**Primary care**

How to register with a GP surgery

GP surgeries are usually the first contact if you have a health problem. They can treat many conditions and give health advice.

Some conditions may need expert treatment and to access these treatments you will need to be referred by your GP.

It's free to register with a GP. You do not need proof of address or immigration status, ID or an NHS number.

To register, you can:

* check the GP surgery website to see if you can register online
* call or email the GP surgery and ask to be registered as a patient

You can download [a GMS1 registration form on GOV.UK](https://www.gov.uk/government/publications/gms1) if you're asked to complete one. If you do not have a printer, you can ask the GP surgery for a copy of the form.

If you need help registering or filling in forms, call the GP surgery and let them know.

Attending a GP appointment

Make some notes of things you want to discuss or that you should remember to tell your doctor, such as a list of medicines you use.

Write down details of your symptoms, including when they started and what makes them better or worse.

Ask your hospital or surgery for an interpreter or communication support if you need it.

Do not be afraid to ask questions about things you find unclear. Let the health professional explain it to you until you are sure you understand it.

Before you leave, check you know what should happen next – and when. Write it down.

How your pharmacy can help

Pharmacists are experts in medicines who can help you with minor health concerns. They can offer clinical advice and over-the-counter medicines for a range of minor illnesses, such as coughs, colds, sore throats, tummy trouble and aches and pains.

Many pharmacies are open until late and at weekends. You do not need an appointment.

Most pharmacies have a private consultation room where you can discuss issues with pharmacy staff without being overheard.

All pharmacies provide the following services:

* dispensing of NHS prescriptions. A prescription is a type of form filled in by a doctor that enables you to collect a particular medicine from a pharmacy.
* access to the repeat prescription service (with agreement from your GP)
* an emergency supply of medicine, subject to the decision of the pharmacist (you may need to pay for an emergency supply)
* non-prescription medicines like paracetamol
* disposal of unwanted or out-of-date medicines
* advice on treating minor health concerns and healthy living

Visiting an optician

When you visit an optician for an eye test, you'll be examined by an ophthalmic practitioner or optometrist who is trained to recognise abnormalities and conditions, such as cataracts or glaucoma.

Ophthalmic practitioners prescribe and fit glasses and contact lenses. If necessary, they'll refer you to a GP or a hospital eye clinic for further investigations.

The NHS recommends that adults should have their eyes tested every 2 years. An NHS sight test is free of charge if you're in one of the eligible groups and the test is considered clinically necessary. If you have problems with your eyes before your eye test is next due, you do not have to wait and can have your eyes check again.

Following an eye test your ophthalmic practitioner is legally required to give you your optical prescription or a statement to say you've been referred for further tests.

How to find an NHS dentist

You can [search for an NHS dentist](https://www.nhs.uk/service-search/find-a-dentist) on this site.

Simply find a dental surgery that's convenient for you, whether it's near your home or work, and phone them to see if there are any NHS appointments available.

You may have to join a waiting list, look for a different dentist who is taking on new NHS patients, or be seen privately (which may be more expensive).

If you think you need urgent care, contact your usual dentist as some surgeries offer emergency dental slots and will provide care if clinically necessary.

You can also contact NHS 111, who can put you in touch with an urgent dental service.

What dental services are available on the NHS?

The NHS will provide any clinically necessary treatment needed to keep your mouth, teeth and gums healthy and free of pain.

Your dentist must make clear which treatments can be provided on the NHS and which can only be provided on a private basis, and the costs associated for each.

Your dentist has to provide you with a written treatment plan for Band 2, Band 3 or a mix of NHS and private treatments.

Your treatment plan sets out the proposed dental treatment and associated costs.

Common dental treatments available at a cost on the NHS include:

* Crowns and bridges
* Dental abscesses
* Dentures (false teeth)
Orthodontics
* Root canal treatments
* Scale and polish
* Wisdom teeth removal
* White fillings

**Maternity**

If you arrive in the UK heavily pregnant, or if you think you are in labour and do not have a midwife, or do not know how to contact your midwife, you can find a local maternity service [here](https://www.nhs.uk/Service-Search/other-services/Maternity%20services/LocationSearch/1802).

Midwives provide care and support to women and their families while pregnant, throughout labour and during the period after a baby’s birth.

Midwives are often the lead health professional and contact for someone who is pregnant, and they provide evidence-based information and help you make informed choices about the options and services available throughout your pregnancy.

Your NHS pregnancy journey

See a midwife or GP as soon as you find out you're pregnant. This is so they can book your pregnancy (antenatal) care and make sure you get all the information and support you need to have a healthy pregnancy.

Your first appointment with a midwife should happen before you're 10 weeks pregnant. It will last around an hour and your midwife will ask questions to make sure you get the care that's right for you.

