



## Group B streptococcal infection

Group B streptococcal infection is a life-threatening infection in babies. Most babies who are infected show symptoms within 12 hours of birth, but there are some who get it later. The symptoms include:

- being floppy and unresponsive
- not feeding well
- grunting
- high or low temperature
- fast or slow heart rate
- fast or slow breathing rate
- irritability.

Your baby may need treatment very quickly. If you cannot get hold of your GP at once, dial 999 for an ambulance or take your baby to the nearest accident and emergency department with a paediatrician on site. For more information, see [www.gbss.org.uk](http://www.gbss.org.uk)

## GETTING SUPPORT

Everyone needs advice or reassurance at some time when they are caring for a young baby, even if it's just to make sure that they are doing the right thing. Some problems just need talking over with someone. It's always better to ask for help than to worry on your own. Do talk to your midwife or health visitor. As you grow more confident, you will begin to trust your own judgement more. You will be able to decide which advice makes most sense for you and your baby and which suggestions you can safely ignore.

You will also want to talk to friends, relations or other mothers in a similar situation. You will meet other mothers when you start taking your baby to the child health clinic or Sure Start Children's Centre. Your health visitor will explain where these are and when you should go.



Your nearest Children's Centre can be found by visiting [www.surestart.gov.uk](http://www.surestart.gov.uk)



Your health visitor can tell you about any mother and baby groups in the area. Or your local branch of the NCT (see page 183) or MAMA (Meet A Mum Association) (see page 184) may be able to put you in touch with other mothers nearby.



# BABIES WHO NEED ADDITIONAL CARE

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About one in eight of all babies will need extra care in hospital, sometimes on the ordinary postnatal ward and sometimes in a specialist neonatal area. Having a baby in neonatal care is naturally worrying for parents and every effort should be made to ensure that you receive the information, communication and support you need. Not all hospitals provide neonatal services, so it may be necessary to transfer your baby to another hospital for specialist care.



## WHY BABIES NEED ADDITIONAL CARE

Babies can be admitted to neonatal services for any of the following reasons:

- They are born early. One in 10 of all babies are born prematurely. Babies born earlier than 34 weeks may need extra help with breathing, feeding and keeping warm.
- They are very small and have a low birth weight.
- They have an infection.
- Their mother is diabetic.
- The delivery was very difficult and they need to be kept under close observation for a time.
- They have very marked jaundice (see page 149).
- They are awaiting or recovering from complex surgery.

# close observation





## CONTACT WITH YOUR BABY



Your baby will benefit from physical contact with you, even though the environment of the unit may seem strange and confusing. When you first go into the unit, your baby may be in an incubator and on a breathing machine. There may also be tubes and wires attached to their face and body. Ask the nurse to explain what everything is for and to show you how you can be involved with your baby's care. Once your baby is stable, you will be able to hold them. The nurses will show you how to do this.

## FEEDING

To begin with, your baby may be too small or sick to feed themselves. You may be asked to express some of your breastmilk, which can be given to your baby through a tube. A fine tube is passed through their nose or mouth into their stomach. This will not hurt them. Breastmilk has particular benefits, and especially for sick or premature babies, as it is specially enriched with fats and minerals.



If your baby is unable to have your breastmilk to begin with, it can be frozen and given to them when they are ready. When you go home, you can express milk for the nurses to give while you are away. There is no need to worry about the quantity or quality of your milk. Some mothers find that providing breastmilk makes them feel that they are doing something positive for their baby.

See Chapter 9 for information on expressing and storing milk.

## INCUBATORS

Babies who are very small are nursed in incubators rather than cots to keep them warm. However, you can still have a lot of contact with your baby. Some incubators have open tops. If not, you can put your hands through the holes in the side of the incubator and touch your baby. When your baby is stable, the nurses will be able to help you take your baby out of the incubator and show you how to have skin to skin contact. You should carefully wash and thoroughly dry your hands before touching your baby. You can talk to your baby as well – this can help both of you.





## NEWBORN BABIES WITH JAUNDICE

Jaundice in newborn babies is common because their livers are immature. Severely jaundiced babies may be treated with phototherapy. Babies are undressed and put under a very bright light, usually with a soft mask over their eyes. The special light helps to break down the chemical that causes jaundice. It may be possible for your baby to have phototherapy by your bed so that you don't have to be separated. This treatment may continue for several days, with breaks for feeds, before the jaundice clears up. If the jaundice gets worse, an exchange transfusion of blood may be needed. This is not common. Some babies have jaundice because of liver disease and need a different treatment. Your baby will be given a blood test before phototherapy is started to check for this.

### Babies with jaundice after two weeks

Many babies are jaundiced for up to two weeks following birth. This can be as long as three weeks in premature babies. This is common in breastfed babies and usually it is normal and does no harm. It is not a reason to stop breastfeeding. But it's important to see your doctor if your baby is still jaundiced after two weeks. You should see them within a day or two. This is particularly important if your baby's poo (stools) is chalky white. A blood test will show whether your baby has 'breastmilk' jaundice, which will go away by itself, or jaundice that may need urgent treatment.

## BABIES WITH DISABILITIES

If your baby is disabled, you will be coping with a lot of different feelings. You will also need to cope with the feelings of others – your partner, relations and friends – as they come to terms with the fact that your baby has a disability. More than anything else at this time, you will need to talk to people about how you feel as well as about your baby's health and future.



Your own GP, a neonatologist or paediatrician at your hospital, or your health visitor can all help you. You can also contact the hospital Patient Advice and Liaison Service (PALS) or your social services department for information about local organisations that may be able to help. In the useful organisations section (page 182) you will find a list of organisations that can offer help and advice. Many are self-help groups run by parents. Talking to other parents with similar experiences can often be the best help.

## Getting information

Hospital staff should explain what kind of treatment your baby is being given and why. If they don't, make sure you ask. It is important that you understand what is happening so that you can work together to make sure that your baby gets the best possible care. Some treatments will need your consent and the doctors will discuss this with you. It is natural to feel anxious if your baby requires additional care. Talk over any fears or worries with the hospital staff. Hospitals often have their own counselling or support services, and a number of charities run support and advice services.

The consultant neonatologist or paediatrician should arrange to see you, but you can also ask for an appointment at any time if you wish. The hospital social worker may be able to help with practical problems such as travel costs or help with looking after other children.

## Help and support

**Bliss**, the neonatal charity, supplies all neonatal services with a free *Parent Information Guide*, which you should be given on admission.

For more information contact Bliss Family Support Helpline on freephone 0500 618 140 or visit the website [www.bliss.org.uk](http://www.bliss.org.uk)

# THE LOSS OF YOUR BABY



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Some women may have to cope with miscarriage, ectopic pregnancy, termination, stillbirth or neonatal death (death shortly after birth). This chapter explains why some of these things may happen.

## Help and support

If your pregnancy goes wrong, you will need both information and support.

Talk to the people close to you about how you feel, and to your midwife, doctor or health visitor about what has happened and why. Sometimes it is easier to talk to someone who is not a family member or friend, for example your doctor, midwife or health visitor.

There are also a number of voluntary organisations that offer support and information. These are often run by bereaved parents. It can be very helpful to talk to another parent who has been through a similar experience.

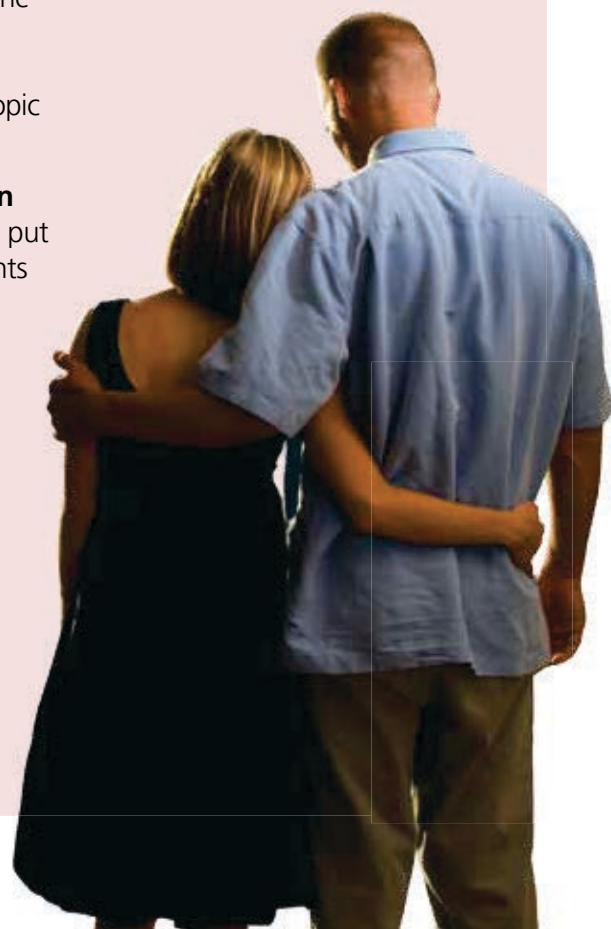
The following organisations may help:

The **Ectopic Pregnancy Trust** ([www.ectopic.org.uk](http://www.ectopic.org.uk)) offers support and information for parents who have had an ectopic pregnancy. They have a helpline on 020 7733 2653 and can put you in touch with other people who have had an ectopic pregnancy.

The **Miscarriage Association** can give you information and put you in touch with other parents who have experienced a miscarriage. See page 186 for details.

**Sands** can put you in touch with other parents who have had a late miscarriage, stillbirth or neonatal death. They also have an internet forum at [www.sandsforum.org](http://www.sandsforum.org) and a parents' telephone helpline on 020 7436 5881. See page 186 for details.

**Antenatal Results and Choices** (ARC) is a voluntary organisation that supports parents who are making decisions about terminating or continuing their pregnancies. See page 186 for details.





## ECTOPIC PREGNANCY

After fertilisation, the egg should move down into the uterus to develop. Sometimes it gets stuck in the fallopian tube and begins to grow there. This is called an ectopic or tubal pregnancy. Rarely, the egg can become stuck elsewhere, such as the ovary or the cervix. The fertilised egg cannot develop properly and your health may be at serious risk if the pregnancy continues. The egg has to be removed. This can be done through an operation or with medicines.

Ectopic pregnancy can be caused by damage in the fallopian tube, possibly as a result of an infection. Previous abdominal surgery and previous ectopic pregnancy can also increase the risk. The warning signs start soon after a missed period.



These are:

- severe pain on one side, low down in the abdomen
- vaginal bleeding or a brown watery discharge
- pain in your shoulders
- feeling dizzy or faint
- pain when you have a bowel movement.

If you have any of these symptoms and you might be pregnant – even if you have not had a positive pregnancy test – you should see your doctor immediately.

Some women have no obvious signs or symptoms at all and an ectopic pregnancy may sometimes be mistaken for irritable bowel syndrome, food poisoning or even appendicitis.

### Afterwards

You may feel a strong sense of loss and it is important to give yourself time to grieve. An ectopic pregnancy involves abdominal surgery or treatment with powerful medicines. It may affect your chances of becoming pregnant again.

It may be helpful to talk to your doctor to discuss the possible causes and whether your chances of conceiving a baby have been affected.

## MISCARRIAGE

If a pregnancy ends before the 24th week, it is known as a miscarriage. Miscarriages are quite common in the first three months of pregnancy. At least one in six confirmed pregnancies end this way. Many early miscarriages (before 14 weeks) happen because there is something wrong with the development of the baby. There can be other causes, such as hormone or blood-clotting problems. A later miscarriage may be due to an infection, problems in the placenta, or the cervix being weak and opening too early in the pregnancy.

A miscarriage in the first few weeks may start like a period, with spotting or bleeding and mild cramps or backache. The pain and bleeding may get worse and there can be heavy bleeding, blood clots and quite severe cramping pains. With a later miscarriage, you may go through an early labour. If you bleed or begin to have pains at any stage of pregnancy, you should contact your GP or midwife. You could also contact your local early pregnancy unit (though they may want a referral from your



GP before they see you). If you are more than six or seven weeks pregnant, you may be referred for an ultrasound scan to see if your baby has a heartbeat and is developing normally. Sometimes the bleeding stops by itself and your pregnancy will carry on quite normally.

Some women find out that their baby has died only when they have a routine scan. If they have had no pain or bleeding, this can come as a terrible shock, especially if the scan shows that the baby died days or weeks before. This is sometimes called a missed or silent miscarriage.

### Treatment for miscarriage

Sometimes it is preferable to wait and let the miscarriage happen naturally, but there are three ways of actively managing a miscarriage:

- **Medicine.** You may be offered tablets or pessaries to start the process of miscarriage.
- **Operation.** If you have been pregnant for less than 14 weeks, your doctor may advise an operation called an ERPC (evacuation of retained products of conception). This will empty your uterus. It is done under anaesthetic.

## The Quiet Room

The cervix is gently widened and the contents of your uterus are removed by suction.

- **Induced labour.** If your baby dies after about 14 weeks, you may go into labour. If this doesn't happen, you will be offered tablets that start labour. Although some women would prefer not to go through labour, this is safer for you than an operation to remove the baby. You will be cared for and supported throughout the labour and the birth of your baby.

### Afterwards

One early miscarriage is unlikely to affect your chances of having a baby in the future. If you have three or more early miscarriages in a row, you should be referred to a specialist for further investigations. However, sometimes no clear cause can be found.

Both women and men find it difficult to come to terms with a miscarriage at any stage. You will almost certainly feel a sense of loss. You will need time to grieve over the lost baby just as you would over the death of anyone close to you, especially if the miscarriage has happened later in your pregnancy.

You may feel shocked, distressed, angry, or just numb. You may feel guilty, wondering whether your miscarriage was caused by anything you did or did not do. It is important to know that, whatever the cause, miscarriage is never anyone's fault. If a miscarriage is going to happen, there is very little that anyone can do to stop it.

Some people find having something to remember their baby by helps. In an early loss, this may be a copy of a scan picture. If you have a late miscarriage, you may be able to see and hold your baby if you wish. You might also be able to take photographs, footprints and handprints as a keepsake. Some hospitals offer parents a certificate to commemorate their baby. This is done because there is no formal registration of a baby who dies before 24 weeks of pregnancy.

Talk about your feelings with your partner and those close to you. You might also want to contact the Miscarriage Association or Sands (see page 150).



## ABNORMAL TEST RESULTS

When tests show that the baby has a significant abnormality, some couples wish to continue the pregnancy and be prepared for the needs of their newborn baby. Others decide to terminate the pregnancy. If tests show that your baby has a serious abnormality, find out as much as you can from your doctor about the particular condition and how it might affect your baby, so that you can make a decision that is right for you and your family.

You will probably be very shocked when you are first told the diagnosis and may find it hard to take in. You may need to go back and talk to the doctor with your partner or someone close to you. Spend time talking things through. You may also find it helpful to contact Antenatal Results and Choices (see page 150).

### What happens

A termination in the first three months can be done under a general anaesthetic. A later termination usually involves going through labour.

You may wish to think beforehand about whether you want to see and perhaps even hold your baby, and whether you want to give your baby a name. If you do not want to see your baby, you could ask hospital staff to take a photograph for you in case you want to see it in the future. The photograph can be kept in your notes.

### Afterwards

You may find it hard to cope after a termination. It can help to talk, but sometimes family and friends find it difficult to understand what you are going through. If you would like to make contact with people who have undergone a similar experience, you can contact Antenatal Results and Choices (see page 150).

## STILLBIRTH AND NEONATAL DEATH

In the UK about 4,000 babies are stillborn every year. This means that the pregnancy has lasted for 24 weeks or more and the baby is dead when it is born. About the same number of babies die soon after birth. Often the causes of these deaths are not known.

Sometimes a baby dies in the uterus (an intra-uterine death or IUD) but labour does not start spontaneously. If this happens, you will be given medicines to induce the labour. This is the safest way of delivering the baby. It also means that you and your partner can see and hold the baby at birth if you want to.

It is shocking to lose a baby like this. You and your partner are likely to experience a range of emotions that come and go unpredictably. These can include disbelief, anger, guilt and grief. Some women think they can hear their baby crying, and it is not uncommon for mothers to think that they can still feel their baby kicking inside. The grief is usually most intense in the early months after the loss.

*forever  
in our  
thoughts  
memory  
book*

Some parents find it helpful to create memories of their baby, for example they may see and hold their baby and give their baby a name. You may want to have a photograph of your baby and to keep some mementos, such as a lock of hair, hand and footprints or the baby's shawl. All this can help you and your family to remember your baby as a real person and may, in time, help you to live with your loss. You may also find it helpful to talk to your GP, community midwife or health visitor or to other parents who have lost a baby. Sands can put you in touch with other parents who can offer support and information (see page 150).

