs, some anti-retroviral or anti-folate medication
- or their partner has a neural tube defect or a previous pregnancy has been affected or there is a family history of the condition.



Talk to your GP if you think you may need a higher dose of folate. If you are taking any vitamins, supplements or alternative therapies, check with your GP first.

Do not worry if you became pregnant unexpectedly and were not taking folic acid at the time. Start taking it as soon as you find out until you are past 12 weeks pregnant.

For further information visit:

- <https://www.nhs.uk/conditions/spina-bifida/>
- <https://www.tommys.org/pregnancy-information>

2. Take a Vitamin D supplement

Most people in the UK are Vitamin D deficient. Increased Vitamin D levels improve the chance of conceiving and having a healthy pregnancy. The recommended dose is 10 micrograms of Vitamin D daily.

Do not take cod liver oil or any supplements containing Vitamin A (retinol) when you are pregnant. Too much Vitamin A can be harmful to your baby. Always check the label.

3. Eat more fruit and vegetables

What you eat **before** you get pregnant affects the growth, development and long term health of your baby. A healthy diet can also increase the chance of getting pregnant.

4. Exercise each week

Women who do regular, moderate exercise get pregnant more quickly and have a healthier pregnancy and birth. Aim for two to three hours of moderate activity per week such as walking, cycling, swimming or yoga.



5. Get closer to or keep to a healthy weight

Being overweight or underweight can cause health problems in pregnancy (such as high blood pressure, deep vein thrombosis, miscarriage and gestational diabetes) and affect the future health of the baby. It can also take longer to get pregnant and fertility treatment is less likely to work.

Try and eat five portions of fruit and vegetable per day, choose whole grain bread/rice and pasta, eat fibre rich foods such as peas, beans and lentils, limit fatty foods and avoid sugary foods.

For further information visit:

- <https://www.nhs.uk/live-well/eat-well>
- <https://www.nhs.uk/live-well/exercise>
- https://www.nhs.uk/live-well/healthy_weight

6. Quit or reduce smoking

Smoking is the biggest cause of pregnancy problems including miscarriage, premature birth and stillbirth. Smoking in pregnancy is also linked to sudden infant death syndrome (cot death) and breathing problems in the first six months of the baby's life. If you smoke, it can also take longer to get pregnant.

Smoke from other people's cigarettes can also damage your baby so ask your partner, family and friends not to smoke near you.

Consider using a stop smoking app. Quitting can be hard but support is available:

- <https://www.nhs.uk/live-well/quit-smoking>
- <https://www.nhs.uk/better-health/quit-smoking/>

7. Quit alcohol, caffeine and recreational drugs

Alcohol and recreational drugs can harm the baby and caffeine can increase the risk of miscarriage. Taking these substances can also make it harder to get pregnant. If you are unable to stop, speak to your GP who will be able to help.

For further information visit:

- <https://www.nhs.uk/pregnancy/keeping-well/drinking-alcohol-while-pregnant/>
- <https://www.tommys.org/pregnancy-information/planning-a-pregnancy/are-you-ready-to-conceive/drugs-alcohol-and-trying-conceive>

8. Speak to your GP or specialist several months before stopping contraception if....

- You have any health conditions like depression, diabetes, HIV, epilepsy or high blood pressure, as you may need to receive specialist care whilst pregnant and giving birth.
- You or your partner are taking regular medication. Do not stop taking your regular medication without talking to a doctor first. Your doctor or specialist can advise whether to continue, stop or change the dose or type of medication you are taking.

- You have an inherited condition. Speak to your GP as soon as you are thinking of having a baby as there may be testing available to understand the chances of your baby inheriting the condition.

Sickle cell disease and thalassaemia are inherited blood disorders that mainly affect people whose ancestors come from Africa, the Caribbean, the Mediterranean, the Middle East, India, Pakistan and Southern and Southeast Asia. If you are pregnant and live in England, you will be offered a screening test for these disorders but you do not have to wait until you're pregnant. You can ask your GP for a free blood test.

