

introduction

find everything you need to know in this book



Having a baby is one of the most exciting things that can happen to you. But you might be feeling nervous as well. If it's your first baby, it's hard to know what to expect.

Your mum, colleagues, friends and relations might all be giving you advice. And then there is all the information on the internet as well as in magazines and books. At times it can feel overwhelming and it's hard to know who is right when people say different things.

This book brings together everything you need to know to have a healthy and happy pregnancy, and to make sure you get the care that is right for you. The guidance about pregnancy and babies does change.

So it's important to get up-to-date, trusted advice so that you can make the right decisions and choices.

If you have any questions or concerns – no matter how trivial they may seem – talk to your midwife or doctor. They are there to support you.



The information in this book is also available online from the NHS interactive pregnancy planner, which is available at www.nhs.uk/pregnancyplanner

You can download an interactive widget at www.nhs.uk/pregnancywidget that delivers weekly

information and tips tailored to you and your pregnancy.



YOUR PREGNANCY AT A GLANCE



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BEFORE YOU GET PREGNANT



- Think about the lifestyle factors that might affect your ability to get pregnant and have a healthy pregnancy (see Chapter 3). This applies to men too. You are more likely to get pregnant if you are both in good health.

- If you smoke, get advice about stopping. You can talk to your doctor, visit www.nhs.uk/smokefree or call the free NHS smoking helpline on 0800 022 4 332.
- Eat a balanced diet.
- Maintain a healthy weight.

- You should avoid drinking alcohol if you are pregnant or trying to conceive. If you do choose to drink, then protect your baby by drinking no more than one to two units of alcohol once or twice a week and don't get drunk (see page 32).

- Take exercise.

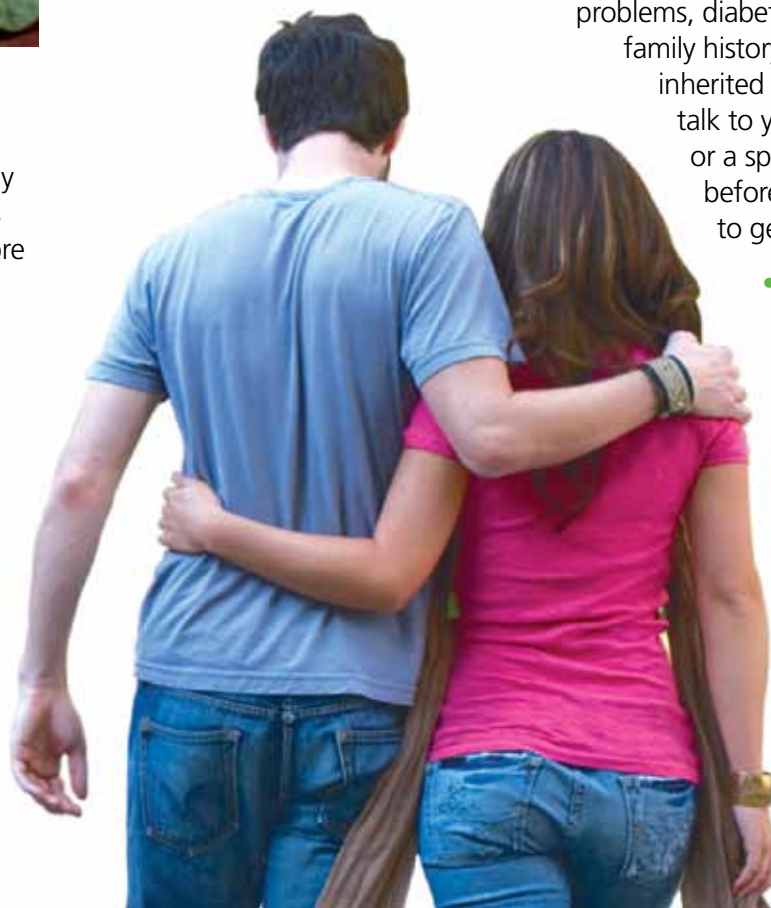
- If you or your partner take any medication, talk to your doctor about whether it will affect your pregnancy.

- Take 400 micrograms of folic acid a day. You should continue to take this until you are 12 weeks pregnant (see page 27).



- If you have a health condition, for example mental health problems, diabetes or a family history of any inherited diseases, talk to your GP or a specialist before you try to get pregnant.

- Talk to your GP or a healthcare professional if you have any concerns or need support.





