

Planning a pregnancy



talking sense about sex

Do you want to start trying for a baby?

Are you worried you won't be able to get pregnant?

Are you trying to get pregnant, but it hasn't happened yet?

This booklet explains how you can prepare for pregnancy, how conception (getting pregnant) occurs and how you can improve your chances of getting pregnant. It also explains where you can get help if you are finding it difficult to get pregnant. If you are the partner of a woman who is trying for a baby you will also find useful information in this booklet. Many pregnancies are unplanned – if you have just found out you are pregnant unexpectedly, the information in this booklet will still be useful to you.

Deciding to have a baby can feel like a frightening decision, but it can also be an enjoyable and exciting time. Try not to feel overwhelmed by the amount of information there is for women who are trying to get pregnant. For most people, getting pregnant is not a difficult process. Much of the information in this booklet is simple advice about getting to know your body, eating well, keeping fit, and talking to your doctor, nurse or midwife when you need to.

For some women, getting pregnant happens very quickly, but for others it can take longer. This can be upsetting, but it is normal.

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In every 100 couples trying for a baby:

- around 30 will conceive within one month
- around 75 will conceive within six months
- 80–90 will conceive within one year
- the remaining 10–20 will take longer or may need help to get pregnant.

Preparing for pregnancy

Your chances of becoming pregnant and having a healthy pregnancy and baby are better if you and your partner are as fit and healthy as possible. What you eat, how much you exercise, and whether you smoke or drink alcohol are all important factors to look at once you have decided to try for a baby. If you are concerned about your sexual health you can have checks to make sure you don't have a sexually transmitted infection.

Before you get pregnant

Before you try for a baby there are some things to consider that can help improve your chances of getting pregnant and having a healthy pregnancy. Your doctor, nurse or midwife will be able to advise you on pre-pregnancy and pregnancy healthcare.

Medical conditions

Talk to your doctor about how your pregnancy might be affected if:

- you have any medical condition such as diabetes or epilepsy
- you have a history of heart or circulatory problems, such as high blood pressure or thrombosis (blood clots)
- you or your partner have any hereditary conditions in the family such as sickle cell anaemia, thalassaemia, cystic fibrosis or muscular dystrophy
- you have gynaecological problems, such as endometriosis, polycystic ovary syndrome (PCOS), or have had an ectopic pregnancy (when the fertilised egg implants outside the uterus (womb), often in the fallopian tube).

Your doctor can also talk to you about genetic counselling if you or your partner have an inherited condition.

Disabilities

If you or your partner have disabilities which may make it harder for you to get pregnant, you may need specialist help. Your doctor will be able to refer you to a specialist.

If you have a disability and you become pregnant, it is important that you speak to your doctor as soon as possible. If you are being seen by a consultant for your disability you may require specialist advice. You can also request that your maternity care is carried out at the same hospital where your consultant is based. Ask your doctor about this.

For more information on pregnancy and planning a pregnancy if you have a disability, contact Disability Pregnancy and Parenthood *international* (DPPi) (tel: 0800 018 4730, textphone: 0800 018 9949, www.dppi.org.uk).

Medicines and drugs

If you take medicines for any reason tell your doctor that you are planning to get pregnant as some drugs may affect the developing baby. Don't stop any medication you are taking for a medical condition until you talk with your doctor, as this may affect your health.

If you buy any medicines from the pharmacy, always check with the pharmacist to see if these are safe to take while trying for a baby or when pregnant. Avoid **any** treatment which is not essential. You should also check that any herbal or alternative remedies or complementary therapies are safe to use during pregnancy, or while trying to get pregnant. Ask your doctor, nurse, midwife or pharmacist.

Recreational (illegal) drugs, also known as street drugs, can affect the developing baby. Avoid taking them when you are trying to get pregnant or once you are pregnant. Your partner should avoid using them too as they can affect sperm.

