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ANTENATAL TESTS AND PROCEDURES

Antenatal screen

This is a routine selection of tests, which are performed in the first few months of the pregnancy in all patients. There is a blood test and a urine test. The blood test checks for your blood group and any unusual blood group antibodies, full blood count (to check for anaemia), rubella immunity (German Measles) and a check for hepatitis B and syphilis, Hepatitis C and HIV. The urine test is checking for bacteria in your urine. Your GP might have ordered some tests, the rest will be ordered by Dr Shah at your first visit.

Down's syndrome testing

This is an optional test, which is offered to all pregnant women. Its purpose is to check for the risk of Down's Syndrome. It is done between 11 and 14 weeks gestation. You will have received written information about this test at the time of your initial visit. The decision to have this test or not is a personal one. The test comprises of two components, a blood test & an ultrasound. The test result is shown as a figure which tells your baby's risk of having Down's syndrome. It is a screening test only which means that if the risk is high, you will be offered a confirmatory test (amniocentesis or CVS). Both the confirmatory tests are invasive. They have a small risk of miscarriage and therefore will be offered only to the patients who have high risk of having genetic abnormalities.

Ultrasound

A detailed ultrasound examination of the pregnancy is recommended at around 19 weeks gestation. The main purpose of this examination is to ensure as far as possible that your baby is developing normally. It is not possible to identify all abnormalities on ultrasound, but more than 50% of significant abnormalities will be identified.

Further ultrasound examinations

The above two ultrasound examinations are the only ones that are routinely offered. Sometimes indications arise to perform additional ultrasounds. This will be fully explained if required.

Glucose Test

It is recommended that all pregnant women be checked for pregnancy (gestational) diabetes. This usually does not have any symptoms. A blood test is performed between 24 and 28 weeks gestation. Fasting is not required for this test. The pathology staff will give you a drink which contains a standardized amount of glucose (it is sweet!). Your blood test is then performed 1 hour after this drink. You will be contacted if this test is elevated, as you will require a further 2-hour test. Your haemoglobin will be checked at the same time to ensure you are not becoming anaemic.

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Group B Strep (GBS)

This is a bacteria which commonly occurs in the vagina. It occasionally causes serious infection in the newborn. Dr Shah will request a swab test on all pregnant women at 36 weeks visit. If the swab is positive, you will be treated with antibiotics during labor to reduce the chances of infection to baby.

Pap smear

If your Pap smear is due it will usually performed at the time of the 6-week postnatal check up. It is sometimes performed during the first half of pregnancy if there is a specific reason to do so.

Urine Testing

Urine testing used to be performed on all pregnant women at each checkup. Recent studies have demonstrated this to be unnecessary for the majority of women. The purpose of testing urine is to check for changes, which may occur in association with a pregnancy disorder called pre-eclampsia. Under some circumstances, testing of urine is necessary. You will be advised if this applies to your pregnancy.

Induction of Labour

It is generally preferable for labour to begin spontaneously rather than by artificial induction. However, circumstances may arise whereby induction is a better option than continuing the pregnancy. The commonest reason for this is being overdue. In an otherwise normal and healthy pregnancy, induction will usually be considered at some time at or after the completion of 41 weeks gestation. Individual circumstances, of course, need to be considered in making this decision.

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SPECIAL FOOD CONSIDERATIONS WHEN PREGNANT

Listeria Infection (Listeriosis) can be dangerous

Listeria is a type of bacteria, which can be found in some foods. It causes few or no symptoms in healthy people, but can be **very dangerous to pregnant women and babies**. Hormonal changes during pregnancy have an effect on the mother's immune system that makes the mother more vulnerable to Listeria. Listeria, although rare, can be transmitted to an unborn baby, and may lead to miscarriage, stillbirth, or premature birth. **Listeria is destroyed by conventional cooking, but can grow in refrigerated food.** Ideally, eat only freshly cooked food and well-washed freshly prepared fruit and vegetables. Leftovers can be eaten if they are refrigerated promptly and kept no longer than a day. It is important not to eat food if there is any doubt about its hygienic preparation or storage.

The following mostly chilled, ready to eat foods **should be avoided altogether:**

- ❖ Soft cheese such as brie, camembert and ricotta - safe if cooked hot.
- ❖ Cold meats and pate.
- ❖ Avoiding 'ready to eat' foods such as unpasteurised dairy products, pates, meatloaf products (such as pre-sliced chicken loaf), cooked diced chicken (as used in sandwich shops), uncooked smoked seafood, smoked shellfish, previously prepared coleslaw and salads (this is especially important if they have been stored in the fridge for more than 24 hours), prepared salads.
- ❖ Raw seafood such as oysters, sashimi, smoked salmon or oysters (canned oysters are safe).