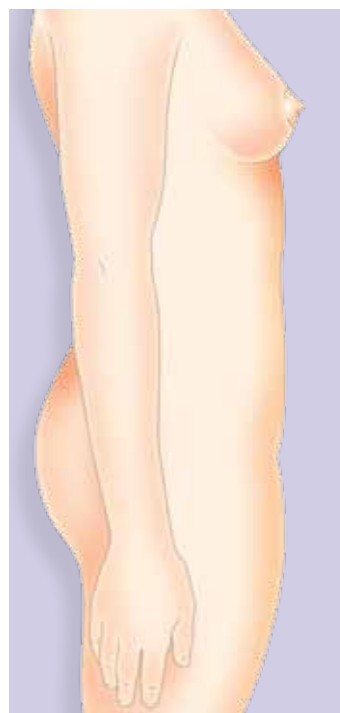
0–8 WEEKS

- You can take a pregnancy test from the first day that you miss your period (see **Finding out that you are pregnant** on page 16).
- As soon as you know you are pregnant, get in touch with a midwife or your GP to organise your antenatal care (see **Finding out that you are pregnant** on page 16 and **Antenatal care** on page 40). Begin to think about where you want your baby to be born (see **Choosing where to have your baby** on page 70).
- Some pregnant women start to feel sick or tired or have other minor physical problems for a few weeks (see **Common minor problems** on page 58).
- Take 10 micrograms of vitamin D per day, which is in Healthy Start vitamin supplements or other supplements recommended by your midwife. You should continue to take vitamin D throughout your pregnancy and while you are breastfeeding.

8–12 WEEKS

- You will usually attend your first appointment by 10 weeks and your booking appointment by 12 weeks.
- At the booking appointment, your weight, height and body mass index will be measured. You will be asked about your health and family history as well as about your baby's father's family history. This is to find out if you are at risk of certain inherited conditions.
- Your hand-held notes and plan of care will be completed.
- Your midwife will discuss various tests you will be offered during your pregnancy, one of which is an ultrasound scan to check for abnormalities in your baby (see page 48). You will be offered information about what to expect during pregnancy and how to have a healthy pregnancy. Ask if you are unsure about anything.
- You can ask your midwife about your rights at work and the benefits available (see **Rights and benefits** on page 156).
- You will usually be offered an ultrasound scan between eight and 14 weeks. This will check the baby's measurements and give an accurate due date. The scan can also detect abnormalities and check if you are carrying more than one baby. Your partner can come along to the scan (see **Antenatal care** on page 40).
- If you get Income Support, income-based Jobseeker's Allowance or income-related Employment and Support Allowance or are on a low income and receive Child Tax Credit, you should complete a Healthy Start application form (see page 28). This is to claim vouchers to spend on milk, fruit and vegetables. Healthy Start vitamin supplements (containing vitamin D) are free without prescription for any pregnant woman, new mother or child who gets Healthy Start vouchers (see **Rights and benefits** on page 156).

- Make a dental appointment. NHS dental care is free during pregnancy and for a year after the birth of your baby.
- Just 12 weeks after conception, your baby is fully formed. It has all its organs, muscles, limbs and bones, and its sex organs are well developed.
- Your baby is already moving about but you cannot feel the movements yet.



growing
and developing



12–16 WEEKS

- Find out about antenatal education (see **Antenatal care** on page 40).
- Start to think about how you want to feed your baby (see **Feeding your baby** on page 102).
- Make sure you are wearing a supportive bra. Your breasts will probably increase in size during pregnancy so you need to make sure you are wearing the right sized bra.
- If you have been feeling sick and tired, you will probably start to feel better around this time.
- At 14 weeks, your baby's heartbeat is strong and can be heard using an ultrasound detector.
- Your pregnancy may just be beginning to show. This varies a lot from woman to woman.



16–20 WEEKS

- You may start to feel your baby move (see **How your baby develops** on page 18).
- Your tummy will begin to get bigger and you will need looser clothes.
- You may feel a surge of energy.
- Try to do your pregnancy exercises regularly (see **Your health in pregnancy** on page 24).
- Your midwife or doctor should:
 - review, discuss and record the results of any screening tests
 - measure your blood pressure and test your urine for protein
 - consider an iron supplement if you are anaemic.
- Your midwife or doctor should give you information about the anomaly scan you will be offered at 18–20 weeks and answer any questions you have.
- Your baby is now growing quickly. Their face becomes much more defined and their hair, eyebrows and eyelashes are beginning to grow.
- Ask your doctor or midwife to let you hear your baby's heartbeat.