For information on recreational drugs and where to go for help and advice contact **Frank** (tel: 0800 776600; www.talktofrank.com).

Sexual health

If either you or your partner think you might have a sexually transmitted infection, or be at risk of getting an infection, you can get confidential advice and help from a genitourinary medicine (GUM) or sexual health clinic or your general practice. Some sexually transmitted infections can affect your chances of getting pregnant, and if not treated they can be passed on to your baby during pregnancy or birth.

You may be offered a cervical screening test if you have not had one in the last five years.

If you or your partner have a sexual problem, a counsellor who is specially trained in this area may be able to help you. Talk to your doctor, nurse or midwife, or contact Relate (see Where to go for more help and advice on page 20).

Rubella

It is very important to have a rubella (German measles) test before you try to get pregnant as infection when you are pregnant can harm your baby, particularly in the first 12 weeks of pregnancy. Rubella infection can seriously damage the baby's heart, eyes and ears.

If you have had a rubella vaccination, or the infection itself, you will probably be immune (protected against the infection) for life, but it is important to check before you become pregnant. Your doctor can do this with a blood test. If you are not immune, your doctor or nurse will vaccinate you. You should have this injection at least one month before you start trying to get pregnant.

Stopping contraception

Once you decide to plan a pregnancy, you will need to think about stopping the contraception you have been using. Many women worry that some methods of contraception, such as the pill, injection or IUD, will make it difficult to get

pregnant when they stop using them. **No** method of reversible contraception causes infertility.

When you stop using contraception your periods and fertility will return to normal. Sometimes ovulation (releasing an egg) can be delayed or be irregular for a short time after stopping hormonal contraception. If you use the contraceptive injection, your periods and fertility may take longer to return to normal than after other methods of contraception.

Don't worry if you get pregnant very soon after stopping hormonal contraception, this will **not** harm the baby.

To find out more information about stopping any method of contraception, you can contact:

- FPA (Helpline: 0845 122 8690; www.fpa.org.uk)
- your general practice – ask your doctor or practice nurse
- a contraception clinic
- a young people's service (there will be an upper age limit).

Eating healthily

Think about what you eat. Eating a variety of foods, with as much fresh food as possible, helps to ensure that you get all the vitamins and minerals you need. A healthy diet is made up of:

- starchy foods, such as potatoes, sweet potatoes, bread, pasta, rice and cereals
- at least five portions of fruit and vegetables a day (these can be fresh, dried, frozen, tinned or juiced)
- protein foods, such as meat, beans, chicken, eggs, pulses (for example, lentils), and nuts (see Foods to avoid, page 7, for advice on peanuts)
- dairy foods, such as milk, yoghurt and cheese (see Foods to avoid, page 7, for advice on cheese)
- fish (see Foods to avoid, page 7, for advice on fish).

Folic acid

Medical advice for all women planning a pregnancy is to take a daily supplement of folic acid. You should take 0.4mg (400 micrograms) of folic acid from the time you stop contraception, or as soon as you find out you

are pregnant, until week 12 of pregnancy.

Folic acid is a member of the vitamin B family and is needed for a baby's development in the early weeks of pregnancy. It helps to prevent serious abnormalities of the brain and nerves (such as spina bifida). You can buy folic acid from the pharmacy or you may be given this on prescription from your doctor.

If you have had a previous pregnancy affected by spina bifida, or you or your partner have a neural tube defect, or you suffer from epilepsy or diabetes, you should take a higher dose of folic acid. Your doctor will advise you.

As well as taking a supplement, you can eat foods that contain folic acid, such as green leafy vegetables, and breads and cereals with added folic acid.

Pregnant or trying to get pregnant

The following health information is good advice for women trying to get pregnant and for women who know they are pregnant.

Foods to avoid

Severe food poisoning during pregnancy can cause miscarriage, stillbirth or damage to the developing baby.

Pregnant women are advised to avoid foods that have a higher risk of causing food poisoning.

