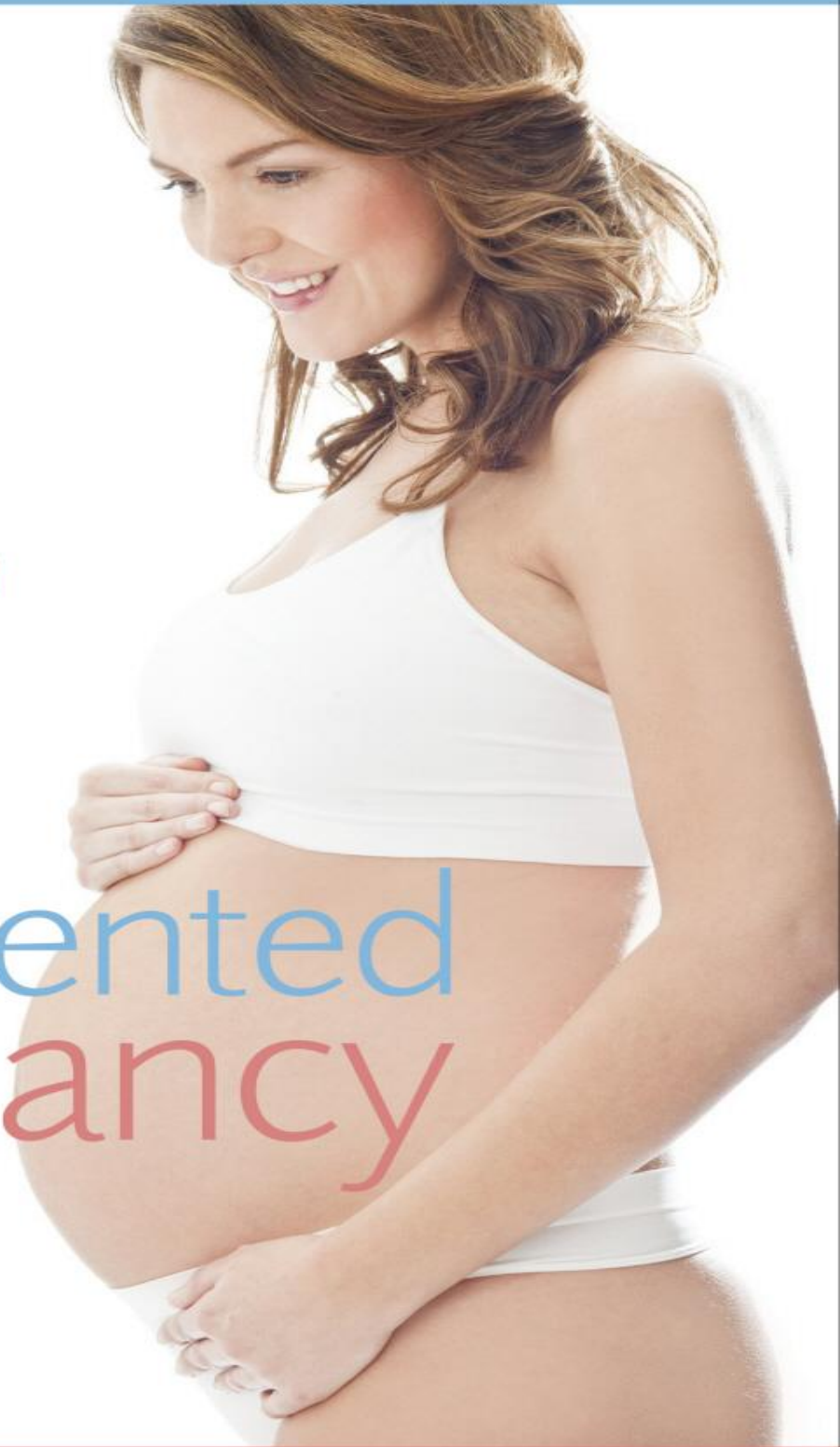


BRITAIN'S NO. 1 PARENTING AUTHOR

Essential
advice for
conception
to birth

The **Contented**
Pregnancy



Gina Ford

with Dr Charlotte Chaliha

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About the Book

Everything you need to know about pregnancy and birth from the UK's no.1 parenting author.