## Post-mortems

One of the first questions you are likely to ask is why your baby died. Sometimes a post-mortem examination can help to provide some answers, although often no clear cause is found. A post-mortem may, however, provide other information that could be helpful for future pregnancies and may rule out certain causes. If it is thought that a post-mortem could be helpful, a senior doctor or midwife will discuss this with you and explain the possible benefits. If you decide to have a full or partial post-mortem, you will be asked to sign a consent form. When the post-mortem report is available, you will be offered an appointment

with a consultant who can explain the results to you and also what these might mean for a future pregnancy.

## Multiple births

The loss of one baby from a multiple pregnancy is very difficult for any parent. Grieving for the baby who has died while caring for and celebrating the life of the surviving baby brings very mixed and complex emotions. Often the surviving baby is premature and in a neonatal unit, causing additional concern. For further information and support, contact the Multiple Births Foundation or Tamba (see pages 183 and 188 for contact details).

## Saying goodbye to your baby

A funeral or some other way of saying goodbye can be a very important part of coping with your loss, however early it happens.

If your baby dies before 24 weeks, the hospital may offer to arrange for a cremation, possibly together with other babies who have died in pregnancy. If you prefer to take your baby home or to make your own arrangements, you can do that. You may need some form of certification from the hospital and they should provide helpful information and contacts. The Miscarriage Association and Sands can provide further support and information.

If your baby dies after 24 weeks, you will need to register your baby's birth (even if they were stillborn) with the Registrar of Births, Deaths and Marriages. The hospital will offer to arrange a funeral, burial or cremation free of charge, or you may choose to organise this yourself. The hospital chaplain will be able to help you.

Alternatively, you may prefer to contact someone from your own religious community, the Miscarriage Association or Sands about the kind of funeral you want. You do not have to attend the funeral if you don't want to.

Many hospitals arrange a regular service of remembrance for all babies who die in pregnancy, at birth or in infancy. Again, you can choose to attend if you wish.

Many parents are surprised at how much and how long they grieve after losing a baby. Friends and acquaintances often don't know what to say or how to offer support, and they may expect you to get back to 'normal' long before that is possible. You may find it helpful to contact Sands or the Miscarriage Association (see page 150) so that you can talk to people who have been through similar experiences and who can offer you support and information.



# THINKING ABOUT THE NEXT BABY?



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Holding your new baby in your arms, it may be impossible to imagine that you will ever have the energy to go through it all again! But sooner or later, you may decide that you want another child.

If you had a low birth weight baby, a baby with a disability or special needs, a miscarriage or a stillbirth, you may be particularly anxious to do everything you can to create the best possible circumstances for your next pregnancy. This chapter explains how you and your partner can prepare for your next pregnancy.

## Finding it hard to get pregnant?

It can take several months or more to get pregnant, even if it happened really quickly the first time.



Chapter 1 (page 14) explains when is the best time of the month to have sex if you want to get pregnant. If you are still not pregnant after a few months, talk to your doctor or family planning clinic.

## IT TAKES TWO

You will increase your chances of getting pregnant if you are in good health – and that applies to men too. A bad diet, smoking, drinking and unhealthy working conditions can affect the quality of sperm and stop you getting pregnant. You should both try to make your lifestyle as healthy as possible before you try to conceive.

Chapter 3 has advice about diet, smoking, alcohol and exercise, which can help you to conceive.

## FOLIC ACID

Women should take 400 micrograms of folic acid from the time you start trying to conceive right up until you are 12 weeks pregnant. You can get these tablets from a supermarket or pharmacist. Eat foods that contain this important vitamin as well.



These include green, leafy vegetables, and breakfast cereals and breads with added folic acid.

You will need a bigger dose of folic acid if:

- you already have a baby with spina bifida
- you have coeliac disease
- you have diabetes
- you take anti-epileptic medicines.

Ask your GP for advice as well.

## THINGS TO CONSIDER

### Rubella (German measles)

Rubella in early pregnancy can damage your developing baby. If you were not immune during your last pregnancy, you should have been offered a measles, mumps and rubella (MMR) immunisation immediately after your baby was born. Before trying for another baby, it is important to check that you are immune by having a blood test. The blood test will measure if you have enough protection (antibodies) against rubella. Women with low or uncertain levels of antibodies can be immunised again.

### Your weight

Maintaining a healthy weight can improve your chances of getting pregnant. You may have put on weight during your last pregnancy and want to go back to your normal size. This is particularly important if you weigh more than 100kg. The best way to lose weight is by following a balanced low-fat diet and doing exercise. It might help to join a slimming class with a friend or your partner to encourage and support you. Speak to your doctor if you need help or advice.



### Medicines and drugs

Some medicines can harm a baby in pregnancy but others are safe.

If either you or your partner has a long-term illness or disability and has to take long-term medication, talk to your doctor about any possible effects on fertility or pregnancy.

Check with your doctor, midwife or pharmacist before you take any over the counter drugs.

Illegal drugs will affect your ability to conceive and can damage your baby's health. See page 183 for contact details for Narcotics Anonymous or talk to FRANK, the drugs information line, on 0800 77 66 00.

### Diabetes and epilepsy

If you have diabetes or epilepsy, talk to your doctor before you try to get pregnant.

### Postnatal depression and puerperal psychosis

If you have previously experienced postnatal depression or puerperal psychosis, talk to your doctor before you try to get pregnant.

### Sexually transmitted infections (STIs)

STIs can affect your health and your ability to conceive. If there is any chance that either of you has an STI, it's important to get it diagnosed and treated before you get pregnant. STIs, including HIV, hepatitis B and hepatitis C, can be passed on through sex with an infected person, especially if you don't use a condom. Some STIs can be transmitted during sex without penetration. HIV, hepatitis B and hepatitis C can also be passed on by sharing equipment for injecting drugs.

If you are HIV positive, you can pass the virus on to your baby during pregnancy, at birth or when breastfeeding (see box on page 47).

## WORK-RELATED RISKS

Your employer is required to take into account any work-related risks to new and expectant mothers.

Once you have told your employer that you are pregnant, they should make sure that your job does not pose a risk to you or your baby. Some risks can be avoided, for example by changing your working conditions or hours of work. If a risk cannot be avoided, your employer should offer you suitable alternative work with similar terms and conditions to your present job. If this is not possible, you should be suspended on full pay. This means that you will be given paid leave for as long as necessary. If you want advice on these issues, speak to Citizens Advice or your union if you have one.

### Vaginal birth after a caesarean section

Most women who have had a caesarean section can have a vaginal delivery for their next baby. This depends on why you had a caesarean section the first time. Women thought to have a small pelvis, for example, may be advised to have a 'planned' (elective) caesarean section next time. Your GP, or midwife, will be able to advise you. Most women who are advised to try for a vaginal delivery in subsequent pregnancies do have normal deliveries.



# RIGHTS AND BENEFITS



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Make sure that you know your rights and that you claim all the benefits that you are entitled to when you are pregnant. Maternity rights do change and different benefits have to be claimed using different forms and from different offices. The benefit rates in this chapter are accurate from April 2009. Get further advice if you are unsure of anything.

## Help and advice

Working out what benefits and rights you are entitled to and making claims can be complicated. There are a number of government departments and voluntary organisations that can help you.

- Your local Jobcentre Plus can give you advice about benefits. Look in the business numbers section of the phone book under 'Jobcentre Plus'.
- Citizens Advice Bureaux, law centres and other advice agencies can advise you about your rights at work. To find your local advice agencies, look in your Yellow Pages phone book under 'Counselling and Advice'.
- Some local authorities have welfare officers who can give you advice. Phone your social services department and find out if your area has one.

- Some national voluntary organisations offer information and advice on benefits and rights at work, for example Acas and One Parent Families/Gingerbread (see pages 182 and 184).
- If you are a member of a trade union, your staff representative or local office should be able to advise you on your maternity rights at work.
- The Equality and Human Rights Commission can advise you if your problem is to do with sex discrimination (see page 174).
- The Health and Safety Executive has a useful booklet for women explaining the health and safety rights that apply to pregnant women and women who have recently given birth.



## Useful websites

[www.direct.gov.uk](http://www.direct.gov.uk)

[www.dwp.gov.uk](http://www.dwp.gov.uk) (Department for Work and Pensions)

[www.hmrc.gov.uk/taxcredits](http://www.hmrc.gov.uk/taxcredits)

[www.hse.gov.uk](http://www.hse.gov.uk)  
(Health and Safety Executive)

[www.equalityhumanrights.com](http://www.equalityhumanrights.com)  
(Equality and Human Rights Commission)

[www.adviceguide.org.uk](http://www.adviceguide.org.uk)  
(Citizens Advice Bureau)

[www.cmoptions.org](http://www.cmoptions.org)  
(Child Maintenance Options)

[www.acas.org.uk](http://www.acas.org.uk) (Acas)

[www.direct.gov.uk/employees](http://www.direct.gov.uk/employees)

[www.healthystart.nhs.uk](http://www.healthystart.nhs.uk)

[www.workingfamilies.org.uk](http://www.workingfamilies.org.uk)

[www.jobcentreplus.gov.uk](http://www.jobcentreplus.gov.uk)





## BENEFITS FOR EVERYONE

Some benefits are available to all mothers, regardless of how much they earn.

### Free prescriptions and NHS dental treatment

#### What are they?

Prescriptions and NHS dental treatment are free while you are pregnant and for 12 months after you have given birth. Your child also gets free prescriptions until they are 16.

#### How do I claim?

To claim for free prescriptions, ask your doctor or midwife for form FW8 and send it to your health authority. You will be sent an exemption certificate that lasts until a year after your due date.

To claim after your baby is born (if you did not claim while you were pregnant) fill in form A in leaflet P11, *NHS Prescriptions*, which you can get from your doctor or Jobcentre Plus.

To claim for dental treatment, tick a box on a form provided by the dentist or show your exemption certificate (see above).

### Child Trust Fund

#### What is it?

A long-term savings and investment account for children.

#### Who gets it?

All children born on or after 1 September 2002, provided they are eligible for Child Benefit, live in the UK, and are not subject to immigration control.

#### How much is it?

You will get a voucher for £250 from the government to start an account for your child.

If you get the full amount of Child Tax Credit (CTC) because your household income is at or below the Child Tax Credit income limit (£16,040 in 2009/10), your child will get a further £250 paid directly into their account.

At seven, children will get another payment of £250 (with children from lower income families again receiving a further £250).

You, your family, your friends and, in time, your child can contribute up to a total of £1,200 a year to the account tax free. The money can only be withdrawn by your child, and they cannot take it out until they are 18.

#### How do I claim?

All you have to do is claim Child Benefit for your child. You will automatically be sent an information pack and voucher within a month.

From 6 April 2009, some account providers will not require the Child Trust Fund voucher to be handed in or posted when you are opening an account. However, you will still need to provide information such as your child's unique reference number (printed on the voucher) to open an account.

#### More information

For more information, call 0845 302 1470 or go to [www.childtrustfund.gov.uk](http://www.childtrustfund.gov.uk)

### Child Benefit

#### What is it?

Child Benefit is a tax-free benefit to help parents with the cost of caring for their children. It is payable for each child from birth until at least age 16.

#### Who gets it?

Every mother or the person responsible for the care of a child, but you must generally be living in the United Kingdom.

#### How much is it?

- £20.00 per week for your first child.
- £13.20 a week per child for any other children.

Child Benefit can be paid directly into a bank, building society or Post Office™ card account. It is usually paid every four weeks in arrears, but single parents and families on low incomes can choose to be paid weekly.

#### How do I claim?

You can get claim packs:

- in your Bounty Pack (which most new mothers are given in hospital)
- from your Jobcentre Plus office
- from the post office
- by phoning 0845 302 1444.

Fill in the forms and send them with your baby's birth certificate to the Child Benefit Centre. The birth certificate will be returned to you. You need to register your baby to get a birth certificate (see page 138).

You can also apply online at [www.hmrc.gov.uk/childbenefit/](http://www.hmrc.gov.uk/childbenefit/)

You should start to claim Child Benefit within three months of your baby's birth, otherwise you will lose some of the benefit.

#### More information

Child Benefit can help to protect your State Pension if you stay at home to look after your child. For every complete year that you get Child Benefit, but you don't pay enough National Insurance contributions to count towards the basic pension, you automatically get Home Responsibilities Protection.



## TAX CREDITS

### What are they?

Two tax credits were introduced in April 2003:

- Child Tax Credit gives financial support for children.
- Working Tax Credit helps people in lower-paid jobs by topping up their wages.

You may not be able to get tax credits if you have come to live here from another country. You should get advice.

### Who gets Child Tax Credit?

Child Tax Credit can be claimed by lone parents or couples with one or more children. Nine out of 10 families with children get this credit.

### Who gets Working Tax Credit?

Working Tax Credit can be claimed by single people or couples, with or without children.

You must work at least 16 hours each week if:

- you have dependent children and/or
- you have a disability
- or
- you must be 25 or over and work at least 30 hours a week.

You can be treated as if you are working during the first 39 weeks of your maternity leave if you were working enough hours immediately before starting your maternity leave.



### Help with childcare costs

Many working parents can get help with their childcare costs through tax credits. If you work at least 16 hours a week and use registered childcare, you could get 80% of the costs back. This is up to a limit of £175 a week if you have one child or £300 a week if you have two or more. Your household income is taken into account in working out what you get. Call the Tax Credits Helpline on 0845 300 3900 to find out more.

### How do I claim?

Call the Tax Credits Helpline on 0845 300 3900 for a form to claim both Child Tax and Working Tax Credits.

### How much will I get?

The amount you get will depend on your circumstances, including:

- the number of children in your household
- the number of hours you and your partner work
- your household's gross income for the last tax year.

Claims for the current tax year will initially be based on your previous tax year's income. Awards will run until the end of the tax year.

If there is a change in your circumstances, for example after the birth of your baby, the amount you are entitled to may change. As long as you report the change within three months, any extra money can be backdated to the date of the change.

Maternity Allowance or the first £100 a week of Statutory Maternity Pay are not counted as income.

Families with children, with an annual income of £50,000 or less, will get at least £545 a year.

### More information

If you get tax credits you may also be able to get the £500 Sure Start Maternity Grant and help with fares to hospital for treatment (including antenatal appointments).

You can get help from Healthy Start if you get Child Tax Credit but not Working Tax Credit with an annual family income of £16,040 or less (2009/10).

See page 162 for more information.

help for  
families



## BENEFITS IF YOUR INCOME IS LOW

### Income-based Jobseeker's Allowance and Income Support

#### What are they?

Income-based Jobseeker's Allowance (JSA) and Income Support are payments for people who are not in work and do not have enough to live on. If your family income falls below a set level, the benefit will 'top it up'. This means that you may be able to get Income Support even if you are already getting Statutory Maternity Pay, Maternity Allowance, Employment and Support Allowance or some income from part-time work.

#### Who gets them?

You can claim income-based JSA if:

- you are 18 or over and you are capable of and actively seeking work. You can claim this benefit if you are living with your partner as long as you are both either unemployed or working part time.

If you are 16–17 and face severe hardship you may be able to claim. You should get further advice about this.

You can claim Income Support if:

- you are 16 or over and cannot be available for work because you are a single parent or because you are 29 weeks pregnant or more, or
- you are pregnant and not well enough to work because of your pregnancy.

#### You cannot claim income-based JSA or Income Support if:

- you live with your partner and they work for 24 hours or more a week

- you work for more than 16 hours a week, or
- you have savings of more than £16,000.

If you or your partner are too sick or disabled to work for another reason (not your pregnancy), you should get advice. You may be able to claim Employment and Support Allowance instead.

#### How much are they?

This depends on:

- your age
- the size of your family
- what other income you have.

If you are under 25 or have more than £6,000 in savings, you can get a lower rate. If you are claiming during pregnancy, you should let your Jobcentre Plus know as soon as the baby is born, as your benefit may go up.

#### How do I claim?

To claim income-based JSA before your baby is born, you or your partner must both go to the Jobcentre Plus in person. You may be able to claim by post if you live a long way from the Jobcentre. Once you are 29 weeks pregnant, you do not have to sign on if your partner is claiming with you. Your partner can continue to claim for you and the baby.

To claim Income Support, fill in form A1, which you can get from a post office or a Jobcentre Plus. You do not need to sign on.

The benefit is paid directly into your bank account. If you are claiming income-based JSA, you or your partner (or both, before you are 29 weeks pregnant) will have to go to your Jobcentre Plus every fortnight to 'sign on' to show that you are available for work.