If you're more than 10 weeks pregnant and have not seen a GP or midwife, contact a GP or midwife as soon as possible. They'll see you quickly and help you start your pregnancy (antenatal) care.

The NHS in England will offer you:

* 10 pregnancy appointments (7 if you've had a child before) to check the health and development of you and your baby
* screening tests to find out the chance of your baby having certain conditions, such as Down's syndrome
* blood tests to check for syphilis, HIV and hepatitis B
* screening for inherited blood disorders (sickle cell and thalassaemia)

You'll be offered more appointments if you or your baby need them. Your appointments may take place at your home, at a children's centre, at a GP surgery or at a hospital.

Your antenatal appointments

You'll have a number of antenatal appointments during your pregnancy, and you'll see a midwife or sometimes an obstetrician (doctor specialising in pregnancy).

They'll check the health of you and your baby, give you useful information and answer any questions.

Your first appointment should take place when you are between 8 and 12 weeks pregnant and your midwife or doctor should:

* give you your handheld notes and plan of care
* plan the care you'll get throughout your pregnancy
* measure your height and weight, and calculate your body mass index (BMI)
* measure your blood pressure and test your urine for protein
* find out whether you're at increased risk of gestational diabetes or pre-eclampsia
* offer you screening tests and make sure you understand what's involved before you decide to have any of them
* ask about your mood to assess your mental health

It's important to tell your midwife or doctor if:

* you are worried about anything or do not understand anything that has been planned for your care
* there were any complications or infections in a previous pregnancy or delivery, such as pre-eclampsia or premature birth
* you're being treated for a long-term condition, such as diabetes or high blood pressure
* you or anyone in your family has previously had a baby with a health condition (for example, spina bifida)
* there's a family history of an inherited condition (for example, sickle cell or cystic fibrosis)
* you know that you - or your baby's biological father - are a genetic carrier of an inherited condition such as sickle cell or thalassaemia
* you have had fertility treatment and either a donor egg or donor sperm
* you are not feeling safe at home and want to talk to someone in confidence

This appointment is an opportunity to tell your midwife or doctor if you're in a vulnerable situation or if you need extra support.

This could be because of domestic abuse or violence, sexual abuse or female genital mutilation (FGM).

**8 to 14 weeks:** ultrasound scan to estimate when your baby is due and check the physical development of your baby

**18 to 20 weeks:** ultrasound scan to check the physical development of your baby. Screening for HIV, syphilis and hepatitis B will be offered again.

**28 weeks:** your midwife or doctor will measure the size of your uterus and check your blood pressure and urine. They will offer you more screening tests and your first anti-D treatment if you're rhesus negative.

**34 weeks:** your midwife or doctor should give you information about preparing for labour and birth, including how to recognise active labour, ways of coping with pain in labour, and your birth plan. They will also discuss the results of any screening tests and check your blood pressure and urine.

**36 weeks:** your midwife or doctor should give you information about breastfeeding, caring for your newborn baby, vitamin K and screening tests for your newborn baby, your own health after your baby is born, the "baby blues" and postnatal depression.

**38 weeks:** your midwife or doctor will discuss the options and choices about what happens if your pregnancy lasts longer than 41 weeks.

**41 weeks:** your midwife or doctor should measure the size of your uterus, check your blood pressure and test your urine for protein, offer a membrane sweep and discuss the options and choices for induction of labour.

If this is your first pregnancy, you will be offered appointments at **25 weeks**, **31 weeks** and **40 weeks** where your midwife or doctor will measure the size of your uterus and check your blood pressure and urine.

If you have not had your baby by 42 weeks and have chosen not to have an induction, you should be offered increased monitoring of the baby.

The stages of labour and birth

**1st stage of labour**

At the start of labour, your cervix starts to soften so it can open. This is called the latent phase and you may feel irregular contractions. It can take many hours, or even days, before you're in established labour.

Contact your midwifery team if:

* your contractions are regular and you're having about 3 in every 10-minute period
* your waters break
* your contractions are very strong and you feel you need pain relief
* you're worried about anything

Your midwife will offer you regular vaginal examinations to see how your labour is progressing. If you do not want to have these, you do not have to.

Your cervix needs to open about 10cm for your baby to pass through it. This is what's called being fully dilated.

**2nd stage of labour**

Your midwife will help you find a comfortable position to give birth in. When your cervix is fully dilated, your baby will move further down the birth canal towards the entrance to your vagina. You may get an urge to push.

Once your baby's head is born, most of the hard work is over. The rest of their body is usually born during the next 1 or 2 contractions.

You'll usually be able to hold your baby immediately and enjoy some skin-to-skin time together.

You can breastfeed your baby as soon as you like. Ideally, your baby will have their 1st feed within 1 hour of birth.

**3rd stage of labour**

The 3rd stage of labour happens after your baby is born, when your womb contracts and the placenta comes out through your vagina.