Discovering that you are about to become a mum is one of life's most joyful moments. This indispensable guide from Gina Ford and consultant obstetrician Dr Charlotte Chaliha provides mums-to-be with the practical, reassuring and down-to-earth advice they need for a calm and contented pregnancy. Includes:

- A month-by-month guide to your growing baby and your changing body
- Up-to-date guidance on nutrition, exercise and health
- Advice on preparing your home and lifestyle for a new arrival
- How to prepare yourself for labour and birth
- What to expect in the first weeks with your baby

The Contented Pregnancy is the essential guide to enjoying a relaxed pregnancy and giving your baby the very best start in life.

About the Authors

Gina Ford is Britain's bestselling childcare author and has written over twenty parenting books, including her bestselling *The Contented Little Baby Book*.

Dr Charlotte Chaliha is a consultant obstetrician and gynaecologist at The Royal London and St Bartholomew's hospitals in London.

The Contented Pregnancy

Essential advice from
conception to birth

Gina Ford

with Dr Charlotte Chaliha

Vermilion
LONDON

From Gina

To all the parents who have supported me over the years

From Charlotte

To Maya

Introduction

If you have picked up this book, you are probably either thinking seriously about becoming pregnant, or are already pregnant. Firstly, congratulations on entering this new stage of your life! This is such an exciting time as you prepare for the new life you'll be bringing into the world.

If it's your first pregnancy, you're likely to feel a little daunted about what to expect over the months ahead. You are probably wondering what will happen to your body and the growing baby inside you, and how you can best prepare for the arrival of the new addition to your family.

My previous books have focused on how to care for your baby, and yourself, after birth, but many mothers have been keen to have more guidance on the stages before the baby is born. My aim in this book is to help support you through your pregnancy. I've teamed up with consultant obstetrician Charlotte Chaliha to provide detailed information on every aspect of pregnancy, so you can feel informed and reassured, and get on with enjoying your pregnancy.

This book covers everything from fertility and conception to birth and the first few weeks with your baby. It will walk you through every month of pregnancy, showing how the embryo develops into a baby and how your body will change. There is lifestyle advice on nutrition and exercise, plus guidance on preparing your nursery and taking care of your relationships as your life changes. You will also learn all about the different options ahead of you for birth and how to draw up your birth plan. The book then provides

detailed information on labour and guidance on what to expect in the first few weeks with your baby.

No matter whether this is your first baby or whether you are extending your family, *The Contented Pregnancy* will give you all the tools you need to look forward to the journey ahead.

Good luck! And I hope that your pregnancy is a contented one!

Gina Ford

PART 1

The Pregnancy Basics

1

Fertility and Conception

Whether you're taking the first steps down the road to parenthood, or intending to add to your family, the period between deciding to try for a baby and conception can be an intense one. It can also be a great time to start laying the foundations for a healthy and happy pregnancy.

Some women may fall pregnant at the drop of a hat, but many will find it takes a few months after stopping birth control. Take this opportunity to read up on conception and ovulation, as well as changes you can make to your diet and exercise regime to improve your chances of conception.

If you're already pregnant, then feel free to skip ahead to [Chapter 2](#), although you might be interested to read some of the information below.

Conception basics

Before looking at the steps you can take towards getting pregnant, it's useful to have a basic understanding of conception. Here is a quick low-down on how conception takes place.

- You are born with around one million immature eggs in your body, some of which will be lost by the time you have your first period.

- Every month follicle-stimulating hormone (FSH) is released from your pituitary gland, enabling some of your follicles to ripen. These produce oestrogen, which encourages the uterus to thicken in case a fertilised egg is implanted in it.
- In each cycle 10-20 follicles develop, but only the ripest is released (ovulation).
- The ripe egg travels up the fallopian tube.
- Sperm reach the tube usually between 30 minutes and three hours after you have had sex. Fertilisation of the egg usually occurs in the fallopian tube when the egg meets a sperm.
- The fertilised egg is carried down the fallopian tube to the uterus and reaches the uterine cavity 5-6 days after ovulation.
- The fertilised egg, now grown from a single cell to a cluster called a blastocyst, attaches to the uterine lining and eventually develops into an embryo and then into a foetus.

