

Planning to Become Pregnant

This leaflet offers advice if you are planning to become pregnant, or have just become pregnant. The aim is to reduce the risk of harm to the baby, and to reduce the risk of pregnancy complications. There is a summary checklist at the end of the leaflet.

Folic acid supplements

You should take folic acid tablets (supplements). Ideally, do this from at least one month before you get pregnant, and continue taking them until at least the end of the 12th week of pregnancy - even if you are healthy and have a good diet. Folic acid is a vitamin which occurs naturally in certain foods such as spinach, sprouts, broccoli, green beans, and potatoes. Some bread and breakfast cereals are fortified with folic acid. However, the intake for each individual can vary. When you are pregnant, you need a good supply of folic acid to help with the development of the baby. If you take folic acid tablets in early pregnancy you reduce the risk of having a baby born with a spinal cord problem such as spina bifida. There is evidence that folic acid also reduces the risk of having a baby born with a cleft lip and palate, a heart defect (congenital heart disease), and the risk of a premature ('prem', preterm, or early) labour.

Folic acid is a naturally occurring vitamin which your body needs. It is not a drug (medicine). By taking these supplements you are just making sure that you get a good, regular amount of folic acid which you need especially during pregnancy. You can buy folic acid tablets from pharmacies. Also, the NHS Healthy Start scheme provides vitamin supplements that contain folic acid. These are free to many women who are on certain benefits - see: www.healthystart.nhs.uk.

- For most women, the dose is 400 micrograms (0.4 mg) a day.
- If you have an increased risk of having a child with a spinal cord problem then the dose is 5 mg a day. You need a prescription for this higher dose - that is, if:
 - You have had a previously affected pregnancy.
 - You or your partner have (or have a family with) a spinal cord defect.
 - You are taking medication for epilepsy.
 - You are obese - especially if your body mass index (BMI) is 30 or more.
 - You have coeliac disease, diabetes, sickle cell anaemia, or thalassaemia.

When is the best time to start taking folic acid tablets?

Ideally, start taking folic acid tablets before becoming pregnant. The common advice is to start from the time you plan to become pregnant. If the pregnancy is unplanned then start taking folic acid tablets as soon as you know that you are pregnant. However, a recent study looked at the effect of taking folic acid for a year prior to becoming pregnant. This study looked at the effect folic acid had on reducing preterm labour and delivery of the baby (that is, of having a 'prem' baby). The study found a significant decrease in the rate of preterm delivery for women who took folic acid for one year prior to becoming pregnant. So, you may wish to consider taking folic acid tablets well before you plan to become pregnant.

Because of the substantial benefits of folic acid, some countries routinely fortify staple foods - such as wheat, cornflour or rice - with folic acid. Currently there is debate as to whether the UK should follow suit and fortify certain common foods with folic acid. (See 'Further reading & references' at the end for details of this debate.)

Vitamin D supplements

Vitamin D is needed for growth. Vitamin D supplements are recommended for all pregnant women, breast-feeding women and breast-fed babies.

Alcohol

Advice from the Department of Health states that pregnant women or women trying to conceive should not drink alcohol at all. If you do choose to drink then, in order to minimise the risk to your baby, you should not drink more than 1-2 units of alcohol once or twice a week, should not get drunk and should avoid binge drinking (drinking more than 6 units of alcohol in a day). This is because alcohol can cause damage to a developing baby. Alcohol gets to a baby through the placenta if a pregnant woman drinks alcohol. A baby cannot process alcohol very well. So, any alcohol in your baby stays in their body much longer than in you. This is known to be a risk for causing serious problems. For example, studies have shown that:

- Pregnant women who drink more than 15 units a week have an increased risk of having a baby with a low birth weight.
- Pregnant women who drink more than 20 units a week have an increased risk of having a baby with some damage to the brain, causing impaired intellect.
- Pregnant women who drink very heavily risk having a baby with fetal alcohol syndrome. Babies with this syndrome have brain damage, a low birth weight and facial malformations.

NB: one unit of alcohol is in about half a pint of beer, or two thirds of a small glass of wine, or one small pub measure of spirits. See separate leaflet called Alcohol and Sensible Drinking for details.

