

PREGNANCY & PARENTHOOD

A helpful guide for parents and parents to be





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Whether you are planning a baby or are already pregnant, this booklet should answer some of the questions you may have about pregnancy and parenthood, as well as directing you to further sources of information.

CONTENTS

- 4 **Section 1: Pregnancy**
- 5 Confirming your Pregnancy
- 6 Antenatal Care
- 9 A Birth Plan
- 11 Health Measures to Consider
- 19 Your Maternity Care
- 25 Maternity and Paternity Benefits
- 29 Informing your Employer
- 30 Further Entitlements
- 33 **Section 2: Parenthood**
- 35 Feeding your Baby
- 39 Getting Out and About with Your Baby
- 42 Potty and Toilet Training
- 43 First Aid
- 47 Perinatal & Postnatal Depression
- 50 Arranging Childcare
- 51 Education
- 54 Useful Contacts/Organisations



SECTION 1: PREGNANCY

Pregnancy comes hand in hand with a whole range of emotions, thoughts and feelings, both positive and negative. While it is normal for many parents-to-be to experience concerns about pregnancy and parenthood, it is also important to enjoy this life-changing time. Therefore, if you have any worries, do talk to your GP or midwife, they are there to support you and allay any concerns you may have.

Life can continue much the same as before but, now that there are two of you to look after, you just need to take a few sensible precautions and think about your health and lifestyle. If this involves making some adjustments to the way you live, remember that it is all for a good cause.

Health and Lifestyle

In matters of health and lifestyle, you should always follow the advice of your GP or midwife.

Their recommendations will be based on hard and-fast clinical evidence and a wealth of experience in the areas which are valuable to you especially if this is your first pregnancy.

If they make suggestions such as making changes to your diet, to smoking or to alcohol consumption, their advice should be considered very carefully indeed.

CONFIRMING YOUR PREGNANCY



You can confirm your pregnancy, when your period is a day or more overdue, by carrying out a simple home pregnancy test. Kits for these tests can be bought at your chemist or your local supermarket and the procedure takes only a few minutes.

If the test indicates you are pregnant, make an appointment to visit your GP or local midwife to start your antenatal care. It is important to see a GP/Midwife as soon as possible, so that you get the antenatal care and all the information for you to have a healthy pregnancy. They will give you an Estimated Date of Delivery (EDD). The date of delivery is calculated as 40 weeks from the first day of your last period. However, this date is only an estimate and many babies are born in the two weeks before or after the EDD (only five percent of babies arrive on their EDD).

Your first visit with your midwife or GP is the appointment when you tell them that you're pregnant.

“ Did you know.... In England there were **567,708 deliveries in NHS hospitals in 2024.** ”

You will be given information about folic acid and vitamin D supplements, nutrition, keeping healthy, lifestyle factors that may affect your health and the health of your baby such as smoking, alcohol and recreational drugs and antenatal screening tests.

It's important to tell your midwife or doctor if you have had any complications or infections in a previous pregnancy or delivery, such as:

- Pre-eclampsia or premature birth.
- You are being treated for a chronic disease, such as diabetes or high blood pressure.
- You or anyone in your family have previously had a baby with an abnormality, such as spina bifida.
- If there is a family history of an inherited disease, such as sickle cell or cystic fibrosis.

When you are pregnant you will be advised to take some supplements as well to make sure you get everything you need. It's recommended that you take 10 micrograms of vitamin D each day throughout your pregnancy and you should also carry on taking this after your baby is born if you breastfeed and also 400 micrograms of folic acid each day, you should take this from before you are pregnant until you are 12 weeks pregnant.

ANTENATAL CARE

Once your pregnancy has been confirmed by your GP or midwife, you will be given your first antenatal (or 'Booking In') appointment, probably with the midwife who will monitor your pregnancy. Your GP surgery or children's centre can put you in touch with your nearest midwifery service.

Ongoing care may be divided between the community midwife and/or your GP and/or hospital antenatal clinic, depending on the development of your pregnancy, your own choice and the care available in your area.

Your first antenatal appointment should happen before you are 10 weeks pregnant. If you are more than 10 weeks pregnant then contact your GP or midwife as soon as possible. Your GP or midwife will discuss your medical history with you to see whether there are any issues of which they should be aware; they will also check your blood pressure, take a blood and urine sample, weigh and measure you and offer you an ultrasound.

Use this opportunity to ask any questions you might have, your GP or midwife will be happy to talk to you, and it will enrich your experience in those first weeks as parents to have the support of a GP or midwife that you trust.

It goes without saying that antenatal appointments are important and should be kept so that any problems can be recognised at an early stage.

If this is your first pregnancy then you will have up to ten antenatal appointments. If this is your second or more then you may have around seven antenatal appointments. Usually one a month until 28 to 32 weeks, then one a fortnight until 36 weeks and one a week after that. You will be offered more appointments if needed by you or your baby.

As a matter of routine, you will be asked to give a blood test at your first antenatal appointment. This test determines your blood group and whether or not your blood is Rhesus negative or positive. If you are Rhesus negative you will be offered Anti-D injections during 28 to 30 weeks of your pregnancy. After birth a sample of your baby's blood will be taken from the umbilical cord and depending on the blood results, you may also be offered another Anti-D injection within 72 hours of giving birth. This injection is safe for you and the baby. The first blood test also checks for things such as anaemia, sexually transmitted diseases, Hepatitis B and may include a check for HIV (subject to your permission).

You will also be asked for a urine sample, which, among other things, will be used to check for protein in your urine. If protein is found it may mean that you have an infection that needs to be treated, it may also be a sign for pre-eclampsia. You will be asked to bring a urine sample to each antenatal visit to test for protein in your urine.

If you are at greater risk of gestational diabetes, you will be offered an oral glucose tolerance test (OGTT), which is done between 24-28 weeks.

Other routine checks include measuring your blood pressure, listening to your baby's heartbeat and discussing its movements.

checks for swelling, and questions about your health and feelings along with the opportunity for you to ask about any concerns that you may have.

You will be given your notes to look after by your midwife. These notes may be digital, in an app or website, or written down in a book or folder. It is important to keep these notes and bring them to every appointment and ask if there is anything in them that you don't understand.

Antenatal Tests

Ultrasound Scan

The NHS will offer you two scans routinely. A dating scan between 11 to 14 weeks and a mid-pregnancy scan between 18 to 21 weeks.

Most hospitals can provide one or two pictures of the scan, however there will be a charge. The traditional scan pictures are created on thermal paper and, although quite stable they are temperature sensitive and will go black if heated, and therefore are not suitable for lamination.

The first scan is often called the dating scan or the 12 week scan and is designed to establish the viability of the pregnancy by seeing the fetal heartbeat, to give an estimated due date (EDD) by measuring the length of the baby, to check whether you are expecting more than one baby, check the baby is growing in the right place and check the baby's development. The dating scan can include a nuchal translucency (NT) scan, which is part of the combined screening tests for Downs syndrome, Edwards syndrome and Patau's syndrome.

The second scan is often called the mid pregnancy scan or the 20 week scan. This scan looks into how your baby is developing and checks specifically for 11 physical conditions in your baby.

At the 20 week scan you may be able to find out the sex of your baby, however this all depends on the policy at the hospital. Speak to the sonographer at the start of your scan if you would like to know the sex of your baby.

Some women may be offered more than two scans. This depends on their health and pregnancy.

3D/4D Scans

These remarkable scans either produce a 3D picture of your unborn baby or, in the case of a 4D scan, allow you to see your baby in 3D in real-time.

Generally, these scans can be arranged through private organisations operating across the country and the cost varies from region to region, depending on the service on offer (it's wise to find out exactly what you will be paying for in advance). These scans give parents the pleasure of seeing their baby in the womb rather than being used for medical screening purposes. 4D scan packages often include a DVD of the scan and a CD of still images for you to keep.



Non-Invasive Prenatal Test (NIPT)

NIPT will be added to the existing NHS screening program for Down's Syndrome, Edward's Syndrome and Patau's Syndrome as part of the evaluated rollout from June 2021.

NIPT will be offered free on the NHS to women who receive a higher chance result from a combined or quadruple test.

NIPT uses a blood sample from the mother to analyse DNA from the placenta for certain chromosome conditions that could affect the baby's health.

NIPT has far fewer false positive and false negative results than nuchal screening or the Quad test. (Quad test is a quadruple blood screening test between 14 and 20 weeks).

The NIPT test can be performed from 10 weeks, before this it is difficult to collect enough cell-free DNA. Results can take up to 10 weeks. It does not give you a definite yes or no answer, it just gives a probability. It is not currently offered routinely in the NHS, but it is available at private clinics. Costs can vary, depending on where you live.

Down's syndrome, Edward's syndrome and Patau's syndrome

These screening test should be carefully considered before the scan appointment. You do have a choice; you can decide to not have these test. If you do choose to have this test it is called the combined test as it combines an ultrasound scan with blood tests. The combined test is carried out at around 10-14 weeks into your pregnancy.

You will have a sample of blood taken and an ultrasound scan. This

scan can be done at the same time as your dating scan. At the scan the fluid at the back of your baby neck is measured to determine the nuchal translucency. As well as your age and the information from these tests they can work out the chance of your baby's having Down's, Edward's or Patau's syndromes.

If it is not possible to gain a nuchal translucency measurement either because of the baby's position or you are too far along in your pregnancy then the alternative is a quadruple test. This can be carried out between 14 and 20 weeks of pregnancy, (This test is only screened for Down's syndrome and it is not as accurate as the combined test). The quadruple blood test screening measures four different substances in the maternal blood and is similar in performance to the combined test.

For Edward's and Patau's syndromes, if you are too far along into your pregnancy to have the combined test then you will be offered a mid-pregnancy scan. At this scan they will look for physical abnormalities and 11 other rare conditions.

The results of these screenings are generally presented as a risk figure, like 1 in 150. The current thinking is to recommend an invasive test if the risk is higher than 1 in 150. If there is a high risk from the screenings tests then you can choose to have a diagnostic test such as 'Chorionic Villus Sample' (CVS), test. This is done between 11 and 14 weeks of pregnancy. A tiny sample of tissue is taken from the placenta and the cells from this are tested.

An amniocentesis test can be done between 15 and 20 weeks of pregnancy but you can have it after 20 weeks if necessary.

They will collect a small sample of fluid that is surrounding the baby, this contains cells from your baby and these cells are tested.

These tests are very similar in that they use a fine needle to take a sample from the pregnancy (either placental or amniotic fluid) both have a small increased risk of miscarriage of around 1% compared with the background rate.

Usually if test shows a lower chance result then you should be notified within two weeks, if the test shows a higher chance result then you will be notified within 3 working days.

Talk to your midwife about what happens in your area and when you can expect to receive your results. You will be offered an appointment to discuss the results and what options you have available to you.

Other Special Tests

During your antenatal appointments all women are asked if they want to be screened for addition conditions when your bloods are being taken.

Sickle Cell Disease (SCD) and Thalassaemia: These conditions are hereditary and affect only certain sections of the population. If you are in one of those sections, then you will be offered the appropriate tests.

Screening for Sickle Cell Anaemia and Thalassaemia should be offered to all women ideally as early as 10 weeks. If you or your partner have sickle cell disease and are currently planning a family, ask your GP to refer you to a genetic counsellor. All babies are screened for sickle cell disease using the newborn spot blood test when they are a few days old.

Cystic Fibrosis: If you have a history of cystic fibrosis in yours or your partners family then you may choose to get a carrier test.

After birth all babies are screened for cystic fibrosis using the newborn spot blood test.

The newborn spot blood test will also find out if your baby has 1 of 9 rare conditions and is carried out when the baby is around 5 days old.

Your Baby's Movements

You should start to feel your baby move between 16 and 24 weeks of your pregnancy. (Around 20 weeks if this is your first pregnancy). You may start to notice fluttering or swirling movements, then later into your pregnancy you will feel kicks and see your belly move.

Each pregnancy is different and it is important to get to know your baby's movements. If you notice any changes in your baby's pattern or you cannot feel your baby move then call your GP or midwife urgently.

If you have not felt your baby move by 24 weeks then make contact with your GP or midwife and they will check your baby's heartbeat and movements.

A BIRTH PLAN

A birth plan is a record of what you would like to happen during your labour and after the birth. You don't have to create a birth plan, but if you would like one your midwife will be able to help. You may also want to discuss some things with your partner.

Before you make a birth plan, you'll need to get informed about the topics you'll need to consider, such as pain relief, where you would like to give birth, who you would like to have with you, and how you feel about intervention such as forceps or ventouse (vacuum) delivery. You can discuss all these issues with your midwife, making sure you are comfortable with all your options.

What Birthing Options are available

Other than a hospital you can also choose to give birth within the comfort of your own home or in a Midwifery Unit or Birthing Centre (These 2 options are run by midwives).

