# Pregnancy

Congratulations from Balgowlah Family Practice on your pregnancy. As family doctors we are delighted to share in this life-changing event. Balgowlah Family Practice is proud of our services to families, and we look forward to providing care throughout your pregnancy, and to your new baby in future.

If this is your first pregnancy, you will no doubt have many questions – hopefully this guide will answer many of them, and will provide you with the resources to seek others. For those of you who are pregnant for the second, third etc time, you will probably have fewer questions – we hope you still find this resource helpful.

#### Choosing care:

You have a number of care options available to you for your pregnancy. Each of them is a very valid, safe choice. The choice really comes down to personal choice and cost. Please don't hesitate to discuss your options further with your GP.

#### 1) Antenatal Clinic (Northern Beaches Hospital)

The midwives at Northern Beaches Hospital would provide full care throughout your pregnancy, from 14 weeks onwards.

## 2) Private Obstetrician/Private Hospital (Mater/North Shore Private Hospital/Northern Beaches Hospital)

There is a larger number of obstetricians who are able to provide private obstetric care throughout your pregnancy and then deliver your baby at either the Mater Hospital, North Shore Private Hospital or Northern Beaches Hospital. A number of these obstetricians do not take new patients and many book out very early, so it's advisable to ring your obstetrician of choice very early in your pregnancy.

It is advisable to visit the hospital and take a tour of the delivery suite before making a decision.

You should confirm potential costs (including paediatrician and possible anaesthetist costs) with your obstetrician and private health fund.

#### 3) Private Obstetrician/Public Hospital (Northern Beaches Hospital/Royal North Shore Hospital)

There are a small number of obstetricians who are able to provide private obstetric care throughout the pregnancy and then deliver your baby at NBH or RNSH. This reduces the cost of private care, by minimising the cost of a hospital excess and daily room stay cost. You should still confirm the potential costs (including paediatrician and possible anaesthetist costs) with your obstetrician and private health fund.

#### **Listeria Infection in Pregnancy:**

Listeria infection is an illness caused by eating food contaminated with bacteria called Listeria monocytogenes. Pregnant women are a high risk group because Listeria infection can be transmitted to the foetus and may cause miscarriage, stillbirth, premature birth or a very ill newborn baby.

Listeria can be found on the surface of raw unwashed vegetables and in certain processed foods including soft cheeses, pate and some meat products. The best protection against Listeria infection is to practise good food handling and to avoid eating high risk foods. <u>Click here for a detailed guide of foods to avoid, and foods that are safe to eat in pregnancy.</u>

#### Antenatal Care Timetable:

Featured below is the Northern Sydney Area Health (NSAH) Shared Antenatal Care Protocol. Whilst this reflects the timetable of care specifically for the shared antenatal care program, it will also give you a good indication of the care you are likely to receive throughout your pregnancy, irrespective of the care option you choose.

Week	Where	What to expect
<10 weeks	GP	Confirm pregnancy
		Routine blood and urine tests
		Dating scan if required
		Discuss NIPT (Harmony test)

		Book into hospital
		• Book into hospital
11 – 13.6 weeks	Ultrasound	Nuchal translucency scan + biochemistry, or structural
		scan (if NIPT done at 10 weeks)
11.5 – 14 weeks	GP	Review ultrasound & blood test results (GP to provide
		hardcopy for first antenatal clinic visit)
		Influenza vaccination
14-16 weeks	Antenatal Clinic	First antenatal clinic visit with midwife. Take referral
		letter & hard copy of pathology results provided by
		GP
18-20 weeks	Ultrasound	Morphology ultrasound
20 weeks	GP	Review ultrasound result
		Routine visit (fundal height, BP, fetal heart beat etc)
24 weeks	GP	Routine visit. Obtain request form for oral glucose
		tolerance, FBC and Rh D tests. Results needed at 28
		week clinic visit
		Discuss signs of preterm labour
		Whooping cough immunisation
28 weeks	Antenatal Clinic	Routine visit
		Anti-D immunisation if Rh negative
31 weeks	GP	Routine visit
34 weeks	GP	Routine visit
36 weeks	Antenatal Clinic	Routine visit (Anti-D immunisation if Rh negative
		Low vaginal swab for Group B streptococcus
38 & 39 weeks	GP	Routine visit
40 weeks	Antenatal Clinic	Routine visit, discuss possible induction of labour > 41
		weeks