The National Institute for Health and Clinical Excellence (NICE) advises pregnant women to avoid alcohol particularly in the first three months of pregnancy, because of an increased risk of miscarriage. However, there has been debate over the years as to whether small amounts of alcohol are safe to drink during pregnancy; also, if there is a time of pregnancy when alcohol is most likely to cause harm. But, recent research supports the advice of not drinking any alcohol whilst pregnant.

For example, a study by Feldman et al (cited below) looked at the relationship between drinking alcohol during pregnancy and it causing facial defects in the baby. This study showed that the more alcohol a woman drank, the more likely there was to be a facial defect in the baby. BUT, there was no safe amount of alcohol to drink during pregnancy, as there was still some risk with small amounts of alcohol. The study also found that drinking alcohol has risks throughout pregnancy, but it may be most likely to cause facial defects during weeks 6-12 of pregnancy. The authors of the study concluded that ... "Women should continue to be advised to abstain from alcohol consumption from conception throughout

pregnancy." If you are already dependent on alcohol you should be open and honest about the amount you drink, for the sake of your baby's health. If you are planning a pregnancy, go to see your doctor before you become pregnant so that professional help can be arranged. Once you are pregnant, many different people may offer you support, including doctors, midwives, social workers and counsellors. This can become confusing but, if you regularly keep in touch with one healthcare professional (usually your midwife or GP), they should be able to make sure that you are not bombarded with too many unnecessary appointments.

Smoking

If you smoke, you are strongly advised to stop before getting pregnant. Tobacco smoke contains poisonous chemicals which pass into the baby's blood and can slow the baby's growth. The risk of having a miscarriage, premature birth, or stillbirth are higher if you smoke. Babies born to mothers who smoked when pregnant also have an increased risk of developing behavioural problems and attention deficit hyperactivity disorder (ADHD) when they are older. Also, after the birth, children of smoking parents have an increased risk of having chest infections, asthma, glue ear, and cot death (sudden infant death syndrome).

Of course, there are many other risks with smoking, such as the increased risk of developing chest and heart disorders. See separate leaflet called Smoking - The Facts for details. For many women who smoke, planning to become pregnant is a good incentive to stop smoking. It is often a good time to persuade partners to give up too. If you find it difficult to stop smoking then seek advice and help from your practice nurse, GP, or pharmacist.

For many people it is not easy to stop. Below are some tips which may help:

- **Write a list of all the reasons why you want to stop**, and keep them with you. Refer to them when you are tempted to light up.
- **Set a date for stopping, and stop completely.** (Some people prefer the idea of cutting down gradually. However, research has shown that if you smoke fewer cigarettes than usual, you are likely to smoke more of each cigarette, and nicotine levels remain nearly the same. Therefore, it is usually best to stop once and for all from a set date.)
- **Tell everyone.** Friends and family often give support and may help you.
- **Get rid of ashtrays, lighters, and all cigarettes.**
- **Be prepared for some withdrawal symptoms.** When you stop smoking, you are likely to get symptoms which may include: nausea (feeling sick), headaches, anxiety, irritability, craving, and just feeling awful. These symptoms are caused by the lack of nicotine that your body has been used to. They tend to peak after 12-24 hours, and then gradually ease over 2-4 weeks.
- **Be aware of situations in which you are most likely to want to smoke** (for example, the pub). Try changing your routine for the first few weeks. If drinking tea and coffee are difficult times, try drinking mainly fruit juice and plenty of water.
- **Take one day at a time.** Mark off each successful day on a calendar. Look at it when you feel tempted to smoke, and tell yourself you don't want to start all over again.
- **Be positive.** You can tell people that you don't smoke. You will smell better. After a few weeks you should feel better, taste your food more, and cough less. You will have more money.
- **Food.** Some people worry about gaining weight when they give up smoking, as the appetite may improve. Anticipate an increase in appetite, and try not to increase fatty or sugary foods as snacks. Try sugar-free gum and fruit instead.
- **Don't despair if you fail** and have a cigarette. You don't have to start smoking again. Pick yourself up and try again. Examine the reasons why you felt it was more difficult at that particular time. It will make you stronger next time.