20–25 WEEKS

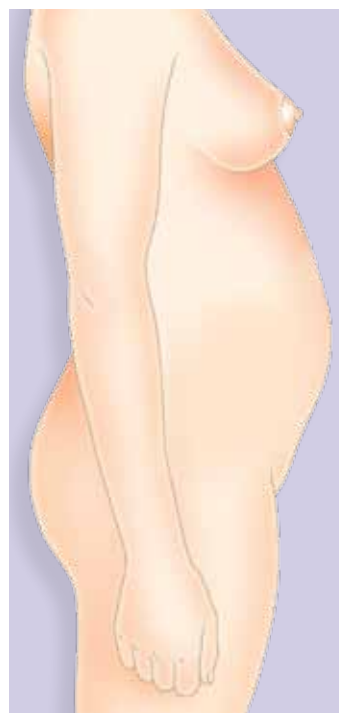
- Your uterus will begin to get bigger more quickly and you will really begin to look pregnant.
- You may feel hungrier than before. Stick to a sensible balanced diet (see **Your health in pregnancy** on page 24).



- Ask your midwife about antenatal education (see **Antenatal education** on page 56).
- You will begin to feel your baby move.
- Get your maternity certificate (form MAT B1) from your doctor or midwife (see **Rights and benefits** on page 156).

25 WEEKS (if this is your first baby)

- Your baby is now moving around vigorously and responds to touch and sound.
- If this is your first baby, your midwife or doctor should:
 - check the size of your uterus
 - measure your blood pressure and test your urine for protein.
- If you are taking maternity leave, inform your employer in writing 15 weeks before the week your baby is due. You can claim for Statutory Maternity Pay (SMP) and the Health in Pregnancy Grant at the same time (see **Rights and benefits** on page 156).
- If you are entitled to Maternity Allowance, you can claim from when you are 26 weeks pregnant (see **Rights and benefits** on page 156).
- If your partner plans to take paternity leave, they will need to inform their employer.



28 WEEKS

- Your baby will be perfectly formed by now, but still quite small.
- You may find that you are getting more tired.
- Your midwife or doctor should:
 - use a tape to measure the size of your uterus
 - measure your blood pressure and test your urine for protein
 - offer more blood screening tests
 - offer your first anti-D treatment if your blood type is rhesus negative.
- If you are claiming Statutory Maternity Pay (SMP), you must inform your employer at least 28 days before you stop work (see **Rights and benefits** on page 156).
- You can claim a lump sum Sure Start Maternity Grant to help buy things for your new baby if you get one of the following:
 - Income Support
 - income-based Jobseeker's Allowance
 - income-related Employment and Support Allowance
 - Pension Credit
 - Working Tax Credit where the disability or severe disability element is included in the award
 - Child Tax Credit payable at a rate higher than the family element (see **Rights and benefits** on page 156).

- Think about what you need for the baby (see **What you need for your baby** on page 127).
- If you have young children, it's good to talk to them about the new baby.
- Make sure your shoes are comfortable. If you get tired, try to rest with your feet up.



excitement and apprehension



31 WEEKS (if this is your first baby)

- If this is your first baby, your midwife or doctor should:
 - review, discuss and record the results of any screening tests from the last appointment
 - measure the size of your uterus and check which way up the baby is
 - measure your blood pressure and test your urine for protein.

34 WEEKS

- Your midwife or doctor will give you information about preparing for labour and birth, including how to recognise active labour, ways of coping with pain in labour and developing your birth plan. They should also:
 - review, discuss and record the results of any screening tests from the last appointment
 - measure the size of your uterus
 - measure your blood pressure and test your urine for protein
 - offer your second anti-D treatment if your blood type is rhesus negative (see page 46).
- Make arrangements for the birth. You can give birth at home, in a midwifery unit or in hospital. If you have children already, you may want to make childcare arrangements for when you go into labour.
- You may want to ask about whether tours of maternity facilities for birth are available.





36 WEEKS

- Think about who you would like to have with you during labour.
- Get your bag ready if you are planning to give birth in hospital or in a midwifery unit.
- You will probably be attending antenatal classes now (see **Antenatal care** on page 40).
- You may be more aware of your uterus tightening from time to time. These are mild contractions known as Braxton Hicks contractions (see **Labour and birth** on page 85).
- You may feel quite tired. Make sure you get plenty of rest.



- Make sure you have all your important telephone numbers handy in case labour starts (see **Labour and birth** on page 85).
- Your midwife or doctor should give you information about:
 - feeding your baby
 - caring for your newborn baby
 - vitamin K and screening tests for your newborn baby
 - the 'baby blues' and postnatal depression.
- Your midwife or doctor should:
 - measure the size of your uterus
 - check the position of your baby
 - measure your blood pressure and test your urine for protein.
- Sleeping may be increasingly difficult.

