

concerns.

For a short explanation of why the committee made the recommendations and how they might affect practice, see the [rationale and impact section on communication – key principles](#).

Full details of the evidence and the committee's discussion are in:

- [evidence review B: approaches to information provision](#)
- [evidence review A: information provision](#)
- [evidence review J: referral and delivery of antenatal care](#).

Information about antenatal care

- 1.3.7 At the first antenatal (booking) appointment, discuss antenatal care with the woman (and her partner) and provide her [schedule of antenatal appointments](#).
- 1.3.8 At the first antenatal (booking) appointment (and later if appropriate), discuss and give information on:
- what antenatal care involves and why it is important
 - the planned number of antenatal appointments
 - where antenatal appointments will take place
 - which healthcare professionals will be involved in antenatal appointments
 - how to contact the midwifery team for non-urgent advice
 - how to contact the maternity service about urgent concerns, such as pain and bleeding
 - screening programmes: what blood tests and ultrasound scans are offered and why

- how the baby develops during pregnancy
- what to expect at each stage of the pregnancy
- physical and emotional changes during the pregnancy
- mental health during the pregnancy
- relationship changes during the pregnancy
- how the woman and her partner can support each other
- immunisation for flu, pertussis (whooping cough) and other infections (for example, COVID-19) during pregnancy, in line with the [NICE guideline on flu vaccination](#) and the [Public Health England Green Book on immunisation against infectious disease](#)
- infections that can impact on the baby in pregnancy or during birth (such as group B streptococcus, herpes simplex and cytomegalovirus)
- reducing the risk of infections, for example, encouraging hand washing
- safe use of medicines, health supplements and herbal remedies during pregnancy
- resources and support for expectant and new parents
- how to get in touch with local or national peer support services.

1.3.9 At the first antenatal (booking) appointment, and later if appropriate, discuss and give information about nutrition and diet, physical activity, smoking cessation and recreational drug use in a non-judgemental, compassionate and personalised way. See the [NICE guidelines on maternal and child nutrition, vitamin D, weight management before, during and after pregnancy, smoking: stopping in pregnancy and after childbirth, and the section on pregnant women who misuse substances \(alcohol and/or drugs\) in the NICE guideline on pregnancy and complex social factors](#).

1.3.10 At the first antenatal (booking) appointment, and later if appropriate, discuss alcohol consumption and follow the [UK Chief Medical Officers' low-risk drinking guidelines](#). Explain that:

- there is no known safe level of alcohol consumption during pregnancy
- drinking alcohol during the pregnancy can lead to long-term harm to the baby
- the safest approach is to avoid alcohol altogether to minimise risks to the baby.

1.3.11 Throughout the pregnancy, discuss and give information on:

- physical and emotional changes during the pregnancy
- relationship changes during the pregnancy
- how the woman and her partner can support each other
- resources and support for expectant and new parents
- how the parents can bond with their baby and the importance of emotional attachment (also see the section on promoting emotional attachment in the NICE guideline on postnatal care)
- the results of any blood or screening tests from previous appointments.

1.3.12 See the NICE guideline on pelvic floor dysfunction for guidance on:

- providing information about pelvic floor dysfunction (recommendation 1.1.6)
- pelvic floor muscle training during and after pregnancy.

1.3.13 After 24 weeks, discuss babies' movements (see also recommendation 1.2.34).

1.3.14 Before 28 weeks, start talking with the woman about her birth preferences and the implications, benefits and risks of different options (see the section on planning place of birth in the NICE guideline on intrapartum care and the section on planning mode of birth in the NICE guideline on caesarean birth).

1.3.15 After 28 weeks, discuss and give information on:

- preparing for labour and birth, including information about coping in labour and creating a birth plan

- recognising active labour
- the postnatal period, including:
 - care of the new baby
 - the baby's feeding
 - vitamin K prophylaxis
 - newborn screening
 - postnatal self-care, including pelvic floor exercises
 - awareness of mood changes and postnatal mental health.

Also see the [NICE guideline on postnatal care](#).

- 1.3.16 From 28 weeks onwards, as appropriate, continue the discussions and confirm the woman's birth preferences, discussing the implications, benefits and risks of all the options.
- 1.3.17 From 38 weeks, discuss prolonged pregnancy and options on how to manage this, in line with the [NICE guideline on inducing labour](#).
- 1.3.18 See the [NICE guideline on preterm labour and birth](#) for women at increased risk of, or with symptoms and signs of, preterm labour (before 37 weeks), and women having a planned preterm birth.
- 1.3.19 Provide appropriate information and support for women whose baby is considered to be at an increased risk of neonatal admission.

For a short explanation of why the committee made the recommendations and how they might affect practice, see the [rationale and impact section on information about antenatal care](#).

Full details of the evidence and the committee's discussion are in:

- [evidence review A: information provision](#)
- [evidence review B: approaches to information provision](#)
- [evidence review C: involving partners](#)
- [evidence review D: peer support](#)
- [evidence review G: content of antenatal appointments](#)
- [evidence review J: referral and delivery of antenatal care](#)
- [evidence review P: fetal movement monitoring](#).

Antenatal classes

1.3.20 Offer nulliparous women (and their partners) antenatal classes that include topics such as:

- preparing for labour and birth
- supporting each other throughout the pregnancy and after birth
- common events in labour and birth
- how to care for the baby
- how the parents can bond with their baby and the importance of emotional attachment (also see the [section on promoting emotional attachment in the NICE guideline on postnatal care](#))
- planning and managing their baby's feeding (also see the [section on planning and supporting babies' feeding in the NICE guideline on postnatal care](#)).