There are also medications that can help you quit.

Nicotine replacement therapy (**NRT**): this can help if withdrawal symptoms are troublesome. Nicotine gum, sprays, patches, tablets, lozenges, and inhalers are available to buy, and on prescription. Using one of these increases your chance of stopping smoking if you really want to stop. A pharmacist, GP, or practice nurse can advise about NRT. If you are not yet pregnant, but are planning a pregnancy, an option is to try a course of NRT before becoming pregnant.

Medicines called bupropion (trade name Zyban®) and varenicline (trade name Champix®) can also help. These are available on prescription. One of these may be useful **before** you become pregnant. These medicines roughly double your chance of stopping smoking if you really want to stop. They help to reduce the symptoms of nicotine withdrawal. But note:

- You should not take these medicines when you are pregnant, as the risk to the unborn child is not known.
- If you take one of these medicines, the course should be completed before you become pregnant.

Street (illicit) drugs

If you take or inject street drugs, you are strongly advised to stop before getting pregnant. Their effects on pregnancy are not fully known. However, there is an increasing amount of evidence to suggest that they are likely to pose a risk of damage to the baby. A couple of examples of what is known include:

- **If you take or inject heroin** when you are pregnant it increases the risk of:
 - Miscarriage.
 - Slowing the growth of the baby, leading to a low birth weight.
 - Premature labour, leading to the baby being 'prem'.
 - Stillbirth.
 - The baby having withdrawal symptoms after the birth.
- **Using cocaine** when you are pregnant is particularly hazardous. It increases the risk of:
 - Serious life-threatening bleeding from the uterus in late pregnancy (placental abruption).
 - Miscarriage.
 - Slowing the growth of the baby, leading to a low birth weight.
 - Premature labour leading to the baby being 'prem'.
 - Stillbirth.
 - Possibly, abnormalities of the baby when it is born.

But the above are just two examples. There are many street drugs and it is beyond the scope of this leaflet to discuss each drug in turn. But, you can contact FRANK (details below) for information about individual drugs.

If you intend to become pregnant you should aim to stop taking or using street drugs. It is best to postpone the pregnancy until you are off drugs. If you have an unplanned pregnancy you should aim to stop the drugs as soon as possible.

Some people can stop drugs without any help, but many people will require help. If you cannot come off drugs easily, see your doctor for help. Your doctor will be able to refer you to a local community drug team for help. Most community drug teams can:

- Offer treatment plans. For example, one option for people who use heroin is to take substitute therapy with methadone in place of injecting heroin. This option is safer than injecting heroin during pregnancy.
- Provide counselling and information.
- Provide harm-reduction activities such as needle exchange schemes.

Overweight and obesity

If you are obese or overweight, try to lose some weight before becoming pregnant. Women who are overweight or obese have a greater risk of pregnancy complications such as pre-eclampsia, stillbirth and the need for a caesarean section compared with women who are not overweight. Basically, the more obese you are, the greater the risk.

Food and diet

Eat a healthy balanced diet

Aim to eat a healthy diet (which everyone should be eating, not just pregnant women). Briefly, the bulk of most meals should be starch-based foods (such as bread, cereals, potatoes, rice, and pasta), with fruit and vegetables. Eat protein foods such as meat, fish, pulses, chicken, etc, in moderation. Include foods with plenty of iron, calcium and folic acid. A growing baby needs these nutrients right from the start of the pregnancy:

- **Iron** is mainly in red meat, pulses, dried fruit, green vegetables and fortified cereals.
- **Calcium** is mainly in dairy products such as milk, cheese, and yoghurt. (Low-fat milk, cheeses and yoghurts usually contain just as much calcium as the full-fat varieties.)
- **Folic acid** is mainly in green vegetables, brown rice, and fortified cereals.

What about supplements?

As mentioned, folic acid and vitamin D supplements are recommended for all pregnant women. Otherwise, apart from possibly iodine (see below), no other supplements are routinely advised if you have a normal diet. However, some women have low iron stores which puts them at risk of becoming anaemic during pregnancy. The routine blood tests that are done during pregnancy will detect anaemia and the need for iron supplements.