If there are no complications within your pregnancy and you are classed as 'low risk' then these options are available to you. However, if you have any medical conditions then the safest place is to have your baby in hospital but this may be open to discussion with your midwife if you have strong preferences for another place of birth. Discuss with your midwife all of the options that are available and they will talk you through any of your concerns and they will answer any questions so that you can make the best decision for you and your baby.

Preparing for Hospital

You should get a few things ready at least two weeks before your due date. If you're planning to give birth in hospital your midwife will probably give you a list of what you'll need to pack. You may want to include something loose and comfortable to wear during labour

that doesn't restrict you from moving around or make you too hot, a few comfortable and supportive bras, including nursing bras if you're planning to breastfeed, super-absorbent sanitary pads, a washbag with toothbrush, toothpaste, hairbrush, flannel, soap and other toiletries, towels, things to help you pass the time and relax – books, magazines or music, a sponge or water spray to cool you down, front-opening or loose-fitting nighties or tops if you're going to breastfeed, dressing gown and slippers, pairs of pants, loose comfortable clothes to wear after you have given birth, and to go home in. Clothes (including a hat) and nappies for your baby a shawl or blanket to wrap the baby in. Don't forget your phone charger and a way of paying for the car park.

When to go to your Hospital

If this is your first pregnancy, you may not be sure about when you should go into hospital. Your maternity unit will have a helpline phone number that you can call if you think you are in labour or have any concerns.

If your waters have broken, call your hospital or unit for advice, you may have to go into be checked over. If you are having contractions but your waters have not broken, you may be told to wait. You will probably be told to come in when your contractions are: regular and strong, about five minutes apart - and lasting for at least 60 seconds

If you don't live near your hospital, you may need to come in before you get to this stage, second babies often arrive more quickly than the first, so you may need to contact the hospital, midwifery unit or your midwife sooner.

Don't forget to phone the hospital or birthing centre before leaving home so that they can be ready to welcome you and prepare for your arrival.

If you have planned a home birth, follow the procedure you agreed with your midwife.

The following signs mean you may need to see your midwife or maternity unit urgently, do not wait to call, even if it is in the middle of the night. Call your midwife or maternity unit if:

- Your waters break
- You have vaginal bleeding
- Your baby is moving less than usual
- You are less than 37 weeks pregnant and you think you are in labour
- Any of your contractions last longer than 2 minutes
- You are having 6 or more contractions every 10 minutes

If you are unable to make contact with your or midwife or the maternity unit, then call 111.

Induced Labour

34% of women have their labours induced. This means that your labour is to be started artificially. Labour can be induced if your baby is overdue, if there is a risk to you or your baby's health or your waters have broken but there are no signs of labour.

Induction is usually planned in advanced and the process will be discussed with your midwife or consultant. Other options will be offered before labour is induced, such as a membrane sweep, this is where your midwife or doctor sweeps their finger around your cervix.

Induction is always carried out at either the hospital or a maternity unit. Induced labour maybe more painful than going into labour naturally, but all options of pain relief will be discussed with your midwife/consultant prior to going into hospital.

It is important to know that you have a choice about being induced and to understand all other options available. For more information about induced labour visit <https://www.nhs.uk/pregnancy/labour-and-birth/signs-of-labour/inducing-labour/>

HEALTH MEASURES TO CONSIDER

Smoking

If you smoke, you would be wise to consider giving up completely. When you inhale cigarette smoke, 4,000 chemicals including carbon monoxide and nicotine pass directly into your bloodstream. The result of this is that your baby receives less oxygen and does not grow as well as it should, which can lead to a low birth weight. In addition, the nicotine has the effect of making your baby's heart beat faster. For every cigarette you smoke, your baby's blood flow will be disrupted for 15 seconds.

If you give up smoking, and avoid passive smoking by other people, your baby is less likely to be born underweight and contract infections in the first year. Further, the child will more easily avoid chest illnesses and asthma at a later stage.

You will benefit from quitting too – mothers who quit smoking face fewer complications during pregnancy and labour, a lower risk of miscarriage, bleeding and sickness, and less chance of a premature or stillbirth.

The most damaging effects of smoking take place between the fourth to ninth months of pregnancy, but remember that it is never too late to cut down or, preferably, stop smoking altogether and your baby will feel the benefits immediately.

If your partner smokes or you resume smoking after the baby is born, it is important to remember that you will still expose your baby to the risks associated with passive smoking. In fact, young babies and toddlers tend to be more at risk to the effects of inhaling second hand smoke because their bodies are still developing and they breathe faster (therefore inhaling more smoke) than adults.

Research shows that children who grow up in a household where a parent smokes, they are twice as more likely to develop respiratory and lung diseases. During just two hours in a house or car with someone smoking, your child will have inhaled the equivalent of four cigarettes.

Remember, you do not have to quit alone. The NHS Stop Smoking Service is available through many local pharmacies.

Through this service your pharmacist can advise you on different smoking cessation aids and meet regularly with you to discuss your progress. There are many different options these days to help you find methods for quitting that suit you.

You should ask your GP for advice before using nicotine substitutes (such as patches or tablets) during pregnancy.

You can contact the National Smokefree **Helpline on 0300 123 1044**.

Drugs

Drugs other than those prescribed by your GP should be avoided during pregnancy. These include proprietary drugs, over the counter medicines and 'natural' remedies. Speak to your GP about any prescribed drugs, medicines or vitamin supplements you may already be taking.

Of course, if you suffer from epilepsy or diabetes (or some other long-term illness), your doctor will need to monitor and advise on your prescription. Never change or stop using prescribed medicines without first consulting your GP.

If you are using illegal drugs whilst pregnant, you are advised to inform your GP or midwife immediately once you have confirmed your pregnancy so that they can give you the right support and advice. Illegal drugs will harm your baby. With prior notice, your GP will be in the position to refer you to a maintenance reduction programme – the most sensible course of action.

You can also call FRANK on **0300 123 66 00 or Text 82111**

Alcohol

Research shows that heavy drinking can cause serious harm to your baby, and women who drink are at risk of having babies with Foetal Alcohol Spectrum Disorder (FASD), which

can cause problems with physical and mental development, behavioural problems, facial and heart defects.

You should avoid alcohol completely during your whole pregnancy.

It's important to stress that many women have a drink before they know they are pregnant and their babies are perfectly fit and healthy.

If you are concerned, please speak to your GP or midwife. Also, there are also other confidential help and support groups available. Please see further contacts and useful organisations section.

You can contact Drinkaware - the national alcohol helpline on **0300 123 1100**

Sex During Pregnancy

There is no physical reason why you should not continue to have sex throughout a normal pregnancy. Sex during pregnancy is not harmful since the muscles at the neck of your womb and a plug of specially formed mucus completely seal the womb. The baby is also cushioned by the amniotic fluid that surrounds it.

However, if you have experienced a previous miscarriage, you should talk to your doctor or midwife about the advisability of continuing with sex, especially during the first three months of your pregnancy. This may also apply if you have a problem such as placenta previa or bleeding.

It is a fact that some couples would rather not have sex during the pregnancy period. For others, pregnancy brings a freedom from contraceptives, periods and PMS

and can be very arousing for both partners. Whatever the case, it is important for partners to speak candidly about their feelings in this respect. Sex will not start labour unless the woman's body is ready, but intercourse can be a natural way to induce labour if your baby is overdue. This is because semen is rich in prostaglandins (Hormones that are known to soften the cervix).

Some women will experience slight bleeding after sexual intercourse during pregnancy due to the thinning of their cervix. Although this is usually nothing to worry about, it is advisable to alert your midwife to any bleeding in case it is because of something more serious.

“ Did you know.....In 2021 the average age of mothers who gave birth in England and Wales was 30.9 years, whilst the average age of fathers was 33.7 years. ”

Exercise

Keeping fit during pregnancy can be most beneficial and, you can continue your existing exercise regime. However, avoid highly competitive sports and over-exertion as your ligaments tend to loosen during pregnancy to allow your pelvis to accommodate the baby, which means that you may sprain your muscles more easily. Walking, swimming and yoga will help you to keep fit but always bear in mind that regular, gentle exercise is much better than sport. If you attend exercise classes or go to a gym, tell your instructor that you are pregnant so that they can offer you appropriate advice.

Once you've had the baby, you may decide you want to get back into shape as quickly as possible consult with your GP or gym instructor about what sort of exercise would be suitable. Swimming is great for new mums who may still be experiencing the effects of loosened ligaments (this happens to enable your pelvis to widen for the birth).

In addition, many areas now have exercise groups for mums who meet to power walk their pushchairs around local parks.

Diet

The quality of your food choices, is the key to a healthy diet. Prepare a balanced diet that includes bread, cereals, fresh fruit and vegetables, dairy foods, meat, poultry, oily fish and peas, beans and lentils.

In order to prevent excessive weight gain, it is advisable to limit your intake of highly processed foods such as sweet, fatty and fast food. Also to be avoided in pregnancy is liver and any foods fortified with Vitamin A. Liver contains high levels of Vitamin A, which can be toxic.

Organisations such as the British Nutrition Foundation can give you more advice about following a healthy diet. visit www.nutrition.org.uk for more information.

If you do need help managing your weight during and after your pregnancy a nutritionists can be an excellent source of practical advice and support. A sensible rule of thumb is 'nine months to go on, nine months to come off' when it comes to baby weight you may have gained.

Peanut Allergy

For most people, peanuts are a useful and nutritious food. However, peanuts can cause a dangerous allergic reaction in a few children.

There's no evidence that eating peanuts, or foods containing peanuts, while you're pregnant affects whether or not your baby develops a peanut allergy. It's fine to eat peanuts during pregnancy, unless of course you're allergic to peanuts yourself.

However, you may still feel like you do not want to eat peanuts, or foods containing peanuts, such as peanut butter. Talk to your GP or midwife if you have a family history of allergies and are worried. As long as you're eating a healthy, balanced diet, excluding peanuts from your diet certainly won't do you or your baby any harm.

Ask your GP or midwife if you have any concerns about this.

Caffeine

Caffeine is a stimulant, which speeds up the working of your body. However, during pregnancy and for about a month after the birth, your body metabolises (uses) caffeine more slowly.

Some research suggests a high intake of caffeine may be harmful to your baby but these risks are largely unproven. However, experts recommend that pregnant women (and women planning a pregnancy) should avoid too much caffeine, limiting their intake to 200mg a day – this is roughly equivalent to two mugs of instant coffee, three cups of tea or four cans of cola.

Food Preparation & Hygiene

Good hygiene in food preparation will help prevent infections from bacteria such as salmonella and listeria, and it is easy to achieve. All you have to do is follow a few basic rules.

- If you work on a farm where there are sheep, you must take extra care because sheep faeces also carry harmful organisms. You should be particularly careful at lambing time.
- Always wash your hands after visiting the lavatory or disposing of cat or dog faeces.
- Wear gloves when gardening.
- Wash hands, cooking utensils and surfaces after preparing raw meat.
- Make sure that eggs and meat are well cooked before consumption; likewise, ready-to-eat meals and TV dinners.
- Thoroughly wash vegetables, fruit and salads before eating.
- Avoid pâté, ripened soft and blue-veined cheeses.
- Don't drink unpasteurised cow, goat or sheep's milk or cream
- Avoid raw shellfish such as oysters, prawns, mussels and crabs.
- Don't eat swordfish, marlin or shark
- Don't eat cold-smoked or cured fish, unless cooked until smoking hot

Travel During Pregnancy

During pregnancy, travelling can be especially tiring and it is a good idea to plan your journey carefully to avoid unnecessary stress.

- Break car journeys every two hours and take a short walk.
- Make sure your seat belt fits properly, under rather than across your bump.
- You may need a cushion for the small of your back to give you extra support while driving.
- Place your seat as far back as you comfortably can to drive.
- If sitting in the passenger seat, move the seat as far back as possible.
- Wear loose, comfortable clothes and flat shoes to drive in.
- Pack healthy snacks, so that you can eat little and often to keep your blood sugar level.
- Drink lots of water to avoid dehydration and reduce swelling.

Airlines usually accept pregnant women as passengers up to 28 weeks, after this point they may ask for a note from your doctor stating that you are fit to fly. After 37 weeks, you will not usually be allowed to fly. Check with the airline for their policy.

If you are planning a holiday abroad while you are pregnant make sure your travel insurance covers you for any pregnancy related medical care or premature birth and the cost of changing the date on return flights if you go into labour, remember to check if any vaccinations are needed for the country you want to visit. Many vaccinations are not recommended during pregnancy, so double check before you book.

Check out water supplies and hygiene levels in your destination country and remember to pack a first aid kit. For more information, talk with your midwife, practice nurse or contact a specialist travel centre.

Be Aware of your Body

As your pregnancy develops, you will notice certain physical changes within your body, as well as changes to your psychological outlook.

Back pain during and after pregnancy

Pregnancy is a unique and powerful experience, enormous physical, hormonal and emotional changes take place that the body has to cope with in a relatively short time. The body may carry between 22lbs to 28lbs, most of this is from the baby, waters and placenta and this can cause aches and pains during the pregnancy.