#### More information

If you get Income Support, income-based JSA, income-related Employment and Support Allowance or Pension Credit, you can claim other benefits, such as:

- a £500 Sure Start Maternity Grant
- help with fares to hospital
- Housing Benefit
- Council Tax Benefit.

You may be able to get help with mortgage interest payments.

You can get help from Healthy Start.

See page 162 for more information.







## £500 Sure Start Maternity Grant from the Social Fund

### What is it?

The £500 Sure Start Maternity Grant is a lump sum payment to help buy things for a new baby.

### Who gets it?

Pregnant women and new parents who get:

- Income Support
- income-based Jobseeker's Allowance
- income-related Employment and Support Allowance
- Pension Credit
- Working Tax Credit where a disability or severe disability element is included in the award, or
- Child Tax Credit payable at a rate higher than the family element.

### How much is it?

£500 for each baby who is:

- expected
- born
- adopted
- the subject of a parental order (following a surrogate birth), or
- the subject of a residence order (in certain circumstances).

### How do I claim?

Claim using form SF100 (Sure Start), which you can get from Jobcentre Plus. You can claim any time from 11 weeks before your due date until three months after the birth, adoption or date of parental or residence order. If you are adopting or have been granted a residence order, your baby must be aged under 12 months when you claim.

Part of the form will need to be completed by your midwife, GP or health visitor. This is to confirm when your baby is due or actually born, and that you have received advice about the health and welfare of your baby and, if you claim before your baby is born, yourself.

If you cannot get any of the benefits listed above (see 'Who gets it?') until after your baby is born, you must still claim the Sure Start Maternity Grant within the three-month time limit.

## Health in Pregnancy Grant

As a mum-to-be living in the UK, you can claim a one-off payment of £190 to help you. You can use the grant to keep yourself healthy or for things for your baby. It's your choice.

### Who gets it?

Almost every pregnant woman gets it. It doesn't depend on your income. The grant is available between the 25th week and your expected due date. You may not be able to claim if:

- you are subject to immigration control, or
- you are not ordinarily resident in the UK.

### How much is it?

£190 and it's tax free, so it will not affect your tax credits or any other benefits.

### How do I claim?

When you reach your 25th week, ask your midwife or doctor for a claim form at your next appointment. Make sure your midwife or doctor has completed and signed their part of the form. If they have not, it could delay your claim.

You have 31 days from the date your midwife or doctor signs the claim to get it back to Her Majesty's Revenue and Customs (HMRC). Once HMRC receives your form, they aim to send you a letter within three weeks to tell you if your claim has been allowed. You will be paid your grant about one week after you get the letter.

For more information visit [www.direct.gov.uk/money4mum2be](http://www.direct.gov.uk/money4mum2be) or call 0845 366 7885.

## The Discretionary Social Fund

### What is it?

The Discretionary Social Fund provides grants and interest-free loans for needs that are difficult for people to meet out of their weekly benefits or regular income.

### Who gets it?

There are three types of payments available:

- Community Care Grants are for people getting Income Support, income-based Jobseeker's Allowance (JSA), income-related Employment and Support Allowance or Pension Credit.
- Budgeting Loans are interest-free, repayable loans for people getting Income Support, income-based JSA, income-related Employment and Support Allowance or Pension Credit for at least 26 weeks.
- Crisis Loans are interest-free, repayable loans for people (on benefits or not) who are unable to meet their immediate short-term needs in a crisis.

### How much can you get?

This depends on your personal circumstances, your ability to pay and how much money is available. Social Fund payments are not a right and there is a limited amount of money to be distributed between all those who successfully apply.

## How do I claim?

Contact Jobcentre Plus.

More information is also available in leaflets:

- *A Guide to the Social Fund* (SB16, available at [www.dwp.gov.uk](http://www.dwp.gov.uk))
- *The Social Fund* (DWP1007).

## More information

- Loans have to be repaid at a set amount per week, which will be taken directly from your income if you are claiming other benefits. The amount you have to repay per week depends on the size of the loan, the size of your income and any other debts you may have.
- You cannot get a Budgeting Loan or a Crisis Loan for more than £1,500 and the total you owe the Social Fund cannot be more than £1,500.
- The amount of any Discretionary Social Fund payment you get will be reduced on a pound-for-pound basis by any savings you or your partner has. For Community Care Grants, savings over £500 (£1,000 if you or your partner are aged 60 or over) will usually affect how much you can get. For Budgeting Loans, savings over £1,000 (£2,000 if you or your partner are aged 60 or over) will usually affect how much you can get.
- The Social Fund can only provide Community Care Grants to families receiving Income Support, income-based JSA, income-related Employment and Support Allowance or Pension Credit under certain circumstances. These could be to help pay fares to visit a mother and baby in hospital or to help a family under exceptional pressure. Grants do not have to be repaid.



## Housing Benefit – help with your rent

### What is it?

Housing Benefit will help pay your rent if you are on income-based Jobseeker's Allowance (JSA), Income Support or income-related Employment and Support Allowance, or if you have a low income. If you are a council tenant it will be paid direct to the council; if you are a private tenant, it will be paid either to you or directly to your landlord.

### How much is it?

It depends on:

- the rent you pay
- average rents in your area
- the size of your home
- your income
- savings
- other benefits
- your age, and
- your family size.

It may not be the same amount as the rent you are actually paying. The amount of savings you have can also affect the amount of Housing Benefit you get. You cannot get Housing Benefit if you have savings of more than £16,000.

### How do I claim?

If you are getting income-based JSA or Income Support, you will get a Housing Benefit claim pack with your JSA/Income Support claim form. Otherwise, get a form from your local council.

## Help with mortgage interest repayments

### Who gets it?

If you have got a mortgage and you are on income-based Jobseeker's Allowance (JSA), Income Support or income-related Employment and Support Allowance, you may be able to get help with your interest payments. There is usually a waiting period during which you will not get any help.

### How much is it?

You can only get help with interest payments (not repayments of capital or contributions to a linked PEP, endowment or insurance policy) and the amount is usually based on a standard average interest rate (which may not be the same as the interest you are paying).

You usually have to wait for 13 weeks before you get help, but you may have had to wait longer if you claimed benefits before January 2009.

### How do I claim?

Once you have claimed income-based JSA or Income Support, your Jobcentre Plus office will automatically send you form M112 about your housing costs shortly before your benefits become payable. You fill out part of the form and then send it to your mortgage lender to fill out the rest.

The money will either be paid to you as part of your income-based JSA or Income Support, or it will be paid directly to your mortgage lender.

### More information

Tell your mortgage lender straight away if you get into difficulties with your mortgage. If you are unable to meet your repayments, you may be able to negotiate a temporary agreement for reduced repayments (e.g. during your maternity leave).

If you have a 'flexible mortgage', this should be relatively easy to arrange. Some mortgage lenders allow a 'repayment holiday' of a few months once during the life of the mortgage.

If you have mortgage protection insurance, contact your insurer immediately. Most insurance policies will pay out if you are receiving out-of-work benefits, but not if you are only receiving Statutory Maternity Pay or Maternity Allowance.

## Council Tax Benefit

### What is it?

Council Tax Benefit helps you to pay your Council Tax if your income is low.

### Who gets it?

If your income is low or you are getting income-based Jobseeker's Allowance (JSA), income-related Employment and Support Allowance or Income Support, you may get Council Tax Benefit.



### How much is it?

You may get all of your Council Tax paid or just part of it. It will depend on your income, savings, whether other adults live with you, and an assessment of your circumstances.

### How do I claim?

If you are getting income-based JSA or Income Support, you will get a Council Tax Benefit claim form with your JSA/Income Support claim form. Otherwise, get a form from your local council.



## Healthy Start

### What is it?

Healthy Start is a scheme that provides vouchers that can be exchanged for milk, fresh fruit and vegetables and infant formula milk. You can also get free vitamins. You can get vouchers that are worth £3.10 per week or £6.20 per week for children under one year old.

### Who gets it?

You qualify for Healthy Start if you are pregnant or have a child under four years old and you and your family get one of the following:

- Income Support
  - income-based Jobseeker's Allowance
  - income-related Employment and Support Allowance
  - Child Tax Credit and have an annual family income of below £16,040 or less (2009/10)
  - Working Tax Credit run-on (but not Working Tax Credit). Working Tax Credit run-on is the Working Tax Credit you receive in the four weeks immediately after you have stopped working for 16 hours or more per week
- OR
- you are pregnant and under 18 years of age.

### How do I claim?

- Pick up the Healthy Start leaflet HS01, *A Healthy Start for Pregnant Women and Young Children*, from your local health centre, or call 0845 607 6823 to request a free copy.
- Ask your health visitor for more information.
- Visit [www.healthystart.nhs.uk](http://www.healthystart.nhs.uk)

You will need your midwife to fill in their part of the application form. You can apply as soon as you are 10 weeks pregnant. Getting vouchers and vitamins cannot be backdated, so apply as early as you can.

Once your baby is born, you should claim Child Tax Credit to make sure you continue to get your vouchers, if you are still entitled. See page 158 for more information.



## Help with hospital fares

### Who gets it?

If you or your partner gets income-based Jobseeker's Allowance (JSA), income-related Employment and Support Allowance or Income Support, you can get a refund for fares to and from the hospital (including for your visits for antenatal care). This can cover normal public transport fares, estimated petrol costs and taxi fares if there is no alternative. You may also be entitled to help if your family has a low income. You may also get help if you get tax credits or Pension Credit. Check your award letter for details.

### How do I claim?

If you get income-based JSA, income-related Employment and Support Allowance or Income Support, you can claim when you visit the hospital. You will just need to show proof that you get the benefit.

You can claim within three months of your visit by filling in form HC5, which you can get from the hospital or Jobcentre Plus.

Fill in form HC1 if you don't get income-based JSA, income-related Employment and Support Allowance or Income Support but your income is low. You can get this from your doctor, hospital or Jobcentre Plus. Depending on how low your income is, you will then be given:

- certificate HC2, which means you qualify for free services, or
- certificate HC3, which means that you qualify for some help.

You show the certificate when you go to the hospital, or you can claim within three months of your visit on form HC5.



## MATERNITY BENEFITS

### Maternity Allowance

#### What is it?

Maternity Allowance (MA) is a weekly allowance paid through Jobcentre Plus.

#### Who gets it?

Women who cannot get Statutory Maternity Pay (see page 165) get MA. These are:

- women who have changed jobs during pregnancy
- women who have had periods of low earnings or unemployment during pregnancy
- women who are self-employed.

You can claim MA if you have been employed and/or self-employed in at least 26 of the 66 weeks before your expected week of childbirth. This 66-week period is known as the test period. You must also have gross average weekly earnings of at least £30. The average is taken over any 13 weeks in the test period. You should choose the 13 weeks in which you earned the most. In your chosen weeks, you can add together earnings from more than one job, including any self-employed work. You will be treated as earning a certain amount if you are self-employed.

### How much is it?

MA is paid for 39 weeks at a standard rate of £123.06 per week, or 90% of your gross average weekly earnings if this is less than £123.06.

### When is it paid?

The earliest that MA can start is 11 weeks before the week your baby is due and the latest is the day following the birth.

If you are unemployed, your MA will start 11 weeks before the week your baby is due.

If you are employed or self-employed at the start of the 11th week before the week your baby is due, you can choose when to start your MA. You can even work right up until the date the baby is due, unless:

- you are absent from work because of a pregnancy-related reason during the four weeks before the week your baby is due. In this case your MA will start automatically on the day following the first day of your absence from work, or
- your baby is born before your MA is due to start. In this case your MA will start on the day following the birth and will last for 39 weeks.

### How do I claim?

You can make a claim for MA from the 14th week before the week your baby is due.

- Fill in form MA1, available from Jobcentre Plus or your antenatal clinic.
- Download an MA claim pack in PDF format from [www.dwp.gov.uk/advisers/claimforms/ma1.pdf](http://www.dwp.gov.uk/advisers/claimforms/ma1.pdf)
- Contact Jobcentre Plus on 0800 055 6688.

You must also send your maternity certificate (form MAT B1). This is issued by your GP or midwife from 20 weeks before the week your baby is due.



If you are employed in the 15th week before your baby is due and do not qualify for Statutory Maternity Pay, you must also send in form SMP1 from your employer to show why you don't qualify. You will have to provide original payslips to show you meet the earnings condition.

If you are self-employed, Jobcentre Plus will confirm this direct with Her Majesty's Revenue and Customs.

When you have completed your claim form, send it to Jobcentre Plus, together with your maternity certificate (MAT B1) and your original payslips.

Claim as soon as you can, even if you are still at work, do not have the medical certificate, or cannot provide any other information needed to complete the claim form. You can always send things in later. You must claim within three months of the date your MA period is due to start. If you delay, you will lose money.

### **How is it paid?**

MA is paid directly into your bank account, weekly or every four weeks in arrears.

### **Working during the Maternity Allowance pay period**

You are allowed to work as an employed or self-employed person for up to 10 days during your MA pay period without losing any MA.

These 10 days are called Keeping in Touch (KIT) days. Once you have used up your 10 KIT days, if you do any further work you will lose a day's MA for any day on which you work. You must tell Jobcentre Plus about any work you do.

The amount you get paid for the days you work in your MA pay period will not affect your MA.

### **More information**

If you are not entitled to MA, your Jobcentre Plus office will automatically check whether you might be entitled to Employment and Support Allowance (see below).

For further information about MA, see leaflet NI17A, *A Guide to Maternity Benefits*, available from [www.dwp.gov.uk/advisers/ni17a](http://www.dwp.gov.uk/advisers/ni17a)

## **Employment and Support Allowance**

### **What is it?**

This is a weekly allowance that is normally paid to people whose ability to work is limited because of an illness or disability. It may also be paid to women who don't qualify for Statutory Maternity Pay or Maternity Allowance.

### **Who gets it?**

Women who have paid enough National Insurance contributions during the last three tax years or women who are on a low income.

Jobcentre Plus will check this. If you are not sure whether or not you qualify, phone Jobcentre Plus for more information.

### **How much is it?**

- £64.30 per week if you are aged 25 or over.
- £50.95 if you are aged under 25.

You may get more than this in some circumstances, for example if you have a partner who is not working and is not claiming benefits for themselves.

It is awarded from the Sunday of the sixth week before your baby is due until two weeks after your baby's birth. It may not be paid for the first three days of your claim.

### **How do I claim?**

Make a claim for Maternity Allowance using form MA1, which you can get from Jobcentre Plus or your antenatal clinic. You also have to send your maternity certificate (form MAT B1), which is issued by your GP or midwife from 20 weeks before the week your baby is due. You don't need to send in a sick note from your doctor.

If you are not entitled to Maternity Allowance, Jobcentre Plus will check automatically to see if you qualify for Employment and Support Allowance. It can be paid directly into your bank. You must claim within three months of the start of your entitlement.

### **More information**

To find out more about Employment and Support Allowance:

- call Jobcentre Plus on 0800 055 6688
- ask for leaflet DWP 1001, or
- visit the website at [www.dwp.gov.uk/esa](http://www.dwp.gov.uk/esa)

## Statutory Maternity Pay

### What is it?

Statutory Maternity Pay (SMP) is money paid by your employer to help you take time off at and around the birth of your baby. It is paid up to a maximum of 39 weeks. Your employer can claim back some or all of it from Her Majesty's Revenue and Customs (HMRC). SMP counts as earnings and your employer will deduct tax and National Insurance.

You can get it even if you don't plan to go back to work or you leave your employment after you qualify for SMP. You will not have to pay SMP back if you don't return to work.

You may qualify for SMP from more than one employer.

### Who gets it?

You get SMP if:

- you have been continuously employed for at least 26 weeks by the same employer up to the qualifying week. This is the 15th week before the week your baby is due. **This means you must have been employed by that employer before you were pregnant.** Part weeks count as full weeks and one day's employment in the qualifying week counts as a full week, and
- you earn an average of £95 a week before tax. This amount is called the Lower Earnings Limit for National Insurance contributions and is the amount you have to earn to qualify for benefits. You have to earn more than this amount before you actually start paying National Insurance.

Your earnings are averaged over an eight-week period, running up to and including the 15th week before the week your baby is due. This period may vary slightly depending

on whether you are paid weekly, monthly, or at other intervals.

To find out which is your qualifying week, look on a calendar for the Sunday before your baby is due (or the due date if that is a Sunday). Count back 15 Sundays from there. You should use the due date on the MAT B1 certificate, which your midwife or GP will give you when you are 20 weeks pregnant.