Getting pregnant

You've chosen to have a baby; now it's time to start trying for one! While each couple's journey towards pregnancy is different, and some will find it easier to get pregnant than others, there are many things you can do to improve your chances of conceiving. Regular, unprotected sex two to three times a week is the first thing to try.

Stopping your contraception

Your contraception has helped you to avoid becoming pregnant. Now you're trying for a baby, it's time to put your contraceptives aside. However, depending on the method that you used, some contraceptives stay in your body for a while after you stop them. Here is a list of contraceptives and what you should expect when you stop using them.

Barrier methods

If you have been using barrier methods of contraception, such as condoms or a diaphragm, this will not affect your fertility and there is no reason not to try to get pregnant straight away.

Combined oral contraceptive pill

If you have been taking the Pill, it may take your body a little while to readjust after you stop taking it and you may be advised to wait for one or two cycles to go by before seriously trying to conceive. You may find you become pregnant as soon as you come off the Pill, but you may also find that it takes a few months for your normal fertility to return. This is quite common and won't have any effect on your pregnancy once you do conceive.

Intrauterine devices

If you have an intrauterine device (IUD) or intrauterine system (IUS, or Mirena), you will need to have this removed in order to try to conceive. Your normal fertility is usually restored as soon as an IUD/IUS has been removed. With an IUS, or hormonal IUD, it can take a few months for your fertility to get back to normal.

Contraceptive implant (Nexplanon)

If you have been taking the long-acting contraceptive implant it can take around six weeks before ovulation occurs after it is removed.

Contraceptive injections (Depo-Provera)

If you have been having contraceptive injections, it can take longer to get pregnant as it takes a while for all traces of the drug to leave your body. Therefore, on average, it can be up to six months following the last injection before your normal fertility is restored.

Sterilisation

If you, or your partner, have been sterilised, it is not always possible to reverse the operation and it may not be funded on the NHS. The reversal of sterilisation can be a difficult operation and it is not always successful. Even when a reversal seems to have worked, women who get pregnant after they have been sterilised are at greater risk of an ectopic pregnancy occurring (see [here](#)). For men who have had a vasectomy, no more than half of reversal operations are successful. The chances of success may be partly affected by the time that has elapsed since the original operation. If more than three years have elapsed, a vasectomy reversal is less likely to be successful.

Knowing your monthly cycle

Being aware of your monthly cycle will help you to work out when you are most likely to be able to get pregnant. Not all women have a regular 28-day cycle and yours may be longer or shorter than this. Whatever the length of your cycle, your most fertile time will be two weeks, or 14 days, before your period starts and you can count back from this if you have a regular cycle, and if you have intercourse around this time, there will be sperm ready to fertilise the

egg as it travels down the fallopian tube towards your womb.

Some women know when they ovulate (or release an egg) because they feel a pain at this time on one side of their abdomen. If you don't feel anything, this doesn't mean that you are not ovulating - the majority of women don't notice it. You may become aware that you produce more cervical mucus at certain times of the month and this coincides with ovulation; the mucus is thick and sticky at the start and end of your cycle, and around the time of ovulation you produce more cervical mucus and it becomes thinner, more transparent and stretchy.

You might already be marking the dates your period begins and ends on a calendar; if not, consider starting now. You can also buy kits that tell you when you are ovulating. You can buy these over the counter from a chemist. Alternatively, if you have a smartphone, you might want to try one of the apps available that calculate when you're ovulating for you.

An irregular cycle

If you have an irregular cycle, it will be harder to work out when you are ovulating, but if you are having intercourse every two or three days you will be covering your most fertile time of the month as sperm can survive in your body for at least a few days.

An exact day?

Some women are very concerned about trying to pinpoint the exact day when they are most fertile but, generally, as long as you are having regular intercourse every two or three days when you are hoping to get pregnant this should be often enough for you to be successful.

When is the best time to get pregnant?

Everyone is slightly different, but the list below may help you understand when is the optimum time for you to try to get pregnant.