A Chiropractor or Osteopath can help with problems such as back pain, leg pain, tension in the neck and shoulders to name but a few. As the body changes shape to accommodate the increased size and weight of the uterus, expectant mothers will benefit from treatment by a Chiropractor or Osteopath to help with posture problems which are caused by these changes.

After giving birth, caring for a new born baby can place a great deal of strain on the back whilst nursing in poor positions, lifting car seats and carrying the baby for example, the body also needs to recover from any effects before and after delivery. Chiropractic and Osteopathic treatment aims to help the mother to return to normal, physically and emotionally, after birth by releasing strains from both pregnancy and labour or a specialist post-natal massage therapist may be able to help you relieve some tension.

Always seek professional advice from a registered Chiropractor or Osteopath. www.gcc-uk.org (General Chiropractic Council) www.osteopathy.org.uk (General Osteopathic Council)



Weight Gain

Weight gain will be an obvious physical sign. In the normal course of events, you will gain 2-4lbs (1-2kg) in the first three months. The average total weight gain during pregnancy is in the region of 22-28 pounds (10-12.5kg). Much of this weight can be attributed to your growing baby, placenta and umbilical fluid but your body will also build up its fat stores to help with breastfeeding.

Morning Sickness

Nausea and sickness is very common in the early stages of pregnancy, but does not often last longer than 16 - 20 weeks. A plain or ginger biscuit before getting out of bed may bring relief. To try to combat morning sickness, frequent small meals high in carbohydrates are easier to digest and will have a better effect than two or three large meals consisting of fatty, highly-spiced foods. If you are vomiting frequently or your life is being hugely impacted by this, have a chat with your midwife as there may be things that can be offered to help.

Other Physical Changes

As the baby grows, your uterus will begin to press against your bladder and you will pass urine more frequently. Further, your usual vaginal discharge will increase, your breasts will feel full and tender, and your nipples will darken in colour and become more pronounced. It is essential, therefore, to wear a comfortable well-fitting bra it is recommended that you avoid underwired bras if you are intending to breastfeed as these can inhibit your milk supply by blocking your milk ducts.

Changes in hair shade and texture are common, as is a transformation in your skin, it may become blotchy, dry or oily. On the other hand, your skin may 'bloom' as a result of the blush caused by an increase in tiny blood vessels on the surface of the skin.

Heartburn and indigestion can occur at any stage in your pregnancy. This can be due to the change in your hormones or as a result of your growing baby pushing on your stomach.

Mood Swings in Pregnancy

Hormonal changes within your body can cause you to have mood swings, you may feel on top of the world one day and in floods of tears the next. Be kind to yourself, it is perfectly natural to worry about the health of your baby and whether you will be able to cope with motherhood, and that's before you throw hormones into the mix! Such moods do not linger, but it helps to adopt a positive approach.

You may find that your mood swings become more manageable within the second trimester. If you feel like you are unable to manage your moods or you are constantly feeling low then you may need extra help. Around 12% of pregnancy women experience depression during pregnancy and about 13% suffer from anxiety.

If you are struggling with depression or anxiety at any time throughout your pregnancy or you are experiencing pre-natal depression then please speak to your midwife or GP to receive the help and support you need.

Cravings in Pregnancy

You may develop sudden food cravings and perhaps lose your appetite for tea and coffee. A metallic taste in the mouth is equally common and should not concern you. Many women experience a heightened sense of smell during pregnancy.

Possible Problems

Now and again during pregnancy, you may experience uncomfortable physical feelings. Most of these will be perfectly natural, but there are certain problems of which you should be aware and able to recognise.

Vaginal Bleeding

While slight vaginal bleeding sometimes occurs in the early months of pregnancy due to a thinning of the cervix or an implantation bleed, it is better to report any signs of bleeding to your midwife or GP immediately.

Bleeding in the later stages may indicate that there is a problem with the placenta and could necessitate early admission to hospital.

You may experience period-type cramps during your pregnancy. These are usually just the result of the muscles of your uterus being stretched by your growing baby (also known as round ligament pain) but it is important to report these pains to your GP or midwife as a precaution as they can indicate something more serious.

Problems with Vision, Abdominal Pain or Headaches

Report any problems with your eyesight including flashing lights behind the eyes and make your GP or midwife aware of any persistent abdominal pain or headaches.

Pre-eclampsia

Risk factors for pre-eclampsia, which poses life threatening dangers to mother and baby. At each antenatal appointment blood pressure is checked for signs of pregnancy induced hypertension (PIH). Also your urine will be tested for protein. Raised levels can be possible signs of pre-eclampsia. Other symptoms can develop like, swollen feet, ankles, face and hands caused by fluid retention, severe headaches, vision problems and pain just below the ribs.

If you notice any symptoms contact your midwife or GP immediately.

Gestational Diabetes

This type of diabetes is a temporary change that can occur during pregnancy and usually disappears within hours of your baby being born. It causes a higher level of sugar in your blood.

At your first antenatal appointment, your midwife or GP will ask questions to determine if you are at an increased risk of gestational diabetes. If you are at high risk then you will be offered a OGTT test (Oral Glucose Tolerance Test) between 24 and 28 weeks pregnant and the test can take around two hours.

If you have had gestational diabetes before then you will be offered the OGTT earlier in your pregnancy.

If you do have gestational diabetes then depending on the results, you may be asked to measure your own blood sugar levels, modify your diet by cutting out sugary food, or possibly insulin.

Pelvic Girdle Pain

During pregnancy, your hormones loosen all the pelvic ligaments in order to allow the baby easier passage at birth. However, these ligaments can loosen too much, making the pelvis move when weight is put on it (i.e., the weight of your baby). This can result in mild to severe pain in the pelvic region, and is known as Pelvic Girdle Pain (PGP) or symphysis pubis dysformation (SPD) and affects 1 in 5 pregnant women.

Pelvic girdle pain usually improves after you have given birth, however for around 1 in 10 women the pain can still be ongoing. It is important to keep receiving treatment and take regular pain medication until your symptoms are better.

You can contact your GP, Midwife or a private clinic/provider who specialises in pre and post-natal health issues.

Waters Breaking

Fluid leaking from the vagina, or 'waters breaking' maybe a sign that you may be about to go into labour. Immediately contact your midwife, GP or maternity hospital.

YOUR MATERNITY CARE

In the UK, women have the right to choose the type of maternity care they receive as well as the type of birth they want, although your options will vary according to what is available in your local area.

Typically, hospitals offer consultant-led maternity units, midwifery-led units and, in some areas, community units, which provide a more homely environment in which to give birth.

Of course, home birth is also an option for some women. You can find out more about your birth choices at www.which.co.uk/birth-choice.

Independent Midwives

Independent Midwives are fully qualified midwives who have chosen to work outside the NHS in a self-employed capacity and are not covered by the NHS. Many women are now choosing to engage the services of an independent midwife to ensure that the person who has cared for them throughout the pregnancy, and with whom they have developed a trusting relationship, is the person who delivers their baby.

Research shows that this kind of care from a midwife helps women to cope with the challenges of labour and the transition to parenthood.

Independent Midwives may also have undertaken extra training so that they can offer further services to their clients such as new-born examinations, tongue tie division, homeopathy, hypnobirthing, acupuncture and more.

To find out more, contact Independent Midwives UK at www.imuk.org.uk

Parentcraft Groups / Antenatal Classes

Your midwife will be glad to tell you about the free parentcraft groups or antenatal classes that operate in your area. The groups, specially set up for pregnant women and their partners by hospitals and healthcare centres, cover topics such as pregnancy, labour and birth, relaxation, exercise, and caring for the baby. There is a wealth of information about antenatal classes on the Internet.

Private Antenatal Classes

Antenatal classes help the parent prepare for the baby's birth and learn how to look after your baby. They also help on how to stay healthy during pregnancy and giving you confidence and all the advice you require.

During a private antenatal class parents will spend time alone with an experienced birth professional. Private antenatal classes give parents extra time with an experienced birth professional so that they can feel fully prepared for the decisions they need to make in the days, weeks and months ahead.

Classes are offered which provide parents with an opportunity to discuss any anxieties and all of their options for labour, birth and parenthood. The main benefit of a private antenatal class is that it can be completely bespoke-created to ensure you cover the topics you are most interested in, and which are most relevant to you and your partner. Private classes often take place in your own home due to the privacy and convenience, but there are also private group classes that can be an excellent way of meeting local families at a similar stage of life.

Pregnancy Yoga

Pregnancy yoga focus on gentle postures, breathing techniques, positions for labour and relaxations. The aim is for you to have a pleasurable and relaxing time, whilst developing your physical and emotional wellbeing and helping you feel more confident and positive about birth. It helps women get through pregnancy with the least possible discomfort and helps the delivery and post-delivery stages.

What are the benefits:

- Helps improve quality of sleep
- Reduced anxiety
- Strengthens joints and muscles
- Increases flexibility
- Better blood circulation
- Reduces swelling from fluid retention
- Improves posture and body awareness
- Strengthens abdominal and pelvic muscles
- Enhances digestive system

If you are not used to regular exercise then you should start slowly and if you are pregnant take it very easy at first. If you already practice yoga before becoming pregnant then it is good to continue. Although many mums-to-be prefer to wait until the 2nd trimester to begin again.

If you are new to yoga please find a qualified prenatal instructor. Please consult your healthcare professional before starting any new exercise.

Pilates

Many women find Pilates to be a good exercise to do both, before, during and after pregnancy. Pilates is good for building core strength, if your abdominals, back and pelvic floor muscles are toned they will support a more comfortable pregnancy and delivery. Pilates is also very adaptable, most Pilates exercise can be modified as your body and ability changes.

What are the benefits:

- Strengthens your tummy muscles
- Reduces back pain
- Strengthens your pelvic floor
- Helps with balance
- Take the strain off you back and pelvis
- Relax and control your breathing

If you have never done Pilates before it is important you discuss with your health care professional first and check that the Pilates instructor is experienced and trained in teaching pregnant women and choose a class that is for pregnant women.

To find a Pilates instructor please visit

www.pilatesteacherassociation.org



Aqua Natal

Aqua natal is designed to benefit both your physical health and your emotional wellbeing. Its unique element is the cardio exercise that can aid muscle tone, immunity and support pregnancy related aches and pains. The classes are designed to help all stages of pregnancy with exercises that benefit mums' direct immunity and blood flow to the baby.

The exercises can be adapted to all levels of physical capability and are often recommended for women with high blood pressure and pelvis pain.

Ladies are given a variety of exercises to build their pelvic floor muscle and recommended breathing techniques to help stay calm through the different stages of the birth experience.

As well as the physical benefits, the classes are a chance for mums' to have some time focusing on themselves and their baby, meet other mums' and able to ask questions about their pregnancy and birth. To finish they include that all-important relaxation-the feeling of weightless is invaluable and can really aid a good nights sleep.

What are the benefits:

Gain a useful insight into your body, the physicality of pregnancy and labour offering tools to help support pregnancy and prepare for the labour experience.

Help reduce blood pressure as just being in water causes your body to naturally rid itself of excess water and salt and alleviate swollen ankles and wrists. Improves cardiovascular efficiency, pumping more blood around the body to the placenta, providing baby with more oxygen and nourishment.

Emotional benefits with the water helping relieve tension and aiding the release of your body's natural endorphins helping keep you and baby relaxed. Circulation is enhanced, helping to prevent varicose veins and haemorrhoids.

Suitable and beneficial for those suffering with pelvic girdle pain. All exercise is in the pool so you can benefit from feeling cushioned by the water at all times. Suitable for all stages of pregnancy and safe for non-swimmers.



Hypnobirthing

Hypnobirthing is an antenatal programme teaching simple but specific self-hypnosis, relaxation and breathing techniques to discover the joy and magic of birth. Hypnobirthing helps reduce the fear, tension and pain of labour, resulting in a more relaxed birth. Most significantly, you will discover how to put yourself back in control of your birth.

What are the benefits:

- Create an easier, natural and more peaceful birth experience
- Often shortens the duration of labour
- Eliminate or reduce the need for any pain relief
- Reduce the probability of surgical birth
- Present a supportive role for your birthing partner
- Support bonding of mother, baby and birthing partner
- Encourage a more speedier postnatal recovery
- You will be more prepared and in control.
- Allows your baby to enter the world drug free into a composed and calm atmosphere.

What you will learn:

- Special relaxation and breathing techniques for an improved birth
- Straightforward but specific self-hypnosis
- Massage techniques intended to optimise the release of your body's own relaxants.
- How to release any fears and anxieties you have about giving birth and how to overcome any previous upsetting births
- The vital role of dads-to-be: both pre-birth practice exercises, and throughout childbirth itself
- Fear release methods to permit you to be comfortable and positive for the birth.
- Self-hypnosis inducing deep relaxation.
- Massage techniques – stimulating endorphins, your body's natural anaesthetic.
- How your mind and body work together efficiently and comfortably

Osteopathy

During pregnancy your body goes through a lot of changes to accommodate your growing baby, which can put a great deal of strain on your body. For you to adapt to these changes your body finds new ways to walk, sit and sleep and can result in aches and pains on your body.