Iodine - a research study published in 2011 concluded that it is likely that many young women in the UK do not get enough iodine in their diet and are lacking in iodine. Iodine mainly comes from milk, yogurt, eggs and fish. Because iodine intake can be variable, some countries routinely fortify cereals and bread with iodine - but not the UK. Iodine is essential for the brain development of a baby in the womb. The research author's concern is that many pregnant women will be lacking in iodine. This may cause their baby to have reduced brain development and be less intelligent than they would otherwise have been. Further research is needed in this area. But, in the meantime, you may wish to consider whether your diet has enough iodine. And, if it doesn't, perhaps talk to your doctor about taking an iodine supplement. A link to the NHS analysis on this study is given at the end.

What about fish?

In general, fish is a good source of protein and other nutrients. Aim to eat at least two portions of fish per week, with at least one portion being oily fish (see below). However, there are some important exceptions. Some types of fish contain a high level of mercury which can damage the developing nervous system of an unborn baby. Because of this, the Food Standards Agency (FSA) advises:

- You should not eat any shark, marlin, or swordfish.
- Limit tuna - eat no more than four medium-sized cans (drained weight = 140 g per can), or two fresh tuna steaks per week (weighing about 140 g cooked or 170 g raw).

Also, do not eat raw fish or uncooked shellfish (which may contain bacteria, viruses or parasites).

Also, some types of fish may contain a small amount of chemicals from pollution, including dioxins and polychlorinated biphenyls (PCBs). If you eat a lot of these fish, these chemicals may build up in your body over time, which may be harmful. Because of this, the FSA advises that you should have no more than two portions a week of any of the following fish:

- Oily fish, including mackerel, sardines, salmon, trout and fresh tuna. (Tinned tuna doesn't count as oily fish.)
- Sea bream, sea bass, turbot, halibut, rock salmon (also known as dogfish, flake, huss, rig or rock eel).
- Brown crabmeat.

However, the advice above (from the FSA) is controversial. Some experts think the advice to eat no more than two portions of oily fish per week during pregnancy is too restrictive, and may even be harmful to a developing baby. For example, one study found that children of mothers who had eaten a reasonable amount of oily fish during pregnancy had, on average, better communication and social skills at age 7. Oily fish are rich in nutrients called omega-3 fatty acids. It is thought that omega-3 fatty acids are important to aid brain development and may be the reason for the results of this study.

Therefore, some experts argue that the concern over toxic chemicals in fish is over-cautious and that the benefits of eating three or more portions of oily fish per week outweigh other risks. Further research may help to clarify this.

Foods and drinks to avoid

You should not eat the following if you are pregnant or trying to become pregnant:

- **Anything with a lot of vitamin A.** You need a small amount of vitamin A to keep healthy. However, large amounts can harm an unborn baby. So, avoid:
 - Liver and liver products such as liver pâté and cod liver oil supplements.
 - Vitamin tablets or supplements which contain vitamin A.
- **Food which may have high levels of listeria.** This germ (bacterium) does not usually cause problems in people who are not pregnant. However, pregnant women are more likely to become infected with listeria, and it sometimes causes miscarriage, stillbirth, or infections in the baby after birth. Foods which are most at risk of carrying listeria are:
 - Undercooked meats and eggs. This may occur in some pre-cooked meats and pre-prepared meals. Make sure all meat foods are cooked until piping hot. Eggs should be cooked until the white and yolk are solid. Avoid foods that may contain raw eggs, such as some types of mayonnaise and mousse.