38 WEEKS

- Most women will go into labour spontaneously between 38 and 42 weeks. Your midwife or doctor should give you information about your options if your pregnancy lasts longer than 41 weeks.
- Your midwife or doctor should:
 - measure the size of your uterus
 - measure your blood pressure and test your urine for protein.
- Call your hospital or midwife at any time if you have any worries about your baby or about labour and birth.

40 WEEKS (if this is your first baby)

- Your midwife or doctor should give you more information about what happens if your pregnancy lasts longer than 41 weeks.
- Your midwife or doctor should:
 - measure the size of your uterus
 - measure your blood pressure and test your urine for protein.

41 WEEKS

- If your pregnancy lasts longer than 41 weeks, you may be induced. Your midwife or doctor will explain what this means and what the risks are.
- Your midwife or doctor should:
 - measure the size of your uterus
 - measure your blood pressure and test your urine for protein
 - offer a membrane sweep (see page 96).
- Discuss options and choices for induction of labour.
- Call your hospital or midwife if you have any worries about your baby or about labour and birth.
- See www.nice.org.uk/Guidance/CG70 for guidelines on induction of labour.

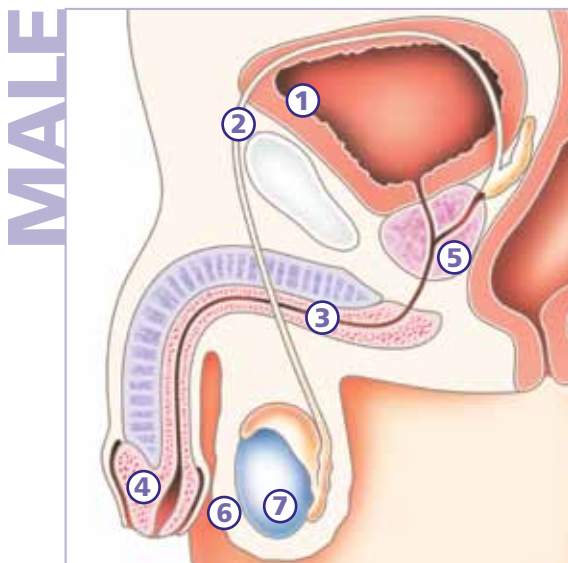


BECOMING PREGNANT



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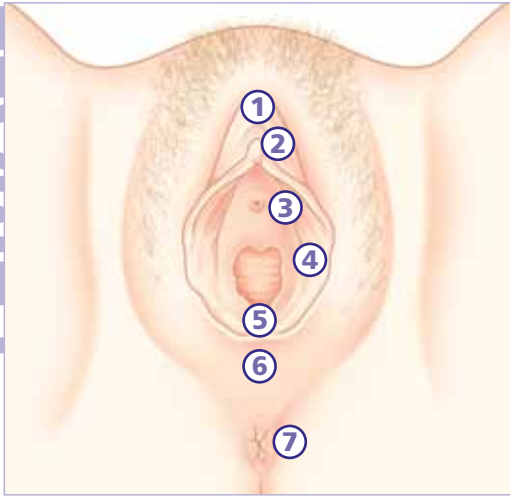
This chapter describes the physical process of getting pregnant and includes information about the male and female sex organs, the female monthly cycle and when you are most likely to conceive. It also explains what you should do when you find out you are pregnant and how you might feel when you first conceive.



MALE SEX ORGANS

- ① **Bladder**
- ② **Vas deferens** The two tubes called the vas deferens carry sperm from the testes (testicles), where sperm are made, to the prostate and other glands. These glands add secretions that are ejaculated along with the sperm.
- ③ **Urethra** The urethra is a tube running down the length of the penis from the bladder, through the prostate gland, to an opening at the tip of the penis. Sperm travel down the urethra to be ejaculated.
- ④ **Penis** The penis is made of erectile tissue, which acts like a sponge. When it becomes filled with blood, the penis becomes hard and erect.
- ⑤ **Prostate gland** This is a gland at the base of the penis.
- ⑥ **Scrotum** The testes are contained in a bag of skin called the scrotum, which hangs outside the body. The scrotum helps to keep the testes at a constant temperature, just below body temperature. This is necessary for sperm to be produced. When it is warm, the scrotum hangs down away from the body to keep the testes cool. When it is cold, the scrotum draws up closer to the body for warmth.
- ⑦ **Testes** Men have two testes, which are glands where sperm are made and stored.

