

Medical conditions

Some people have medical conditions or take medications which need different management in pregnancy, for example diabetes or epilepsy.



If this relates to you, be sure to speak to a doctor before trying for a baby to get advice specific to your needs.

Alcohol and drugs

Alcohol can increase the risk of problems in pregnancy such as premature birth and low birth weight. Heavy drinking can also lead to Foetal Alcohol Syndrome which is characterised by facial abnormalities, heart defects and severe developmental problems.



If you're pregnant or planning to become pregnant, the safest approach is to not drink alcohol at all to keep the risks to your baby at a minimum.

The use of illegal drugs can also have serious effects on an unborn baby, and different drugs affect your body in different ways.

If you would like help to stop using alcohol or drugs, speak to your GP for the right advice and support.

Helpful links for further support

The Compassionate Friends

Provides advice and local support from and for bereaved families.

- Helpline: 0345 123 2304
- Email: helpline@tcf.org.uk
- Website: www.tcf.org.uk

Miscarriage Association

Information, advice and support for women who have had a miscarriage. Local contacts and groups.

- Helpline: 0192 420 0799
9.00am - 4.00pm, Monday - Friday
- Email: info@miscarriageassociation.org.uk
- Website: www.miscarriageassociation.org.uk

SANDS (Stillbirth and Neonatal Death Society)

National network of support groups for bereaved parents and others affected by the death of a baby.

Sheffield branch:

- Email: sheffield@sands.org.uk

Chesterfield branch:

- Email: chesterfield@sands.org.uk
- Website: www.chesterfield@sands.org.uk

National office:

- Helpline: 0808 164 3332
- Email: helpline@sands.org.uk
- Website: www.sands.org.uk

Alternative formats can be available on request. Email: sth.alternativeformats@nhs.net

© Sheffield Teaching Hospitals NHS Foundation Trust 2020

Re-use of all or any part of this document is governed by copyright and the "Re-use of Public Sector Information Regulations 2005" SI 2005 No.1515. Information on re-use can be obtained from the Information Governance Department, Sheffield Teaching Hospitals. Email sth.infogov@nhs.net

Planning for a healthy pregnancy

Pre-conception advice after pregnancy loss

 **Information for patients**
Maternity Services



**PROUD
TO MAKE A
DIFFERENCE**

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST



The decision to try for another baby after a loss may not be easy, and you and your partner may feel differently about trying again. There's no clear evidence about the best time to start another pregnancy, but some research found becoming pregnant again in the year after loss was common and was not linked to increased risks, with other research finding that women who get pregnant within six months of an initial miscarriage have the best outcomes.

Generally, the best time to try again is when you and your partner feel ready. It's important to know that you can get pregnant three weeks after giving birth or having a pregnancy loss, as ovulation can occur as soon as 21 days later. Contraception will therefore need to be used until you feel ready to start another pregnancy.

If you are thinking about trying for another baby, this leaflet looks at how health awareness before pregnancy can reduce your risk of future loss.

There is an important difference between a risk and a cause. For example, we know that smoking increases the risk of miscarriage, but even if someone smoked heavily in their last pregnancy it doesn't mean smoking caused them to lose their baby. It's important to know that it's not possible to completely rule out the chance of losing another baby, however you may find the following information helpful.

Healthy weight

Women have all different body shapes. However, by keeping your body mass index (BMI) between 18.5 and 24.9, you can reduce the risk of stillbirth and other complications such as high blood pressure and pre-eclampsia. If you are overweight, the time before pregnancy is an ideal time to lose weight.



Stop smoking

Stopping smoking is one of the best things you can do to reduce risk and complications in pregnancy. Smoking reduces the amount of oxygen available to a baby and can increase the risk of babies being born with abnormalities, miscarriage, premature birth and stillbirth.



Stopping smoking reduces all of these risks and the best way to stop is with professional support. You can get help from our specialist smoking cessation midwives at the Jessop Wing before and during pregnancy.

You can contact them on **0114 226 5627**. Other services and support can be found online at **www.smokefreesheffield.org**

Lots of people also choose to use nicotine replacement therapy to stop smoking. It is much safer to use this in pregnancy than to continue smoking.

Vitamins

Start taking 400 micrograms of folic acid before pregnancy, until at least the 12th week of pregnancy. Folic acid protects babies against neural tube defects such as spina bifida.

Some women need a higher dose of folic acid prescribed by a GP, such as women with diabetes, epilepsy or a family history of neural tube defects. It is also recommended that all adults, including pregnant women, take 100 micrograms of vitamin D per day to keep bones, teeth and muscles healthy.



Some women choose to take a multivitamin, however there is no clear evidence about whether this improves pregnancy outcome over taking just folic acid and vitamin D.

Keep active

Exercise can be a good stress-relieving activity that also helps you stay healthy. Physical activity can be continued in pregnancy and has benefits such as reduction in high blood pressure disorders, lower weight gain in pregnancy, and reduction in risk of diabetes in pregnancy. Aim for 150 minutes of moderate intensity activity every week.