- Ovulation may take place 14 days before your period starts. Therefore in a 28-day cycle you will ovulate on day 14. You may ovulate on the same day every month or it may happen on different days if your cycle is irregular.
 - During ovulation your cervical fluid will be clear. Try stretching it between your finger and thumb. If it stretches, is clear or semi-clear, this is a good sign.
 - While ovulation is happening, your cervix is soft, open, high and wet, like your lips, while at other times it is low and closed, resembling the end of your nose.
 - An egg is released from the ovaries once every month and will live for 12-24 hours if it is not fertilised. Oestrogen, follicle-stimulating hormone (FSH) and luteinising hormone influence the development of the follicles in the ovary, from which ovulation takes place. The time (about 10 days) between ovulation to menstruation is known as the 'luteal phase'. The remains of the follicle in the ovary from which the egg is released become the corpus luteum and this produces progesterone to prepare the lining of the womb for implantation of the embryo.
 - You may notice mild spotting during ovulation, which is normal. However, if it continues for more than a day, see your GP.
-

How long does it take to get pregnant?

Each couple is different, so while some women may be lucky enough to get pregnant straight away, or at least very quickly, others may take weeks, or even months, to conceive. Statistics show us that less than one-third of couples get pregnant immediately, so you may have plenty of time to prepare yourself. It's also good to keep in mind that if you are over the age of 35, it usually takes longer to conceive than if you are younger. In general, around 85 per cent of couples take up to one year to get pregnant. By the age of 40 your fertility will decrease by 50 per cent and your risk of pregnancy complication increases. Other problems may also affect you getting pregnant, for example fibroids, endometriosis, tubal infection or scarring from previous surgery.

If you are becoming tense as a result of feeling pressurised to start a baby, try to relax and perhaps even go on a 'conception moon', whereby you and your partner go on a special holiday in order to conceive. You may feel more relaxed away from home and work. If you are at all worried about your or your partner's fertility, seek help and guidance from your GP. They will guide you on when and whether to seek further specialist help such as in vitro fertilisation (IVF).

If you are over the age of 35

These days more women are choosing to put off starting a family until they're older for a variety of reasons - perhaps they want to advance their careers or maybe they haven't met the right person yet. Whatever the reason, choosing to have a baby later in life is, of course, completely valid, but women should also be aware that problems with conception and pregnancy are greatly increased

over the age of 35, and this fact should be taken into consideration when making that choice.

While a 35-year-old woman may look and feel young, biological changes within her body means that from this age fewer good quality eggs are left in the 'ovarian reserve', making it harder to conceive. The risk of miscarriage (see [here](#)) becomes greater over the age of 40, and the likelihood of your child having a chromosomal disorder such as Down's syndrome is also greatly increased.

Of course, there are many benefits to being an older mum: financial security, stable careers and settled relationships, to name just three. As an older woman wanting to get pregnant there will be more obstacles in your way to becoming a mum, but being aware of these will help. Talk to your GP if you have any worries. With luck, you will soon be looking forward to a new and rewarding stage of your life.

Preparing for pregnancy

Once you've made the exciting decision that you'd like to have a baby, you might want to start trying straight away. But now it is the perfect opportunity to take a step back and think about your life and the way you live it. The time between deciding to get pregnant and conceiving is an ideal chance to make sure that you are fully prepared for pregnancy in every way possible by being as fit and healthy as you can be. This will not only increase your chances of getting pregnant, it will also help you to enjoy a healthy pregnancy and to be as fit as you can be for giving birth.

If you know that your diet and exercise regime could be improved there are some simple lifestyle changes you can make that will improve your fertility and your health before you try to get pregnant. For example, eating a really healthy, balanced diet that includes at least five portions of fruit and vegetables a day will help, as will keeping your body toned and fit with regular exercise. If you smoke or drink, might you be able to give these up? Think about these issues seriously, as continuing to smoke and drink can have an adverse effect on your fertility, as well as potentially damaging your unborn baby (see [here](#) and [here](#)).

If you have had some time to prepare yourself, you may find that you are feeling fitter and healthier already and that you feel fully prepared to start the exciting journey ahead. However, many women have unplanned pregnancies or fall pregnant quickly without having time to ensure that they are as fit and healthy as they can be. If you are expecting a baby and haven't had time to make any lifestyle changes yet, there is no need to worry unduly. It is not too late to start taking folic acid (see [here](#)), to give up smoking and drinking (see [here](#)) or to follow a healthy diet and exercise regime (see [Chapters 3](#) and [5](#)) once you find out that you are pregnant, but the sooner you do this, the better.

