HEALTH BASICS

Pregnancy care

Pregnancy care is planned health care that supports you and your developing baby before birth.

WHAT IT IS
Planned health care throughout pregnancy and preparation for birth

WHERE IT COMES UP
Pregnancy tests, prenatal visits, birth planning, and postpartum follow-up

WHY IT MATTERS
Supports health and helps identify pregnancy complications early

WHAT IT IS NOT
Not a disease or diagnosis

WHO TO ASK
Midwife, obstetric clinician, family doctor, or maternity service

HOW IT IS CHECKED
Visits, health history, blood tests, urine tests, and ultrasound

Overview

Pregnancy care, also called antenatal or prenatal care, is the health care you receive during pregnancy. It includes routine appointments, screening tests, advice, treatment when needed, and preparation for birth and the weeks afterward.

Pregnancy care is not a disease or diagnosis. It is a coordinated process for supporting your health and monitoring the pregnancy. Your care may involve a midwife, obstetrician, family doctor, nurse, pharmacist, sonographer, or other health professional.

It is helpful to contact a maternity service soon after learning that you are pregnant. Early contact gives you time to discuss existing health conditions, medicines, supplements, previous pregnancies, and the care available locally. Starting later does not mean that care cannot help; arrange an appointment whenever you are able.

Your schedule will reflect your health, pregnancy history, test results, local services, and whether you are carrying more than one baby. Some people need additional appointments or specialist care.

How it works

At an early appointment, a clinician usually asks about your medical and pregnancy history. This may include medicines, allergies, operations, mental health, family history, vaccinations, work, housing, and use of alcohol, nicotine, or other substances. You should be offered a chance to discuss safety at home and emotional well-being privately.

A due date is estimated from menstrual dates and, when available, an ultrasound scan. It is an estimate rather than a deadline.

Routine appointments commonly include blood pressure checks and questions about how you are feeling. Weight, urine, and the growth or heartbeat of the developing baby may also be checked at certain visits. Practices differ by stage of pregnancy and local guidance.

Blood tests can check for anemia, which means too few healthy red blood cells, as well as blood group, Rh status, and selected infections. Rh is a marker found on red blood cells. If your blood is Rh-negative, you may be offered treatment to reduce the chance of your immune system reacting to Rh-positive fetal blood.

Ultrasound uses sound waves to create images. It can help estimate pregnancy dates, identify the number of fetuses, assess anatomy and growth, and locate the placenta. It cannot find every condition.

You may be offered screening for chromosome conditions, gestational diabetes, and other concerns. Screening estimates whether a condition is more likely; it does not usually give a definite diagnosis. A higher-chance result may lead to discussion of diagnostic testing. You can ask what a test looks for, how accurate it is, and what you might do with the result.

Later care includes discussion of fetal movement, labor, pain relief, feeding, newborn care, and recovery after birth. A birth plan can record your preferences, but it may need to change if your needs or the pregnancy change.

Why it matters for your health

Pregnancy changes the heart, blood vessels, kidneys, hormones, and immune system. These changes are often expected, but they can also affect an existing condition or alter how a medicine works.

Regular care provides repeated opportunities to check for concerns that may not be obvious to you. High blood pressure, for example, can be present without making you feel unwell. Blood pressure measurement helps screen for hypertensive disorders, including preeclampsia.

Pregnancy care also helps coordinate treatment for conditions such as diabetes, epilepsy,

thyroid disease, heart disease, asthma, depression, or anxiety. Do not stop a prescribed medicine on your own because of pregnancy. Suddenly stopping some treatments can be harmful. A clinician or pharmacist can review the benefits and risks and suggest an alternative when appropriate.

Vaccination, nutrition, dental care, movement, work exposures, travel, and infant feeding can be discussed in relation to your circumstances. Recommended vaccines and their timing are based on local public-health guidance and your medical history.

Care after birth matters too. Follow-up can address physical recovery, blood pressure, mood, feeding, contraception, sleep, and long-term care after a pregnancy complication.