If you are not sure if you are entitled to SMP, ask your employer anyway. Your employer will work out whether or not you should get it, and if you don't qualify they will give you form SMP1 to explain why. If your employer is not sure how to work out your SMP or how to claim it back, they can ring the HMRC Employer Helpline on 08457 143 143 for advice.

### How much is it?

SMP is paid for a maximum of 39 weeks.

- For the first six weeks you get 90% of your average gross weekly earnings, with no upper limit.
- For the remaining 33 weeks, you get a standard rate of £123.06, or 90% of your average gross weekly earnings if 90% is less than £123.06.

SMP is usually paid in the same way and at the same time as your normal wages, but your employer may decide to pay differently, for example in a lump sum.

### When is it paid?

The earliest you can start your SMP is 11 weeks before the week your baby is due. The latest is the day following the birth.

To work out the earliest date, use the due date on your MAT B1 certificate, which your midwife or GP will give you.

Find the Sunday before your baby is due (or the due date if it is a Sunday) and count back 11 Sundays from there.

It is up to you to decide when you want to stop work, unless your job finishes before your SMP starts or you are off work for pregnancy-related reasons in the four weeks before your baby is due.

If your job finishes before the 11th week before the week your baby is due, your SMP must start 11 weeks before the week your baby is due.

If your job finishes after the 11th week but before your SMP is due to start, your SMP must start the day after you left your job. If you are still employed you can choose to work right up until the date the baby is due, unless:

- you are absent from work because of pregnancy-related reasons during the four weeks before the week that your baby is due. In that case your SMP should start automatically the day following the first day of absence from work, or
- your baby is born before the start of your SMP. In that case your SMP will start the day following the birth and will be paid for 39 weeks.





You can work for up to 10 days for the employer who pays you SMP and still keep the SMP for the weeks in which you do that work. These days are called Keeping in Touch (KIT) days.

After that, if you do any further work you cannot get SMP for any week in which you work for the employer who pays you.

If you return to work early, your SMP will stop. Your SMP cannot start again once you have stopped your maternity leave.

If after the birth you start work for a new employer who did not employ you in the 15th week before the week your baby was due, you must tell the employer paying your SMP. They will then stop paying your SMP.

### How do I claim?

You must give your employer at least 28 days' notice of the date you want to start your pay. They may need this in writing. You must also send your maternity certificate (MAT B1 form), which is issued by your GP or midwife from 20 weeks before the week your baby is due.

You can give notice for leave and pay together in the 15th week before the week your baby is due. You can change your mind about the dates you have given for the start of your SMP but you must give your employer 28 days' notice of this change and confirm the new date in writing.

### More information

See leaflet NI17A, *A Guide to Maternity Benefits*, which is available from [www.dwp.gov.uk/advisers/ni17a](http://www.dwp.gov.uk/advisers/ni17a)

## IF YOU ARE UNEMPLOYED

### Contribution-based Jobseeker's Allowance

#### What is it?

Contribution-based Jobseeker's Allowance (JSA) is an allowance that lasts for up to 26 weeks for people who are unemployed or working less than 16 hours a week.

#### Who gets it?

You get it if:

- you have paid enough National Insurance contributions during the last two tax years before the current calendar year. Tax years run from April to March.
- you are available for work for as many hours as your caring responsibilities permit (this must be at least 16 hours a week), and
- you are actively seeking work.

#### How much is it?

- £50.95 a week if you are under 25.
- £64.30 a week if you are 25 or over.

Your partner's earnings are not taken into account, but, if you are in part-time work, **your** earnings are and will reduce how much benefit you get.

The benefit is paid directly into your bank account, normally every two weeks.

### How do I claim?

Go to your local Jobcentre Plus, or claim by post if you live too far away. You will have to go to your Jobcentre Plus every fortnight to 'sign on' to show that you are available for work.

### More information

If your family has no other income, you will probably be entitled to income-based JSA and other benefits for families on low incomes (see page 159).

### If you resign from your job

If you resign from your job and don't go back to work after maternity leave, you may be able to claim contribution-based Jobseeker's Allowance (JSA) for up to six months. However, you will have to show that you had 'just cause' for voluntarily leaving your job. You will also have to be available for work for as many hours a week as your caring responsibilities permit. This must be at least 16 hours a week.

If you have not paid enough National Insurance contributions, you may be able to claim income-based JSA instead (see page 159), depending on your personal circumstances. Apply in person at your local Jobcentre Plus.

If you are a single parent, you may be able to claim Income Support (see page 159) once your baby is born.

Remember that you may still be able to claim tax credits if you are unemployed (Child Tax Credit for your children; Working Tax Credit if your partner works enough hours). Apply to Jobcentre Plus for Income Support or to Her Majesty's Revenue and Customs for tax credits.



## MATERNITY LEAVE

All employed women are entitled to 52 weeks' maternity leave, no matter how long they have worked for their employer, or the hours they worked. This is made up of 26 weeks of Ordinary Maternity Leave (OML) and 26 weeks of Additional Maternity Leave (AML).

You are usually considered to be an employee if:

- your employer deducts tax and National Insurance from your pay
- your employer controls the work you do, when and how you do it, and
- your employer provides all the equipment for your work.

If you work for an agency or do casual work, you are probably not an employee. However, you can still get maternity pay if you meet the normal conditions (see 'Maternity Allowance' on page 163 and 'Statutory Maternity Pay' on page 165).

## time with your baby

### Ordinary Maternity Leave

All employed women:

- can take 26 weeks' leave, and
- have the right to return to the same job.

### Additional Maternity Leave

All employed women:

- can take 26 weeks' leave from the end of their Ordinary Maternity Leave, and
- have the right to return to the same job. If that is not reasonably practicable, then you have the right to a suitable job on very similar terms and conditions.

### When does maternity leave start?

The earliest you can start your statutory maternity leave is 11 weeks before the expected week of childbirth. This is when

you are about 29 weeks pregnant, so count back from the due date on your MAT B1 certificate, which your midwife or GP will give you. Find the Sunday before your baby is due (or the due date if it is a Sunday) and count back 11 Sundays from there.

**You can decide when you want to stop work.** You can even work right up until the date your baby is born, unless:

- you have a **pregnancy-related illness/absence in the last four weeks of your pregnancy.** In this case your employer can start your maternity leave even if you are off sick for only one day. However, if you are ill for only a short time, your employer may agree to let you start your maternity leave when you had planned, or
- your baby is born before the day you were planning to start your leave. In this case leave will start

on the day after you give birth. You should tell your employer as soon as you can that you have given birth.

### How to give notice

#### Telling your employer that you are pregnant

The latest time you can tell your employer that you are pregnant is the 15th week before your baby is due. However, it is best to tell your employer as soon as possible to make sure that you have health and safety protection during your pregnancy and the right to paid time off for antenatal care. The law protects you from being dismissed or discriminated against because you are pregnant.

If you cannot give notice by the 15th week before you are due (for example, because you have to go into hospital unexpectedly), you must give notice as soon as you reasonably can.

## Giving notice for statutory maternity leave

To give notice that you will be taking maternity leave, you must tell your employer the following in or before the 15th week before your baby is due. It is probably best to put this in writing:

- that you are pregnant
- the expected week of childbirth, and
- the date on which you intend to start your maternity leave.

If you want to change the date on which you start your maternity leave, you must give your employer notice of the new date at least 28 days before either the new date or the old date – whichever is earliest. If there is a good reason why that is not possible, tell your employer as soon as you reasonably can.

You can choose when to start maternity leave, but the earliest you can start getting Statutory Maternity Pay is in the 11th week before the week your baby is due.

Once you have given notice, your employer must write to you within 28 days and state the date you are expected to return from maternity leave.

## Working out the 15th week before your baby is due

Find the Sunday before your baby is due (or the due date if it is a Sunday) and count back 15 Sundays from there. That is the start of the 15th week before the expected week when your baby is due.

You should use the due date on the MAT B1 certificate that your midwife or GP will give you when you are about 20 weeks pregnant.

## RIGHTS DURING MATERNITY LEAVE

Since 5 October 2008, your contractual rights (that is, any special rights that apply to your particular workplace, such as a company car) continue throughout your maternity leave (Ordinary Maternity Leave (OML) and Additional Maternity Leave (AML)) as if you were still at work. This includes your legal right to 5.6 weeks' paid annual leave (normally 28 days for full-time employees and the pro-rata equivalent for part-time workers) whether you are on maternity leave or not. This does not include your normal pay.

During the first 39 weeks of your leave you will probably be entitled

to either Statutory Maternity Pay or Maternity Allowance (see pages 165 and 163). After that your leave will be unpaid. Some employers also offer extra maternity pay: check your contract, or ask the human resources department or your union representative.

If you are made redundant while on maternity leave, your employer must offer you any suitable alternative work that is available. If there is none, they must give you any notice and redundancy pay that you are entitled to, although they could offset any maternity pay you get from the notice pay. Also, your employer must not discriminate against you by failing to consider you for opportunities such as promotion.

For more information visit [www.direct.gov.uk/workandfamilies](http://www.direct.gov.uk/workandfamilies)

### Pay

During OML and the first 13 weeks of AML, you may be entitled to Maternity Allowance or Statutory Maternity Pay (see pages 163 and 165). After that your leave will usually be unpaid. Some employers offer extra (or contractual) maternity pay, so check your contract or ask the human resources department or your union representative.

## Rights and benefits in pregnancy

This guide shows you **when** you should claim for a range of benefits. The timing of your rights and benefits in pregnancy is very complicated, so use this chart as a rough guide only.

*In this box, write in the date of the Sunday before the first day of your last period. (If your last period started on a Sunday, write in that date.) Then work along the top row filling in the dates of each successive Sunday.*

*You can claim the Health in Pregnancy Grant payment from this week.*


*Write in the first day of your last period here. Then work along the row filling in the remaining boxes. Each box represents a week. Write in the dates week by week until you get to the date on which your baby is due.*



## Discrimination

Your employer must not discriminate against you while you are on maternity leave. This means that they have to consider you for opportunities such as promotion.

If you are made redundant while on maternity leave, your employer must offer you any suitable alternative work that is available. If there is none, they must pay you any notice and redundancy pay that you are entitled to.

## RETURNING TO WORK

### Giving notice about returning to work

Your employer should assume that you will be taking your full entitlement of 52 weeks unless you tell them otherwise. You will be due back to work on the day after the 52-week period of maternity leave.

If you want to take all of your leave, you simply go back to work on that day.

If you decide not to take some or all of your maternity leave, whether Ordinary Maternity Leave (OML) or Additional Maternity Leave (AML), you should give eight weeks' notice to return to work early. Even if you only wish to take OML, or you just want to be off work while you still

get maternity pay, you must give eight weeks' notice of your return as you will in fact be returning early.

If you don't give this notice and just turn up at work before the end of your maternity leave, your employer can refuse to allow you to work for up to eight weeks or until the end of your leave, whichever is earlier. If you change your mind and wish to continue taking your maternity leave, you must give your employer eight weeks' notice before the earlier date of return.

The law does not allow you to work for two weeks (four weeks if you work in a factory) after childbirth. This period is known as **Compulsory Maternity Leave**. You will not be allowed to return to work during this time.

### Your job when you go back

When you go back to work after AML, you have the right to return to the same job. But if your employer can show that this is not reasonably practicable, you have the right to be offered a suitable alternative job on at least the same terms and conditions. If the job no longer exists, this could be a redundancy situation and you should get advice. You should also be offered any suitable alternative vacancies if your post is made redundant while you are on maternity leave.

## If you need more time off work

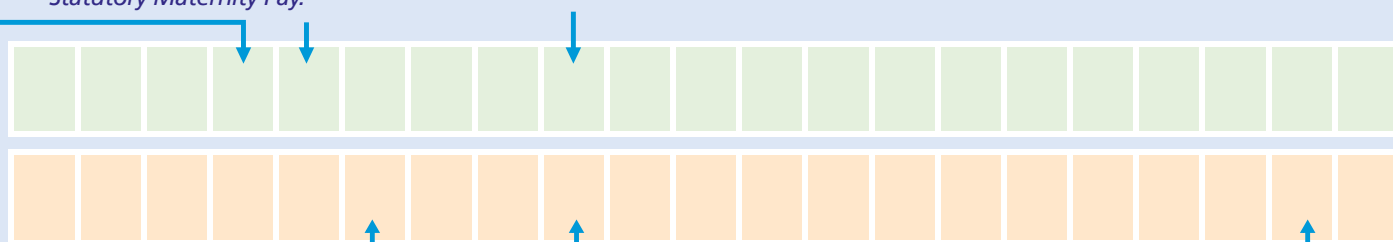
If you stay off work after your maternity leave has ended, you will lose your right to return to the same job. If you need more time off you could do one of the following:

- Ask your employer if you can take annual leave immediately after your maternity leave. Your paid holiday continues to accrue during maternity leave so you may have some holiday owing to you.
- Take some parental leave at the end of your maternity leave (see page 172). You must give 21 days' notice to take parental leave, and it is usually unpaid, unless your employer offers paid parental leave.
- If you cannot return because you are ill, you can take sick leave as long as you follow your employer's sickness procedures.

If you are not able to take annual leave and don't have enough notice to ask for parental leave, you can still ask your employer if they will agree to a further period off work (this will usually be unpaid). You should ask your employer to confirm this agreement in writing and to confirm that you will have the right to return to the same job. You should also check whether your employer is counting this as part of your parental leave entitlement.

*You must have notified your employer of your pregnancy, the expected week of childbirth and the date you want to start Ordinary Maternity Leave. This is also your 'qualifying' week for Statutory Maternity Pay.*

*This is the earliest you can start your maternity leave and Maternity Allowance or Statutory Maternity Pay.*



*You should apply for Maternity Allowance about now.*

*If you qualify for a Sure Start Maternity Grant from the Social Fund, claim it as soon as possible.*

*The date your baby is due.*



### **If you don't go back to work**

You should resign in the normal way, giving at least the notice required by your contract or the notice period that is normally given in your workplace. If you don't have a contract, you should give at least a week's notice.

If you say you are going to return to work and then change your mind, you can resign from your job in the normal way. Your notice period can run at the same time as your maternity leave.

If you don't go back to work, you don't have to repay any of the Statutory Maternity Pay you received during your maternity leave.

### **Work during maternity leave**

During maternity leave it is often helpful to keep in touch with your employer. Your employer is entitled to make reasonable contact with you during maternity leave. This might be to discuss things like arrangements for your return to work, or to update you on any significant changes in the workplace while you have been away.

You are entitled to do up to 10 days' work during your maternity leave without losing maternity pay or bringing your leave to an end.

These Keeping in Touch (KIT) days may only be worked if both you and your employer agree. Although particularly useful for things such as training or team events, they may be used for any form of work and should make it easier to return to

work after your leave. You will need to agree with your employer what work is to be done on KIT days and how much pay you will receive.

### **If you are pregnant again**

Maternity leave does not break your continuity of employment, so if you are pregnant again, your right to maternity leave will be based on your total service with your employer. You may also qualify for Statutory Maternity Pay (SMP), as long as you meet the normal conditions. However, this will mean you will have to be receiving an average of at least £95 per week from your employer, worked out over approximately weeks 18–25 of your pregnancy when SMP entitlement is calculated.

If you have already taken Ordinary Maternity Leave (OML) and Additional Maternity Leave (AML) (a year off) you will be entitled to a second period of OML and AML. If you go straight into another period of OML without physically returning to work and decide to return to work after the second period of OML, you will not have the right to return to exactly the same job as you normally would at the end of OML. However, you will have the same right as you would have had at the end of AML. This is the right to return to the same job or, if that is not reasonably practicable, a suitable alternative job on similar terms and conditions.

If you return to work after the end of your first period of AML and before the start of your second period of OML, your rights to maternity leave are not affected. This means that you have the right to return to exactly the same job after your second period of OML. This applies even if you only returned to work for one day.

## **OTHER EMPLOYMENT RIGHTS**

These rights apply no matter how long you have been employed or how many hours you work per week.

### **Paid time off for antenatal care**

If you are an employee, you have the right to take reasonable time off for your antenatal appointments, including time needed to travel to your clinic or GP, without loss of pay.

You should let your employer know when you need time off. For appointments after the first one, your employer can ask to see your appointment card and a certificate stating that you are pregnant.

Antenatal care can include antenatal education and relaxation classes. You may need a letter from your GP or midwife to show your employer, saying that these classes are part of your antenatal care.

### **Health and safety rights**

If you are pregnant, have recently given birth or are breastfeeding, your employer must make sure that the kind of work you do and your working conditions will not put your health or your baby's health at risk. To get the full benefit of this legal protection, you must notify your employer in writing that you are pregnant, have recently given birth or are breastfeeding.