parts of
the
body

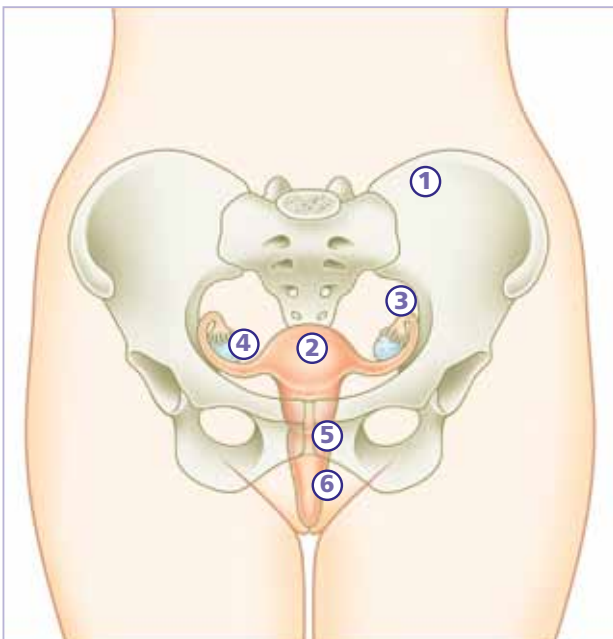


FEMALE SEX ORGANS

- ① Hood of clitoris
- ② Clitoris
- ③ Urethra
- ④ Vulva
- ⑤ Opening of vagina
- ⑥ Perineum
- ⑦ Anus



- ① Fallopian tube
- ② Ovary
- ③ Womb or uterus
- ④ Bladder
- ⑤ Cervix
- ⑥ Vagina
- ⑦ Urethra
- ⑧ Rectum
- ⑨ Anus
- ⑩ Perineum



- ① **Pelvis** The pelvis is the bony structure that the baby will pass through when it is born.
- ② **Womb or uterus** The uterus is about the size and shape of a small, upside down pear. It is made of muscle and increases in size as the baby grows.
- ③ **Fallopian tubes** The fallopian tubes lead from the ovaries to the uterus. Eggs are released from the ovaries into the fallopian tubes each month. This is where fertilisation takes place.
- ④ **Ovaries** There are two ovaries, each about the size of a walnut. They produce the eggs or ova.
- ⑤ **Cervix** The cervix is the neck of the uterus. It is normally almost closed, with just a small opening through which blood passes during monthly periods. During labour, the cervix will dilate to let the baby move from the uterus into the vagina.
- ⑥ **Vagina** Most babies are born through the vagina, which is a tube about 8cm (3 inches) long. It leads from the cervix down to the vulva, where it opens between the legs. The vagina is very elastic, so it can easily stretch around a man's penis during sex or around a baby during labour.

The female monthly cycle



- A** Egg being released
- B** Fallopian tube
- C** Vagina
- D** Ovary

Ovulation occurs each month when an egg (ovum) is released from one of the ovaries. Occasionally, more than one egg is released, usually within 24 hours of the first egg. The 'fingers' at the end of the fallopian tubes help to direct the egg down into the tube. At the same time, the lining of the uterus begins to thicken and the mucus in the cervix becomes thinner so that sperm can swim through it more easily.

- E** Egg progressing down the fallopian tube

The egg begins to travel down the fallopian tube. If a man and woman have recently had sex, the egg might be fertilised here by the man's sperm. The lining of the uterus is now thick enough for the fertilised egg to be implanted.

- F** Uterus lining being shed

If the egg is not fertilised, it will pass out of the body during the woman's monthly period along with the lining of the uterus, which is also shed. The egg is so small that it cannot be seen.

Conception

Conception is the process that begins with the fertilisation of an egg and ends with the implantation of an egg into a woman's uterus.



- A** Egg
- B** Sperm being ejaculated
- C** Penis

Ovulation

A woman conceives around the time when she is ovulating; that is, when an egg has been released from one of her ovaries into one of her fallopian tubes.

- D** Egg being fertilised
- E** Sperm

Fertilisation

During sex, sperm are ejaculated from a man's penis into a woman's vagina. In one ejaculation there may be more than 300 million sperm. Most of the sperm leak out of the vagina but some begin to swim up through the cervix. When a woman is ovulating, the mucus in the cervix is thinner than usual to let sperm pass through more easily. Sperm swim into the uterus and into the fallopian tubes. Fertilisation takes place if a sperm joins with an egg and fertilises it.