What can go wrong

Pregnancy care may identify conditions that need closer monitoring or treatment. These include:

A test result suggesting one of these conditions does not always confirm it. Further measurements, imaging, or diagnostic tests may be needed.

Keep routine appointments for non-urgent questions, stable long-term concerns, and discussion of expected pregnancy changes.

Contact your maternity service promptly if you have vaginal bleeding, fluid leaking from the vagina, fever, repeated vomiting that prevents drinking, painful urination, regular painful contractions before term, or a noticeable reduction in fetal movement after a usual pattern has developed. Also seek prompt assessment for a severe or persistent headache, new vision changes, sudden swelling, or pain high in the abdomen. Your service can tell you whether to attend immediately.

Call emergency services for a seizure, severe trouble breathing, chest pain, collapse, heavy bleeding, or severe abdominal pain, especially with faintness or shoulder pain. If you feel at immediate risk of harming yourself or someone else, use emergency or crisis services where you live.

- Ectopic pregnancy , when a pregnancy develops outside the uterus
- Miscarriage , the loss of a pregnancy
- Gestational diabetes , high blood sugar first recognized during pregnancy
- Preeclampsia , a pregnancy-related condition involving high blood pressure and signs of organ stress

- Placenta previa , when the placenta lies low and may cover the cervix
- Preterm labor , labor that begins too early
- Fetal growth problems , when growth is slower or faster than expected
- Infections , some of which can affect the pregnancy
- Depression, anxiety, or other perinatal mental health conditions

What you can do

There is no single test that shows whether pregnancy care as a whole is "normal." You can take practical steps to make your care safer and easier to coordinate:

Be open about smoking, vaping, alcohol, and other substances. The purpose is to help you reduce risk, not to judge you. Support is available, and stopping some substances may require medical guidance.

You can ask for an interpreter, accessible information, a chaperone, or time to discuss sensitive matters privately. You can also ask who will receive your test results and what happens if an appointment is missed.

- Arrange pregnancy care as soon as you reasonably can
- Keep a list of medicines, supplements, allergies, and medical conditions
- Ask before starting or stopping any medicine or herbal product
- Record appointments, blood pressure results, test results, and questions
- Ask what each offered test checks, its limits, and when results will arrive
- Tell your care team about previous pregnancy complications or surgery
- Learn how to contact your maternity service during and outside office hours
- Ask when and how to monitor fetal movement
- Discuss which prenatal supplement is suitable for you
- Seek help if transport, cost, language, disability, housing, or safety affects access

Common questions

Do I need pregnancy care if I feel well?

Yes. Some important findings, including high blood pressure or changes on a blood test, may

not cause noticeable problems. Routine care also provides time to plan screening, vaccination, birth, and follow-up.

Are all prenatal tests required?

Testing is generally offered rather than forced. The exact choices and consent rules differ by location. Ask what a test is for, whether it is screening or diagnostic, what its possible results mean, and what alternatives exist.

Is ultrasound safe?

Medical ultrasound uses sound waves rather than ionizing radiation such as X-rays. It should be performed for a clinical reason by appropriately trained staff. A normal scan is reassuring but cannot rule out every condition.

Can I continue my usual medicines?

Some medicines can be continued, some need adjustment, and others may need replacement. The answer depends on the medicine, dose, reason for treatment, and stage of pregnancy. Do not stop prescribed treatment without a medication review unless emergency instructions tell you to do so.

What if I start care late?

Contact a maternity service now. The team can identify which history, examinations, tests, and discussions remain useful. You do not need to wait for a particular stage of pregnancy.

What happens after birth?

Postpartum care checks your physical and emotional recovery. It may include wound care, blood pressure review, feeding support, contraception, and follow-up of conditions found during pregnancy. Seek help sooner than a planned visit if you develop a concerning new problem.

Sources

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- US Preventive Services Task Force. Hypertensive Disorders of Pregnancy: Screening . 2023
- Centers for Disease Control and Prevention. Vaccine Safety for Moms-To-Be



- NHS. Your antenatal appointments