The treatment of osteopathy whilst pregnant can ease some of these symptoms such as lower back pain, neck shoulder and upper back pain, sciatica, pelvic girdle pain, nausea, vomiting, heartburn, shortness of breath, insomnia, swelling and fatigue.

An osteopath can also give you advice on breathing techniques, stretches and exercise and help you prepare the way for a more trouble free childbirth and help you recover after the birth.

Doulas

A doula is a trained, non-medical companion who provides emotional, practical and informational support throughout pregnancy, birth and the postnatal period. Their role is to walk alongside you and your partner; helping you feel calm, informed and confident in your choices.

Having a familiar and trusted person at your side makes a real difference. Doulas build a relationship with you before labour begins, so they understand your wishes, values and concerns. When it's time to give birth, they become part of your team, working seamlessly with your birth partner and healthcare professionals. Many people say their doula helped them feel in control, even when plans changed.

This kind of continuous support has been shown to improve outcomes for both parents and babies:

- 39% lower chance of a caesarean birth when supported by a doula
- 15% increase in the likelihood of a spontaneous vaginal birth
- 31% decrease in the risk of feeling dissatisfied with the birth experience
- Shorter labours by around 41 minutes on average.
- 38% lower risk of babies having a low 5-minute Apgar score.

Beyond the birth itself, having a doula can have a lasting positive effect on emotional wellbeing. Rates of birth-related trauma and postnatal depression are rising. Around 4–6% of mothers experience PTSD after birth, and up to 30% report their birth as traumatic. These numbers are likely to rise alongside the increasing rates of birth interventions. Research shows that continuous support from a doula significantly reduces the risk of both PTSD and postnatal depression, especially when the doula is present throughout labour and birth.

Partners often feel uncertain or under pressure during labour. A doula never replaces a birth partner, instead they support you both. Many partners find they're more confident and involved when a doula is present, as they can focus on being emotionally available while the doula offers practical reassurance and guidance.

Doulas also offer postnatal support in the early days and weeks—helping you adjust, rest, and care for your baby with confidence. This can include emotional support, infant feeding help, and light household tasks, all tailored to your needs.

Together, you, your partner and your doula form a calm, connected team, ready to meet whatever birth brings, feeling informed and supported every step of the way.



What are the benefits:

- **Continuity of care:** Most doulas meet with you one or more times before the birth, stay with you throughout labour, and make one or more visits after childbirth, therefore they know your concerns and priorities regarding labour and they can help you debrief and take in the labour experience.
- **Support for the father or partner:** Fathers or partners can contribute to the extent that they feel comfortable. Fathers in particular need nurturing and care during this major life transition.
- **Accessible resource:** You and your partner do not have to worry about forgetting what you learned in childbirth preparation classes.
- **Credibility:** The doula, unlike the father, knows how hard labour can be, therefore you will trust that what the doula asks can be done because the doula is experienced with labour support and, usually, has laboured herself.
- **Advocacy:** The doula is ideally situated to facilitate communication between you and the medical staff and to help ensure that you make knowledgeable decisions.
- **Reduced rates of medical procedures and complications.**

MATERNITY AND PATERNITY BENEFITS

The information provided on the following pages provides a brief overview of your maternity, paternity and adoption rights as they currently stand. Any figures are correct as of April 2025 but you are advised to check that you have the latest information so that you can claim your full entitlement to pay, allowances and leave.

NB: To claim some of the benefits below, you will require your maternity certificate (MATB1 form). This will be given to you by your midwife when you are approximately 20 weeks pregnant.

Maternity Leave

From the first day of their employment, all female employees are now entitled to 52 weeks' maternity leave 26 weeks of Ordinary Maternity Leave, with the right to return to the same job at the end, as well as a further 26 weeks 'additional' maternity leave. Provided you meet certain requirements, you can take this no matter how long you have been with your employer, how many hours you work or how much you are paid.

During your maternity leave, your employer must continue to give you any contractual benefits you would normally receive if you were at work (e.g., gym membership or staff discount).

Similarly, if your employer contributes to an occupational pension, they must continue to do so while you are on maternity leave.

To qualify for Ordinary Maternity Leave, you must notify your employer that you are pregnant at least 15 weeks before the expected birth, telling them when the baby is due and the date you intend to start your maternity leave.

Some companies offer their own maternity leave scheme, so it's worth checking your contract or staff handbook to see if you have additional maternity rights specific to your employer.

You can find out more about the current situation regarding maternity leave at www.gov.uk

If you wish to change the date on which you plan to return from maternity leave, you will be expected to give your employer eight weeks' notice. You are not legally allowed to work for the first two weeks after the birth, or the first four if you work in a factory.

The Government introduced optional 'keeping in touch days', which allow you to work for up to ten days during your maternity leave period so that you remain informed about what is happening at work without the worry of losing your maternity pay. The Work and Families Act 2006 has also clarified that all women have a right to return to work after maternity leave, regardless of the size of their employer.

You can find out more about your leave and pay entitlements from Maternity Action on www.maternityaction.org.uk

Statutory Maternity Pay (SMP)

SMP is paid for up to 39 weeks by your employer. You are entitled to Statutory Maternity Pay if you have worked for the same employer for at least 26 weeks before the 'notification week', i.e., the 15th week before your baby is due.

You also need to be employed by that same employer during that 15th week and to be earning above a set minimum amount each week (currently £125 before tax, but this figure may be subject to change).

SMP is paid at a rate of 90% of your average weekly earnings for the first six weeks of your maternity leave (with no upper limit) and then either £187.18 per week or 90% of your average gross weekly earnings (if this is less than £187.18) for the remaining 33 weeks. Your employer may well choose to pay extra, so it's worth talking to their human resources or personnel department.

Your employer will pay you Statutory Maternity Pay in the same way and at the same time as your normal wages, deducting tax and National Insurance as usual. To claim Statutory Maternity Pay, you must tell your employer at least 28 days before you intend to stop work to have your baby.

Your employer may need you to tell them in writing and you will also be asked to provide your MATB1 form as evidence of when your baby is due.

Note: SMP can start anywhere from the 11th week before your baby is due or, at the latest, the day after the

birth of your baby.

If you work into the 11 weeks before your baby is due, your SMP will start from any day you choose once you have stopped work, which will normally coincide with the first day of your maternity leave.

Even if you don't intend to return to work, you can still get Statutory Maternity Pay. You don't have to repay it if you decide not to return to work. If you have more than one job, you may be able to get Statutory Maternity Pay from each employer.

If you decide not to return to your job, you must still adhere to the notice period specified in your contract.

Maternity Allowance

If you do not qualify for SMP, then you may qualify for Maternity Allowance. To claim, you generally need to be self-employed or earn an average of £30 a week or more in at least 13 weeks of your employment. (not necessarily consecutively).

You can claim £187.18 a week for a maximum of 39 weeks or 90% of your average earnings (whichever figure is less). This is as long as you have worked for at least 26 weeks in the 66 weeks before your baby is due. Maternity Allowance is not liable to income tax or National Insurance contributions.

The earliest you can claim Maternity Allowance is from the 11th week before the week the baby is due, and the latest you can claim it is from the day following your baby's birth. If you do not claim for SMP or Maternity Allowance, you may be able to claim some Employment and Support Allowance instead.

Paternity Leave

A maximum of two weeks paid Statutory Paternity Pay is available to fathers/partners who qualify. If your average weekly earnings are £125 or more (before tax), this is paid for one or two consecutive weeks at a rate of £187.18 per week or 90% of your average weekly earnings if this is less (although some employers may choose to pay more). The leave must be taken in one block within 56 days of the birth and can start on any day of the week on or following your child's birth or placement (in the case of adoption).

In order to qualify, the fathers/partners must have 26 weeks' continuous service with an employer and must notify his employer that he intends to take Paternity Leave at least 15 weeks before the expected birth. There is a standard form, SC3, available at www.gov.uk. He can give 28 days' notice if he wishes to change this date.

If you have more than one job, you can take your entitlement separately for each job. If you qualify for SPP from each employer if you meet the qualifying conditions for each job. In case of multiple births, you are only entitled to one period of paternity leave.

Shared Parental Leave

Shared Parental Leave has now replaced Additional Paternity Leave. This now gives parents more flexibility on how they share childcare during the first years of the child's life. As well as Paternity Leave you may also be eligible for Shared Parental Leave and Statutory Shared Parental Pay.

To claim parental leave, there must be two parents sharing responsibility for a child. You will need to inform your employer that you want to end your maternity leave and return to work. The rate is £187.18 or 90% of your average weekly earnings, if this is less and this is paid for up to 39 weeks.

The number of weeks you will get depends on how many weeks there are left after the mother has ended her Maternity Leave and Pay. As long as both parents are eligible you can either take time off together or separately.

You can also work up to 20 days during your Shared Parental Leave. This is called Shared Parental Leave in Touch. This is in addition to the 10 keeping in touch days that is available for mothers on maternity or adoption leave.



Unpaid Parental Leave

You can take up to 18 weeks unpaid parental leave per child (up to the child's 18th birthday). You must have worked for your employer for one year by the date you wish to take it.

Parents can take parental leave after maternity or paternity leave providing they give 21 days' notice. Parents of a disabled child are currently entitled to take 18 weeks' parental leave up until the child's 18th birthday.

You cannot take more than four weeks' leave for any one child in a year or transfer the leave between parents.

All employees are entitled to take time off to deal with an emergency involving a dependent. This is known as Compassionate Leave or time off for dependents, and you have this right as soon as you start a new job. Your employer may pay you for this time off but they do not have to. Check with your employer.

Adoption Leave

If you earn more than £125 a week, you may take up to 52 weeks' Statutory Adoption Leave (split across 26 weeks' Ordinary Adoption Leave and 26 weeks' Additional Adoption Leave). If you have worked continuously for your employer for at least 26 weeks before the beginning of the week you are matched with a child, your Statutory Adoption Pay will be paid at a flat rate of £187.18 per week (or 90% of your average weekly earnings if this is less) for 39 weeks.

If you wish to change the date of your return from adoption leave, you will be required to give your employer eight weeks' notice. Optional 'keeping in touch days' will enable you to work for up to ten days during your adoption leave period. New regulations also protect your right to return to work after adoption leave, regardless of the size of your employer.

When a couple adopts, they can choose who takes adoption leave and the other may be able to take paternity leave. You should notify your employer of the date you plan

to start your leave when matched with a child.

Adoption leave will be available to parents adopting a child up to 18 years of age when the child is placed for adoption.

Paid adoption leave is available whether a child is adopted from within the UK or from overseas, but some details may differ for parents adopting from outside the UK. We would advise visiting www.gov.uk for more information if this affects you.

Rights to ask for Flexible Work

All employees have a right to request for flexible working hours. Employers will have a duty to consider requests seriously and will be able to refuse only when there is a clear business reason to do so.

From the 6th April 2024 you have a statutory right to make a flexible working request from your 1st day of your employment and you can make 2 request per year. Your employer must give you a decision within 2 months of making your request.

There may be a number of flexible working options that you wish to consider including going part-time, flexi-time, remote working, compressed working week, school hours only, etc. For more advice and information about Flexible Working and your rights, you might like to visit www.workingfamilies.org.uk or phone the Working Families organisation on **0300 012 0312**.

Visit www.gov.uk for details of the flexible working statutory application process.

INFORMING YOUR EMPLOYER

Unless your work is hazardous, it is not necessary to tell your employer about your pregnancy straight away. By hazardous, we mean where you are exposed to chemicals, lead, x-rays or are required to undertake heavy lifting.

For the record, there is currently no scientific evidence demonstrating that VDUs (visual display units or computer terminals) will put your pregnancy at risk.

Under the Maternity and Parental Leave (Amendment) Regulations 2002, women are required to inform their employers of their pregnancy 15 weeks before the date on which they are due to give birth. Many women choose to wait until they have had their first scan at around 10 to 14 weeks to announce their pregnancy. However, if you are experiencing morning sickness or other pregnancy-related conditions, it may be wise to let your employer know that you are pregnant, so that your absence can be logged as pregnancy-related.

Finally, your employer is obliged by law to allow you time off from work to visit your antenatal clinic.



Dismissal or Unfair Treatment

It is against the law for your employer to dismiss you or single you out for redundancy for any reason connected with pregnancy, childbirth or maternity leave. This applies from day one of your pregnancy and you are protected no matter how long you have worked for your employer.

If you feel you are being discriminated against on the grounds of your pregnancy or family commitments, you can call ACAS for free confidential advice (**0300 123 1100**) or visit **www.acas.org.uk**. Alternatively, try the Citizen's Advice Bureau or your trade union.

FURTHER ENTITLEMENTS

Child benefit is paid to anyone providing for a child of 16 or below, or a young person under 20 who is studying in full-time further education (A-level or equivalent) or on an approved training programme.