The following foods can contain harmful bacteria. You should avoid them, and any foods made with them, if you are pregnant.

- Unpasteurised milk and cheese. Check food labels to make sure milk is pasteurised.
- Soft-cooked or raw eggs, for instance in homemade mayonnaise or mousse. Check food labels to make sure eggs are pasteurised.
- Soft cheeses with rind, such as Brie. You can eat cottage cheese and processed cheese spread.
- Blue cheeses, such as Stilton.
- Undercooked, uncooked or cured meat, including pâté.
- Shellfish, such as mussels, prawns and clams.

Other foods contain substances that can harm an unborn baby, and you should **avoid** eating them. These foods are:

- Vitamin A supplements (including cod liver oil). Liver (including liver pâté) also contains high levels of vitamin A.
- Fish such as swordfish, marlin and shark, which can contain high levels of mercury. You can eat tuna, but it contains some mercury, so don't have more than two 140g tins of tuna a week.
- Peanuts or foods containing peanuts. If you, your partner or any of your children are allergic to peanuts or have severe allergies or asthma, avoid eating peanuts during pregnancy.

You can find out more information about healthy eating before and during pregnancy by talking to your doctor, nurse or midwife, or from:

- FPA (Helpline: 0845 122 8690; www.fpa.org.uk)
- Tommy's (midwife-run helpline: 0870 777 3060; www.tommys.org)
- Food Standards Agency (www.food.gov.uk).

Caffeine

Drinks that contain caffeine – coffee, tea, cola, energy drinks – and chocolate should be taken in moderation.

Food hygiene

It is important to wash all fruit and vegetables thoroughly. This includes pre-packed salad, fruit and vegetables.

Toxoplasmosis

Toxoplasmosis is an infection caused by a parasite that can live in soil, raw meat and cat faeces. Infection with toxoplasmosis during pregnancy can cause miscarriage, stillbirth, or damage to the baby's eyes, ears or brain.

To reduce the risk of infection, avoid changing cat litter (if you have to do it, wear gloves and wash your hands afterwards), wear gloves when gardening and wash all soil off fruit and vegetables.

You should also wash your hands thoroughly after handling uncooked meat, and keep uncooked and cooked meat separate.

X-rays

You should not have an x-ray while you are pregnant unless it is essential for your health. Tell your doctor and dentist if you are pregnant or trying for a baby.

Lifestyle issues

Exercise

Both you and your partner should start, or keep up, regular exercise when you are trying to get pregnant. If you don't do any exercise, now is a good time to start. Regular exercise will improve your health and help reduce stress, but if you are not used to exercise, start off slowly. The more active and fit you are the easier it will be for you to cope comfortably with pregnancy.

Walking and swimming are good ways to start getting fit, and a yoga or Pilates class can help with relaxation and muscle tone. Whatever exercise you do, talk to your doctor or exercise instructor if you become pregnant, as you may need to adapt the exercise you do.

You should avoid exercise or sports where there is a risk of being hit in the abdomen, such as martial arts. You should take extra care during activities where there is a risk of falling or losing your balance, such as cycling and horse riding.

You can find out more information and advice about pre-pregnancy exercise, and exercise during pregnancy, from:

- your general practice – ask your doctor or practice nurse
- Tommy's (midwife-run helpline: 0870 777 3060; www.tommys.org)
- The Royal College of Obstetricians and Gynaecologists (www.rcog.org.uk).

Your weight

What you eat and how much you exercise affects your weight. Being overweight or underweight can disrupt your periods and reduce your chances of getting pregnant.

Vitamin D

Women who have limited exposure to sunlight, such as women who are housebound or who usually remain covered when outdoors, may need to take a supplement of Vitamin D. Seek advice from your doctor or midwife.

Travel

Plan travel cautiously if there is a possibility you are pregnant. Avoid long haul flights and travel to areas where there is a risk of malaria. If travel is unavoidable speak to your doctor or midwife.