- o Mould-ripened and soft cheeses such as brie, Camembert and blue-veined cheeses. (Hard cheeses and processed cottage cheese are safe.)
- o Pâtés - including vegetable pâtés.
- o Raw shellfish and raw fish.
- o Unpasteurised milk. **Note:** goat's milk is often unpasteurised, and goat's milk products such as cheeses are often made from unpasteurised milk.
- **Certain fish** (as described earlier).
- **Caffeine** should be limited to no more than 200 mg per day. Caffeine is a substance that occurs naturally in foods such as tea, coffee and chocolate; is added to some drinks such as cola, and some energy drinks; and is an ingredient of some cough and cold remedies, and some painkillers which you can buy at pharmacies. Having a lot of caffeine increases your risk of having a miscarriage and a baby with low birth weight. The increased risk is small. But, it is best to play safe. The main sources of caffeine are coffee, tea, chocolate, and cola. It is also added to some energy drinks and to some cough and cold remedies. As a rough guide:
 - o One mug of instant coffee has about 100 mg of caffeine.
 - o One mug of brewed coffee has about 140 mg of caffeine.
 - o One mug of tea has about 75 mg of caffeine.
 - o One 50 g plain chocolate bar has about 50 mg of caffeine. Milk chocolate has about half the caffeine that plain chocolate has.
 - o One can of cola or half a can of an energy drink has up to 40 mg of caffeine.
- **Liquorice may be important to avoid.** A research study published in 2009 found that women who ate a lot of liquorice (which is common in some countries) were more likely to have children with lower intelligence levels and more behavioural problems. Further research is needed to clarify this issue.

Animals

Avoid contact with sheep and lambs at lambing time. This is because some lambs are born carrying the germs that cause listeriosis, toxoplasmosis and chlamydia. These may be passed on to you and your unborn baby. Toxoplasma is also found in cat poo (faeces). Always wash your hands after handling cats and ask someone else to wash out cat litter trays.

Medication

The effects of some prescribed medicines have been well studied and it is known that certain medicines are safe in pregnancy. For example, paracetamol at normal dose is safe and useful for headaches, backache and other aches and pains that may occur during pregnancy. However, some medicines are not safe, and may be harmful to a developing baby - in particular, if you take them in the early weeks of pregnancy. Therefore, always tell a doctor or dentist who prescribes medication for you that you intend to become pregnant. Also, don't take medicines that you can buy over the counter (including herbal remedies) unless they are known to be safe in pregnancy. The pharmacist will advise you about this.

- Paracetamol at normal dose is safe and useful for headaches, backache, and other aches and pains that may occur during pregnancy.
- Anti-inflammatory painkillers such as ibuprofen. You should not normally take these during pregnancy. Regular use during pregnancy may affect the large blood vessels of the developing baby.
- Laxatives. Constipation is common in pregnancy and you may need a laxative. At first it is best to try increasing the fibre in your diet and increasing the amount of non-alcoholic fluids that you drink. If this fails then fibre supplements such as bran, ispaghula and sterculia are safe. If you need something stronger then it is best to discuss this with a doctor. Some laxatives such as docusate and lactulose may be prescribed safely for a short time.
- Antihistamines. The safest one to use in pregnancy is chlorphenamine. This is because it is the oldest, and so has a long-established safety record. However, it tends to make some people drowsy. If you require an alternative then it is best to see a doctor for advice.
- Decongestants such as pseudoephedrine, phenylephrine and xylometazoline are best avoided in the early stages of pregnancy. However, they are unlikely to be harmful if used just now and then.

Always tell a doctor or dentist who prescribes your medication that you intend to become pregnant.

If you already take regular medication (for example, for epilepsy or diabetes), it is important that you discuss this with a doctor before becoming pregnant.

If you have an unplanned pregnancy, discuss with your doctor as early as possible any medication that you take. In some cases, the risk of taking the medicine has to be balanced against the risk of not taking the medicine, and your condition not being treated.

Infections

Rubella (German measles)

If you plan to become pregnant for the first time, you should check that you are immune to rubella (German measles) before becoming pregnant. See your practice nurse for a pre-pregnancy blood test. Most women are immune to rubella, as they have been immunised as a child. However, childhood immunisation does not work in every child and you may not be immune. If you are not immune, you can be immunised.

Note: you should not become pregnant for one month after the injection, and ideally until your immunity has been confirmed by a further blood test.

The rubella virus causes a mild illness but can seriously damage an unborn baby, especially in the early stages of growth. So, until you know that you are immune (from the result of the blood test), you should avoid anyone who has rubella, especially in the first 16 weeks of pregnancy.