You'll receive £26.05 a week for your first child and £17.25 for each subsequent child (correct as of April 2025). You can claim child benefit 48 hours after you have registered your child's birth. Visit **www.gov.uk** and fill out a Child Benefit claim form (CH2) and send it back to the Child Benefit Office. It can take up to 16 weeks to process a new claim. Child Benefit is paid every 4 weeks and paid straight into your bank.

If you or your partner earn over 60K a year then you have to pay back some of your child benefit. If you or your partner earn over 80k a year then you will lose all your benefit through tax.

Child Tax Credit and Working Tax Credit have gradually been phased out and replaced with Universal Credit. You can no longer make a new claim for either Child Tax or Working Tax Credits. If you are a new applicant, then you must apply for Universal Credit.

Universal Credit is a monthly benefit that you can claim for if you are on a low income and need extra support with living and housing costs. Universal Credit is means-tested so the amount you may receive will vary depending on your circumstances including income, savings, children and housing. If you earn too much or you have savings over £16,000 you won't be able to claim. If you have a partner and live together their income and savings will be taken into account and you must apply as a couple. Benefit calculators can help assess eligibility and entitlements.



Healthy Start Scheme

If you are claiming a qualified benefit and you are more than 10 weeks pregnant or have at least one child who is under four years old. You can apply online for the Healthy Start Scheme.

If you are receiving a qualifying benefit and are pregnant or have prenatal responsibilities for at least one child under the age of 4 then you can apply for the Healthy Start Scheme.



Healthy Start scheme offers pre-paid cards. The pre-paid cards will be topped up automatically every 4 weeks.

You will get £4.25 each week of your pregnancy from your 10th week. £8.50 each week for children from birth up until 1 year old and £4.25 each week for children aged 1 to 4 years old. You can also claim free vitamins.

For more information visit www.healthystart.nhs.uk.

Sure Start Maternity Grant

If you or your partner is on a low income, you may be able to get a Sure Start Maternity Grant to help you buy things for the baby. This consists of a one-off payment of £500.

You need claim this within 11 weeks of your baby's due date or within 6 months after your baby is born.

Print out and fill in a SF100 claim for. A health professional must also sign the form. You can either post the form or go to your local Jobcentre Plus for them to send for you. You can download the form from www.gov.uk

NHS Treatment and Prescriptions

You are entitled to free NHS prescriptions and NHS dental treatment while you are pregnant and while your baby is under one year old. Your GP or midwife will give you the forms you will need to apply for a maternity exemption certificate. Prescriptions are free for your child until they reach 16 or 18 if they stay in full-time education.





Financial Support for Lone Parents

A number of services and organisations exist to provide lone parents with additional advice and support relevant to their circumstances. These organisations include Gingerbread, Family Lives Matter or your local Citizens Advice Bureau, all of which are excellent sources of advice on issues like maintenance, benefits, tax credits, work, adult education and legal rights; they also provide practical and emotional support for lone parents.

If you are a single parent and are on a low income, you may be able to claim benefits such as Universal Credit, Council Tax reductions,

Housing Benefits or Income Support. If you need help with claiming maintenance, you should contact the Child Maintenance Service on **0800 171 2345** or visit **www.gov.uk/making-child-maintenance-arrangement**

You can also visit **www.gov.uk** which includes useful information for lone parents about the services available to them in terms of securing financial support, childcare and returning to work.

Gingerbread also provides a free advice pack, which you may find of interest.

Benefit Capping

The government has decided to limit the total amount of benefits that most people age 16 or not reached state pension age can receive. The cap will look at how much you receive from benefits such as Universal Credit, Child Benefit, Child Tax Credit, Housing Benefit and Maternity Allowance, as well as others. You can find out more about whether benefit capping will affect you by visiting **www.gov.uk/benefit-cap**

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SECTION 2: PARENTHOOD

As your pregnancy progresses, it is likely that you will be thinking more about what your baby will be like when he or she arrives. It is perfectly natural for parents to focus on their child's development but it is important to remember that every child is an individual who will progress at their own rate. However, we have provided some general information about child development below:

Milestones in your child's first year

0-3 months: Your baby will learn to lift their head while lying on their front; they will be startled by sudden, loud noises; by two weeks, your baby will be able to recognise its parents; by four to six weeks it may start to smile and, by six weeks, will be able to follow the movement of a brightly coloured toy held about 20cm away. During this time, your baby will begin to experiment with making different noises.

3-6 months: Your baby will begin to reach out for objects and later, hold and suck an object, although learning to let go does not come until a few months later; their noises will become more repetitive and varied; by six months, your baby will be able to see across a room.

6-9 months: During this time, your baby will learn to sit unsupported and will start trying to crawl – some babies crawl forwards, others backwards or by shuffling on their bottom; some children learn to walk without crawling at all. Your child will begin to pull him or herself upright and stand by holding on to the furniture; they learn to pass objects from hand to hand and, by seven months, will turn to the sound of your voice or quiet noises. From about eight months onwards, they may also respond to their own name and begin to say 'mama' or 'dada' to their parents.

9-12 months: From about nine months, your baby will learn to let go of an object; from ten months onwards, they may walk alone (although some children walk as late as 18 months).

Postnatal Exercise and Women's Health

If you are experiencing any physical or mental health problems since giving birth, then it is advised that you address these with your GP.

You will receive your post-natal check between 6 – 8 weeks post pregnancy, where you will have your blood pressure checked if you had problems during or straight after your baby's birth, you will be offered an examination to see if your stitches have healed if you had an episiotomy or caesarean section, discuss if you still have any vaginal discharge or if you have had a period since birth, discuss forms of contraception and the use of vitamin D supplements if you are breastfeeding your baby.

You may be experiencing some physical symptoms after the birth of your baby, such as

- Back pain
- Incontinence
- Pressure around your vaginal area
- Separation of your stomach muscles
- Piles
- Bleeding after given birth

You can start introducing gentle exercises after the birth of your baby such as walking, yoga, pelvic floor and stomach exercises or swimming (although it is advised to wait at least 7 days after post-natal bleeding has stopped). It is advised to wait until after your 6 week check to make sure that you can start introducing more physical activities like running or aerobic activities.

If you were active before and during your pregnancy, then you may be able to introduce exercises earlier but it is always advisable to speak to your GP or midwife first and if you start to experience any pain from exercising then stop and speak to your GP or Midwife.



FEEDING YOUR BABY

Healthcare professional advice for new mothers is that breastmilk is the ideal food for your baby. The Department of Health recommendations follow those of the World Health Organisation, which advises breast milk exclusively for at least the first six months of a baby's life.

If you have any concerns talk them through with your midwife and health visitor whose priority is that you and your baby are healthy and thriving. Don't be worried about asking for advice; as well as your immediate health care professional contacts, there are a number of excellent support services available. These include the Breastfeeding Network, the La Leche league and the Association of Breastfeeding Mothers; your hospital may have its own breastfeeding counsellor or you can pay privately for a lactation consultant to visit you in your home if you are having difficulties and need some extra support.



You can also call the National Breastfeeding helpline: **0300 100 0212** or visit the Start4Life website (www.nhs.uk/start4life), which has lots of useful information about breastfeeding.

Also visit:
www.breastfeedinginpublic.co.uk

Benefits of breastfeeding:

The benefits of breastfeeding to ensure your baby's best start can be summarised as follows:

- Your milk provides all the nutrients your baby needs as it changes on a daily basis to meet your growing baby's requirements
- It helps to protect your baby from infection and other diseases
- Breastfeeding helps you and your baby bond, physically and emotionally.

Breastfeeding also has added benefits for you:

- Can lower your risk of developing breast and ovarian cancer
- Uses up about 500 calories a day leading to easier pregnancy weight loss
- Saves money - formula can cost as much as £80 - £100 per month.

Not breastfeeding your baby can increase the risk of it suffering from:

- Diarrhoea and vomiting leading to hospital visits
- Chest infections
- Ear infections
- Being fussy about new foods
- Being constipated
- Being obese leading to possible Type 2 diabetes
- Developing eczema

Weaning your Baby

Generally, most babies are ready to start solids by the age of six months. If you have any concerns about this or if your baby was premature, it is best to ask your GP or health visitor about when it is appropriate to introduce solids. New parents often worry about how they will know when it is the right time to start introducing solids. As a rough guide, it's worth looking out for the following signs:

- Your baby can hold their head up, maintaining a steady, upright position in order to take first foods from a spoon;
- Your little one sits well when supported in a highchair;
- Your son or daughter makes chewing motions and starts to display a curiosity in what you are eating, watching you eat and reaching for your food;
- They have gained weight steadily and are approximately double their birth weight.

Baby rice and pureed fruits or root vegetables make ideal first foods. You should let your child take the lead as they may only want a teaspoon or two of food to start off with (remember, they have tiny stomachs and have been used to a liquid diet before now).

Gradually increase solid foods between six and twelve months so that they become the main part of your baby's diet; you should still give breast milk or formula alongside these solids. Your health visitor will

give you information on weaning and a number of good books on this subject are currently available.

The World Health Organisation recommends extended breastfeeding for the first two years of a child's life. By the time your little one reaches their first birthday, they should be eating three meals a day as well as two nutritious snacks to keep up their energy levels. In fact, many children of this age prefer to 'graze' throughout the day as they concentrate their energies on their newfound mobility!

Baby-led Weaning

An increasing number of parents are choosing to forgo purees and spoons and allow their babies to feed themselves finger foods from the outset - this is known as Baby-led Weaning or BLW.

Weaning a baby on purees came about in the 1960s when parents typically started giving their children solids as early as three- or four-months old, when a child is generally unable to sit, grasp or move food to the back of its mouth.

Over recent years, the UK government has changed its advice about weaning to fall in with the World Health Organisation, which recommends exclusive breastfeeding for the first six months before then introducing solids.

At six months old, a baby is usually able to sit well in a highchair, support its own head, grasp a spoon or finger foods, move them to its mouth and use its tongue to move food to the back of its mouth in order to swallow.

The theory behind baby-led weaning is that the child will only take into its mouth what it wants because it has control, which means that the risk of choking is minimal, although, of course, no child should ever be left to eat unattended.

Baby-led weaning means that children do not have to make the often difficult transition from smooth food to lumps, and they become very comfortable with food textures because they are used to handling food from their earliest experiences of eating solids.

Foods that lend themselves to baby-led weaning include broccoli and cauliflower florets, pitta bread, cooked carrots, peas, sweetcorn, courgettes, banana, strawberries, blueberries, cheese and many others.

Of course, some foods are not suitable finger foods, so many parents choose to make up pureed dinners but give their child fingers of cooked vegetables or bread, for example, to dip into the puree and feed themselves (see www.babyleadweaning.com for more information).

Tongue-tie

This is a piece of skin that connects to the tongue and the bottom of the mouth and is shorter or tighter than normal. It is most common in babies and it may cause difficulties when breast or bottle feeding. If you are having difficulties feeding your baby and you think your baby has tongue-tie, speak to your midwife, health visitor or GP and they will discuss what options are available to you.

Food Allergies

Evidence suggests that waiting until six months to introduce solid foods into your baby's diet will help minimise the risk of them developing allergies and adverse reactions to foods.

This is particularly important if you have a family history of allergies, as the incidence of adverse food reactions, allergies and coeliac disease does decrease if you delay weaning until this time.

Some foods for example, wheat or cow's milk are difficult for some children to digest. Food intolerance or allergies can cause sickness, diarrhoea, eczema, coughs or wheezing but are usually outgrown in early childhood. If you suspect your child is reacting to a food, always speak to your GP or health visitor immediately.

Do not experiment with cutting out a specific food, such as milk, without the guidance of a qualified dietician.

If your child is diagnosed with an allergy or intolerance, you will be given advice about modifying their diet and there are now many good, healthy alternatives to milk and wheat, for example. You may also wish to seek more information from Allergy UK on **01322 619 898** or visit their website at www.allergyuk.org.



Sleeping

Being a new parent can be very tiring, and most newborn babies only sleep for short stretches at a time during the night. It is important for new mothers to sleep or rest up when your baby sleeps, especially if you're breastfeeding or recovering from a C-section. If you have a partner consider asking them to support with nappy changes or dressing the baby so you can rest. If you are a single parent, ask for help from a trusted family member or a friend. Even an hour of rest can make a difference.

Every baby and child has their own sleep pattern. The ranges below show the average amount of sleep babies and children may need across a 24 hour period.

Newborn babies - up to 16 to 18 hours in 1-3 hour blocks throughout the day and night. Healthcare professionals may recommend waking your baby to feed after about 3 hours, especially in the early weeks.

3 - 6 Months – Some sleep for up to 8 hours or longer during the night with multiple naps; settling into 3-4 naps a day by around 6 months. As hormones mature allowing for longer stretches at night.

6 Month to 1 year – up to 13-16 total hours with 2-3 naps.

1-2 years – 13-15 total hours with 1-2 naps (one long, one short).