Smoking

Try to stop smoking. If you or your partner smoke it can reduce your fertility. Stopping smoking may be the most important thing you can do for your health and the health of your baby.

Women who smoke during pregnancy have a greater risk of:

- miscarriage
- stillbirth
- giving birth too early (premature birth)

- complications during and after pregnancy and labour
- having low birth weight babies.

Babies who have low birth weight or are born prematurely are more likely to have health problems and are at higher risk of sudden infant death syndrome (SIDS, or cot death).

Try not to start smoking again after you've had your baby.

Babies whose parents smoke are more likely to suffer from coughs and chest infections, and are at higher risk of SIDS.

If you or your partner needs help, support or practical advice on giving up smoking, you can:

- go to your general practice – talk to your doctor, practice nurse or midwife
- ask your pharmacist
- contact the NHS Pregnancy Smoking helpline (0800 169 9 169) or go to the NHS website www.smokefree.nhs.uk

Alcohol

Many women ask how much is safe to drink during pregnancy. The safest approach is not to drink at all. If you do drink you should avoid getting drunk, and try to limit alcohol to the occasional drink and not more than one or two units once or twice a week.

Alcohol can damage sperm production, so men should cut down on drinking too.

If a woman drinks heavily and frequently in pregnancy, or regularly binge drinks (has five or more units of alcohol on any one occasion), this can harm her baby's development and health.

Heavy drinking can lead to fetal alcohol syndrome (FAS) and fetal alcohol spectrum disorder (FASD). These describe a range of symptoms that can be caused by drinking alcohol in pregnancy, including damage to the facial features, brain, heart and kidneys, and learning difficulties and behavioural problems in later life.

Many pregnancies are unplanned. You may have had a one-off binge and then later discover that you conceived at or around this time. Many women worry that this might have caused harm to the baby. It is thought that a single episode of binge drinking is unlikely to be harmful to a woman or her baby.

If you or your partner find it difficult to cut down on alcohol, you can get help and support from:

- Your general practice – talk to your doctor, nurse or midwife.
- Drinkline, the national alcohol helpline (0800 917 8282).
- www.drinkaware.co.uk, a website that can help you count your units, and offers information on drinking in pregnancy and advice on cutting down.

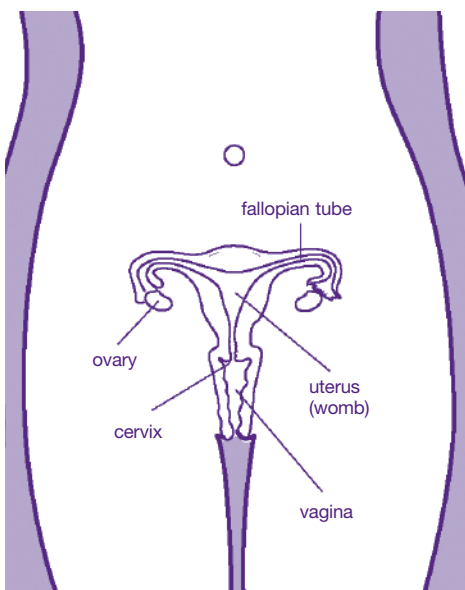
Work environment

Some occupations expose you to substances or surroundings that may be harmful if you become pregnant. If you are concerned, speak to your manager or health and safety officer to find out more about any risks there might be.