- Your employer must carry out a risk assessment at your workplace and do everything reasonable to remove or reduce the risks found.
- If there are still risks, your employer must change your working conditions or hours of work to remove the risk.
- If this is not possible or would not remove the risk, your employer must offer you a suitable alternative job.
- If this is not possible, your employer must suspend you on full pay for as long as is necessary to avoid the risk. If you do night work and your doctor advises that you should stop for health and safety reasons, you have the right to transfer to day work or, if that is not possible, to be suspended on full pay. You must provide a medical certificate.



## Dismissal or unfair treatment

It is sex discrimination for your employer to treat you unfairly, dismiss you or select you for redundancy for any reason connected with pregnancy, childbirth or maternity leave.

If you are dismissed while you are pregnant or during your maternity leave, your employer must give you a written statement of the reasons. You may also have a claim for compensation for sex discrimination. If you are making a claim against your employer, you must put your claim into the Employment Tribunal within three months of the problem arising – get advice as soon as possible.



## OTHER TYPES OF LEAVE

### Paternity leave

Paternity leave is one or two weeks' leave to care for a child or support their mother.

#### Who gets it?

Your baby's biological father, your husband or your partner, including a same-sex partner, will be able to take paternity leave providing they:

- expect to have responsibility for bringing up the child, and
- have worked for the same employer for at least 26 weeks by the 15th week before your baby is due.

If your partner is not the biological father and is not married to you or in a civil partnership with you, they must live with you and your baby to get paternity leave.

#### When does it start?

It can start:

- from the date of your baby's birth
- from a chosen number of days or weeks after the date of your baby's birth (whether this is earlier or later than expected), or
- from a chosen date.

Paternity leave must be taken within 56 days of your baby's birth or, if your baby is born early, within the period from the actual date of birth up to 56 days after the expected week of birth.

Your partner will be able to return to the same job after paternity leave.

### Statutory Paternity Pay

Statutory Paternity Pay (SPP) is paid by employers for up to two weeks.

#### Who gets it?

Your partner can get SPP if they:

- are the baby's father or your husband/partner and are responsible for the baby's upbringing (your partner must live with you and your baby if they are not the biological father and are not married to you or in a civil partnership with you)
- have worked for an employer for 26 weeks by the 15th week before the baby is due
- are still employed by the same employer when the baby is born
- earn at least £95 per week on average (before tax) in the eight weeks immediately before the week your baby is born.

#### How much is it?

£123.06 per week or 90% of your partner's average weekly earnings, whichever is less.

#### How do I claim?

Your partner must give their employer at least 28 days' notice of the date when they want their SPP to start – or notify them as soon as is reasonably practicable.





## Parental leave

Parental leave is designed to give parents more time with their young children. It entitles you to take 13 weeks' leave per parent per child, usually unpaid, up to your child's fifth birthday. Parents of disabled children are entitled to 18 weeks' leave, to be taken before the child is 18. For parental leave, a disabled child is a child who gets Disability Living Allowance (DLA). It is also available for adoptive parents, in which case you can take it either within five years of the placement for adoption or before your child's 18th birthday, whichever is earlier.

### Who gets it?

Employees who have been employed for a year by the time they wish to take leave to care for a child.

You cannot usually take all your 13 weeks in one go. Your employer may limit the amount of leave you can take to four weeks per child in any one year.

### How do I claim?

You must give your employer 21 days' notice of the dates when you want to take your leave. Your employer can postpone the leave, but only if their business would be disrupted unduly.

Fathers wanting to take time off at or around the birth of their baby can take parental leave, providing they give their employers 21 days' notice of the expected week of childbirth.

An employer cannot postpone leave in these circumstances.

## More information

Visit [www.direct.gov.uk/workandfamilies](http://www.direct.gov.uk/workandfamilies)

## Time off for dependants

Every employee is also entitled to emergency unpaid leave to make arrangements for the care of a child who falls ill, gives birth or is injured. This leave can be used if there is a sudden problem with care arrangements for your child – for example, if your childminder falls ill.

## Flexible working arrangements

Parents have the right to ask for flexible working arrangements. If you need to change your working hours because of childcare, you also have the right to have your request considered seriously under sex discrimination law.

Follow the procedure outlined on page 173. If your request is refused, you should get advice about whether you have a claim for compensation under the new right and under sex discrimination law.

## Your rights

You have the right to request flexible working arrangements if you have or expect to have parental responsibility for:

- a child under 17 (from April 2009), or
- a disabled child under 18 who is entitled to Disability Living Allowance (DLA).

Parental responsibility means that you are a:

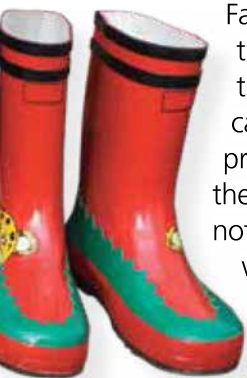
- mother
- father
- adopter
- guardian

## Flexible working

Flexible working covers a wide variety of working practices. It can be any working pattern other than the normal working pattern in an organisation. Most people are familiar with working part time for pro-rata pay or working different shift patterns. Other ways of flexible working include the following:

- **Flexitime.** Employees may be required to work within core hours, but outside these times they get flexibility in how they work their hours.
- **Job sharing.** Typically, two employees share the work normally done by one employee.
- **Working from home.** New technology makes work possible by telephone, fax and email from home, or other remote locations.
- **Term-time working.** An employee on a permanent contract takes paid or unpaid leave during school holidays.
- **Staggered hours.** Employees in the same workplace have different start, finish and break times – often as a way of covering longer opening hours.
- **Compressed working hours.** Employees work their total agreed hours over fewer working days – for example, a five-day working week is compressed into four days.

There is a clear procedure that you and your employer must follow. Your employer must seriously consider your request and can only refuse for one of the business reasons set out in the legislation. Any reduction in the number of hours worked will result in pay being reduced.



- special guardian
- foster parent
- private foster carer, or
- person who has been granted a residence order in respect of a child

or

- you are married to, or the partner or civil partner of, one of the above.

The change that you ask for can relate to the hours that you work, the days that you work or your place of work.

### Who does it apply to?

You can ask for flexible working if:

- you are an employee
- you have worked for your employer for 26 continuous weeks prior to your request (continuous employment generally means working for the same employer without a break, but this is not always the case. Further information is available at [www.direct.gov.uk](http://www.direct.gov.uk))
- you have parental responsibility for a child under 17 (from April 2009) or a disabled child under 18 who is entitled to DLA (or you are married to, or the partner or civil partner of, that person).

You cannot ask for flexible working if:

- you have made a request in the last 12 months

- you are an agency worker
- you are a member of the armed forces.

### How do I ask to change my hours?

Your request/application must:

- be in writing (whether on paper or by email). Find out if your employer has a standard form for making an application. If not, sample letters can be downloaded from [www.direct.gov.uk](http://www.direct.gov.uk)
- state that the application is being made under the statutory right to request a flexible working pattern
- confirm that you are applying as someone who has or expects to have parental responsibility for the upbringing of a child under 17 or a disabled child under 18 who is entitled to DLA and that you are the parent, adopter, guardian or foster parent of the child (or that you are married to, or the partner or civil partner of, that person)
- state the flexible working pattern you are asking for and the date you want it to start. The proposed date should allow time for the application to be considered and implemented. There is no set time, but the process can take up to 14 weeks or longer where issues arise
- explain how you think your new working pattern may affect your employer and how you think this could be dealt with
- state whether you have made an application to your employer before, and if so when
- be signed and dated.

Your application should be as clear as possible.

You should also keep a copy.

### When your employer receives the application

Your employer must:

- hold a meeting with you within 28 days of your application. You are allowed to bring a companion but your employer does not have to let you bring someone who is not employed by them. This meeting should discuss your application. If your employer does not think that the proposed working pattern can be accommodated within the needs of the business, they should discuss any possible compromise arrangements
- give you notice of their decision within 14 days of the meeting and tell you about your right of appeal
- give a reason for refusing, which must be one of those allowed by the regulations, with an explanation of why that reason applies in your case.

### Refusing your request

Your employer can only refuse your request for one of the following business reasons:

- the burden of additional costs
- the detrimental effect on the ability to meet customer demand
- an inability to reorganise the work among existing staff
- an inability to recruit additional staff
- the detrimental effect on quality
- the detrimental effect on performance
- not enough work during the periods when the employee wants to work
- planned structural changes.

Your employer must also explain why that reason applies in your circumstances.





## Appeal

You have the right to appeal within 14 days of receiving notification of your employer's refusal. To appeal, you must write to your employer stating your reasons for appealing. You must sign and date your letter. Your employer must hold the appeal meeting within 14 days of receiving your notice of appeal. You have the right to be accompanied during the meeting if you wish, usually by another worker employed by the same employer, although your employer may agree to let someone else attend. Your employer must:

- allow your companion time off to accompany you without it affecting their pay
- hold the meeting at a convenient time and place for both parties, and
- notify you of their decision in writing within 14 days of the appeal meeting, giving reasons for their decision.

## Tribunals

You can make a claim in a tribunal if your employer does not follow the procedure or refuses for a reason not stated in the rules or without an explanation.

You must complete the appeal procedure and wait for the decision before you can make a tribunal application.

An employment tribunal or an Acas binding arbitration that finds in your favour can order your employer to:

- reconsider your application by following the procedure correctly
- pay you an award (up to a maximum of eight weeks' pay (up to the statutory maximum of £350 per week) in compensation).

## Legal help

The legal help scheme allows people on a low income to get free legal advice and assistance when preparing for a tribunal. Funding for general legal advice (not advocacy) is available, to those who qualify financially, under the legal help scheme. Full representation is available under legal aid (to those who qualify financially) for cases brought in the Employment Appeal Tribunal.

More information is available at [www.adviceguide.org.uk](http://www.adviceguide.org.uk)

## YOUR RIGHTS UNDER SEX DISCRIMINATION LAW

It may be indirect sex discrimination if an employer refuses a woman's request to change her working pattern. It may be direct sex discrimination if an employer refuses a man's request when they allow a woman to work differently.

Your employer will only know if they have a good reason for refusing your request if they give it a lot of thought. Refusing even to consider your request or having a policy of refusing part-time work could be seen as sex discrimination by an employment tribunal. An employer must consider each individual request in order to avoid discriminating against a woman or a man with childcare responsibilities.

People often assume that a job has to be done full time or at certain fixed times of day, but if you and your employer look carefully at your job you may be able to work out a more child-friendly option – perhaps one that neither of you had considered before.

## Who does the law apply to?

Sex discrimination law applies to all employers and all employed parents with childcare responsibilities. It only applies if you would be disadvantaged by not being allowed to work the child-friendly hours you need. You must have a good reason for asking to work differently – just as an employer must have a good reason for refusing. A good reason might be:

- you cannot find or afford full-time childcare
- you cannot find or afford childcare outside 9am–5pm, Monday–Friday
- you have to be there when your child or children come home from school
- your parents or relatives cannot look after your child full time
- you are suffering from severe stress from working long hours
- you are distressed or disadvantaged by having to work your old hours.

## The difference between rights under sex discrimination law and the right to request flexible working

The new statutory right to request flexible working only applies to employees who are parents of children under 17 (or under 18 if disabled), who have not made an application within the last 12 months, and who have worked for their employer for 26 weeks at the time of making the application.

Sex discrimination law may help you if you need to change your working pattern in order to care for your child but cannot use the statutory procedure. This may be because you have made a request under the procedure within the last 12 months or have worked for your employer for less than 26 weeks.



## The procedure

There is no specific application procedure under sex discrimination law. If you can, initially make your request under the new right to ask for flexible working (see page 172).

## If your employer refuses your request

If your new working pattern will cause major problems, then your employer may be justified in refusing your request. You can get further advice from your trade union representative or local Citizens

Advice Bureau or the Equality and Human Rights Commission (EHRC).

If you want advice on whether you might have a good case for a tribunal, you should see a specialist employment lawyer.



If this doesn't work, you can make a claim in an employment tribunal if your employer refuses your request without a good business reason. The tribunal will look at your employer's reasons and will question them carefully about whether they were justified in refusing

your request. They can also award unlimited compensation for loss of pay (if you had to leave your job) and for injury to feelings.

You must make a tribunal claim within three months of the refusal under the new right and under sex discrimination law.



## Have you claimed everything?

<b>You can claim</b>  <b>If you get</b> 	Child Benefit	Free prescriptions	Free dental treatment	£500 Sure Start Maternity Grant*	Social Fund loans***	Council Tax Benefit (not NI and Housing Benefit)	Help with mortgage	Healthy Start**	Fares to hospital
Income-based JSA	Y	Y	Y	Y	Y	Y	Y	Y	Y
Income Support	Y	Y	Y	Y	Y	Y	Y	Y	Y
Low income	Y	Y ****	Y ****	Y *	N	Y	N	N	Y
All mothers	Y	Y ****	Y ****	N	N	N	N	N	N

- \* You can claim if you get Pension Credit, income-related Employment and Support Allowance, Working Tax Credit, where a disability or severe disability element is included in the award or Child Tax Credit at a rate higher than the family element.
- \*\* You can also claim if you get Child Tax Credit but not Working Tax Credit with an income of £16,040 or less. The qualifying criteria for Healthy Start are: Income Support/income-based JSA/income-related Employment and Support Allowance/Child Tax Credit without Working Tax Credit (unless Working Tax Credit run-on only is in payment) and annual family income of £16,040 or less.
- \*\*\* You have to be on Income Support, income-based JSA, income-related Employment and Support Allowance or Pension Credit to get a Social Fund loan (called a Budgeting Loan) unless there is an emergency or disaster and you are without resources to prevent risk to health (this is called a Crisis Loan).
- \*\*\*\* Free prescriptions and free dental are only available for low income/all mothers during pregnancy and for one year after birth.
- \*\*\*\*\* Some people will get full help, other people may only get partial help – it all depends on how low income is.

# THE NHS CONSTITUTION

The NHS belongs to us all. It touches our lives at times of basic human need, when care and compassion are what matter most. Pregnancy is one of these times. So it is important that you know what you and your baby can expect from the NHS, and what is expected from you in return.



The NHS Constitution was launched on 21 January 2009. It brings together for the first time in one place what staff, patients and the public can expect from the NHS. It explains that by working together we can make the very best of finite resources to improve our health and well-being, to keep our minds and bodies well, to get better when we are ill, and when we cannot recover to stay as well as we can to the end of our lives. The Constitution reaffirms that everyone has a role to play in the success of the NHS.

As well as capturing what is important to the NHS (the principles and values that determine how the NHS should act and make decisions), the Constitution brings together a number of rights, pledges and responsibilities for staff and patients alike.

These rights, pledges and responsibilities are the result of extensive discussion and research with staff, patients and the public and they reflect what matters to them most.

## Rights

The NHS Constitution sets out the legal rights of the public, patients and staff. Some of the rights that may be of interest to you are listed below:

- **You have the right** to receive NHS services free of charge, unless Parliament has sanctioned charges.
- **You have the right** to be treated with dignity and respect.
- **You have the right** to be treated with a professional standard of care.
- **You have the right** to be given information about your care.
- **You have the right** to privacy and confidentiality.
- **You have the right** to be involved in discussions and decisions about your care.
- **You have the right** to have any complaints you make properly investigated.



## Pledges

The NHS Constitution sets out a number of pledges for the public, patients and staff. These are things that the **NHS is committed to achieving**. Some of the pledges that may be of interest to you are listed below:

- **The NHS commits** to make sure that it is easy to access health services.
- **The NHS commits** to inform you about the services that are available to you.
- **The NHS commits** to offer you information that helps you to take part in making decisions about your care.
- **The NHS commits** to work in partnership with you, your family, carers and representatives.
- **The NHS commits** to treat you with courtesy and to be supportive when you make a complaint.

## Responsibilities

There are a number of things we can all do to help the NHS deliver quality services. These are set out as responsibilities in the NHS Constitution. Responsibilities are the things **we can all do to help the NHS work effectively**. You should always think about your responsibilities when you are receiving NHS services. You have nine responsibilities to keep in mind:

- Do what you can yourself to stay healthy and feel well.
- Register with a GP.
- Treat NHS staff and patients with respect.
- Give accurate information about yourself.
- Keep appointments, or let the NHS know when you cannot keep them.
- Follow the course of your treatment, or speak to someone if you feel you cannot.
- Take part in important public health immunisation programmes.
- Make sure people close to you know about your wishes for organ donation.
- Give feedback on your treatment and care.

The NHS Constitution sets out all of these rights and pledges, together with the principles and values, in more detail. The NHS Constitution Handbook contains further information.