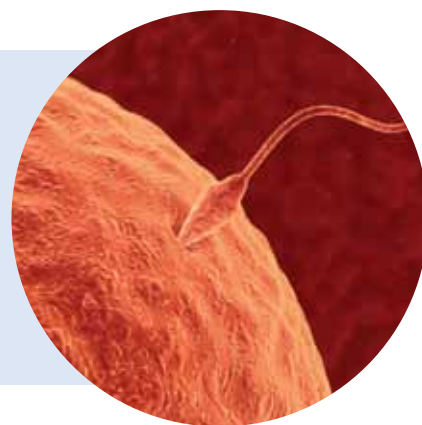
- F** Attached embryo

Implantation

During the week after fertilisation, the fertilised egg (which is now an embryo) moves slowly down the fallopian tube and into the uterus. It is already growing. The embryo attaches itself firmly to the specially thickened uterus lining. This is called implantation. Hormones released by the embryonic tissue prevent the uterus lining from being shed. This is why women miss their periods when they are pregnant.

Sperm is about 1/25th of a millimetre long and has a head, neck and tail. The tail moves from side to side so that the sperm can swim up the vagina into the uterus and fallopian tubes.

One egg or ovum (occasionally two or more) is released from the woman's ovaries every month. It moves down into the fallopian tube where it may be fertilised by a man's sperm.



HORMONES

Both men and women have hormones, which are chemicals that circulate in the bloodstream. They carry messages to different parts of the body and result in certain changes taking place. Female hormones, which include oestrogen and progesterone, control many of the events of a woman's monthly cycle, such as the release of eggs from her ovaries and the thickening of her uterus lining.

During pregnancy, your hormone levels change. As soon as you have conceived, the amount of oestrogen and progesterone in your blood increases. This causes the uterus lining to build up, the blood supply to your uterus and breasts to increase and the muscles of your uterus to relax to make room for the growing baby.



The increase in hormone levels can affect how you feel. You may have mood swings, feel tearful or be easily irritated. For a while you may feel that you cannot control your emotions, but these symptoms should ease after the first three months of your pregnancy.



BOY OR GIRL?

Every normal human cell contains 46 chromosomes, except for male sperm and female eggs. These contain 23 chromosomes each. When a sperm fertilises an egg, the 23 chromosomes from the father pair with the 23 from the mother, making 46 in all.

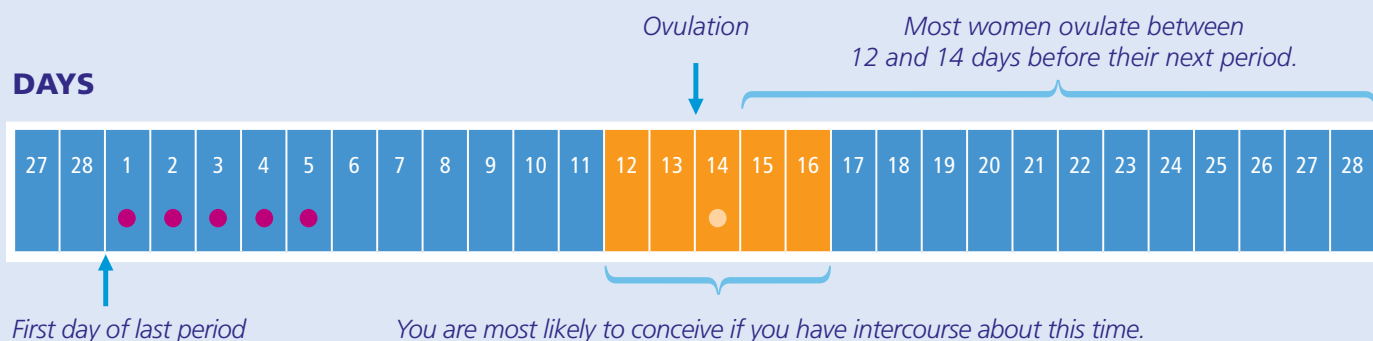
Chromosomes are tiny, thread-like structures which each carry about 2,000 genes. Genes determine a baby's inherited characteristics, such as hair and eye colour, blood group, height and build. A fertilised egg contains one sex chromosome from its mother and one from its father. The sex chromosome from

the mother's egg is always the same and is known as the X chromosome. But the sex chromosome from the father's sperm can be an X or a Y chromosome.

If the egg is fertilised by a sperm containing an X chromosome, the baby will be a girl (XX). If the sperm contains a Y chromosome, the baby will be a boy (XY).