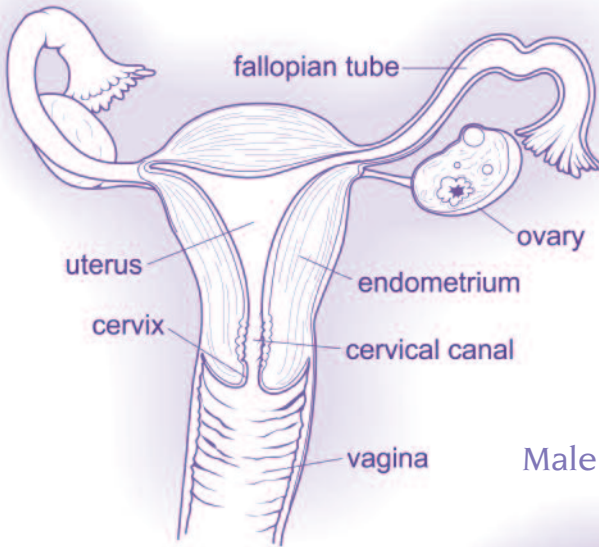
You can find out more information from the Health and Safety Executive website at www.hse.gov.uk.

Getting pregnant (conception)

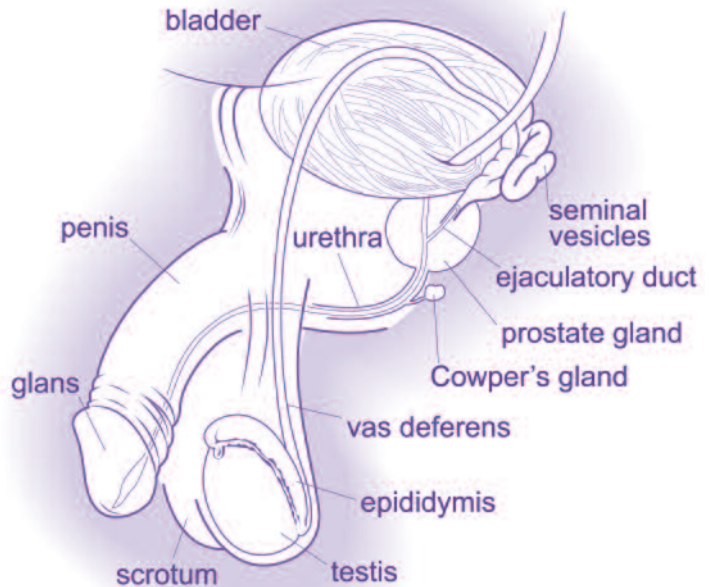
To become pregnant (conceive) an egg must be fertilised by a sperm and become implanted in the uterus. Conception is a process that begins with fertilisation and ends with successful implantation of a fertilised egg in the uterus.



Female reproductive organs inside the body



Male reproductive organs



Ovulation

An egg is released from one of your ovaries during each menstrual cycle. This is called ovulation. You can get pregnant only for a few days around the time of ovulation. This is known as the fertile time. The egg travels down one of your fallopian tubes towards your uterus. The egg lives for up to 24 hours only. Each month, the lining of your uterus thickens to prepare for a possible pregnancy.

Fertilisation and implantation

During sex, when your partner ejaculates (comes), millions of sperm enter the vagina. Many of these will swim up through your cervix (the entrance to your uterus) into the uterus and the fallopian tubes. Although millions of sperm may be released, only one sperm will enter the egg. This is known as fertilisation. The fertilised egg travels down the fallopian tube over a number of days and eventually reaches the uterus, where it attaches itself to the thick nutritious lining.

Implantation has now taken place and conception is complete. The time from

ovulation to implantation is around ten days.

Confirming you are pregnant

The earliest and most reliable sign of pregnancy for women with a regular menstrual cycle is a missed period. Sometimes women who are pregnant have a shorter or lighter period than normal.

You can carry out a pregnancy test from the first day of a missed period. Tests carried out earlier than this are not always accurate. If you don't have regular periods, the earliest time you can do a test is 21 days from the last time you had unprotected sex. For some women the test does not show positive until their period is at least a week late.

Pregnancy tests look for the pregnancy hormone human chorionic gonadotrophin (hCG), which is found in the urine of pregnant women. A positive test is almost always correct. But women can sometimes get a negative result if the test is carried out too early or not correctly, even though they may be pregnant.

Common questions

There are many myths about getting pregnant – here are the answers to some of the most common questions people ask.