### Want to know more?

The **NHS Constitution Handbook** gives further information about the NHS Constitution and further advice on what to do if you are not happy with the service you receive. The **Statement of NHS Accountability** summarises how the NHS is structured and what the responsibilities of individual parts of the NHS are.

### How do I get a copy of the NHS Constitution?

You can get copies of the NHS Constitution from libraries, doctors, dentists and town halls. You can also obtain a copy from:

Telephone:

**0300 123 1002**

Website:

**[www.orderline.dh.gov.uk](http://www.orderline.dh.gov.uk)**

Email:

**[dh@prolog.uk.com](mailto:dh@prolog.uk.com)**

Or write to:

DH Publications Orderline

PO Box 777

London SE1 6XH

The NHS Constitution, NHS Constitution Handbook and the Statement of NHS Accountability are also available online at **[www.nhs.uk/aboutnhs/Constitution](http://www.nhs.uk/aboutnhs/Constitution)**





# GLOSSARY OF USEFUL TERMS

TERM	MEANING
<b>Albumin</b>	A protein that can appear in your urine when you are pregnant. It can be a sign of an infection or pre-eclampsia. Your midwife will test your urine for albumin at your antenatal check-ups.
<b>Amniocentesis</b>	A test in which a thin needle is inserted into the uterus through the abdominal wall to take a sample of the fluid surrounding the baby. The fluid is then tested for certain chromosomal and genetic disorders. An amniocentesis is usually carried out between 15 and 18 weeks into your pregnancy. It may be used later in pregnancy to find out if your baby's lungs are mature.
<b>Amniotic sac</b>	The bag of fluid that surrounds and cushions your baby in the uterus. Before or during labour the sac breaks and the fluid drains out. This is called the 'waters breaking'.
<b>Anaesthetics</b>	Medicines that reduce or take away pain.
<b>Antenatal</b>	This literally means 'before birth' and refers to the whole of pregnancy, from conception to birth.
<b>Baby blues</b>	Feeling sad or mildly depressed a few days after your baby is born. The baby blues are very common – eight out of 10 new mothers feel like this. They can be caused by hormone changes, tiredness or discomfort and usually only last a week. More severe depression or anxiety that lasts longer than a week could be postnatal depression (see page 181).
<b>Balanced diet</b>	A diet that provides a good balance of nutrients.
<b>Bereavement</b>	The loss of a person. Coping with a bereavement can be particularly difficult if you are pregnant or have just had a baby, and even harder if it is your baby who has died.
<b>Birth plan</b>	A written record of what you would like to happen during pregnancy, labour and childbirth.
<b>Breech birth</b>	When a baby is born bottom rather than head first.
<b>Caesarean section</b>	An operation to deliver a baby by cutting through the mother's abdomen and then into her uterus. If you have a caesarean, you will be given an epidural or general anaesthetic.
<b>Catheter</b>	A thin, flexible, hollow plastic tube that can be used to perform various diagnostic and/or therapeutic procedures. Catheters may be used for the injection of fluids or medications into an area of the body or for drainage, such as from a surgical site. They are also frequently used to allow physicians to access the body with surgical instruments.
<b>Cervix</b>	The neck of the uterus. It is normally almost closed, with just a small opening through which blood passes during monthly periods. During labour, your cervix will dilate (open up) to let your baby move from your uterus into your vagina.
<b>Chorionic villus sampling</b>	A test to detect genetic disorders, particularly chromosomal disorders such as Down's syndrome. It is usually carried out at around 11 weeks.
<b>Colostrum</b>	The milk that your breasts produce during the first few days after your baby is born. It is very concentrated and full of antibodies to protect your baby against infections. Colostrum has a rich, creamy appearance and is sometimes quite yellow in colour.
<b>Conception</b>	The start of a pregnancy, when an egg (ovum) is fertilised and then moves down the fallopian tube to the uterus, where it attaches itself to the uterus lining.
<b>Contraception</b> (also known as birth control)	Contraception prevents or reduces your chances of getting pregnant. See page 135 for the different types of contraception that are available.
<b>Cot death</b> (also known as Sudden Infant Death Syndrome)	The sudden and unexpected death of an apparently healthy infant during their sleep. For information on what you can do to avoid cot death, go to pages 129 and 140.

TERM	MEANING
<b>Down's syndrome</b>	A lifelong condition caused by an abnormal number of chromosomes. People with Down's syndrome have some degree of learning disability and an increased risk of some health problems. It also affects their physical growth and facial appearance. For more information about screening or tests for Down's syndrome, see page 50.
<b>Ectopic pregnancy</b>	An ectopic pregnancy occurs when a fertilised egg begins to grow in the fallopian tube, cervix, ovaries or abdomen, not in the lining of the uterus. The fertilised egg cannot develop properly and has to be removed.
<b>Embryo</b>	The term used for the developing baby in the very early weeks up until eight weeks of pregnancy.
<b>Entonox</b> (also known as 'gas and air')	A form of pain relief offered during labour. It is a mixture of oxygen and another gas called nitrous oxide, which is breathed in through a mask or mouthpiece.
<b>Epidural</b>	An anaesthetic that numbs the lower half of the body. It can be very helpful for women who are having a long or particularly painful labour, or who are becoming very distressed. A thin catheter is placed between the vertebrae so that medicine can be delivered to the nerves in the spinal cord.
<b>Episiotomy</b>	A surgical incision made in the area between the vagina and anus (perineum). This is done during the last stages of labour and delivery to expand the opening of the vagina to prevent tearing during the birth of the baby.
<b>Fallopian tubes</b>	Branch-like tubes that lead from the ovaries to the uterus. Eggs are released from the ovaries into the fallopian tubes each month. Fertilisation takes place in one of the fallopian tubes.
<b>Fertilisation</b>	Fertilisation takes place if a man's sperm joins with a woman's egg and fertilises it in the fallopian tube.
<b>Fetal alcohol syndrome (FAS)</b>	A syndrome that can cause children to have restricted growth, heart defects and facial abnormalities as well as learning and behavioural disorders. It is caused if your baby is exposed to too much alcohol (via the placenta) when they are in the uterus.
<b>Fetus</b>	The term used for the developing baby from week eight of pregnancy onwards.
<b>Folic acid</b>	One of the B group of vitamins, which is found naturally in foods, including green leafy vegetables, fortified breakfast cereals and brown rice. Folic acid is important for pregnancy as it can help prevent birth defects known as neural tube defects. If you are pregnant or trying to get pregnant, you should take a 400 microgram folic acid tablet every day until you are 12 weeks pregnant.
<b>Fontanelle</b>	A diamond-shaped patch on the front and top of a baby's head where the skull bones have not yet fused together. During birth, the fontanelle allows the bony plates of the skull to flex, so that the baby's head can pass through the birth canal. The bones usually fuse together and close over by a child's second birthday.
<b>Formula milk</b>	Cows' milk that has been processed and treated so that babies can digest it. It comes in powder or liquid form.
<b>Fundus</b>	The top of the uterus.
<b>Haemoglobin (Hb)</b>	Haemoglobin is found in red blood cells and carries oxygen from the lungs to all parts of the body. Pregnant women need to produce more haemoglobin because they produce more blood. If you don't produce enough, you can become anaemic, which will make you feel very tired. Your haemoglobin levels are tested during antenatal check-ups.
<b>Home birth</b>	Giving birth at home, with care provided by a midwife. This is usually planned!

TERM	MEANING
<b>Induction</b>	A method of artificially or prematurely stimulating labour. A baby can be induced if they are getting too big, if the pregnancy has gone past the 42-week mark or if there are health risks to either the baby or the mother if the pregnancy continues.
<b>Jaundice</b>	The development of a yellow colour on a baby's skin and a yellowness in the whites of their eyes. It is caused by an excess of the pigment bilirubin in the blood. Jaundice is common in newborn babies and usually occurs approximately three days after birth. It can last for up to two weeks after birth or up to three weeks in premature babies. Severe jaundice can be treated by phototherapy, where a baby is placed under a very bright light. Babies who are jaundiced for longer than two weeks should be seen by a doctor as they may need urgent treatment. See page 149 for more information.
<b>Lanugo</b>	Very fine, soft hair that covers your baby at approximately 22 weeks. The lanugo disappears before birth.
<b>Mastitis</b>	An infection in the breasts caused by blocked milk ducts. Symptoms include hot and tender breasts and flu-like symptoms. See page 109 for how to treat it.
<b>Maternity team care</b>	A team of midwives, obstetricians, anaesthetists, neonatologists and other specialists who provide care to women who have complex pregnancies.
<b>Meconium</b>	The first stools that your baby passes. Meconium is made up of what a baby has ingested during their time in the uterus, including mucus and bile. It is sticky like tar and has no odour.
<b>Midwifery care</b>	Care for pregnant women where the midwife is the lead professional. Midwifery care is suitable for women who have an uncomplicated pregnancy.
<b>Morning sickness/nausea</b>	Morning sickness affects more than half of all pregnant women. Symptoms include nausea or feeling sick, as well as actually being sick. Morning sickness can occur at any time of the day, though it occurs most often in the morning because blood sugar levels are low after a night without food. The symptoms usually start after the first month of the pregnancy, peaking in weeks five to seven, and continuing until weeks 14 to 16.
<b>Neonatal care</b>	The care given to sick or premature babies. It takes place in a neonatal unit, which is specially designed and equipped to care for them.
<b>Nuchal translucency scan</b>	An ultrasound scan to help identify whether you are at risk of having a baby with Down's syndrome. The scan is carried out at 11 to 13 weeks of your pregnancy and measures the amount of the nuchal translucency, which is fluid behind the neck of the baby. Babies at risk of Down's syndrome tend to have a higher amount of fluid around their neck. The scan may also help confirm both the accuracy of the pregnancy dates and whether the baby has any other health problems.
<b>Obstetric cholestasis</b>	A potentially dangerous liver disorder. Symptoms include severe generalised itching without a rash, particularly in the last four months of pregnancy.
<b>Obstetrician</b>	A doctor specialising in the care of women during pregnancy and labour and after the birth.
<b>Oedema</b>	Another word for swelling, most often of the feet and hands. It is usually nothing to worry about, but if it gets worse suddenly it can be a sign of pre-eclampsia.
<b>Ovulation</b>	Ovulation occurs when an egg (ovum) is released from one of a woman's ovaries during her monthly menstrual cycle. If the egg is fertilised during this time, she will get pregnant. This is the time of the month when you are most likely to conceive.
<b>Paediatrician</b>	A doctor specialising in the care of babies and children.
<b>Perinatal</b>	The time shortly before and after the birth of a baby.



TERM	MEANING
<b>Perinatal mental health</b>	Mental health problems that develop during pregnancy and that can last for up to one year after childbirth.
<b>Placenta</b>	The organ attached to the lining of the uterus, which separates your baby's circulation from your circulation. Oxygen and food from your bloodstream are passed to your baby's bloodstream through the placenta and along the umbilical cord. Waste is also removed this way.
<b>Postnatal</b>	The period beginning immediately after the birth of a baby until they are about six weeks old.
<b>Postnatal care</b>	The professional care provided to you and your baby, from the birth until your baby is about six to eight weeks old. It usually involves home visits by midwives to check that both mother and baby are well. Classes may also be available.
<b>Postnatal depression</b>	Feelings of depression and hopelessness after the birth of a baby. These feelings are more severe than the 'baby blues' (see page 178). Postnatal depression affects one in 10 women and can be serious if left untreated. See page 82 for more information.
<b>Pre-eclampsia</b>	A condition that only occurs during pregnancy. Symptoms include high blood pressure, protein in urine, bad headaches, vision problems and the sudden swelling of the face, hands and feet. It usually develops after the 20th week of pregnancy but can occur earlier. Although most cases are mild and cause no trouble, it can be serious for both mother and baby. For more information, see page 67.
<b>Premature birth</b>	The birth of a baby before the standard period of pregnancy (37 weeks) is completed.
<b>Premature labour</b>	When labour starts before 37 weeks of pregnancy.
<b>Rhesus disease</b>	A woman who is rhesus negative (see below) can carry a baby who is rhesus positive if the baby's father is rhesus positive. This can cause problems in second or later pregnancies. If she gets pregnant with another rhesus positive baby, the immune response will be quicker and much greater. The antibodies produced by the mother can cross the placenta and attach to the D antigen on her baby's red blood cells. This can be harmful to the baby as it may result in a condition called haemolytic disease of the newborn, which can lead to anaemia and jaundice.
<b>Rhesus negative</b>	People with a certain blood type are known as rhesus negative. It means that they do not have a substance known as D antigen on the surface of their red blood cells. This can cause problems in second or later pregnancies (see above).
<b>Rhesus positive</b>	People with a certain blood type are known as rhesus positive. This means that they have a substance known as D antigen on the surface of their red blood cells.
<b>Rubella (German measles)</b>	A virus that can seriously affect unborn babies if the mother gets it during the early weeks of pregnancy. Most women have been immunised against rubella, so they are not at risk.
<b>Ultrasound/scans</b>	An imaging technique that uses high-frequency sound waves to create an image of your baby in the uterus. It shows your baby's body and organs as well as the surrounding tissues. Also called sonography, this test is widely used to estimate delivery dates and check that your developing baby is healthy and growing normally.
<b>Umbilical cord</b>	The cord that attaches the baby to the placenta, linking the baby and mother. Blood circulates through the cord, carrying oxygen and food to the baby and carrying waste away again.
<b>Vernix</b>	A sticky white coating that covers a baby when it is in the uterus. It mostly disappears before birth but there may be some left on your baby when they are born.
<b>Vertebrae</b>	Your spine is made up of 33 irregularly shaped bones called vertebrae. Each vertebra has a hole in the middle through which the spinal cord runs.

# USEFUL ORGANISATIONS

## INFORMATION

### Acas (Advisory, Conciliation and Arbitration Service)

23rd floor  
Euston Tower  
286 Euston Road  
London NW1 3JJ  
08457 47 47 47 (helpline, Mon–Fri 8am–8pm;  
Sat 9am–1pm)  
[www.acas.org.uk](http://www.acas.org.uk)

Improves organisations and working life through better employment relations. Provides up-to-date information and independent advice on a wide range of employment relations issues, including the rights and issues around working parents – such as parental leave and pay and requests for flexible working. Provides high-quality training and works with employers and employees to solve problems and improve performance. An independent, publicly funded organisation; many of its services are free.

### Action on Pre-eclampsia (APEC)

2C The Halfcroft  
Syston  
Leicestershire LE7 1LD  
020 8427 4217 (helpline, Mon–Fri 9am–5pm)  
[info@apec.org.uk](mailto:info@apec.org.uk)  
[www.apec.org.uk](http://www.apec.org.uk)

Helps to answer any questions about pre-eclampsia. Provides pre-eclampsia leaflets for the general public and ships leaflet orders to any health organisation that asks.

### Active Birth Centre

25 Bickerton Road  
London N19 5JT  
020 7281 6760 (helpline, Mon–Fri 9am–5pm)  
[info@activebirthcentre.com](mailto:info@activebirthcentre.com)  
[www.activebirthcentre.com](http://www.activebirthcentre.com)

Complete preparation for active and water birth, including yoga for pregnancy, courses, workshops, professional training, postnatal and baby massage classes and tuition. An empowering way to prepare for an optimal birth and early parenting. Has a complementary therapy clinic for pregnancy and the postnatal period which offers acupuncture, reflexology, cranial osteopathy, aromatherapy, homeopathy and nutritional guidance.

### Association for Improvements in the Maternity Services (AIMS)

5 Ann's Court  
Grove Road  
Surrey KT6 4BE  
0300 365 0663 (helpline, Mon–Fri  
10.30am–5.30pm)  
[helpline@aims.org.uk](mailto:helpline@aims.org.uk)  
[www.aims.org.uk](http://www.aims.org.uk)

Offers information, support and advice to parents about all aspects of maternity care, including parents' rights, the choices available, technological interventions, normal physiological childbirth and the complaints procedures.

### Association of Breastfeeding Mothers (ABM)

PO Box 207  
Bridgwater  
Somerset TA6 7YT  
0844 412 2949 (helpline, 9.30am–10.30pm)  
[counselling@abm.me.uk](mailto:counselling@abm.me.uk)  
[www.abm.me.uk](http://www.abm.me.uk)

Provides information and support for breastfeeding mothers and their families, and training for breastfeeding counsellors and mother (peer) supporters.

### Caesarean Support Network

55 Cooil Drive  
Douglas  
Isle of Man IM2 2HF  
01624 661269 (Mon–Fri after 6pm;  
weekends)

Offers support and advice to women who have had or may need a caesarean delivery. The Network can also offer advice and support to women who wish to have a vaginal delivery with future pregnancies. They have a directory of support groups and contacts.