9. Check your vaccinations are up to date

In particular, check your MMR (Measles, Mumps, Rubella) status as Rubella can harm your unborn baby. If you have not had two doses of the MMR vaccine, you may not be immune. The MMR vaccine can be given by your GP surgery but not during pregnancy and you should avoid getting pregnant for one month after vaccination.

Covid vaccination is safe in pregnancy and women are strongly advised to have the vaccination if they need it. Pregnant women who get Covid have a higher chance of their baby being born prematurely or dying before birth.

For further information visit:

- <https://www.nhs.uk/pregnancy/keeping-well/medicines/>
- https://www.rcog.org.uk/media/1pxhmsoh/pi_covid-and-pregnancy_2023-1.pdf

10. Smear tests and sexual health

If you are due a cervical smear test, please have the test done as soon as possible before getting pregnant, as it may not be possible to treat abnormal cells during pregnancy.

Sexually transmitted infections can affect your general health and your ability to get pregnant. They can also be harmful to your baby. If you have a new partner or you or your partner have had other partners, it is important to get tested so that any infection can be treated before you get pregnant. Remember that sexually transmitted infections do not always cause symptoms.

11. Work and travel

If you are exposed to toxic substances such as radiation at work or the surrounding environment, discuss your intention of becoming pregnant with your employer or occupational health service so that you can avoid them.

If you are concerned about workplace exposure, information can be found via the Health & Safety Executive website.

If you are trying to get pregnant and planning to travel abroad, speak to your doctor first. There are some infections in tropical countries like Zika virus that could be harmful to your baby.

For further information visit:

- www.hse.gov.uk
- [NaTHNaC - Zika virus \(travelhealthpro.org.uk\)](http://NaTHNaC - Zika virus (travelhealthpro.org.uk))

12. Age

Women become less fertile as they get older. The effect of age on men's fertility is less clear. However, we do know that women over 35 years have an increased risk of miscarriage, chromosomal abnormalities and complications during pregnancy compared to younger women.

13. How long does it take to get pregnant?

Of 100 couples (in which the woman is aged under 40 years) having regular (two-three times per week) sexual intercourse without contraception:

- More than 80 will conceive in 1 year
- The remainder will take longer and some of these may need help to conceive.

Sexual intercourse every two to three days is advisable to have the best chance of conceiving. There is no need to plan sex to coincide exactly with ovulation as this does not increase the chance of success and can lead to stress.



If you have been trying for a baby for one year without becoming pregnant, see your GP for advice. If you are 35 years or over, see your GP after six months of trying.

If you have been using the progestogen only injection for contraception, please be aware that return to normal fertility may be delayed by up to one year after the last injection.

14. What to do when your pregnancy test is positive



Please let your GP know so that they can register your pregnancy.

This will enable you to get your midwife appointments and ultrasound scans.

15. Planning your next pregnancy!

It may seem too much to think about another, future pregnancy. However, there is some evidence to suggest that getting pregnant and having another baby too soon after delivery can increase the chance of having a smaller baby, a premature delivery and infant death.

Waiting at least 18 months from the delivery of one child to the conception of the next is recommended, although a shorter interval might be appropriate for older women concerned about age related decline in fertility.

Please speak to your GP about which contraception options, would be best for you after delivery and consider including this as part of your birth plan if appropriate.

16. Further resources

- <https://www.tommys.org/webform-pregnancy-information/planning-pregnancy/planning-for-pregnancy-tool>
- <https://www.tommys.org/pregnancy>
- <https://www.nhs.uk/live-well>

A final word

This booklet can only give you general information.

The information is based on evidence-based guidance and produced by iCaSH.

The information in this booklet was accurate at the time of going to print. Booklets are reviewed regularly.

If you'd like information on the evidence used to produce this booklet or would like to give feedback, please contact iCaSH at 0300 300 3030.

If you require this information in a different format such as in large print or on audio tape, or in a different language please contact the service on the details above.

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For free, confidential health advice and information 24 hours a day, 365 days a year please contact NHS 111.