When is the best time to have sexual intercourse in order to get pregnant?

If you regularly have sex 2–3 times a week, there will always be sperm waiting to meet the egg at ovulation. Some people believe that you need to have sex exactly at the time of ovulation in order to get pregnant, but this is not true. Sperm can survive for up to seven days in the uterus and fallopian tubes, and can meet the egg when it is released. You do not need to have sex at a particular time, or every day.

Are there any sexual positions that will help me get pregnant?

There is no evidence that one sexual position is better than any other for getting pregnant. As long as your partner ejaculates in your vagina, the

sperm will be able to swim to the fallopian tubes.

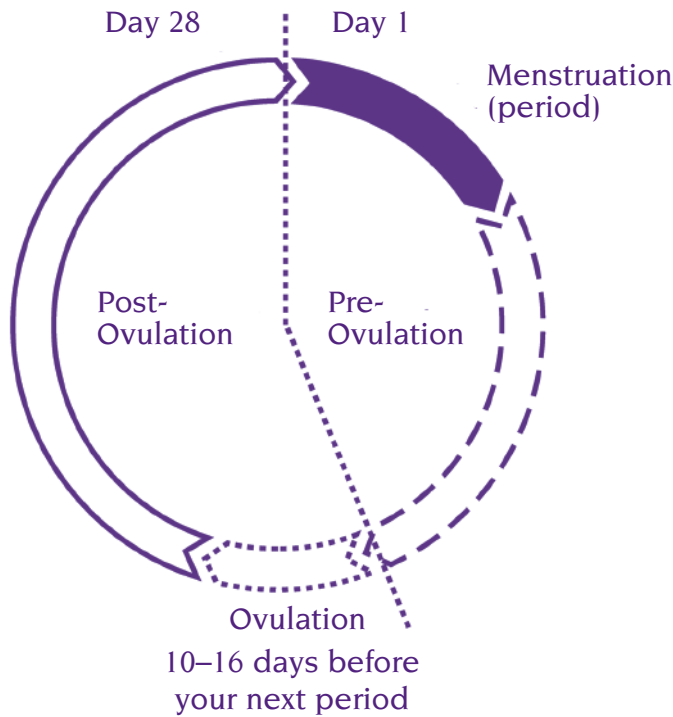
Can men run out of sperm if they ejaculate every day?

No. It takes about 70 days for a sperm to be produced, but as production is a continuous process there are always plenty of fully mature sperm at any one time. Having regular sexual intercourse every 2–3 days will provide more than enough healthy sperm to fertilise an egg.

Finding your most fertile time

Getting to know your menstrual cycle

The menstrual cycle is the process during which an egg develops and is released from an ovary, and the lining of the uterus thickens in preparation for a possible pregnancy. If a woman does not become pregnant, the lining of the uterus is shed as her period. These events are caused by hormones – chemical messengers which travel around the body in the blood stream.



How long does the cycle take?

- The number of days in the menstrual cycle is calculated from the first day of a period to the day before the start of the next period.
- The average length of the menstrual cycle is around 28 days, although many women have longer or shorter cycles and this is normal.

What happens during the menstrual cycle?

- The first day of the period is known as day one of the cycle. When a woman has her period about 20 eggs start to develop in the ovary.
- The hormone estrogen causes the lining of the uterus (endometrium) to start to thicken in preparation for a fertilised egg. It also causes

the cervical mucus (noticed as vaginal secretions) to become clearer, wetter and more stretchy, allowing sperm to reach an egg more easily.