2-3 years – 12-14 total hours with 1-2 naps, gradually dropping to none by around age 3.

3-4 years – 10-12 total hours, with occasional afternoon naps being normal.

For the first 6 months your baby should sleep in the same room as you.

This can reduce the risk of Sudden Infant Death Syndrome (SIDS).

Other key safer sleep points include:

- Lie your baby on their back
- Keep their cot clear
- Use a firm, flat, waterproof mattress
- Avoid all smoking, vaping, alcohol and illicit drug use during and after pregnancy
- Keep your baby at a comfortable temperature (16-20°C), ideally with a well fitting sleeping bag

For full safer sleep guidance, visit the Lullaby Trust website at www.lullabytrust.org.uk

You may also find that your baby will only fall asleep in your arms (only safe to do so as long as you are awake) or when you are close to their cot. This is common. As they begin to spend a little more time awake, you can gently introduce the idea of falling asleep in their cot by placing them down when they are drowsy or just after a feed.

It helps to introduce a simple bedtime ritual early on. A short, predictable sequence such as a feed, a brief cuddle, dim lights and a calm goodnight phrase can cue your baby for sleep without being rigid. Periods of disrupted sleep or more frequent waking are normal at many stages.

If you are finding sleep difficult, a short daily walk with your child in the morning, and ideally again in the afternoon before 4pm, can help. Exposure to daylight supports mood and helps babies begin to understand the difference between day and night.

If you feel you or your baby need more support with sleep, you can speak to your GP or health visitor or seek guidance from a qualified child sleep specialist/consultant.

GETTING OUT AND ABOUT WITH YOUR BABY

In the early days of parenthood, just getting out can feel like a challenge, especially if your little one is feeding round the clock or you're having very broken nights. Fortunately, there are a large number of baby and toddler-friendly groups in every area. Baby classes such as baby signing, musical classes, baby massage, baby yoga etc., as well as mother/father and baby groups, young parent, and single parent groups can provide some important contact with people who are at a similar stage in life.



Playing in Water

Babies are born ready to play, and water is a wonderful, natural sensory play area, where your baby can learn and have fun, especially in the summer. Here are a few tips to help you and your baby explore water safely and confidently.

The bath is the perfect place to start. Bathing together, skin-on-skin is incredibly bonding, and your

baby will feel safe and secure being held by you. With water at body temperature (about 36-37°C, always check the temperature before your baby gets in), your baby can relax and reach out their arms and legs, they may try kicking and splashing too, much as they did before they were born. Using your hand, you can gently sprinkle water on your baby's tummy. Let them reach for and grab bath toys, or try holding your baby's head and shoulders, letting the water support them in a back float, and singing lullabies.

Six Months to a Year:

Now your baby is more active, bath time starts to be an altogether more splashier experience. You can still get in with your baby, or you can run a shallow bath and let them sit or lie in it.

Encourage your baby to splash and kick. Try showing them how to pour water from one cup to another, or use a watering can to sprinkle it. You can sing songs or nursery rhymes with actions.

Toddlers and Beyond:

Baths, paddling pools, basins in the garden, your toddler will love water however it comes! You can buy all sorts of toys for the water, boats, foam letters, crayons for drawing on the side of the bath, but empty bottles, pots and cups are just as good for pouring and experimenting.

You can teach your little one to blow bubbles, try making different sounds under the water. You can also help them learn what floats, and find sunken treasures under a carpet of bubble bath.

Let's go swimming!

There's no better way of playing with water than in a pool! Start by bouncing your baby around gently, letting them splash and kick their arms and legs. Make games using nursery rhymes, sit your baby on the pool side, singing nursery rhymes and gently splashing them with water.

Your baby's brain will grow more in their first year than in the rest of their life, and being in water aids that amazing development. To an inquisitive baby, play is everything. So playing in water can be one of the best experiences you can have with your baby!

There are numerous Baby and Toddler swim classes in most areas, try your nearest swimming pool for further information. Introducing your little ones at a very early age will boost their confidence in the water. Never them leave unattended in water.



Baby Massage

Baby massage is a tender, rhythmic stroking of your baby's body with your hands. The comforting strokes stimulate the production of the feel good hormone oxytocin in you, your baby and even your partner if they're observing.

Oxytocin gives you the warm, caring feeling when you hold your baby close or when breastfeeding. Baby massaging can start from the day the baby is born. If your baby was premature that it is advised to wait until their due date. If you want to attend baby massage classes then it would be best to wait until your child is over six weeks due to the environment.

What are the benefits:

- Baby massage is a great way for partners, grandparents and siblings to bond with the baby.
- Massaging gums through the skin could relieve the pain of teething.
- Massaging can ease the effects of postnatal depression by aiding the mother to have a more positive interaction with their baby.
- Strengthen baby's attachment towards you.
- Helps the baby sleep better.
- Great way to build and strengthen a positive bond with your baby.
- It can help you become more confident handling your baby as well as better recognising their needs.
- Calms the baby when feeling distressed.

Cranial Osteopathy

Cranial osteopathy for babies and children is a gentle, safe and effective technique used to relieve trauma that may have occurred during birth. Your baby may be experiencing problems such as discomfort when lying on their back, excess mucous, headaches, suckling and feeding difficulties and plagiocephaly. (Also known as flat head syndrome).

The treatment uses manual techniques to make subtle and profound changes within the body. It is non-invasive and its aim is to re-balance systems of the body to enable them to work effectively. There are small fluctuations of movement within the body called involuntary motion, by placing their hands on a child's body, a cranial osteopath can feel a gentle expansion and contraction of all the tissues.

When these motions are disturbed, such as in childbirth, cranial osteopathy can make a child feel more comfortable.

Choosing the correct car seat for your baby

You should always choose a rear-facing car seat for your newborn baby as they provide protection for your baby's head, neck and spine. Your baby should stay in their rear-facing seat until they exceed the maximum weight or they are too tall for your car seat.

You can choose either a height-based child seat; these are called

i-Size seat or you can choose weight-based child seat: these offer a range of options: 0kg to 10kg or 13kg, 9kg to 18kg, 15kg to 25kg, and 22kg to 36. Traveling rear-facing offers the best protection for toddlers and babies. If you use an i-Size child seat, your child must be in a rear-facing seat until they are at least 15 months old as they can remain rear facing until they have outgrown the seat.

Never fit a rear-facing child seat in the front of your car if there is an active airbag on the passenger side. Once your child is above the maximum weight for your seat or the top of their head is above the top of the seat, you can either buy an extended rear-facing car seat or move them to a suitable forward-facing seat.

Before buying a car seat, you should always check whether it is suitable for your vehicle. Most car seat retailers have trained staff who can help find the right car seat for your child and your car and they may have a car seat fitting service to ensure that your car seat is fitted securely and accurately.

The law requires all children traveling in cars, vans or good vehicles to use the correct child restraint until they are either 135cm (4'6") in height or the age of 12 (whichever they reach first), although it's better to wait until they are 150 cm (5ft) or taller before moving them to the seat belt on its own.

After this they must use an adult seat belt. There are very few exceptions. You can find more information about choosing and fitting the right car seat, as well as your legal responsibility as the driver at www.childcarseats.org.uk.

Re-usable Nappies

There is a wide range of re-usable nappies now on the market. These nappies are shaped and secured with velcro like disposable nappies for ease of use and can be washed easily in your washing machine. Re-usable nappies have less environmental impact than disposable nappies, which take hundreds of years to decompose. The natural materials are kind to babies' skin but, because they can feel when they're wet, children who have worn re-usable nappies tend to toilet train earlier.

For many families, the most significant benefit of using re-usable nappies is the amount of money saved. Typically, re-usable nappies can save you £600 per child. There are no bulky packs of nappies to bring home from the supermarket each week either, which is great if your family doesn't have a car.

POTTY AND TOILET TRAINING

The time at which children gain bladder and bowel control varies enormously, so try not to worry or compare your child with others. It is usual for your child to be able to control their bowels before their bladder. As a rough guideline, by the age of one, most babies have stopped doing poos at night, by age two some children will be dry during the day - however this is still quite

early, by the age of three, nine out of ten children are dry most days but even then the odd accident is inevitable if your child is upset or distracted by an absorbing activity.

Learning to stay dry throughout the night usually takes a child longer than staying dry during the day. This is because a full bladder at night demands one of two responses, waking up and going to the toilet or waking up and holding it in until morning. However, night-time dryness is usually learnt between the ages of three and five.

Illness

Children are incredibly resistant and bouts of illness usually pass quickly but parents are bound to worry about their child's health. The most important thing in the case of illness is to trust your instincts, no-one knows your child better than you do. If you have any concerns about their wellbeing, contact your GP; even if there proves to be nothing wrong, you will feel reassured.

Try to be aware of signs such as vomiting, a high temperature, cough, runny nose or eyes and unusual behaviour such as excessive crying, irritability, loss of appetite, being listless or drowsy. If you have seen your GP and your baby doesn't seem any better, contact them again that same day.

If you are unable to speak to your GP or see them quickly enough, it is perfectly acceptable to take your baby to the Accident and Emergency department at your nearest hospital. If possible, make sure that hospital also has a children's ward.



FIRST AID

When you have young children, it can never hurt to learn a bit about basic and emergency first aid. There are many books on this subject or you can book a first aid course through several providers, some also offer online courses as well as face to face courses.

We have listed the most important steps in emergency first aid for your baby:

If you ever think that your baby has stopped breathing, you need to first conduct a Primary Survey (DRABC - Danger, Response, Airway, Breathing and Circulation). This means that you must make sure that it is safe to approach them (for example, if they have suffered an electric shock, make sure that the power is turned off before you do anything else.

If you are unable to turn the electricity off, try to move your child away from the power source using a

wooden object, such as a broom). Attempt gentle stimulation of your child by tapping their feet, stroking their neck or by shouting 'hello' or 'wake up' (do not shake your baby under any circumstances). If they do not respond, you should call for help (or get someone else to) while you check your child's airway and breathing and, if necessary, carry out CPR.

Think ABC - Airway, Breathing, CPR!

Airway: place your child on a firm surface; put one hand on your child's forehead and the other under their chin, then gently lift the chin with two fingers only. This will move their tongue away from the back of their mouth. If there is any possibility that your child has suffered a neck injury, however, you should just lift their chin rather than attempting to tilt their head.

Breathing: You should check your child's breathing for no more than ten seconds. To do this, put your ear close to your child's mouth and look to see if their chest is rising and falling, while listening for sounds of breathing and feeling for their breath on your cheek.

CPR: Once you have carried out your primary survey and have confirmed that your child is not breathing, you should follow the steps below – these vary slightly according to whether your child is an infant (under one year old) or over one year old.

“ Did you know...**8 out of 10 parents surveyed admitted they wouldn't know basic first aid procedures to save their child's life.** ”

Infant under one year old

1. Confirm your baby is not breathing.
2. If accompanied, send your helper to dial **999** or **112** or an ambulance (**112** is recommended if you are calling from a mobile as it gives a clearer signal, although you can also reach this number from landlines and in many other European countries).
3. If you are alone, you will have to carry out rescue breaths and chest compressions for one minute before taking the infant with you to call an ambulance.

4. Carefully remove any obvious obstruction from the mouth of the infant (it is important not to touch the back of your child's throat as this could cause swelling and further obstruction of their airway) and give five initial rescue breaths.
5. You do this by slightly tipping the infant's head back. Seal your mouth over their mouth and nose and breathe gently into them, looking along the chest as you breathe. Fill your cheeks with air and use this amount each time. As the chest rises, stop blowing and allow it to fall. Repeat this five times.
6. Having done five rescue breaths, you're now going to do chest compressions.
7. Using the tips of two fingers to compress the chest, place your fingers in the centre of the infant's chest (imagine a line joining the nipples and place two fingers along the length of the breastbone below this line) and sharply depress the chest one third of its depth at a rate of 100-120 compressions a minute. (The actual number delivered will be fewer because of the pause to give breaths). At this speed, you're going to give 30 chest compressions.
8. Alternate 30 chest compressions with two rescue breaths without stopping until help arrives or the infant starts to breathe normally.
9. If the baby shows signs of breathing normally, place then in the recovery position.

Child between one year and puberty

1. Following your primary survey, you have already established that the child is not breathing normally.
2. At this point, if you are accompanied, send your helper to dial 999 or 112 for an ambulance.
3. If you are alone, you will need to do one minute's worth of CPR before going to call for help yourself.
4. Carefully remove any visible obstruction from the mouth or nose of the child and give five initial rescue breaths.
5. Ensure you tip the head back, seal the nose and put your mouth over the child's mouth, forming an airtight seal.
6. Give 5 initial rescue breaths (mouth to mouth resuscitation).
7. Having done five rescue breaths, you are now going to do chest compressions.
8. Place one hand – or two, as appropriate – in the centre of the chest (this depends on the size of the child). Use the heel of your hand and keep your arms straight.