Nutritious diet

For your health and that of your baby during pregnancy, it is important you **select a nutritious diet** from a wide variety of food such as vegetables, fruits, dairy foods, bread, cereals, pasta, lean meat, fish, eggs, and nuts.

Folate is important in the early stages

Folate is a B vitamin needed for healthy growth and development. A baby's growth is most rapid in the first weeks of life - often before you even know you are pregnant. Folate is especially important for women at least one month before pregnancy and for the first three months of pregnancy to help prevent birth abnormalities like spina-bifida in babies.

Experts recommend women of childbearing age should aim for 400 micrograms (µg) each day. If you are planning to become pregnant, you should take a daily folic acid supplement of at least 500 micrograms (µg). You should continue to take the supplement until the 12th week of your pregnancy. The tablet form of folate is called folic acid and is available from pharmacies. If you have a family history of neural tube defects, if you are taking antiepileptic medicines or if you have diabetes, you should seek specific advice.

You should also eat a wide range of foods that are naturally rich in folate, such as fresh fruits and green vegetables, or foods fortified with folate. It is easy to find out how much folate is in packaged foods by looking at the nutrition information panel on food packages.

Food safety

Food safety is also very important. This information will help you make safe decisions when selecting and preparing food for yourself and/or your family. Fish are rich in protein and minerals, low in saturated fat, and contain omega-3 fatty acids. Omega 3 fatty acids are important for the development of the central nervous system in babies, before and after they are born. Nevertheless, eating too much of a good thing when you are a soon-to-be mum or breastfeeding can be bad. That is because some fish contain mercury levels that may harm an unborn baby or young child's developing nervous system.

The following table will help you safely include fish as an important part of a balanced diet.

Servings

* Type of seafood

| | |
|---------------------------------------|---|
| 1 serve per week only | Orange Roughy (Sea Perch) or Catfish & NO other fish that week |
| OR | |
| 1 serve per fortnight only | Shark (Flake) or Billfish (Swordfish, Broadbill or Marlin) and NO other fish that fortnight |
| OR | |
| 2-3 serves per week (Source FSANZ) | Any other fish and seafood |

*Serving sizes

- for women who are pregnant or planning pregnancy, 1 serve = 150 grams
- for children up to 6 years, 1 serve = 75 grams

Safe handling of food

Preventing food-borne illness is always important, but especially during pregnancy when hormonal changes suppresses a woman's immune system, which can make it harder to fight off infections. This can adversely affect the mother and unborn child. Listed below are some key things to remember to help ensure the safety of food you eat.

Food safety tips

- ❖ Keep cold food cold (below 5°C) and hot food hot (above 60°C). The bacteria that commonly cause food poisoning grow very well between 5°C and 60°C. Keep cold foods in the fridge until you are ready to serve, and serve hot foods steaming hot.
- ❖ Cook food thoroughly. Cook poultry, minced meats, sausages and other pre-prepared meats until well done, right through to the centre. No pink should be left visible. Avoid medium rare steaks or runny eggs.
- ❖ Thoroughly wash all raw vegetables before eating them.
- ❖ Wash and dry hands thoroughly before handling food.
- ❖ Observe the 'Use by' and 'Best by' instructions on refrigerated foods.

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- ❖ Separate raw and cooked food and don't use the same utensils, especially cutting boards and knives, for both.
- ❖ Keep utensils and kitchen clean.

MATERNAL WEIGHT

Weight gain in pregnancy, if excessive, may impact on your comfort and mobility in later pregnancy as well as your longer-term health. Assessment of ideal weight gain in pregnancy is best based on a woman's pre-pregnancy body mass index (BMI, a measure of height in relation to weight). In general, leaner women are advised to gain more pregnancy related weight, and heavier women are advised to gain less.

Recommended target weight gains in pregnancy are as follows:

| BMI before pregnancy | Recommended Weight Gain |
|----------------------|-------------------------|
| <20 (low) | 12-18kg |
| 20-26 (normal) | 11-15kg |
| 26-29 (high) | 7-11kg |
| >29 (overweight) | 7kg or less |

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FREQUENTLY ASKED QUESTIONS

Vaginal bleeding

If the bleeding is heavy (heavier than a period), you should seek advice straight away unless you have been advised otherwise. If you are less than 20 weeks contact Dr Shah directly. If you are, more than 20 weeks contact the hospital. Lighter amounts of bleeding if not accompanied by abdominal pain should be reviewed on the next working day. If there is pain, contact either Dr Shah or the hospital as above.