A healthy pre-pregnancy and early-pregnancy diet

To keep healthy while you are trying to conceive and when you are pregnant, it is important to think about what you eat. Your diet should consist of a good balance of protein, fat and carbohydrate (see [here](#)) and eating regularly is important, too. If your life is hectic and you often eat on the run, perhaps missing regular meals and eating unhealthy

snacks, now is the time to be more careful about what you are eating and when.

Your five-a-day

You need to consume at least five portions of fruit and vegetables every day. This can include frozen, canned or dried products as well as fresh fruit and vegetables, though fresh should be your first choice if possible. Do be wary of packaging that states that the food includes 'part of your five-a-day' as this information may be misleading. One of your daily portions can be a glass of fruit or vegetable juice or a smoothie. You should aim to eat two portions of protein every day, which can be fish, meat, eggs or pulses such as beans and lentils. You also need carbohydrates and dairy products such as milk or cheese. When you're trying to get pregnant, it's a good idea to eat foods that are rich in folic acid, such as leafy greens or lentils, and iron, such as red meat, spinach or dried fruits, as these are important in pregnancy (see [here](#) and [here](#)).

Caffeine consumption

There is some conflicting evidence as to whether consuming caffeine can affect your fertility, but, to stay on the safe side, it's a good idea to reduce your caffeine intake when you are trying to get pregnant. Common sources of caffeine are coffee, tea, fizzy drinks and chocolate. Do note that even de-caffeinated coffee and tea include some caffeine so do read the labels!

Things to give up before conception

Smoking

Smoking has a major impact on fertility so it's a very good idea to give this up if you can. Women who smoke tend to have a shorter reproductive life than

those who don't; smokers are more likely to have fertility problems and even living with a smoker can reduce your chances of getting pregnant. Men who smoke also have reduced fertility.

If you smoke during pregnancy (and before you are aware that you are pregnant), you reduce the amount of oxygen and nutrients your unborn baby is receiving. Your baby's heart has to beat faster as he tries to get oxygen and he is likely to weigh less when he is born. He will possibly even be born prematurely. Smoking also increases your risk of having a miscarriage and of serious complications during pregnancy. Once your baby is born there is a higher incidence of cot death, of childhood illnesses and even of suffering from learning difficulties.

Giving up smoking sometimes seems impossible, but your GP can offer you the advice and support you need to help you through. Once you know you are pregnant, you may find that you now have the incentive and strength to give up smoking for good. (See also [here](#) for more on smoking and pregnancy.)

Alcohol

It's best to avoid drinking alcohol altogether when you are trying to conceive and during pregnancy. Excessive consumption of alcohol and binge drinking can affect your fertility as well as your general health. Once you are pregnant, there is a greater risk of experiencing miscarriage, stillbirth or premature birth if you drink. Babies born to women who drink to excess during pregnancy can suffer from foetal alcohol syndrome, which can lead to

poor growth, development problems and facial deformities.

If you find it difficult to avoid drinking alcohol altogether when you are trying to conceive, stick to drinking no more than one to two units of alcohol, no more than once or twice a week. (One unit of alcohol is equivalent to half a pint of beer or lager, a single measure of spirits or about half a glass of wine.) This is unlikely to cause serious problems, but binge drinking and drinking excessive quantities of alcohol really are risky. (See also [here](#) for more on alcohol.)

Over-the-counter/prescribed drugs

When you are planning to get pregnant, check with your GP or pharmacist that anything you are taking is safe during early pregnancy as there are some common everyday drugs that can pose risks (see [here](#)).

Recreational drugs

You should give up taking any recreational drugs when you are planning a pregnancy. Many people assume that drugs such as cannabis are fairly harmless, but they can affect your chances of getting pregnant and your future baby's health.

Anabolic steroids

If your partner takes anabolic steroids, which are popular with some male bodybuilders, it could have an adverse effect on his fertility and this is something you should address when you are planning a pregnancy. The effects of anabolic

steroids are generally reversible, although it may take some time for your partner's fertility to return.