41 weeks	Antenatal Clinic	Routine visit, fetal assessment, plan for induction of
		labour
Up to 6 weeks	GP	Review summary of labour sent by hospital
postnatal		Assess mother
		<ul> <li>Assess baby (routine immunisations to be given at 6 weeks)</li> </ul>

#### Toxoplasmosis:

Toxoplasmosis is a parasite that can cause serious effects to your unborn child including brain damage and blindness. The infection can be found in raw meats, cat and dog faeces and contaminated soil.

Pregnant women should get another person to clean cat litter boxes daily, wear gloves for handling soil likely to be contaminated with cats' faeces, never eat raw or undercooked meat, and carefully wash hands after gardening, patting animals or handling raw meat.

#### **Mercury in Fish:**

There are many nutritional benefits from eating fish. In deciding how much and what types of fish, it is important to be aware that all fish contain a small amount of mercury and some types of fish have higher levels than others.

<u>Click here for the Food Authority NSW</u> website that includes information and guidance on the number of serves of different types of fish that are safe to eat for pregnant women and young children. This advice is particularly important for pregnant women and those intending to become pregnant because the unborn baby is more vulnerable than others to the harmful effects of mercury

#### Folic Acid:

<u>This link details the role of folate</u> (also known as folic acid) in pregnancy. Folate is a B-group vitamin needed for healthy cell growth and development. Folic acid taken before, and in early pregnancy can prevent up to 70% of all neural tube defects, which are serious congenital abnormalities including spina bifida.

A diet rich in folate would include at least two serves of fruit (especially oranges, bananas and berries), five serves of vegetables and seven serves of bread or cereals every day. Research has shown that most women do not get enough folate from their dietary intake, so it is recommended that women take a folate supplement prior to conception. 0.5mg of folic acid should be taken daily for at least one month before pregnancy and for the first three months into the pregnancy. This may be taken as folic acid alone, or as part of a pregnancy multivitamin.Women at high risk of neural tube defect, including those previously affected or with a family history, those with diabetes, or an anti-epileptic medication, will require a higher dose of folic acid (5mg daily). Please refer to the linked page for more detail, and speak to your GP if you have any questions or concerns.

#### **Iodine:**

NHMRC recommends all women who are pregnant, breastfeeding or planning a pregnancy take a daily iodine supplement of 150mcg.

Many over the counter pregnancy supplements contain this, but if you have any concerns, please check with your GP as to whether your supplement is appropriate.

#### **Combined First Trimester Screening (CFTS):**

In recent years, a test has become available to assist in screening for babies at increased risk of chromosomal abnormalities, in particular Down Syndrome. The test involves a nuchal translucency ultrasound at 11.5 – 14 weeks (ideally 12 weeks), combined with a blood test taken several days earlier. The results of the ultrasound (that measures the fluid filled space at the back of the fetal neck, known as the nuchal fold) are combined with the results of the blood test and the mother's age, and a risk ratio calculated. Women at increased risk will be offered further, more invasive tests to accurately diagnose any chromosomal abnormality.

Not all pregnant women undergo CFTS – the decision is entirely up to you. It is a non-invasive test that detects up to 85-95% of Down syndrome fetuses and 70-75% of other major chromosomal abnormalities, and carries no risk of miscarriage. On the other hand, it does NOT detect all cases of Down syndrome (up to 15% of babies with Down Syndrome will not be detected with this test) or other chromosomal abnormalities, does not give an absolute diagnosis, and if an increased risk is determined, the option of invasive testing needs to be considered, which involves a risk of miscarriage (0.5-1%).

#### Non-invasive prenatal testing (eg Harmony test):

Testing for fetal DNA in maternal blood has recently become available in Australia. This is conducted at 10-12 weeks of pregnancy and allows screening for Downs' Syndrome and several other congenital genetic anomalies. It DOES NOT test for all abnormalities, and a normal test does not guarantee a healthy baby.