Toxoplasmosis

This germ is commonly found in raw meat, and sheep, lamb and cat poo (faeces). It can sometimes cause serious harm to an unborn baby. To avoid it:

- Wash your hands after handling raw meat.
- Do not eat raw or undercooked (rare) meat.
- Wash salads and vegetables, as any dirt may have been contaminated by cat faeces.
- Wash your hands after handling pets or animals, especially cats and kittens.
- Get someone else to clean out any cat litter trays when you are pregnant.
- Always wear gloves when gardening.
- Avoid sheep, especially during the lambing season.

Food poisoning

Various germs (bacteria, viruses or similar) can cause food poisoning. Food poisoning causes tummy (abdominal) pain, diarrhoea and vomiting. Two germs that are of particular importance to avoid during pregnancy have already been mentioned - listeria and toxoplasma. It is possible that other food poisoning bacteria may also cause complications during pregnancy. For example, gut infection with bacteria called salmonella and campylobacter may be associated with an increased risk of pregnancy complications. So, it is wise to be extra vigilant about avoiding food poisoning.

Therefore, be strict about food hygiene; always cook eggs, and meat, including poultry, thoroughly; wash fruit and vegetables, and wash hands after going to the toilet, before handling food, before eating, and after handling raw meat or animals.

Chickenpox

Having chickenpox when pregnant can be a nasty illness, and there is some risk to the developing baby. A vaccine is offered to healthcare workers (doctors, nurses, etc) who have not previously had chickenpox and so are not immune and may catch chickenpox. (About 1 adult in 10 has not had chickenpox as a child.) Therefore, non-immune healthcare workers should consider having this vaccination before getting pregnant. If you are not sure if you have had chickenpox, a blood test can check if you have previously had it.

Hepatitis B

A mother who is infected with hepatitis B has a high risk of passing it on to her newborn baby. If you are at high risk of catching hepatitis B, you should be immunised against this virus before becoming pregnant. People at increased risk and who should be immunised include:

- Those whose job puts them at risk of contracting hepatitis B - for example, healthcare personnel and staff at daycare or residential centres.
- Those who inject street (illicit) drugs.
- Those who change sexual partners frequently.
- Those who live in close contact with someone infected with hepatitis B.

Screening blood tests

Ideally, you should have a blood test before you become pregnant, to screen for hepatitis B, syphilis, and HIV. Ask your practice nurse for a pre-pregnancy blood test.

Consider your working environment

If you think that your job may pose a risk to a pregnancy then ideally you should discuss this with your employer before becoming pregnant.

Certain jobs and workplaces may pose a risk to a pregnancy, in particular to the early stages of pregnancy. For example:

- Raw meat is sometimes contaminated with germs, such as listeria and toxoplasma. If these germs infect adults, they may cause listeriosis or toxoplasmosis, but may cause little harm. However, these germs can cause serious problems to your unborn child if you become infected when you are pregnant.
- If you work with certain animals. For example:
 - You should avoid contact with sheep and lambs at lambing time. This is because some lambs are born contaminated with germs such as listeria, toxoplasma and chlamydia which may affect you and your unborn baby.
 - Cats and kittens often carry toxoplasma germs. Especially cat poo (faeces). So, cleaning out cat litters and handling cats and kittens can be a risk.
- If your job puts you at risk of contracting hepatitis B, you should be immunised against this virus. For example, if you are a healthcare worker, or work at a daycare or residential centre. (Women with hepatitis B can pass on the infection to their child at childbirth.)
- If you work with chemicals, fumes, radiation, etc. Some may be toxic to an unborn baby.

The above are just examples. In short, if you think that your occupation may pose a risk to a pregnancy, then you should discuss this with your employer before becoming pregnant. A change in job, or working practice, may be necessary.

You and your employer may wish to download information guides from the Health and Safety Executive (HSE) website at www.hse.gov.uk.

You may not wish to discuss with your employer your intention to become pregnant, but have a health and safety concern at work. One option then is to contact the HSE for advice on their Infoline - Tel: 0845 345 0055.

Medical conditions

Women with certain medical conditions may benefit from advice before becoming pregnant. See your doctor if you have concerns about a medical condition which may affect pregnancy. For example:

- For some conditions, the medication or treatment may possibly affect the pregnancy or the unborn child - for example, epilepsy.
- For some conditions, the condition itself may require special attention during the pregnancy - for example, diabetes.
- If a hereditary condition runs in your family, you may benefit from genetic counselling.