This chart shows a 28-day cycle. Yours may be longer or shorter.



THE BEST TIME TO GET PREGNANT

You are most likely to get pregnant if you have sex within a day or so of ovulation (see chart). This is usually about 14 days after the first day of your last period.

An egg lives for about 12–24 hours after it is released. For you to get pregnant, the egg must be fertilised by a sperm within this time. Sperm can live for up to seven days inside a woman's body. So if you have had sex in the seven days before ovulation, the sperm will have had time to travel up the fallopian tubes to 'wait' for the egg to be released.

TWINS, TRIPLETS OR MORE

Identical twins occur when one fertilised egg splits into two; each baby will have the same genes – and therefore they will be the same sex and look very alike. Non-identical twins are more common. They are the result of two eggs being fertilised by two sperm at the same time. The babies may be of the same sex or different sexes, and will probably look no more alike than any other brothers and sisters. A third of all twins will be identical and two-thirds non-identical.

Twins happen in about 1 in every 65 pregnancies. A couple is more likely to have twins if there are twins in the woman's family. Triplets occur naturally in 1 in 10,000 pregnancies and quads are even rarer. Nowadays, the use of drugs in the treatment of infertility has made multiple births more common.

Are you carrying twins?

You might suspect that you are carrying more than one baby if:

- you are very sick in early pregnancy

- you seem bigger than you should be for your 'dates'
- twins run in your family, or
- you have had fertility treatment.

It is usually possible to find out through your dating ultrasound scan, which happens between eight and 14 weeks (see page 48).

You should be told at this point whether the babies share a placenta (are identical) or if they have two separate placentas, in which case they can be either identical or non-identical. If this cannot be determined, you should be offered a further scan. A third of identical twins have two separate placentas. This happens when the fertilised egg splits in the first 3–4 days after conception and before it implants in the uterus.



What is different about being pregnant with twins or more?

All multiple pregnancies have a higher risk of complications – particularly premature birth. If your babies share a placenta (identical twins) it is recommended that you are scanned every two weeks from 16 weeks onwards, and every four weeks if your babies have separate placentas. You may be advised to have a caesarean section. You should discuss this with your doctor, but it is your choice. It is possible to breastfeed twins and triplets and there is more information about how you can do this in Chapter 9. You may find that a combination of breast and formula feeding is best for you – particularly if you have triplets or more.

Help and support



You might find it helpful to contact support groups like **Tamba** (Twins and Multiple Births Association) and the **Multiple Births Foundation** (see pages 188 and 183) before your babies are born.



THE SIGNS OF PREGNANCY

For women who have a regular monthly cycle, the earliest and most reliable sign of pregnancy is a missed period. Sometimes women who are pregnant have a very light period, losing only a little blood. Other signs of pregnancy are as follows:

- Feeling sick – you may feel sick, or even be sick. This is commonly known as ‘morning sickness’ but it can happen at any time of the day. If you are being sick all the time and cannot keep anything down, contact your GP.
- Changes in your breasts – your breasts may become larger and feel tender, like they might do before your period. They may also tingle. The veins may show up more and the nipples may darken and stand out.
- Needing to pass urine more often – you may find that you have to get up in the night.
- Being constipated.
- An increased vaginal discharge without any soreness or irritation.
- Feeling tired.
- Having a strange taste in your mouth – many women describe it as metallic.
- ‘Going off’ certain things, for example tea, coffee, tobacco smoke or fatty food.

PREGNANCY TESTS

Pregnancy tests can be carried out on a sample of urine from the first day of a missed period, which means that, if you are pregnant, you are about two weeks after conception. Some very sensitive tests can be used even before you miss a period.

You can collect urine at any time of the day. Use a clean, soap-free, well-rinsed container to collect it. You can get pregnancy tests free of charge from your GP or family planning clinic. Pregnancy tests are also available at NHS walk-in centres.

Many pharmacists and most pregnancy advisory services also offer tests, usually for a small fee. You can buy do-it-yourself pregnancy testing kits from pharmacists. They can give you a quick result and you can do the test in private. There are a range of tests that are available. How they work varies, so check the instructions.

Results of the test

A positive test result is almost certainly correct. A negative result is less reliable. If you still think you are pregnant, wait a week and try again or go and see a midwife or GP.



See your midwife or doctor as soon as possible if you are currently being treated for a long-term disease such as diabetes or epilepsy, or you have serious mental health problems.