Thrush

Vaginal thrush or Candida is a common pregnancy problem. It causes a vaginal/vulval itch and sometimes a white/yellowish discharge. It is safe to treat it with Canesten vaginal cream or pessaries. If you are using a vaginal cream it needs to be used with the applicator otherwise the treatment will be ineffective. Because pregnancy hormones suppress your immunity, it is common to get recurrent infections. If you do, you may need repeated treatment courses.

Heartburn or Indigestion

This can be safely and effectively treated with any of the over the counter preparations. Follow the manufacturer instructions regarding dose and frequency. Mylanta, Gaviscon & Gastrogel are common medications used during pregnancy which are safe during pregnancy. If you do get heartburn, you should avoid spicy food, smoking & big meal just before going to bed. If you wish, you could use antireflux pillows. Elevating head end of the bed with wooden blocks or bricks also work in the same way. If you are still troubled by heartburn, let Dr Shah know. She will write a prescription for antireflux medications.

Constipation

If untreated, is likely to lead to abdominal discomfort and hemorrhoids. Dietary measures are the best first steps i.e. increase fluid intake and dietary fibre (fruit, vegetables, cereals). If this is ineffective, a bulk laxative such as Metamucil or Fybogel will usually work. Other laxatives such as Normacol, Senokot, Coloxyl are also perfectly safe if required. Suppositories and enemas can also be used if necessary.

Haemorrhoids

These are enlarged veins at the entrance of the anus. They occur commonly in late pregnancy and improve dramatically afterwards. Sometimes they cause no problems at all; occasionally they are uncomfortable or even exquisitely painful. Constipation should be avoided. Any of the over the counter haemorrhoid preparations (e.g. Proctosedyl or Rectinol) are perfectly safe to use in pregnancy and will usually assist with the discomfort. If severe pain occurs, an ice pack will often help.

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Fetal Movements (FM)

Movements vary greatly from pregnancy to pregnancy. In a first pregnancy, FM will often be first noticed between 18 and 22 weeks. In general, FM are felt earlier in second and subsequent pregnancies compared with first. From approximately 26 weeks, you should notice your baby move every day. If you do not feel any movements on a given day, sit down somewhere quiet for 20 minutes and have something cold to drink. You will probably feel the baby move during this time. If it does not, you should contact Dr Shah who may advise you to attend to have the baby's wellbeing assessed. There will usually be no cause for concern but it is something which should always be checked.

Cold or Flu

These common respiratory infections do not pose any significant concerns for the wellbeing of your pregnancy. If you have a fever, you should treat it with paracetamol, 2 tablets every four hours (maximum 8 per day) and drink plenty of fluids. If fever persists more than 48 hours, seek advice from your GP. Otherwise, symptom relief is all that may be required. Safe options are included on the safe medications list.

SAFE MEDICATIONS IN PREGNANCY

- ❖ **Pain relief:** Paracetamol +/- codeine e.g. Panadol or Panadeine or equivalent
- ❖ **Cough suppressant:** Benadryl or Duratuss
- ❖ **Constipation:** all laxatives safe. Try Metamucil or Fybogel first
- ❖ **Heartburn:** all antacids safe e.g. Mylanta, Gaviscon, Rennie
- ❖ **Vaginal thrush:** vaginal creams and pessaries all safe e.g. Canestan, Nilstat, Monistat
- ❖ **Haemorrhoids:** all creams safe e.g. Proctocedyl, Rectinol
- ❖ **Antihistamines:** older ones are known to be safe e.g. Polaramine, Phenergan
- ❖ **Throat lozenges:** all safe e.g. Strepsils, Difflam
- ❖ **Iron tablets:** all safe but may cause constipation
- ❖ **Vitamin supplements:** Elevit or Blackmores pregnancy & breastfeeding
- ❖ **Antibiotics:** Amoxil, Keflex commonly prescribed and are safe.
- ❖ **Nasal sprays:** temporary relief of congestion e.g. Saline, Sinex, Drixine
- ❖ **Dermatitis/skin rashes:** hydrocortisone cream e.g. Sigmacort
- ❖ **Dental/minor surgical procedures:** local anaesthetic is safe
- ❖ Other medications: **if in doubt or concerned phone us** to check