This testing is not yet routinely recommended for low-risk women, and incurs a cost of approximately \$450, none of which can be claimed from Medicare. A positive result should still be confirmed with amniocentesis or CVS (both invasive tests). 3% of tests need to be repeated (at no additional cost)

#### Influenza immunisation:

Immunisation against influenza (or "flu") is recommended and funded for pregnant women by the National Immunisation Program. Women face a high risk of severe consequences if they contract influenza during pregnancy. The flu shot is safe for pregnant women, and provides protection for you, and your newborn baby for the first six months of their life.

It is recommended that pregnant women by immunised as early as possible in their pregnancy, but actual timing will depend on the availability of the seasonal influenza vaccine.

#### Pertussis (whooping cough) immunisation:

Whooping cough (also known as pertussis) is a highly contagious bacterial infection that causes severe bouts of coughing. In adults the symptoms are often mild, but if the infection is spread to a baby who is not yet immunised, the disease may be life-threatening. Whooping cough immunisation in pregnancy has been shown to be safe and effective for both the mother and the baby. Pertussis immunisation is recommended for all pregnant women, ideally between 20-28 weeks, to allow antibodies produced by the mother to be passed on to the baby.

The immunity to whooping cough fades over time, so it is recommended that you be vaccinated during each pregnancy at any time between 20 and 32 weeks. The whooping cough vaccine is available free of charge to pregnant women in NSW.

It is also important that those who will be closest to your baby in the first weeks of life also receive a whooping cough vaccine. Make sure your other children are up to date with their vaccines and ask carers and close family members who have not had a whooping cough vaccine in the past 10 years to make sure that they are vaccinated at least two weeks before they have any contact with your baby.

#### **Mental Health:**

Pregnancy and transition to parenthood can be a stressful time. Please speak to your GP, obstetrician or midwife if you are experiencing low mood or anxiety.

Gidget House provides free professional psychological support to pregnant women and new parents. You need a GP Mental Health Care Plan and referral to access this support. <u>Their website provides some helpful information</u>.

#### Recommended reading (worth checking your local library):

• Up the Duff – Kaz Cooke (lighthearted look at the next 9 months & beyond!)

Conception, Pregnancy and Childbirth – Miriam Stoppard (a very factual approach, by an Australian author)

• So You're Going to be a Dad – Peter Downey (a lighthearted book for Dads-to-be!)

• From Here to Paternity - Sacha Molitoriz (the story of the birth of the author's first child)

• Baby Love – Robin Barker (worth a brief read in the latter months of pregnancy; likely to become your bible in the first 3-6 months of your baby arriving!)

#### **Recommended websites:**

<u>Pregnancy, Birth & Baby website</u> - has 130 pages of content based on national best standards, and offers information & advice on topics including maternal nutrition, breastfeeding, baby development and sleeping habits for children up to 12 months old.

<u>Raising Children website</u> – provides independent, reliable and up-to-date information to help with parenting children of all ages

<u>Essential Baby</u> – offers a weekly email newsletter throughout pregnancy detailing common concerns, symptoms etc; also has a forum section with lots of common questions and answers

<u>The Baby Centre</u> – also offers a weekly email newsletter and helpful articles for pregnancy and parenting babies & young children

**Mind the Bump** - mindfulness meditation app created by Smiling Mind and beyondblue. Free to download. Is a mindfulness meditation tool to help individuals and couples mentally and emotionally prepare for having a baby and becoming a new parent. Provides tailored exercises to mentally and emotionally support you from day one of pregnancy through to 24 months after birth. For mothers, fathers, single parents and same sex couples.

#### Useful phone numbers & online booking links:

#### **Northern Beaches Hospital**

#### NBH Online Booking

**Royal North Shore Hospital** 

Bookings 9463 23783w

**Mater Hospital** 

Mater Hospital Online Booking

#### **North Shore Private Hospital**

#### **NSPH Online Booking**

**Mothersafe** – a comprehensive counselling service for women about medication use in pregnancy and lactation <u>9382 6539</u> (Mon – Fri)

#### Pregnancy Birth Baby Helpline 1800 882 436

Qualified counsellors available free of charge to assist women and families facing emotional challenges such as emotional distress, perinatal issues and pregnancy options; Counsellors available from 7am to midnight daily.



Written & collated by Dr Denise Ierino