Your exercise

Getting plenty of regular exercise will help you to keep fit and healthy in preparation for your pregnancy. If you are already taking daily exercise and are fit, then you should keep this up when you are trying to conceive. If you have let this part of your life slip a little recently or are not keen on exercising, it's important to try to find a physical activity that you enjoy - this way you will be far more likely to get fit and keep it up. Taking a gentle form of exercise on a regular basis, such as swimming, walking or yoga is ideal. (See also [Chapter 5](#).)

Dental health tips

If you are planning to have a baby, pay a visit to your dentist first. If you need any dental work that might require X-rays or an anaesthetic, it's a good idea to get it out of the way before you get pregnant. For more about taking care of your teeth during pregnancy, see [here](#).

Supplements for pre-conceptual care

You should be able to get most of the nutrition you need from eating well, but as soon as you decide to get pregnant there are some supplements you should also take to ensure that your baby gets the best possible start in life.

Folic acid

One supplement that it is important to start taking, as soon as you decide you are going to try to have a baby, is folic acid. This helps to prevent neural tube defects, such as spina bifida, in babies. Neural tube defects usually occur in very early pregnancy, when the spinal cord is developing, which is why it is so important that you start taking folic acid as early as you can.

You can buy multi-vitamins containing folic acid, which are designed for women who are pregnant or trying to conceive, and this can be a good way of ensuring you have all the vitamins you need in the run-up to pregnancy. If you are planning to rely on a multi-vitamin supplement, make sure that it has sufficient folic acid for your pre-conceptual needs. It should contain 400 micrograms of folic acid, at least. However, if you have had a previous baby suffering from spina bifida or are taking anti-epileptic drugs, suffer from diabetes, sickle cell disease or thalassaemia you will need to take a higher daily dose of folic acid of 500 micrograms.

Vitamin D

Multi-vitamins designed for pregnant women or those who are trying to conceive usually contain vitamin D, which is also important during pregnancy - it ensures that your bones stay healthy and helps your baby to develop properly. It is quite common for women to be deficient in vitamin D, particularly those with dark skin, who have little exposure to sunlight, or those who are obese. If you are pregnant and at risk of vitamin-D deficiency, you should be taking a supplement of 10 micrograms of vitamin D a day.

**Conditions to be aware of before you
conceive
Rubella**

German measles, or rubella, is a very common childhood illness, which is generally mild, but it can be very dangerous for your growing foetus if you contract it when you are pregnant (see also [here](#)). Most women are immune to rubella because they have been vaccinated at school as a child, but it may be a good idea to confirm this before you try to get pregnant.

If you can't check your own records, you can have a blood test to check your rubella immunity and if you missed the vaccination or are no longer immune, you can have another jab and wait a few months before trying to conceive. If you find out you are not immune to rubella once you are pregnant, it will then be too late to have the vaccination.

Diabetes

If you suffer from diabetes, talk to your GP before you become pregnant to discuss the particular problems you may encounter (see [here](#) for more on this). If you are substantially overweight your GP will probably suggest you try to lose weight before you conceive. You will need to take a higher supplement of folic acid and your GP will be able to advise you about this.

It is important to get your blood sugar levels under control before you try to become pregnant and your GP will advise you about this. If your HbA1c level is high, your GP will probably suggest you try to reduce it before you try to conceive, as this can cause problems for you and your baby.

Obesity

We all know the health risks of being overweight or obese and, unfortunately, if your body mass index (BMI) is over 30 (see [here](#)), it may be more difficult for you to conceive, and more complications for you and your baby can arise during pregnancy and birth. For this reason, it is usually advised that you try to lose weight before you start trying for a baby. It is not a good idea to go on a diet when you get pregnant, so it is usually advised that women should lose the necessary weight a few months before trying to conceive. Losing weight can be difficult and daunting, so if you are having trouble, discuss weight-loss approaches with your GP, who will be able to offer you help and support.