### Child Law Advice Line

Children's Legal Centre  
University of Essex  
Wivenhoe Park  
Colchester  
Essex C04 3SQ  
0808 802 0008 (freephone, Mon–Fri  
9am–5pm)  
[clc@essex.ac.uk](mailto:clc@essex.ac.uk)  
[www.childrenslegalcentre.com](http://www.childrenslegalcentre.com)

Ensures that parents, carers and professionals can get accurate information on child law and access the support and services to which they are entitled.

### Citizens Advice

Myddelton House  
115–123 Pentonville Road  
London N1 9LZ  
020 7833 2181 (administration and  
information on local Citizens Advice  
Bureaux only; no advice given)  
[www.citizensadvice.org.uk](http://www.citizensadvice.org.uk)

Online advice and information services. Get help online or find your local Citizens Advice Bureau.

### Cry-sis

BM Cry-sis  
London WC1N 3XX  
0845 122 8669  
(helpline, 9am–10pm seven days a week)  
[info@cry-sis.org.uk](mailto:info@cry-sis.org.uk)  
[www.cry-sis.org.uk](http://www.cry-sis.org.uk)

Offers non-medical, emotional support for families with excessively crying, sleepless and demanding babies.

### Diabetes UK

Macleod House  
10 Parkway  
London NW1 7AA  
020 7424 1000 (helpline, 9am–5pm)  
0845 120 2960 (careline)  
[info@diabetes.org.uk](mailto:info@diabetes.org.uk)  
[www.diabetes.org.uk](http://www.diabetes.org.uk)

### Equality and Human Rights Commission

Freepost RRL1-GHUX-CTRX  
Arndale House  
Arndale Centre  
Manchester M4 3AQ  
0845 604 6610 (Mon–Fri 9am–5pm)  
0845 604 6620 (textphone)  
[info@equalityhumanrights.com](mailto:info@equalityhumanrights.com)  
[www.equalityhumanrights.com](http://www.equalityhumanrights.com)

The helpline provides information and guidance on discrimination and human rights issues. All helpline staff have been specially trained to provide this service.

### Family Action

501–505 Kingsland Road  
London E8 4AU  
020 7254 6251  
[www.family-action.org.uk](http://www.family-action.org.uk)

Tackles some of the most complex and difficult issues facing families today, including domestic abuse, mental health problems, learning disabilities and severe financial hardship. Works with whole families to help them find solutions to problems, no matter how difficult, so that they become safer, stronger and more optimistic about their future.

### Family Rights Group

The Print House  
18 Ashwin Street  
London E8 3DL  
0808 801 0366 (helpline, Mon–Fri  
10am–3.30pm)  
Textphone: dial 18001 then freephone  
number  
[advice@frg.org.uk](mailto:advice@frg.org.uk)  
[www.frg.org.uk](http://www.frg.org.uk)

Support for parents and other family members whose children are involved with or need social care services.

### Independent Midwives UK

PO Box 539  
Abingdon OX14 9DF  
0845 4600 105 (local rate)  
[information@independentmidwives.org.uk](mailto:information@independentmidwives.org.uk)  
[www.independentmidwives.org.uk](http://www.independentmidwives.org.uk)

Free advice given to women thinking about a home birth. Members offer woman-centred pregnancy, birth and postnatal midwifery to women who book with them, mostly for home births. Fees vary. See website to find local midwives.

### Infertility Network UK

Charter House  
43 St Leonards Road  
Bexhill-on-Sea  
East Sussex TN40 1JA  
0800 008 7464

[www.infertilitynetworkuk.com](http://www.infertilitynetworkuk.com)  
Provides a voice for those with fertility problems. Works to improve awareness and access to treatment.

**Institute for Complementary and Natural Medicine (ICNM)**

Can-Mezzanine  
32–36 Loman Street  
London SE1 0EH  
020 7922 7980 (Mon–Fri 10am–4pm)  
info@icnm.org.uk  
www.icnm.org.uk

Can provide the public with lists of members of the British Register of Complementary Practitioners, a professional register of practitioners and therapists who have completed a recognised course and are insured. (Always check with your GP/midwife before using a complementary discipline.)

**La Leche League (Great Britain)**

PO Box 29  
West Bridgford  
Nottingham NG2 7NP  
0845 120 2918 (helpline)  
www.laleche.org.uk

An international, non-profit, non-sectarian organisation which, for over 50 years, has been dedicated to providing education, information and mother-to-mother support and encouragement to women who want to breastfeed. LLL Leaders are mothers who have themselves breastfed for 12 months or longer and have undertaken extensive training to provide telephone counselling and email support, and to run local group meetings.

**Life**

1 Mill Street  
Leamington Spa  
Warwickshire CV31 1ES  
0800 915 4600 (helpline)  
info@lifecharity.org.uk  
www.lifecharity.org.uk

Offers counselling and support for men and women in a crisis pregnancy or experiencing difficulties after an abortion, adoption, ectopic pregnancy, miscarriage or stillbirth. Also provides accommodation for homeless and unsupported mothers.

**Multiple Births Foundation**

Hammersmith House, Level 4  
Queen Charlotte's and Chelsea Hospital  
Du Cane Road  
London W12 0HS  
020 8383 3519 (helpline, 9am–4pm)  
info@multiplebirths.org.uk  
www.multiplebirths.org.uk

Offers specialised support to parents of twins, triplets and higher multiple births, and gives relevant advice and training to the medical, educational and other professional groups which are concerned with them.

**National Childbirth Trust (NCT)**

Alexandra House  
Oldham Terrace  
London W3 6NH  
0300 330 0770 (enquiry line,  
Mon–Thu 9am–5pm; Fri 9am–4pm)  
0300 330 0772 (pregnancy and  
birth line, Mon–Fri 10am–8pm)  
0300 330 0771 (breastfeeding line,  
8am–10pm seven days a week)  
enquiries@nct.org.uk  
www.nct.org.uk

Supports 1 million mums and dads every year through helplines, courses and a network of local support. With evidence-based information on pregnancy, birth and early parenthood, it can provide support from when you first discover you are pregnant to when your baby turns 2. Visit the website for information on becoming a parent or to find your nearest NCT group.

**NHS Direct**

0845 4647  
www.nhsdirect.nhs.uk

Provides a 24-hour, 365 days a year, nurse-led health advice and information service, online and over the telephone.

**NSPCC (National Society for the Prevention of Cruelty to Children) (now incorporating ChildLine)**

Weston House  
42 Curtain Road  
London EC2A 3NH  
0808 800 5000 (24-hour national helpline)  
0800 056 0566 (textphone)  
help@nspcc.org.uk  
www.nspcc.org.uk

ChildLine is a safe place where children and young people can share their worries with a trained counsellor. Children and young people can call confidentially on 0800 1111 to find out more about how to seek help, or visit the website www.childline.org.uk. The NSPCC's helpline provides counselling, information and advice to anyone concerned about a child at risk of abuse. It also offers a bilingual Welsh helpline and an Asian helpline in five Asian languages.

**Patient Advice and Liaison Services (PALS)**

www.pals.nhs.uk  
Available in every NHS trust, PALS provide information and advice about NHS and health-related services to patients, carers, families and the public. Staff can also help to resolve problems and concerns relating to health services through liaison and negotiation. Feeds back to trusts about problems experienced by those using services and about gaps in services, and helps make changes which benefit patients and carers. For more details, contact the local NHS trust or see the website.

**Patients Association**

PO Box 935  
Harrow  
Middlesex HA1 3YJ  
0845 608 4455 (helpline, Mon–Fri 10am–4pm)  
helpline@patients-association.com  
www.patients-association.com

A wide variety of helpful healthcare information on the website as well as ways for patients to make their views known about services. Sign up as an e-member and take part in patient surveys.

**Relate (National Marriage Guidance)**

Relate Central Office  
Premier House  
Carolina Court  
Lakeside  
Doncaster DN4 5RA  
0300 100 1234  
www.relate.org.uk

Offers advice, relationship counselling, sex therapy, workshops, mediation, consultations and support, face-to-face, by phone and through its website.

**Royal College of Obstetricians and Gynaecologists (RCOG)**

27 Sussex Place  
Regent's Park  
London NW1 4RG  
020 7772 6200  
library@rcog.org.uk  
www.rcog.org.uk

**Samaritans**

PO Box 9090  
Stirling FK8 2SA  
0845 790 9090  
www.samaritans.org

A confidential emotional support service for anyone in the UK and Ireland. The service is available 24 hours a day for people who are experiencing feelings of distress or despair, including those that may lead to suicide.

**Shelter**

88 Old Street  
London EC1V 9HU  
0808 800 4444  
info@shelter.org.uk

www.shelter.org.uk  
Helps more than 170,000 people a year to fight for their rights, get back on their feet, and find and keep a home. Also tackles the root causes of bad housing, by campaigning for new laws, policies and solutions.

**ADDICTIVE DRUGS****Narcotics Anonymous**

0845 373 3366 (helpline)  
ukso@ukna.org  
www.ukna.org

A voluntary organisation. Membership is open to anyone with a drug problem seeking help, regardless of what drug or combination of drugs has been used. It is a completely anonymous, non-religious service, encouraging each member to cultivate an individual understanding, religious or not, of a 'spiritual awakening'. There are no fees for membership. The primary service provided is local weekly self-governing meetings.



## ALCOHOL

### Alcohol Concern

64 Leman Street  
London E1 8EU  
020 7264 0510  
contact@alcoholconcern.org.uk  
www.alcoholconcern.org.uk

Does not operate a helpline nor provide actual services to individuals with alcohol problems; for further help and advice contact Drinkline on 0800 917 8282 (freephone). Use the services directory to find an alcohol advice or counselling service in your area. All information enquiries should be submitted by email. Please give a brief outline of the information enquiry, your telephone number and full address. A member of the team will get back to you within 10 working days.

### Alcoholics Anonymous (AA)

General Service Office  
PO Box 1  
10 Toft Green  
York YO1 7NJ  
01904 644026  
0845 769 7555 (helpline)  
www.alcoholics-anonymous.org.uk

Has over 4,000 groups throughout the UK, which are designed to help those with a serious alcohol problem. Through mutual support, sufferers assist one another in coping with their problem. There are no fees for membership and anonymity is carefully preserved.

### Drinkaware Trust

7–10 Chandos Street  
London W1G 9DG  
020 7307 7450  
www.drinkaware.co.uk

Provides consumers with information to make informed decisions about the effects of alcohol on their lives and lifestyles. Its public education programmes, grants, expert information and resources help to create awareness and effect positive change.

### Drinkline

0800 917 8282 (Mon–Fri 9am–11pm)  
Freephone helpline offering free, confidential information and advice on alcohol problems, support and direction to treatment services.

## CHILDCARE

### Daycare Trust

21 St George's Road  
London SE1 6ES  
0845 872 6251 (Mon, Tue, Thu, Fri 10am–1pm and 2pm–5pm; Wed 2pm–5pm)  
info@daycaretrust.org.uk  
www.daycaretrust.org.uk

Provides information and support to parents and carers about childcare and paying for childcare.

### Families Information Service Helpline

0800 234 6346  
www.direct.gov.uk

## National Childminding Association (NCMA)

Royal Court  
81 Tweedy Road  
Bromley  
Kent BR1 1TG  
0800 169 4486 (information line)  
0845 880 0044 (9am–5pm)  
info@ncma.org.uk  
www.ncma.org.uk

Charity and membership organisation supporting home-based childcarers in England and Wales. Works in partnership with government and other childcare organisations to ensure that registered childminders, over-7s childminders and nannies have access to services, training, information and support.

### Pre-school Learning Alliance

The Fitzpatrick Building  
188 York Way  
London N7 9AD  
020 7697 2500  
www.pre-school.org.uk

Delivers a full range of high-quality childcare services for parents. As the largest voluntary sector provider of childcare services, it works closely with families to offer more choice, flexibility and affordability to ensure that their requirements are met.

## COPING ALONE

### Meet A Mum Association (MAMA)

54 Lillington Road  
Radstock BA3 3NR  
0845 120 3746 (helpline, Mon–Fri 7pm–10pm)  
www.mama.co.uk

Support for mothers suffering from postnatal depression or who feel lonely and isolated. It will try to put you in touch with another mother who has experienced similar problems, or with a group of mothers locally, or help you to find ways of meeting people.

### One Parent Families/Gingerbread

255 Kentish Town Road  
London NW5 2LX  
0800 018 5026 (Mon–Fri 9am–5pm;  
Wed extended opening to 8pm)  
www.gingerbread.org.uk

Charity for single parent families. It offers a range of support services direct to single parents, including a telephone helpline, publications, training programmes and a membership scheme, and campaigns on single parents' behalf.

### Parentline Plus

520 Highgate Studios  
Highgate Road  
Kentish Town  
London NW5 1TL  
0800 800 2222 (24-hour helpline)  
0800 783 6783 (textphone)  
parentsupport@parentlineplus.org.uk  
www.parentlineplus.org.uk

Charity providing support to parents. Gives you the support you need, on any issue, when you want it and in a way to suit you.

## DOMESTIC ABUSE AND RAPE

### Rape Crisis

c/o WRSAC  
PO Box 39  
Bodmin  
Cornwall PL31 1XF  
info@rapecrisis.org.uk  
www.rapecrisis.org.uk

Supports the work of rape crisis centres nationally and acts as a referral service for women seeking advice and/or support around issues of rape or sexual abuse. Find the nearest Rape Crisis Centre on the website, or email for more information.

### Refuge

4th Floor, International House  
1 St Katharine's Way  
London E1W 1UN  
0808 2000 247 (24-hour freephone helpline)  
www.refuge.org.uk

The National Domestic Violence Helpline is run in partnership between Refuge and Women's Aid. Provides emergency accommodation and support for women and children experiencing domestic violence.

### Women's Aid Federation of England

Head Office  
PO Box 391  
Bristol BS99 7WS  
0808 2000 247 (24-hour freephone helpline)  
helpline@womensaid.org.uk  
www.womensaid.org.uk

The National Domestic Violence Helpline is run in partnership between Women's Aid and Refuge. Provides help, information and support for women and children experiencing domestic violence, or for their friends and families calling on their behalf.

## FAMILY PLANNING

### Brook

421 Highgate Studios  
53–79 Highgate Road  
London NW5 1TL  
0808 802 1234 (helpline, Mon–Fri 9am–5pm)  
www.brook.org.uk

Provides free and confidential sexual health information, contraception, pregnancy testing, advice and counselling, testing and treatment for sexually transmitted infections and outreach and education work.

### FPA (Family Planning Association)

50 Featherstone Street  
London EC1Y 8QU  
0845 122 8690 (helpline)  
www.fpa.org.uk

The UK's leading sexual health charity, enabling people in the UK to make informed choices about sex and to enjoy sexual health.

**Marie Stopes International****Head Office**

1 Conway Street  
London W1T 6LP  
0845 300 80 90 (24-hour information  
and appointments)  
services@mariestopes.org.uk  
www.mariestopes.org.uk

Provides support for women with an unplanned pregnancy and for those seeking abortion services. Nine clinics nationwide, with no wait for an appointment. Counselling services, abortion pill and surgical abortion available. NHS and private.

**HEPATITIS****British Liver Trust**

2 Southampton Road  
Ringwood BH24 1HY  
0800 652 7330 (helpline, Mon–Fri 9am–5pm)  
info@britishlivertrust.org.uk  
www.britishlivertrust.org.uk

National liver disease charity for adults with all forms of liver disease. It is dependent on voluntary donations from individuals, companies, charitable trusts and legacies. It aims to reduce the incidence of liver disease, and to help everyone affected by it, through the provision of information, support and research. Also provides a helpline providing medically equipped telephone support for patients and their carers, encourages and supports local liver support groups for patients and provides funding for research into liver disease.

**Hep C Awareness**

0800 451 451 (helpline, Mon–Fri 7am–11pm)  
hep@nhs.uk  
www.nhs.uk/hepatitisc

The helpline is an information, advice and referral service for callers concerned about hepatitis C. The line deals with avoidance, testing and treatment enquiries and signposts individuals to local services.

**HIV AND AIDS****Positively Women**

347–349 City Road  
London EC1V 1LR  
020 7713 0222 (helpline, Mon–Fri 10am–1pm  
and 2pm–4pm)  
info@positivelywomen.org.uk  
www.positivelywomen.org.uk

Women who are living with HIV answer the helpline, and will ring you back free of charge.