9. Sharpley depress the chest one third of its depth at a rate of 100-120 compressions a minute. The beat of the Song Staying Alive can help keep the right rate. At this speed, you are going to give 30 chest compressions.'
10. Alternate 30 chest compressions with two rescue breaths and keep repeating as necessary until help arrives or the child's breathing is restored to normal.

CPR will buy time for your child, by allowing oxygen to circulate around their body and preventing damage to their vital organs. However, it is important to phone an ambulance as soon as possible as ambulance staff can use a number of advanced strategies to resuscitate your child.

Please note, that these tips are no substitute for formal first aid training. First aid procedures change from time to time, so the above information may be subject to change.





Immunisation

Immunisation protects us from serious diseases; it works by exposing us to a small part of the virus or bacteria that cause an illness and our bodies react by creating antibodies that will fight the disease should we ever come into contact with the full-blown thing.

Your child should have their first immunisations at 8 weeks (6 in 1 vaccine (1st), Rotavirus & Men B(1st)), at 12 weeks (6 in 1 vaccine (2nd), Pneumococcal, Rotavirus) (2nd) and 16 weeks (6 in 1 vaccine (3rd), Med B (2nd)). The 6 in 1 vaccine protects against Diphtheria, Polio, Hepatitis B, Tetanus, Pertussis (Whooping Cough) and Haemophilus influenzae type B (Hib). Other immunisations are given at around 1 year, then at 3 years 4 months and later, as a teenager. With some immunisations, a booster (or top-up) dose is necessary to build up your child's immunity.

Since September 2006, every child starting its routine immunisations at two months of age is offered the pneumococcal vaccine.

The Pneumococcal infection can cause very serious illnesses such as meningitis and pneumonia as well as being one of the most common bacterial causes of ear infections. Your doctor's surgery or health centre is likely to run a special immunisation clinic and you will be sent an appointment card when it is time for your baby to be vaccinated.

Immunisations may be in the form of an injection in the thigh or upper arm. All vaccines used in the UK have gone through stringent testing procedures but you may have some concerns about the effects of immunisation on your child.

We would advise that you discuss any concerns with your GP or health visitor immediately.

If you are pregnant, you will be offered a vaccine (for whooping cough) during pregnancy (typically around 16-32 weeks) to help protect your baby in their first weeks of life.

To find out more about your child's immunisation schedule, visit www.nhs.uk/vaccinations/nhs-vaccinations-and-when-to-have-them/



PERINATAL AND POSTNATAL DEPRESSION

During your pregnancy and within the first year of giving birth you may be feeling emotions that seriously start to impact your life. If you find that you are struggling then you may be experiencing postnatal, antenatal or perinatal mental health problems.

Perinatal mental health services are a special team that has been set up to help support women with mental health problems during and after their pregnancy.

Perinatal mental illness affects up to 27% of expectant and new mothers and can have serious consequences if left untreated.

Within the first week after giving birth, you may experience what is commonly known as the 'baby blues'. You may feel tearful or down for a couple of days and this tends to be due to your changing hormones as your breast milk supply increases. However, this feeling is likely to pass as your hormones settle down and you adjust to life as a new mum.

If these feelings continue over a longer period (or even develop some time after your baby is born), you may be experiencing postnatal depression (PND).

You may have PND if you have some of the following symptoms:

- Time passes you by sometimes — you can look at the clock and wonder where the last two hours went
- You wake up each morning feeling exhausted, as if you haven't had any sleep (although many parents feel this way with a young baby in the house!)
- You find you laugh and smile less than you used to do
- You find it hard to concentrate, or organise simple tasks
- It's hard for you to see 'the funny side' of things
- You sometimes feel numb, as if feelings and experiences don't reach you
- Simple tasks may require enormous effort
- You find yourself crying, or feeling tearful, for small things, or for no reason at all
- You feel you can only be yourself with your partner, and sometimes not even then.

Many mothers with PND also feel unable to connect with their baby or, to the other extreme, worry constantly that something bad will happen to them. This can be very distressing at a time when you feel that the outside world expects you to be glowing with happiness about your new arrival.

The important thing to remember is that help is available; awareness about PND is growing all the time and, if you are affected, you do not need to suffer alone or in silence. Speak to your midwife, health visitor or GP if you are worried about postnatal depression and they will be able to recommend an appropriate course of action, as well as providing reassurance and practical advice.

**“ Did you know....
Postnatal depression effects
1 in every 10 new mothers
within the year of giving
birth. ”**

There are also some excellent support groups for mothers with PND; you may find local groups that are run by women who have been through the same experience.



Domestic Violence

Although pregnancy and parenthood should be cause for celebration, for one in three women, domestic violence will be something they have to deal with at some stage in their lives. Sadly, 30% of domestic violence is thought to start during or immediately after pregnancy and birth.

If you are living with domestic violence, both you and your baby are at risk and you should not have to tolerate this situation. You can speak in confidence to your midwife, GP, health visitor or social worker and they will be able to offer you advice about steps you can take to stop the abuse or seek a refuge.

There are also a number of organisations who will be happy to advise and support you, so that you are able to care for your baby in a safe environment (see Useful Contacts/Organisations) section.

Lone Parents

There is a great deal of support available to lone parents (see Useful Contacts/Organisations for more information) but there are bound to be times when raising a child on your own feels overwhelming.

In order to make sure that you have some important time for yourself, try to arrange a regular babysitter or see if your baby's grandparents will occasionally look after your child overnight. It may also be a good idea to find out about local support groups for lone parents or nearby mother and baby activities, which will enable you to meet new people and make friends.

As recommended on
Daynurseries.co.uk, please visit
to see what our parents say



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T: 01865 744448
E: julia.durbin@childbase.com

Julia Durbin Day Nursery, The Old Road, Roosevelt Drive,
Old Road Campus, Oxford, OX3 7JU



T: 01865 744200
E: sandfield.nursery@childbase.com

Sandfield Day Nursery, Sandfield Rd, Headington, Oxford OX3 7RH

Now taking registrations
We'd love to show you around

Scan me for
full nursery
details



Gingerbread is one such self-help organisation run by and for one parent families and has groups that meet across the UK.

Finding out about any financial support to which you are entitled may be a great help.



ARRANGING CHILDCARE

For information about what childcare is available in your area, please contact your local authority's Family Information Service.

Caring for children can be unpredictable at the best of times and there may be occasions when you need to arrange for your children to attend a childcare setting or activity-based programme.

There is a range of registered or approved quality childcare services available across the country providing safe, caring play and educational environments for your children and offering opportunities for you to use them to support your family's needs.

When might childcare be needed?

Parents/carers may be working, training, or may just need some time to themselves.

However, emergencies crop up from time to time or parents might need a helping hand so there is a range of services to help. Childcare can broaden children's experiences by offering them a change in surroundings, the opportunity to play with different toys, games and activities, and socialise and interact with other children and adults.

What types of childcare are available?

There are many different types of childcare available: childminders, day nurseries, children centres, preschools, out of school care (before and after school), holiday play schemes and crèches. There are also other options if care is required in the family home such as 'approved' child carers, nannies, au pairs or babysitters.

Is childcare just for under fives?

No! Services across the country cater for children aged 0 -14 years. You can be sure Ofsted registered childcare providers are trained and are sensitive to the needs of individual children including those experiencing difficulties.

“ Did you know.... In 2024 there are estimated to be approximately 56,400 childcare providers in England with at least one child aged 0-4 years. ”

How can I afford it?

Your Local Authority's Family Information Service can help you find different ways to pay for childcare.

They can provide advice on free nursery places (including the new funded childcare for eligible working parents of children aged 9 months and over), and on support available for lone parents, teenage parents, working parents, or students.

They can also give information about schemes such as Universal Credit childcare support, Tax-Free Childcare, Care to Learn, and Working Tax Credit (for existing claimants).

Visit your Local Authority website or the Childcare Choices website for more information.

Free Childcare for children under 5 years old

Eligible working parents will receive 15 hours of free childcare (for 38 weeks of the year) from the ages of 9 months to when their child starts school.

All 3 to 4 year olds are entitled to 570 hours of free childcare each year, this works out at 15 hours per week for 38 weeks each year, or you can take fewer hours over more weeks if you choose so. Some 3 to 4 years olds may be eligible for 30 hours free childcare a week if their parents meet certain income and criteria. To see if you are eligible visit

www.gov.uk/check-eligible-free-childcare-if-youre-working

You may need to pay for extras such as meals, nappies or trips out.

From September 2025 eligible working parents will be able to claim for 30 hours of free childcare a week from 9 months up to their child starting school.



EDUCATION

Stages Of Education

Pre-school Education is between the ages of 2 and 5 year olds.

Primary Education is between the ages of 5 to 11 year olds. Key Stage one is Infants 5 to 7 years and Key Stage Two is for juniors aged between 7 and 11 years.

Secondary School is from 11 years and compulsory until the last Friday in June of the year your child turned 16 years. If your child was born after September 1997 they must now stay in some form of education or training until they are 18 years old. This can be in either full time education at either school or college, an apprenticeship or trainee or in part-time education or training as well as being employed, self-employed or volunteering for more than 20 hours per week.

Types of Early Years Settings

All Early Years settings in England are regulated by Ofsted, in Wales they are regulated by Care inspectorate Wales (CIS). In Scotland they are regulated by the Care inspectorate (CIS), unless the nursery is attached to an independent school then these are inspected by the Independent Schools Inspectorate.

Day Nurseries - These are run by private and not-for-profit, charitable organisations as well as the NHS and the local authority. They provide care and education for children from birth up to the age of five years old. They are open all year round from 8am - 5pm or even longer, some may even offer overnight care. Some nurseries provide all meals and some include formula milk for child under the age of 1 year.

They can vary in size and they are split up into separate rooms according to the child's age. They offer a whole range of activities and they all follow the early years curriculum which is different depending on which part of the UK they are based.

Pre-Schools - These are run by voluntary parent led communities and charities, they provide care from the ages of 2 to 5 years. They also normally follow school opening hours and term times so they may not be open in school holidays.

Nursery School - These schools can either be independent, private or state funded.

State funded nurseries are funded by local authorities and offer childcare to children from the ages of 2.5 to 5 years, these follow the school term times.

Independent and private nursery schools tend to be run by individuals or employers, they can offer extended opening hours and offer breakfast club and after school clubs.

Childrens Centres - These centres offer a range of support to families who have children under the age of 5 years, they offer courses and classes such as parenting courses, ante-natal and post-natal support, help with breastfeeding, first aid courses and baby massage classes.

Montessori Nursery - The Montessori approach to education is based on child centered learning, independence and self-directed activity with age-appropriate mixed classrooms. At nursery, children learn through play using specially designed Montessori toys and resources.

Types of Schools

All children in England and Wales between the ages of 5 to 16 years are entitled to a free place in a state school.

This is in Primary education, between the ages of 5 to 11 years and Secondary education from the ages of 11 to 16 years.

In some areas of the country there are also middle schools for the ages of 9 to 13 years old. Some secondary schools also have sixth forms for the ages of 16 to 18 year olds, other options after the age of 16 years is college and colleges of further education.

State Schools - All children in England and Wales between the ages of 5 and 16 years are entitled to a free place. State schools are funded by local authorities or direct from the government and have to follow the national curriculum.

Grammar Schools - These are state funded but they select pupils using the entrance exam 11-plus, which involves sections on Maths, English, Verbal Reasoning and Non-Verbal Reasoning.

Private Schools - These are any institutes that do not receive any public funding, fees are charged to attend these schools or fees can be reduced through scholarships based on academic talents.

Independent Schools - These can be described as private or public schools that are overseen by a board of governors and trustees and is funded by fees paid by the pupils parents, contributions from supporting bodies and investments. These schools can set their own curriculum, but they must be registered with the Department of Education and are regularly inspected by the Independent Schools Inspectorate. They fall into 2 categories, Pre-Preparatory for ages 2 to 7 years and Preparatory for up to 11 or 12 years.

Academies - These schools are funded by the government and run by academy trusts, they can choose their own curriculum and can also choose their own terms dates and staffing.

Free Schools - These schools are types of Academies and they are funded by the government but not controlled by local authorities.

They are run on a not-for-profit basis and can be set up by charities, universities or independent schools.

Special Education Needs Schools

- These schools specialise in special education needs such as communication and interaction, cognition and learning, sensory, emotional and mental health, and Sensory and physical needs. Section 216 of the Education Act 1996 states that a child with special education needs should be educated in a mainstream school, unless a parent indicates that they do not want their child educated in a mainstream school, or it is incompatible with the efficient education of other children.

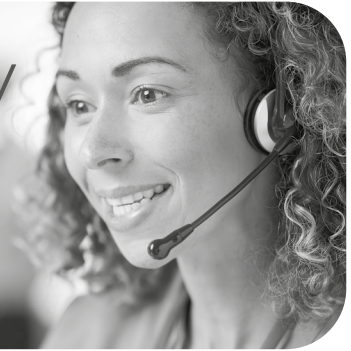
Faith Schools or Faith Academies

- Both teach religious studies, Faith School must follow the national curriculum, whereas Faith Academies do not need to follow the national curriculum, both have their own admission policies.