High blood pressure

If you have high blood pressure, you should talk to your GP about your plans to start a family. If you are taking medication for high blood pressure, it may not be suitable to carry on taking it during pregnancy and you may need to change to a different type of medicine. In addition, you will need careful monitoring during pregnancy to make sure that the blood flow to the foetus and the placenta isn't affected by any drugs you are taking to reduce your blood pressure. Having high blood pressure also increases your risk of getting pre-eclampsia, a potentially serious condition. This means that the team caring for you during your pregnancy will be particularly vigilant about this. (See [here](#) for more on high blood pressure and preeclampsia.)

Recurrent miscarriage

It's a very sad fact that miscarriage is far more common than many people realise. It is estimated that about one in four pregnancies end in miscarriage, and for women over the age of 40 this figure rises to about half of all pregnancies. Sometimes, when pregnancies are lost very early on, women do not even know for certain that they had been pregnant. For women who have had a positive pregnancy test and then gone on to lose their baby, this is an extremely distressing experience and often it is not possible to determine the reasons for it.

If you've had a miscarriage in the past, you may be worried about becoming pregnant again. It is important to try to remember that most women who have had a miscarriage then go on to have a healthy baby.

If you have experienced more than three miscarriages in a row, this is known as 'recurrent miscarriage'. You will usually only be referred for investigations into the cause of your pregnancy losses if you have experienced recurrent miscarriages. There are many potential causes, such as blood-clotting disorders or chromosomal problems, and some are treatable while others, sadly, are not. However, for more than half of all couples who experience recurrent miscarriage a cause will not be found. There are factors that make recurrent miscarriage more likely: women who are very overweight or underweight or women over the age of 35. Recurrent miscarriage is extremely distressing, but even those who have experienced three miscarriages in a row are more likely to go on

to have a successful pregnancy than to have another miscarriage. (For more on miscarriage, see [here](#).)

Inherited conditions

It's a good idea to be aware of any family history of conditions that could be inherited - in either your family background or your partner's. Ask on both sides of the family to see whether anyone has any prior knowledge that could be good to know about. It is not necessary for either of you to be affected by the disease - you could merely be an unknowing carrier of it. Even if a close relative has suffered, your baby could be at risk. The best plan is to consult your GP in the first instance - they may refer you for genetic screening and counselling.

The following conditions are all inherited:

- Haemophilia
- Cystic fibrosis
- Muscular dystrophy
- Sickle cell anaemia
- Thalassaemia

Some women have easy pregnancies; others are more difficult. It's impossible to predict which yours will be as every woman - and every pregnancy - is different. However, making some small lifestyle changes, especially focusing on healthy eating and regular exercise, will give you a good foundation for a happy and healthy pregnancy.

2

Discovering You're Pregnant

The moment you and your partner discover that you are going to be bringing a new life into the world together is one of the biggest and most wonderful events that you can go through together. But whether you have been planning a pregnancy for a while, or whether it's come out of the blue, you're bound to be wondering what the next few months will bring.

The first signs of pregnancy

You may have been wondering whether you are pregnant, but are not sure. Perhaps you just have a strange feeling that you feel 'different' from usual. If this is your first pregnancy, then you will have no previous experience to go on. Here are the most usual signs to look for:

- Late or missed periods.
- Nausea or vomiting, especially in the morning.
- Going to the loo more frequently than usual.
- Feeling more tired than usual.

- Having a strange taste in your mouth.
- Noticing that your nipples are larger and darker than usual and/or that your breasts are sore and/or swollen.
- Cramping and light spotting.
- Aversion to certain foods and drinks that you used to enjoy (e.g. wine, certain cooking smells, coffee).
- Feeling more emotional and possibly crying more than usual.
- Feeling off-colour, perhaps with headaches.

Pregnancy tests

When you suspect that you might be pregnant, you can buy a home pregnancy test in your local chemist's to check whether you are pregnant or not. These tests are very reliable and you can do one as soon as you realise that your period has not started when it should. These tests work by measuring the level of pregnancy hormones (human chorionic gonadotrophin) in your urine and you usually just have to pee onto a stick. Some tests are more sensitive than others and you need to follow the instructions precisely. It is sometimes possible to be given a negative result when you are actually pregnant if you do the test very early, so if your test is negative and your period still doesn't come, you may need to repeat it a few days later.

GP pregnancy tests