**Sexual Health Line**

0800 567 123 (24 hours a day, seven days  
a week)

Free and confidential telephone helpline advice about HIV, AIDS, sexual health, sexually transmitted infections, contraception, local services, clinics and support services.

**ILLNESS AND DISABILITY****Action for Sick Children**

Unit 6, High Lane Business Court  
Rear of 32 Buxton Road  
High Lane  
Stockport SK6 8BH  
0800 074 4519 (Mon–Fri 9am–5.30pm)  
enquiries@actionforsickchildren.org  
www.actionforsickchildren.org

Promotes equality of healthcare services for children in hospital, at home and in the community. Gives information and support to parents and carers with a problem or query regarding their child's healthcare, from how to register your child with a GP or a dentist to what to expect when they need to go into hospital.

**Assist UK (Disability Living Centres)**

Redbank House  
4 St Chad's Street  
Cheetham  
Manchester M8 8QA  
0870 770 2866  
0870 770 5813 (textphone)  
general.info@assist-uk.org  
www.assist-uk.org

Leads a UK-wide network of centres that introduce people to products and solutions which make life easier and safer, creating greater choice and control.

**Bliss**

9 Holyrood Street  
London Bridge  
London SE1 2EL  
0500 618 140 (helpline, Mon–Fri 10am–10pm)  
enquiries@bliss.org.uk  
www.bliss.org.uk

UK charity dedicated to ensuring that premature and sick babies survive and go on to have the best possible quality of life. Provides practical and emotional support to families during an extremely difficult time, so that they can give the best care to their babies. Its specialist study days and training support doctors and nurses to develop their skills and it funds research to improve the care of all sick and premature babies.

**Contact a Family**

209–211 City Road  
London EC1V 1JN  
0808 808 3555 (helpline, Mon–Fri  
10am–4pm and Mon 5.30pm–7.30pm)  
0808 808 3556 (textphone)  
info@cafamilly.org.uk  
www.cafamilly.org.uk

UK-wide charity providing advice, information and support to parents of all disabled children, no matter what their condition or diagnosis. Brings parents of children with the same condition together through support groups and a one-to-one linking service.

**Disability, Pregnancy and Parenthood International (DPPI)**

National Centre for Disabled Parents  
Unit F9, 89–93 Fonthill Road  
London N4 3JH  
0800 018 4730  
0800 018 9949 (textphone)  
info@dppi.org.uk  
www.dppi.org.uk

Provides information, awareness and support for disabled parents/parents to be and those who support them, including those with a physical or sensory impairment, deaf parents, parents with learning difficulties or long-term illness, or those dealing with mental distress.

**Disabled Living Foundation (DLF)**

380–384 Harrow Road  
London W9 2HU  
0845 130 9177 (helpline, Mon–Fri  
10am–4pm)  
020 7432 8009 (textphone)  
advice@dlf.org.uk  
www.dlf.org.uk

A national charity that provides free, impartial advice about all types of daily living equipment for disabled adults and children, older people, their carers and families.

**Genetic Interest Group (GIG)**

Unit 4D, Leroy House  
436 Essex Road  
London N1 3QP  
020 7704 3141 (9am–5pm)  
mail@gig.org.uk  
www.gig.org.uk

A national alliance of patient organisations with a membership of over 130 charities which support children, families and individuals affected by genetic disorders.

**Group B Strep Support**

PO Box 203  
Haywards Heath  
West Sussex RH16 1GF  
01444 416176 (helpline, Mon–Fri  
9.30am–3pm)  
info@gbss.org.uk  
www.gbss.org.uk

A national charity providing information materials to health professionals and individuals on how to prevent most group B Streptococcal infection in newborn babies.

**Mind (National Association for Mental Health)**

PO Box 277  
Manchester M60 3XN  
0845 766 0163 (Mon–Fri 9am–5pm; BT  
textdirect users add the prefix 18001)  
www.mind.org.uk

Help for people experiencing mental distress. The information line offers confidential help and information.

### **Newlife Foundation for Disabled Children**

**Newlife Centre**  
Hemlock Way  
Cannock  
Staffordshire WS11 7GF  
0800 902 0095 (helpline, Mon–Fri  
9.30am–5pm)  
info@newlifecharity.co.uk  
www.newlifecharity.co.uk

Action to help disabled and terminally ill children in the UK. Provides equipment to help individual children, nurse-led support services, pioneering medical research, awareness and campaigning.

### **Phab**

**Summit House**  
50 Wandle Road  
Croydon  
Surrey CR0 1DF  
020 8667 9443  
info@phab.org.uk  
www.phab.org.uk

A national charity dedicated to promoting the integration of people with and without physical disabilities, at all levels of society.

### **YoungMinds**

48–50 St John Street  
London EC1M 4DG  
0808 802 5544  
ymenquiries@youngminds.org.uk  
www.youngminds.org.uk

A national charity committed to improving the mental health of all children and young people under 25 by giving advice, training, campaigning and distributing publications.

### **LOSS AND BEREAVEMENT**

#### **Antenatal Results and Choices (ARC)**

73 Charlotte Street  
London W1T 4PN  
020 7631 0285 (helpline, Mon–Fri  
10am–5.30pm)  
info@arc-uk.org  
www.arc-uk.org

Non-directive support and information for parents throughout antenatal testing, especially when a serious abnormality has been diagnosed and a choice has to be made about the continuation or ending of the pregnancy. Ongoing support given to parents via publications, a helpline, parent contacts, email groups, parents' meetings and newsletters. Support is offered to health professionals by way of training, conferences and publications.

#### **Child Death Helpline**

**York House**  
37 Queen Square  
London WC1N 3BH  
0800 282 986 (Mon, Thu and Fri  
10am–1pm; Tue and Wed 10am–4pm;  
every evening 7pm–10pm)  
contact@childdeathhelpline.org  
www.childdeathhelpline.org.uk

Helpline for anyone affected by the death of a child of any age, from pre-birth to adult, under any circumstances, however recently or long ago. Staffed by trained volunteers, all of whom are bereaved parents.

### **Compassionate Friends**

53 North Street  
Bristol BS3 1EN  
0845 123 2304 (helpline, 10am–4pm  
and 6.30pm–10.30pm)  
helpline@tcf.org.uk  
www.tcf.org.uk

An organisation of bereaved parents and their families that offers understanding, support and encouragement to others after the death of a child or children. Also offers support, advice and information to other relatives, friends and professionals who are helping the family.

### **Cruse Bereavement Care**

PO Box 800  
Richmond  
Surrey TW9 1RG  
0808 808 1677 (young person's helpline)  
0844 477 9400 (Day by Day helpline,  
Mon–Fri 9.30am–5pm)  
helpline@cruse.org.uk  
www.crusebereavementcare.org.uk

A nationwide service providing emotional support, counselling and information to anyone bereaved by death, regardless of age, race or belief. Also provides information on local groups.

### **Foundation for the Study of Infant Deaths (Cot Death Research and Support)**

11 Belgrave Road  
London SW1V 1RB  
020 7802 3200  
0808 802 6868 (helpline, Mon–Fri  
9am–11pm; Sat–Sun 6pm–11pm)  
helpline@fsid.org.uk  
www.fsid.org.uk

Charity working to prevent sudden deaths and promote health. It funds research, supports bereaved families and promotes safe baby care advice.

### **Miscarriage Association**

c/o Clayton Hospital  
Northgate  
Wakefield  
West Yorkshire WF1 3JS  
01924 200799 (helpline, Mon–Fri 9am–4pm)  
info@miscarriageassociation.org.uk  
www.miscarriageassociation.org.uk  
Information, advice and support for women who have had, or who are having, a miscarriage. Local contacts and groups.

### **Stillbirth and Neonatal Death Society (Sands)**

28 Portland Place  
London W1B 1LY  
020 7436 5881 (helpline)  
support@uk-sands.org  
www.uk-sands.org

Supports anyone affected by the death of a baby through a network of support groups run by bereaved parents throughout the UK, a telephone helpline and support literature.

### **SMOKING**

#### **NHS Smoking Helpline**

0800 022 4 332  
www.gosmokefree.co.uk  
Counsellors offer confidential help and advice about every stage of quitting.

#### **NHS Pregnancy Smoking Helpline**

0800 169 9 169 (12pm–9pm)  
www.gosmokefree.co.uk  
Trained advisers are available to answer any questions you have about smoking during pregnancy or about the free services available to help you quit.

#### **NHS Asian Tobacco Helpline (Bengali)**

0800 169 0 885

#### **NHS Asian Tobacco Helpline (Gujarati)**

0800 169 0 884

#### **NHS Asian Tobacco Helpline (Hindi)**

0800 169 0 883

#### **NHS Asian Tobacco Helpline (Punjabi)**

0800 169 0 882

#### **NHS Asian Tobacco Helpline (Urdu)**

0800 169 0 881

### **SPECIALISED ORGANISATIONS**

#### **Association for Post-Natal Illness (APNI)**

145 Dawes Road  
Fulham  
London SW6 7EB  
020 7386 0868 (Mon–Fri 10am–2pm)  
0808 800 2222 (Parentline 24-hour helpline)  
www.apni.org  
Network of telephone and postal volunteers who have experienced postnatal illness, offering information, support and encouragement.

#### **Association for Spina Bifida and Hydrocephalus (ASBAH)**

ASBAH House  
42 Park Road  
Peterborough PE1 2UQ  
0845 450 7755 (helpline, Mon–Fri  
10am–4pm)  
helpline@asbah.org  
www.asbah.org  
Voluntary sector organisation providing information and advice about spina bifida and hydrocephalus in England, Wales and Northern Ireland.

#### **British Thyroid Foundation**

2nd Floor, 3 Devonshire Place  
Harrogate  
North Yorkshire HG1 4AA  
01423 709707  
01423 709448  
www.btf-thyroid.org  
Provides support and information to people with thyroid disorders through literature, newsletters and information events.



**Child Growth Foundation**

2 Mayfield Avenue  
Chiswick  
London W4 1PW  
020 8995 0257  
info@childgrowthfoundation.org  
www.childgrowthfoundation.org

Creates awareness of child growth disorders.

**Cleft Lip and Palate Association (CLAPA)**

First Floor, Green Man Tower  
332b Goswell Road  
London EC1V 7LQ  
020 7833 4883  
info@clapa.com  
www.clapa.com

Offers and provides support to patients, their family and friends, health professionals and anyone affected by a cleft lip and/or a cleft palate.

**Climb (Children Living with Inherited Metabolic Diseases)**

Climb Building  
176 Nantwich Road  
Crewe CW2 6BG  
0800 652 3181 (helpline, Mon–Fri 10am–4pm)  
0845 241 2172 (enquiries)  
info.svcs@climb.org.uk  
www.climb.org.uk

Supports families and professionals, with information on over 700 metabolic diseases.

**Cystic Fibrosis Trust**

11 London Road  
Bromley  
Kent BR1 1BY  
020 8464 7211 (switchboard)  
0845 859 1000 (helpline, 9am–5pm)  
enquiries@cftrust.org.uk  
www.cftrust.org.uk

Information and support for parents of children with cystic fibrosis and for people worried about the possibility of passing on the illness.

**Down Syndrome Education International**

The Sarah Duffen Centre  
Belmont Street  
Southsea PO5 1NA  
023 9285 5330 (helpline, Mon–Fri 9am–5pm)  
enquiries@downsed.org  
advice@downsed.org  
www.downsed.org

Helps people with Down's syndrome to achieve more in all areas of their development, by informing progress through research and education. Delivers information and services to families to help them provide the best care and support for their children with Down's syndrome.

**Haemophilia Society**

First Floor, Petersham House  
57a Hatton Garden  
London EC1N 8JG  
0800 018 6068 (helpline, Mon–Fri 10am–4pm)  
info@haemophilia.org.uk  
www.haemophilia.org.uk

Information, advice and practical help for families affected by haemophilia and other bleeding disorders. Some local groups.

**Jennifer Trust for Spinal Muscular Atrophy**

Elta House  
Birmingham Road  
Stratford-upon-Avon  
Warwickshire CV37 0AQ  
0800 975 3100 (helpline, 9am–5pm)  
jennifer@jtsma.org.uk  
www.jtsma.org.uk

The only charity in the UK dedicated to both supporting people affected by spinal muscular atrophy and investing in essential research.

**Meningitis Research Foundation**

Midland Way  
Thornbury  
Bristol BS25 2BS  
08088 00 33 44 (24-hour helpline)  
info@meningitis.org  
www.meningitis.org

Promotes education and awareness to reduce death and disability from meningitis and septicaemia, and supports people affected by these diseases. Funds research to prevent the diseases, and to improve survival rates and outcomes.

**Muscular Dystrophy Campaign**

61 Southwark Street  
London SE1 0HL  
0800 652 6352 (helpline, Mon–Fri 9am–5pm)  
020 7803 4800  
info@muscular-dystrophy.org  
www.muscular-dystrophy.org

Provides support, advice and information for people with muscle disease and their families and carers.

**National Society for Phenylketonuria (NSPKU)**

PO Box 26642  
London N14 4ZF  
020 8364 3010 (helpline)  
020 7099 7431 (recorded information line)  
info@nspku.org  
www.nspku.org

Help and support for people with phenylketonuria, their families and carers.

**Pelvic Partnership**

26 Manor Green  
Harwell  
Oxon OX11 0DQ  
01235 820921 (helpline)  
support@pelvicpartnership.org.uk  
www.pelvicpartnership.org.uk

Provides information and advice about the management of pelvic girdle pain (PGP), formerly known as symphysis pubis dysfunction (SPD), to women, their families and carers, including healthcare professionals. It produces written leaflets which are sent to all callers. The helpline and email support are staffed by volunteers who all have personal experience of PGP. PGP is a very treatable condition if women access care early, and the focus is to support women to do this early in their pregnancy, as well as supporting those with more long-term problems. Aims to raise awareness of PGP and how treatable it is.

**Reach (Association for Children with Hand or Arm Deficiency)**

Reach Head Office  
PO Box 54  
Helston  
Cornwall TR13 8WD  
0845 130 6225 (9am–5pm)  
reach@reach.org.uk  
www.reach.org.uk

Information and support for parents of children with hand or arm problems. Local groups.

**Scope**

6 Market Road  
London N7 9PW  
0808 800 3333 (Mon–Fri 9am–5pm)  
Text from mobile – text SCOPE plus your message to 80039 (texts are free to the sender)  
response@scope.org.uk  
www.scope.org.uk

A national disability organisation whose focus is people with cerebral palsy. Provides information, advice and support services.

**Sense (National Deafblind and Rubella Association)**

101 Pentonville Road  
London N1 9LG  
0845 127 0060  
0845 127 0062 (textphone)  
info@sense.org.uk  
www.sense.org.uk

Advice and support for families of deaf, blind and rubella-disabled adults and children. Provides information on local groups.

**Sickle Cell Society**

54 Station Road  
London NW10 4UA  
020 8961 7795  
info@sicklecellsociety.org  
www.sicklecellsociety.org

Information, advice and counselling for families affected by sickle cell disease or sickle cell trait. Provides financial help when needed and information on local groups.

**Tamba (Twins and Multiple Births Association)**

**2 The Willows  
Gardner Road  
Guildford  
Surrey GU1 4PG**

**0800 138 0509**

**enquiries@tamba.org.uk**

**www.tamba.org.uk**

Services include a freephone helpline, Twinline, membership and specialist support groups, including bereavement.

**Tommy's**

**Nicholas House**

**3 Laurence Pountney Hill**

**London EC4R 0BB**

**0870 777 30 60 (advice and information)**

**020 7398 3460 (donation line)**

**info@tommys.org**

**www.tommys.org**

Provides pregnancy health information for the public and health professionals with the aim of helping all parents to have the best possible pregnancy outcomes. Operates a pregnancy information line staffed by midwives, and publishes books and leaflets on pregnancy and pregnancy complications.

**UK Thalassaemia Society**

**19 The Broadway**

**Southgate Circus**

**London N14 6PH**

**020 8882 0011**

**office@ukts.org**

**www.ukts.org**

Information and advice for families affected by thalassaemia.

**Young Minds Parents' Information Service**

**48–50 St John Street**

**London EC1M 4DG**

**0808 802 5544 (Mon–Fri 10am–4pm;**

**Wed 6pm–8pm)**

**ymenquiries@youngminds.org.uk**

**www.youngminds.org.uk**

Service for any parent who is worried about their child's mental health.

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## USEFUL NUMBERS

Doctor:

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Midwife:

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Partner:

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Birth partner:

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Hospital:

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Hospital reference number:

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Health visitor:

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Local taxi:

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**NHS Direct: 0845 4647**

24-hour nurse-led helpline providing health information and advice.

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