- Regardless of how long or short a woman's cycle is, ovulation (egg release from an ovary) will usually happen around 10–16 days before the start of her next period. However, the time from the first day of the period to ovulation can vary between women.
- Occasionally, more than one egg is released (if this happens it will occur within 24 hours of the first egg being released). If more than one egg is fertilised it can lead to a multiple pregnancy, such as twins.
- Ovulation triggers the production of a second hormone, progesterone. This prepares the lining of the uterus even further, ensuring that it is spongy, thick and full of nutrients so that a fertilised egg can implant into it.
- After ovulation the cervical mucus goes back to being thick and sticky. If the egg is not fertilised it will be reabsorbed naturally by the

body, the level of hormones falls, and this menstrual cycle comes to an end.

- The cycle then begins again. The lining of the uterus breaks down and leaves the body through the vagina as a period, also called menstruation.

Cervical mucus changes

You can learn to identify your fertile time by noting the changes in your cervical mucus. At the beginning and end of your cycle cervical mucus is creamy, sticky and thick. As your body prepares for ovulation, and around ovulation, it becomes wetter, clearer, slippery and stretchy like raw egg white. You may be able to stretch an unbroken thread of it between your thumb and forefinger.

Some women, however, notice only a small amount of milky wetness which lasts for a few days and then dries up after ovulation. Keeping track of your cervical mucus can give you a clear picture of your body's pattern and should make it easier for you to learn to identify the fertile times of your cycle.

Temperature

Some women keep track of their basal body temperature (your temperature when you wake after at least three hours sleep). This may let you know if you have ovulated, as your basal temperature dips slightly before ovulation and rises afterwards, but it is not useful in planning a pregnancy.

Using a kit

Ovulation kits are available to buy at pharmacies, and can tell you when ovulation is likely to occur. Using a kit involves testing your urine on specific days in your cycle to detect the luteinising hormone which surges 24–36 hours before ovulation.

Getting to know your body and your menstrual cycle, and monitoring your cervical mucus, is a more effective way to find your fertile time.

Why it might take longer to get pregnant

Even if you keep track of your body's changes and have sex 2–3 times a week, it may still take a

while to get pregnant. There are a number of factors that can affect getting pregnant. You should not be too surprised or upset if you do not get pregnant straightaway. Very often it can take much longer, and this is normal.

Ovulation

One possible problem is that ovulation may not occur every month. If you have recently stopped taking hormonal contraception, ovulation may be delayed or irregular for a short time. If you have been using a contraceptive injection, ovulation may be delayed or irregular for up to a year. If you are worried you might not be ovulating, see your doctor.

Implantation

Even if there are sperm waiting for the egg when you ovulate, you may not become pregnant in the first few months of trying. Sometimes fertilisation does take place but the egg does not implant securely and is lost in the next period.

Age

Your chances of becoming pregnant decrease as you get

older as the quantity and quality of eggs deteriorate with age.

It can take longer and be more difficult to get pregnant if you are over 35. However, many women over 35 have healthy pregnancies and babies.

Sperm

There may be a problem with the number or quality of your partner's sperm. Sperm production can be damaged by mumps, untreated sexually transmitted infections, injury to the testicles, excessive heat (such as hot baths), tight fitting underwear, alcohol, smoking or recreational drugs, or there may be unknown causes.

What if I don't get pregnant after a year?

If you are worried that it is taking an unusually long time for you to conceive, there may be a problem your doctor could help you or your partner with. Because some couples do take longer than others to conceive, many doctors prefer you to have been having sex without contraception for at least a year, 2–3 times a week, before referring you for fertility tests.

If you are over 35 or if you have any known medical or fertility problems you may be referred for help after six months.

There are ways to help couples conceive if they are having problems getting pregnant. These will not always be successful, depending on the reasons for the infertility.

Do remember that:

- around 80–90 out of 100 couples become pregnant within one year
- around 95 out of 100 couples become pregnant within two years.

If you don't get pregnant at once you are not unusual and it doesn't necessarily mean that you have a problem. Don't be worried if you don't get pregnant after several months of trying – this is normal.

Do go to your doctor for further help after trying for a year, or six months if you are 35 or over.