FINDING OUT THAT YOU ARE PREGNANT

When you find out that you are pregnant, you may feel happy and excited or even shocked, confused and upset. Everybody is different and you should not worry if you are not feeling as happy as you might have expected. Even if you have been trying to get pregnant, your feelings may take you by surprise. Some of these feelings may be caused by changes in your hormone levels, which can make you feel more emotional.

Even if you feel anxious and uncertain now, your feelings may change. Talk to your midwife, GP

or family planning clinic, who will try to help you to adjust or will give you advice if you don't want to continue with your pregnancy.

Men may also have mixed feelings when they find out that their partner is pregnant. They may find it hard to talk about these feelings because they don't want to upset their partner. Both partners should encourage each other to talk about their feelings and any worries or concerns that they have at this stage.

However you are feeling, you should contact an NHS professional (see Chapter 4) so that you can start to receive antenatal care. This is the care that you will receive leading up to the birth of your baby.

Telling people

You may want to tell your family and friends immediately or wait a while until you have sorted out how you feel. Many women wait until they have had their first scan before they tell people that they are pregnant.

Members of your family/extended family may have mixed feelings or react in unexpected ways to your news. You may wish to discuss this with your midwife.

ACCESSING ANTENATAL CARE

When you find out that you are pregnant, it's important to contact an NHS professional as soon as possible.

You can book an appointment directly with a midwife. Your GP surgery will be able to put you in touch with your nearest midwife service.

If you have special health needs, your midwife, GP or other doctors may take shared responsibility for your maternity care.

Your first or second meeting with your midwife is the booking appointment. This will last for up to two hours and could take place at a hospital, in a clinic or a Children's Centre, in a GP surgery or at home. Your midwife will ask you many questions about your health, the health of your family and your preferences in order to develop your own plan of care. Your midwife will order a number of blood tests and scans, which will be done throughout your pregnancy. The results of these tests may affect your choices later in pregnancy, so it's important not to miss them. Your midwife will also ask about any other help or social care support you may have or need – for example support from social workers or family liaison officers. For more information about the booking appointment, see pages 42 and 44–45.



your feelings

HELP FOR YOUNG MUMS

If you are a young mum, there are a wide range of services to support you when you are pregnant and after you have had your baby. Your midwife or health visitor will be able to give you details of local services.



If you are on your own

If you are pregnant and on your own, it is even more important that there are people with whom you can share your feelings and who

can offer you support. Sorting out problems, whether personal or medical, is often difficult when you are by yourself, and it is better to find someone to talk to rather than let things get you down. For more information on coping on your own, see page 79.

Carrying on with your education

Becoming a mother certainly does not have to mean the end of your education. If you are still of compulsory school age, your school should not exclude you on grounds of pregnancy or health and safety issues connected with your pregnancy. However, they may talk to you about making alternative arrangements for your education. You will be allowed up to 18 calendar weeks off school before and after the birth.

After your return to education, you can get help with childcare costs through the Care to Learn scheme. Care to Learn also provides support with childcare costs for teenage parents above the compulsory schooling age who want to study. You may also be eligible for the



Education Maintenance Allowance (EMA), which is available for young people between 16 and 18. EMA provides up to £30 a week. For more information about EMA and Care to Learn, phone 0800 121 8989 or visit <http://moneytolearn.direct.gov.uk>



Somewhere to live

Many young mothers want to carry on living with their own family until they are ready to move on. If you are unable to live with your family, your local authority may be able to help you with housing. Some local authorities provide specialised accommodation where young mothers can live independently while getting support and advice from trained workers. For more information about housing, contact your local authority.

Help and support

The following national organisations can also give you help and advice:

Sexwise helpline

If you think you may be pregnant, you can get confidential advice from the Sexwise helpline on **0800 282930** or get further information from www.ruthinking.co.uk

Brook centres

If you are under 25, you can visit a Brook centre for free, confidential advice. To find your nearest centre, go to www.brook.org.uk or call the national Ask Brook helpline on **0808 802 1234**.

Connexions

Teenagers in England can get help and advice from the Connexions service. You have the offer of support from a personal adviser to help deal with a variety of issues so that you can make the best choices for your future. You can find Connexions advisers in a variety of places, including schools, colleges and one-stop shops and through youth and community projects.

For confidential personal advice, practical help or details of your local Connexions service, phone Connexions Direct, on **080 800 13219**, text 07766 4 13219 or go to www.connexions-direct.com

The young woman's guide to pregnancy

The young woman's guide to pregnancy is written specifically for women under the age of 20 and includes the real pregnancy experiences of young mums. It is produced by Tommy's and is available free to teenagers from the Tommy's website at www.tommys.org/publications

For information on sex and contraception, see page 122.