**Caesarean section**

A caesarean section, or C-section, is an operation to deliver your baby through a cut made in your tummy and womb. The cut is usually made across your tummy, just below your bikini line.

A caesarean is a major operation that carries a number of risks, so it's usually only done if it's the safest option for you and your baby. Around 1 in 4 pregnant women in the UK has a caesarean birth.

A caesarean may be recommended as a planned (elective) procedure or done in an emergency if it's thought a vaginal birth is too risky.

Planned caesareans are usually done from the 39th week of pregnancy.

**After your birth and postnatal care**

Having skin-to-skin contact with your baby straight after the birth can help keep her or him warm and can help with getting breastfeeding started. Some babies feed immediately after birth and others take a little longer.

The midwives will help you whether you choose to:

* breastfeed
* feed with formula
* combine breast and bottle feeds

A children's doctor (paediatrician), midwife or newborn (neonatal) nurse will check your baby is well and will offer him or her a newborn physical examination within 72 hours of birth. It's normal for babies to lose some weight in the first few days after birth. Putting on weight steadily after this is a sign your baby is healthy and feeding well.

**Tests and checks for your baby**

On day 5 to 8 after the birth, you'll be offered 2 screening tests for your baby:

* newborn hearing screening test
* blood spot (heel prick) test
* if your baby is in special care, these tests will be done there. If your baby is at home, the tests will be done at your home by the community midwife team.

In the early days, the midwife will check your baby for signs of:

* jaundice
* infection of the umbilical cord or eyes
* thrush in the mouth

**You after the birth**

The maternity staff caring for you will check you're recovering well after the birth. They will take your temperature, pulse and blood pressure. They'll also feel your tummy (abdomen) to make sure your womb is shrinking back to its normal size.

Some women feel tummy pain when their womb shrinks, especially when they're breastfeeding. This is normal.

**Seeing a midwife or health visitor**

If you've given birth in hospital or a midwife unit and you and your baby are well, you'll probably be able to go home 6 to 24 hours after your baby is born.

Midwives will agree a plan with you for visits at home or at a children's centre until your baby is at least 10 days old. This is to check that you and your baby are well and support you in these first few days.

**How you feel**

You may feel a bit down, tearful, or anxious in the first week after giving birth. This is normal. If these feelings start later or last for more than 2 weeks after giving birth, it could be a sign of postnatal depression.

Postnatal depression and anxiety are common, and there is treatment. Speak to your midwife, GP, or health visitor as soon as possible if you think you might be depressed or anxious.

**Registering a birth**

All births in England, Wales and Northern Ireland must be registered within 42 days of the child being born.

You should do this at the local register office for the area where the baby was born or at the hospital before you leave. The hospital will tell you if you can register the birth there.

If you cannot register the birth in the area where the baby was born, you can go to another register office and they will send your details to the correct office.

Ask your midwife, health visitor or GP for advice about this if you are unsure.

**Mental health**

Mental health services are free on the NHS. Your mental health is important and you should get help if you need it.

How you can access NHS mental health services

**Talk to your GP**

You can talk to your GP about your mental health and they can help you to access the right mental health service for your needs.  This is known as a GP referral.

**How mental health referrals work**

When you talk to your GP about your mental health they'll listen, give you advice and introduce you to a mental health service they think will be most helpful to you.

These services may come from your GP surgery, a local health centre or community venue, a specialist mental health clinic or a hospital.

Your GP can also refer you to a talking therapy service or a specialist mental health service for further advice or treatment. The treatment may be provided on a one-to-one basis or in a group with others with similar problems. Talking therapy can also sometimes involve partners and families.

**Self-referrals**

There are also some mental health services that you can use without having to talk to your GP.

You can use self-referral to access talking therapies through a service called [Improving Access to Psychological Therapies (IAPT](https://www.nhs.uk/service-search/mental-health/find-a-psychological-therapies-service/)).

These services offer:

* talking therapies, such as cognitive behavioural therapy (CBT), counselling, other therapies, and guided self-help
* help for common mental health problems, like anxiety and depression

**Urgent mental health help**

Local NHS urgent mental health helplines are for people of all ages in England. You can call at any time of day for advice from a mental health professional for you, your child or someone you care for. Find a local helpline but visiting [this website](https://www.nhs.uk/service-search/mental-health/find-an-urgent-mental-health-helpline).

If you need help now, and you're not sure what to do, go to 111.nhs.uk or call 111.

If you think it's an emergency, go to your nearest A&E or call 999.

**Every Mind Matters**

There are also simple steps you can take to look after your mental health.

The [Every Mind Matters website](https://www.nhs.uk/every-mind-matters/) offers expert advice to help improve your wellbeing, as well as practical tips on sleep, coping with money worries and self-care.