Some women do get pregnant but the pregnancy fails – this is called a miscarriage and is common. This can happen to women of any age. If this happens to you, there is a high chance you will be able to have a successful pregnancy in the future. However, some women who have a miscarriage, or more than one miscarriage, may require specialist help.

You can find out more information from your doctor, nurse or midwife, or by contacting the Miscarriage Association (tel: 01924 200799, www.miscarriageassociation.org.uk).

Where to go for more help and advice

FPA (see back cover)

Health Promotion Unit/Department

Address in local phone book.

Supplies leaflets on healthy eating, exercise and relaxation, giving up smoking and

pre-pregnancy care, and the Department of Health *The pregnancy book* – a complete guide to pregnancy, childbirth and the first few weeks with a new baby.

NCT (National Childbirth Trust)

Enquires line: 0300 33 00 770

www.nct.org.uk

Information on pre-pregnancy care and health of pregnant women. Local antenatal classes, postnatal support groups and breastfeeding counsellors.

Disability, Pregnancy and Parenthood *international* (DPPI)

Helpline: 0800 018 4730

Textphone: 0800 018 9949

www.dppei.org.uk

Information and support for disabled people who are parents or planning a pregnancy. Produces resources for deaf and visually impaired people on pregnancy, childbirth and parenthood.

Miscarriage Association

Tel: 01924 200 799

www.miscarriageassociation.org.uk

For help with miscarriage and ectopic pregnancy.

Tommy's

Helpline: 0870 777 3060

www.tommys.org

Information and publications on pre-pregnancy health, pregnancy, miscarriage and stillbirth.

**WellBeing Eating for
Pregnancy Helpline**

Helpline: 0114 226 8544

Nutritional advice before or during pregnancy.

**NHS Pregnancy
Smoking Helpline**

Helpline: 0800 169 9 169

www.smokefree.nhs.uk

Advice on how to stop smoking

Healthy Start

www.healthystart.nhs.uk

Information on healthy eating in pregnancy, breastfeeding and for families. Offers free vouchers which can be exchanged for vitamins, milk, fresh fruit and vegetables.

Relate

Tel: 0300 100 1234

www.relate.org.uk

Offers relationship counselling.

Infertility Network UK

Tel: 0800 008 7464

www.infertilitynetworkuk.com

Information and support for people coping with infertility.

**Human Fertilisation and
Embryology Authority (HFEA)**

Tel: 020 7291 8200

www.hfea.gov.uk

Information on assisted conception and services.

Further reading

The pregnancy book 2009

Department of Health 2009

Free to first-time mothers from your general practice, maternity units and local health promotion units (see your local phone book).

Happy birth day book

NCT 2007

How to have the best pregnancy and birth (includes a DVD).

Available from

www.nctshop.co.uk.

Get closer – humps and bumps

NCT 2005

All about sex during pregnancy and after giving birth.

Available from

www.nctshop.co.uk.

Planning for a healthy pregnancy

Tommy's 2008

Information to help you plan your pregnancy. Available free from www.tommys.org.

How FPA can help you

sexual health direct is a nationwide service run by **FPA**. It provides:

- confidential information and advice and a wide range of booklets on individual methods of contraception, common sexually transmitted infections, pregnancy choices, abortion and planning a pregnancy
- details of contraception and genitourinary medicine (GUM) clinics and sexual assault referral centres.

FPA helplines

England

helpline 0845 122 8690

9am to 6pm Monday to Friday

Northern Ireland

helpline 0845 122 8687

9am to 5pm Monday to Friday

or visit the FPA website **www.fpa.org.uk**

A final word

This booklet can only give you basic information about planning a pregnancy. The information is based on guidance from the Royal College of Obstetricians and Gynaecologists and medical opinion available at the time this booklet was printed. Different people may give you different information and advice on certain points.

Remember – contact your doctor, practice nurse or a contraception clinic if you are worried or unsure about anything.



talking sense about sex



Registered charity number 250187

Supported by the Department of Health.

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2010