

PREGNANCY –

Your questions answered

**Mr Colin Davis, consultant obstetrician and gynaecologist,
and Professor Eric Jauniaux, consultant obstetrician in foetal medicine,
at The London Clinic answer some common pregnancy concerns:**

Q I know that light-bleeding/spotting is common during early pregnancy. However, I have recently been experiencing heavier bleeding than normal – what does this mean?

In the vast majority of cases it does not mean anything serious but it is important to have an ultrasound examination to make sure that the foetus is developing well.

Q I am pregnant and have started suffering from varicose veins. Should I be worried?

Varicose veins are extremely common during pregnancy, in particular during the second half of pregnancy and should not be associated with complications. If they become particularly troublesome, painful and unsightly, compression stockings can help.

Q I suffered a miscarriage two years ago. What are the chances of this happening again and is there anything I can do to prevent/lower the risk of a repeat experience?

The chances of this happening again is around 20% but it depends mainly on age as the risk of severe chromosomal abnormalities increases with maternal age. After 40 years of age the risk of miscarriage in a first pregnancy is more than 50% and very little can be done to prevent it. In younger women, a healthy diet (plenty of fruit, vegetables and folic acid) is essential, with a complete ban of smoking (including passive smoking).

Q I know it is normal to experience some abdominal pain during pregnancy, but recently my pain has been getting worse and far more frequent. Should I visit my GP?

Yes. The GP could exclude a urinary tract infection and in particular cystitis. In general, if there is no bleeding and no fever, the pregnancy should be OK. A simple ultrasound examination will help reassure most women.

Q I've heard that 'abnormal' vaginal discharge during pregnancy can be a sign of an abnormality. What is meant by an abnormality and what constitutes 'abnormal' discharge?

Vaginal discharge increases during pregnancy in the vast majority of women. If it is not associated with discomfort (burning sensation or itchiness), does not smell, is not bloody and is not associated with fever, it is not usually a sign of a serious problem. A simple vaginal swab test by the GP, midwife or obstetrician can exclude a significant infection.

Q Are there any tests available that can predict my chances of having a premature birth?

There are no reliable tests to predict premature birth. Some tests, like the measurements of the length of the cervix by ultrasound at 20-23 weeks can give you an indication of your risk but are not very accurate.

Q What is the minimum number of scans recommended during the first three months of pregnancy and are there benefits to having more?

There is no recommended number of ultrasound examinations in the first trimester – women in the UK undergo an initial scan at 12 weeks. In an apparently normal pregnancy, a scan at around 6-8 weeks is useful to exclude an ectopic pregnancy or an early miscarriage and is offered to most women outside the UK. There is a need to have more than one scan in the case of threatened miscarriage or a history of recurrent miscarriage.

Q When is the earliest I could have a scan?

At The London Clinic we recommend an ultrasound scan between 6 and a half and 7 weeks from the last menstrual period depending on the regularity of the menstrual cycles.

Q I have recently found out that private clinics offer 4D pregnancy scans. I am pregnant with my first child and would like to know whether it would

be worthwhile paying to have one done?

3D/4D scans are 'fun', very detailed and extremely life-like scans and are usually performed around 26–30 weeks. 3D scans produce images, whereas 4D scans produce animated images. If desired, there is no problem in having one done as many ultrasound specialists now have the equipment to do it. Why not ask your specialist to give you a couple of 3D pictures at the end of one of your routine scans (at 20 or at 32 weeks), after your foetus has been checked for anomalies.

The Early Pregnancy Screening Service at The London Clinic forms part of a comprehensive range of specialist services for women which include: colposcopy; breast services; plastic surgery (reconstructive and cosmetic); mammography; bone density; full-female health screening; gynaecology, genito-urinary medicine and menopause.

The London Clinic is one of the UK's most established independent hospitals. It is a fully equipped acute care facility that has earned a long-standing international reputation for the provision of first class medical care and facilities which continue to attract some of the capital's most eminent specialists.

If you would like to put any alternative pregnancy-related questions to Mr Colin Davis or Professor Eric Jauniaux to appear in print, please contact **Tracey Thompson** or **Caroline Beswick** at Trinity PR on **020 8786 3860**. Alternatively, please email tracey.thompson@trinitypr.co.uk / pressoffice@thelondonclinic.co.uk

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