If in doubt about any medical condition that you have or treatment that you take with regard to their effect on pregnancy then see your doctor. Ideally, do this before you become pregnant; or, if the pregnancy is unplanned, as soon as possible.

Screening tests

Since October 2008, all pregnant women in England have been offered a screening test for sickle cell disease and thalassaemia. Some women may wish to have the screening test before becoming pregnant, especially if their family origins make these diseases more likely. See your doctor to discuss this. Genetic testing is a rapidly developing area of medicine. It may be possible that more tests will become available to detect carriers of various diseases. When they become available, these may be tests to consider before becoming pregnant.

See separate leaflet called Pregnancy - Screening Tests.

Summary and checklist

Most pregnancies go well and without any major problems. But, it is wise to reduce any risks as much as possible. So, a reminder of things to consider before becoming pregnant, and as soon as you realise you are pregnant ...

- **Things you should do:**
 - Take folic acid tablets before you get pregnant until 12 weeks of pregnancy.
 - Take vitamin D supplements when you become pregnant.
 - Have a blood test to check if you are immune against rubella, and to screen for hepatitis B, syphilis, and HIV. Ask your practice nurse to do this.
 - Eat a healthy diet. Include foods rich in iron, calcium and folic acid; also, some oily fish.
 - Have strict food hygiene. In particular, wash your hands after handling raw meat, or handling cats and kittens, and before you prepare food.
 - Wear gloves when you are gardening.
- **Things you should avoid:**
 - Too much vitamin A - don't eat liver or liver products, or take vitamin A supplements.
 - Listeriosis - don't eat undercooked meat or eggs, soft cheese, pâté, shellfish, raw fish, or unpasteurised milk.
 - Fish which may contain a lot of mercury - shark, marlin, swordfish, or excess tuna.
 - Sheep, lambs, cat poo (faeces), cat litters, and raw meat, which may carry certain infections.
- **Things you should stop or cut down on:**
 - Caffeine in tea, coffee, cola, etc - have no more than 200 mg per day. For example, this is in about two mugs of instant coffee, or one mug of brewed coffee and a 50 g bar of plain chocolate, or two and a half mugs of tea.
 - Alcohol - you are strongly advised not to drink at all.
 - Smoking - you are strongly advised to stop completely.
 - Street (illicit) drugs - you are strongly advised to stop completely.
 - Liquorice - reduce your intake if you eat lots of it.
- **Other things to consider:**
 - Your iodine intake and perhaps discuss with your doctor about iodine supplements.
 - Immunisation against hepatitis B if you are at increased risk of getting this infection.
 - Immunisation against chickenpox if you are a healthcare worker and have not previously had chickenpox and so are not immune.
 - Your medication - including herbal and 'over-the-counter' medicines. Are they safe?
 - Your work environment - is it safe?
 - Medical conditions in yourself, or conditions which run in your family.
 - Screening tests for sickle cell disease and thalassaemia.

Further help & information

[FPA](#)

50 Featherstone Street, London, EC1Y 8QU

Tel: Helplines (England, Scotland and Wales): 0845 122 8690 (Northern Ireland): 0845 122 8687

Web: www.fpa.org.uk

[Go Folic!](#)

Web: www.gofolic.co.uk

[Frank](#)

Tel: 0800 77 66 00

Web: www.talktofrank.com

[NOFAS-UK](#)

165 Beaufort Park, London, NW11 6DA

Tel: (Helpline) 020 8458 5951

Web: www.nofas-uk.org

[QUIT](#)

20-22 Curtain Road, London, EC2A 3NF

Tel: (Quitline) 0800 002200, (Admin) 0207 539 1700

Web: www.quit.org.uk

[Royal College of Obstetricians and Gynaecologists Patient Information](#)

Web: www.rcog.org.uk/womens-health/patient-information

[Information Service for Parents](#)

Web: <https://www.nhs.uk/InformationServiceForParents/pages/home.aspx>

Further reading & references

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