City Technology Colleges - These are funded partly by the government and partly by independent organisations, they offer a wide range of vocational qualifications alongside GCSE and A-levels for pupils ages 11 to 18 years. They teach the national curriculum but focus on vocational subjects such as science, mathematics and technology.

Montessori School - Primary and secondary schools provide individualised lessons and support based on each child where learning is more curriculum based and the child takes responsibility for their own tasks where teachers (also referred as Guides) act as facilitators and observers.

USEFUL CONTACTS / ORGANISATIONS



Listed below are a number of organisations that will be able to give you more advice about meeting your requirements. This is by no means an exhaustive list and you may find that there are local organisations who can tell you more about the services on offer in your area.

If you are living in Scotland or Wales, you are advised to read our Scottish or Welsh edition of the Parenthood & Pregnancy Guide as many of the organisations listed below have a dedicated Scottish or Welsh branch, and different rules, regulations and legislation may apply.

ACAS

Help and advice for employers and employees

Helpline: 0300 123 1100
Mon-Fri 8am – 6pm

www.acas.org.uk

Action on Pre-eclampsia (APEC)

The Stables, 80B High Street, Evesham, Worcs, WR11 4EU

Support and information for pre-eclampsia sufferers

Helpline: 01386 761 848
Mon – Thur 8.30am – 4pm

Email: info@apec.org.uk
www.apec.org.uk



Active Birth Centre

Pregnancy yoga and birth preparation courses, postnatal classes for mum and new baby, postnatal yoga, baby massage, pre/postnatal and baby therapies.



Email: info@activebirthcentre.com
or via online contact form
www.activebirthcentre.com

Addiction Helper

Help for anyone affected by addiction with advice on both nhs & private drugs & alcohol treatment options.

Freephone: 0800 014 8107

Email: info@addictionhelper.com
www.addictionhelper.com

Antenatal Results and Choices (ARC)

12-15 Crawford Mews, York Street, London, W1H 1LX

For parents who wish to discuss the results of their pre-natal tests

Helpline 0207 713 7486
Mon - Fri 10am - 5.30pm
Or text 07908 683 004 (UK only)

Email: info@arc-uk.org
www.arc-uk.org

Association of Breastfeeding Mothers

PO Box 1629, Bedford, MK42 5EF

Support and information - you can speak to fully trained volunteer breastfeeding counsellors

Tel: 0844 412 2948

Email: admin@abm.me.uk
www.abm.me.uk



National Breastfeeding Helpline:
0300 100 0212
The Helpline is open
24 hours a day, 365 days a year

Association of Tongue-tie Practitioners

Providing access to information and support regarding infant tongue-tie.

To find your local practitioner visit
www.tongue-tie.org.uk

Bliss

1st Floor North, 10-18 Union Street, London, SE1 1SZ

The special care baby charity

Tel: 020 7378 1122

Email: ask@bliss.org.uk
or via online contact form
www.bliss.org.uk



Both Parents Matter

UK Charity that offers valuable information and assistance to parents, regardless of marital status or gender.

Helpline: 0300 0300 363

www.bothparentsmatter.org.uk

The Breastfeeding Network

PO Box 11126, Paisley, PA2 8YB

Help and support with breastfeeding

Email:
admin@breastfeedingnetwork.org.uk
www.breastfeedingnetwork.org.uk



For breastfeeding support call the
Helpline: 0300 100 0212

British Nutrition Foundation

4 Fulwood Place, London, WC1V 6AE
For advice about a healthy, balanced diet

Tel: 020 7557 7930  **British Nutrition**
Foundation

Email: via online enquiry form
www.nutrition.org.uk

The British Wheel of Yoga

25 Jermyn Street, Sleaford, Lincolnshire
NG34 7RU

A voice in the UK, dedicated to promoting Yoga teachers, students and members within a professional environment

Tel: 01529 306851
Mon – Thur 9am – 5pm
Fri 9am – 4pm

Email: Via the online contact form
www.bwy.org.uk

Child Benefit Enquiries

Helpline: 0300 200 3100
Mon – Fri 8am – 8pm

www.gov.uk/child-benefit

Citizens Advice

Adviceline
0800 144 8848

For free, independent,
confidential and impartial
advice visit
www.adviceguide.org.uk
Or find your local bureau at
www.citizensadvice.org.uk



**citizens
advice**

Doula UK

Doulas support the whole family to have a positive experience of pregnancy, birth and the early weeks with a new baby.

To find a Doula local to you, visit
www.doula.org.uk

Down's Syndrome Association

We provide several helpful booklets including a link to the 'NHS Screening for Down's syndrome in Pregnancy' and their own 'People with Down's syndrome - Your questions answered'

Helpline: 0333 1212 300
Mon-Fri 10am - 4pm

Email: info@downs-syndrome.org.uk
www.downs-syndrome.org.uk

Drinkaware

If you are concerned about your own or other people's drinking

0300 123 1110 Weekdays 9am - 8pm
Weekends 11am - 4pm

You may also want to visit www.drinkaware.co.uk for the facts about alcohol and pregnancy

Family Lives

Helping parents to deal with the changes that are a constant part of family life.

Helpline:
0808 800 2222



Email: Via the online enquiry form
www.familylives.org.uk

Message on WhatsApp 07441 444125

Chat online

Fatherhood Institute

The UK's fatherhood think-and-do-tank

www.fatherhoodinstitute.org

FRANK

Tel: 0300 123 6600
24 hours a day, 7 days a week
Text 82111 Ask a question and Frank will text you back

Email: frank@talkfrank.com
www.talktofrank.com

Gingerbread

82 Tanner Road, London, SE1 3GN

For lone parent families

Gingerbread*

For help and support with single parenting, visit www.gingerbread.org.uk for more details.

Email: via the online contact form

Independent Midwives UK

66 Victoria Road, Summertown, Oxford,
OX2 7QD

The Home of Independent Midwifery

Tel: 0300 111 0105

Email: info@imuk.org.uk
www.imuk.org.uk

Kicks Count

Kicks Count is a UK registered charity that aims to empower mums-to-be with knowledge of baby movements and give them the confidence to trust their instincts.

Tel: 01483 397017



Email: info@kickscount.org.uk
www.kickscount.org.uk

La Leche League

Advice and information on breastfeeding, including support from other breastfeeding mothers and a range of publications

Email: via the online contact form
Visit www.laleche.org.uk for more information

Lactation Consultants of Great Britain

Registered charity working to improve the health and wellbeing of families through advocacy and expert International Board Certified Lactation Consultants breastfeeding care.

For more information visit
www.lcgb.org

LGBT+ Switchboard

At Switchboard we provide information, support and referral service for lesbians, gay men and bisexual and trans people – and anyone considering issues around their sexuality and/or gender identity.

Tel: 0800 0119 100
Open 10am – 10pm every day
Email: hello@switchboard.lgbt

www.switchboard.lgbt

Maternity Action

Unit 4, Wells House, 5-7 Wells Terrace, London, N4 3JU

Office telephone:
020 7253 2288



For more information visit
www.maternityaction.org.uk

Email: info@maternityaction.org.uk

Mind

Post: Mind Infoline, PO Box 75225
London, E15 9FS

Mind offers confidential help on a range of mental health issues. They also provide a special legal service to the public, lawyers and mental health workers. To find your local Mind, go to their website.

Mind Info Line: 0300 123 3393
Mon-Fri 9am - 6pm (except bank holidays)

Support Line: 0300 102 1234
Mon-Fri 9am - 6pm (except bank holidays)

Email: info@mind.org.uk
www.mind.org.uk

National Association of Child Contact Centres

Provides safe, neutral centres for children of separated families to spend time with one or both parents, or other family members

Tel: 0115 948 4557



Email: via the online contact form
www.naccc.org.uk

Lullaby Trust

Helping to keep babies safe and to keep grieving families supported.

General Enquiries Tel: 0207 802 3200
Email: office@lullabytrust.org.uk

www.lullabytrust.org.uk

NHS Services

Helping you take control of your health and wellbeing.

www.nhs.uk/nhs-services/

National Breastfeeding Helpline

Helpline: 0300 100 0212
24 hours a day, 365 days a year

www.nationalbreastfeedinghelpline.org.uk

National Debtline

For free debt advice call us on

Tel: 0808 808 400
Mon - Fri 9am - 8pm Sat - 9.30am - 1pm

www.natioanldebtline.org

NSPCC

UK's leading children's charity. Keeping children safe.

Helpline 0808 800 5000
18 or under call 0800 1111

Email: help@nspcc.org.uk
www.nspcc.org.uk

Pilates Teachers Association

9 Church Street, Troon KA10 6AU

A professional body which represent Pilates Teachers

Email: via online enquiry form
www.pilatesteachersassociation.org

Royal College of Obstetricians and Gynaecologists

10-18 Union Street, London Bridge SE1 1SZ

The RCOG encourages the study and advancement of the science and practice of obstetrics and gynaecology

Tel: 020 7772 6200

Email: via the online contact form
www.rcog.org.uk

Rehab 4 Alcoholism

Rehab 4 Alcoholism offers a free helpline and intervention service for people suffering from drug and alcohol addiction.

Helpline:
0800 111 4108
(International)
0345 222 3509



Email: via online contact form
www.rehab4alcoholism.com

Shelter

Legal and housing advice line offering independent information and advice in confidence to anyone with a housing problem.

Emergency Helpline 0808 800 4444
Mon - Fri 8am - 6pm,
Closed Bank Holidays
www.england.shelter.org.uk

Smokefree NHS

To find your nearest NHS Stop smoking service visit

Call National Smokefree Helpline
0300 123 1044 to speak to a trained adviser.

www.nhs.uk/better-health/quit-smoking

ukactive

Suite 1.03-1.05 Fox Court, 14 Grays Inn Road,
London WC1X 8HN

A not-for-profit body comprised of members and partners from across the UK active lifestyle sector. Our focus is a long-standing and uncompromising vision to get more people, more active, more often.

Tel: 020 8158 9700

Email: info@ukactive.org.uk
www.ukactive.com

Women's Aid

National Helpline: **women's aid**
0808 2000 247 until women & children are safe
(24-hour National
Domestic Violence Helpline)

Email: helpline@womensaid.org.uk
www.womensaid.org.uk

Working Families

c/o Buzzacott LLP, 130 Wood Street, London,
EC2V 6DL

Helpline: **Working Families**
0300 012 0312
Opening times
Mon - Fri 11am - 2pm
(except bank holidays)

Email: via online advice form
www.workingfamilies.org.uk

Useful Websites

www.babycentre.co.uk
www.netmums.com
www.bounty.com
www.patient.info
www.gov.uk



ABOUT THIS GUIDE

The information provided in this publication is given in good faith and is in no way connected to or affiliated with any of the organisations contained within this publication. The information supplied should not be taken as legal advice.

The content is also not intended to replace other healthcare professional advice that you may be encouraged to seek.

Professional advice should be sought where appropriate. Any rates and information contained within this publication was correct at the time of writing in November 2025.

As benefit entitlements change regularly, you are advised to contact the benefits enquiry line or your local jobcentre plus for information about current entitlements.



A helpful guide for parents and parents to be

Pregnancy comes with all sorts of emotions and thoughts. It's perfectly normal to have some worries about pregnancy and becoming a parent, but it's also a special time to enjoy and cherish.

You can also scan the QR code to visit our website, where you'll find our extensive list of helpful publications.



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07760449884

www.ripplekids.co.uk
info@ripplekids.co.uk



Baby, Toddler & Infant Lessons

Looking for baby swimming lessons or infant swimming classes? Our fun and interactive sessions are perfect for building confidence in the water for babies, toddlers, and preschoolers.

Why Choose Our Classes?

- **Fun & Familiar Songs:** Lessons are centred around songs and rhymes to keep your child engaged.
- **Parent-Friendly Instructions:** Learn easy techniques to confidently swim with your child.
- **Expert Teachers:** Experienced instructors ensure every child progresses at their own pace.
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Classes

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- **Stages 0-8**
- **Pre- School Classes**



Our 30-minute lessons focus on water confidence, safety, and swimming skills for all abilities. Flexible stages ensure your child progresses when they're ready.

Locations Include

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- **Kingfisher School Pool**
- **Harwell Primary School**

Teaching confidence and safety in every lesson

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SCHOOL

Welcome to Cokethorpe

A co-educational Prep and Senior School, set in 150 acres of glorious West Oxfordshire parkland, providing its pupils with exceptional breadth and an individual focus.

To book a tour, please contact the Admissions Office at admissions@cokethorpe.org or on **01993 703921** (option 1).

Give Your Child the Best Possible Start -
Reserve Their Nursery Place Today



THE TIMES

Top 30 Best Private School
in England for boys and girls
aged 3-11



Windrush Valley Prep School

windrushvalleyschool.co.uk

Academic excellence, sensible fees

Inspiring excellence, building character, being united in purpose



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