

## **DR STAS VASHEVNIK**

Suite 9A,  
Peninsula Private Hospital  
525 McClelland Drive,  
Frankston,  
VIC, 3199  
Phone: 0397893540

### **INFORMATION FOR PREGNANT WOMEN**

**It is essential that every patient and her partner read the following notes in order to provide a happy antenatal period and safe delivery of your baby or sometimes babies.**

Congratulations on your pregnancy and welcome to my practice. These notes have been prepared to answer the common queries about arrangements for our antenatal care. There are plenty of other questions and issues to be discussed as your pregnancy progresses, and please feel free to discuss any concerns you may have. Any tests ordered or problems that may develop will be discussed and carefully explained. All decisions concerning the management of you and your baby will be made jointly with you.

**Following your 1st antenatal visit, subsequent visits will be scheduled at 20, 26, 30 weeks, two weekly intervals until 40 weeks, then weekly until delivery. Should problems arise then there may be a need for more frequent visits. Feel free to bring your partner to any of these visits. A postnatal visit will be approximately six weeks after delivery.**

**Like you I hate waiting and every attempt will be made to see you at your appointed times. However an obstetrician's life is never predictable and babies are often born at the most inconvenient times. We also have to tend to other medical emergencies which would further delay our day. On occasions this may lead to a longer than acceptable wait. In normal events we would attempt to phone you prior to the appointment to warn you if we are running late but sometimes we either cannot contact you or there is insufficient time to contact you and you will be faced with either a wait or rescheduling your appointment. I apologize in advance if this happens to any patient.**

**Please book in to your hospital at 12-15 weeks gestation, by phoning the Midwifery Department at Peninsula Private Hospital or The Bays Hospital to make an appointment.** Antenatal education classes will be organised by your hospital and these classes cover a range of practical topics related to your pregnancy. The classes may be supplemented by reading from the list of recommended books which is included. The Midwifery Department also carry pamphlets and information sheets on many topics related to pregnancy including nutrition, exercises, relaxation, preparation for breast feeding, danger signs in pregnancy, drugs in labour, smoking in pregnancy etc.

## **ROUTINE AND COMMON TESTS**

### **At 1<sup>st</sup> visit:**

Full Blood Count  
Blood Group and Antibody Screen  
Optional Thalassaemia Screen  
Hepatitis B and C Screen  
HIV Screen  
Rubella Immunity  
Syphilis Screen  
Midstream Urine sample  
Varicella (chicken pox) Screen depending on past history  
Optional Vitamin D Screen  
Optional Breast Check  
Optional Pap Smear  
Optional Dating 1<sup>st</sup> trimester Ultrasound

### **Optional Down's Syndrome Screen**

#### **18-20 weeks**

Detailed ultrasound examination

#### **26-28 weeks**

Full Blood Count  
Gestational Diabetes Mellitus Screen  
Antibody Screen and Anti-D Administration for Rhesus NEG women  
Optional Repeat Syphilis Screen

#### **34 weeks**

Antibody Screen and Anti-D Administration for Rhesus NEG women

#### **35-37 weeks**

Vaginal swab for GBS Screen  
Optional Full Blood Count

#### **40 weeks + 10 days**

Ultrasound for liquor volume  
Fetal CardioTocoGram (CTG)

In the absence of other complicating factors delivery by induction of labour is recommended by **42 weeks**.

## **Delivery**

The baby can be born or delivered by normal vaginal birth, instrumental delivery (vacuum or forceps) and Caesarean Section. Depending on the circumstances one or more of these will be the optimal way to proceed. I would advise you in all circumstances as to what would be reasonable, advisable and appropriate. Please feel free to discuss any of these with me.

Unfortunately none of these are entirely risk free and have advantages as well as drawbacks.

With vaginal and instrumental deliveries tears may result and episiotomy may be performed in very specific cases. These are repaired with absorbable sutures and in general heal very well long term with no residual problems.

Vacuum and forceps may be appropriate in select circumstances. These are in general very safe for both mother and baby. Often a shignon (swelling on the baby's head from vacuum suction) or forcep marks on the baby's head may be evident at birth. These normally disappear within days of birth with no ill effects at all. Although serious risks are described in literature these are rare and thus always have to be balanced against what other options may be available at the time.

Caesarean section can be performed electively (in a planned and predetermined fashion) or done as an emergency procedure if particular circumstances arise in pregnancy or labour. Most caesareans are performed through a low transverse abdominal incision ("bikini-line") under a regional anaesthetic (such as epidural or spinal). Pain in general is worse after the caesarean than after a vaginal delivery and the recovery is longer. As a preference I use staples on the skin which are removed 5days after caesarean. These result in excellent cosmetic result and have some other advantages.

The risks of Caesareans include infection, significant bleeding, blood transfusion and a rare trauma to surrounding structures such as the bladder (more common after previous surgery). A urinary catheter is left at the end which is removed within 24 hours of the operation.

During your pregnancy you will experience many and varied symptoms. The vast majority are quite normal although some may cause you inconvenience, but please be sure to report any of the following immediately:

1. Vaginal bleeding
2. Severe abdominal pain
3. If the baby's movements have slowed right down or the baby is not moving at all. This is a very important sign of your baby's health we encourage you to report this early.

Certain serious medical conditions or premature labour may mean that you and or your baby will require specialized facilities not available at Peninsula Private or The Bays Hospital. If these arise from 34 weeks of pregnancy, transfer to Frankston Hospital as a private patient under my care can be arranged. Prior to 34 weeks of pregnancy, you will generally be transferred to a hospital in Melbourne where there are neonatal intensive care facilities. These 3 hospitals are Monash Medical Centre, Royal Woman's Hospital and The Mercy Hospital. There is no real choice of hospital as the hospital to which you will be transferred will be dependent on the availability of neonatal intensive care beds. At these hospitals we will endeavour to transfer your care to a private obstetrician who works at those 3 units.

## **Obstetrician's availability**

It is my wish to be present for the labour and delivery of all my obstetric patients. However there are factors which may prevent me from doing this and this would affect approximately 5% of patients.

## 1. Safe working hours

As with driving a car, fatigue has been noted to be a major cause of medical accidents. It is now essential that obstetricians ensure that they have adequate rest in order to prevent fatigue. To do this groups of like minded obstetricians have joined forces to provide safe, predictable and like care for all their patients. This means that there will be times when an associate will provide care.

## 2. Leave

We endeavour to plan our leave 1 year in advance so that we can warn patients at the time of booking that we may be on leave. Patients may either choose to continue under our antenatal care and be transferred to an obstetrician of their choice.

## 3. Other commitments

As a community service I work for Peninsula Health on Tuesdays and Wednesdays 0800-1700 and have an occasional after hours/weekend on call commitment. During that time once again an associate may have to provide emergency cover.

In the event of another doctor taking over your care during labour there will be no added cost to yourself and the doctor would generally send the bill to me and I would fully reimburse him for your fees that have already been paid.

**We remind you that our aim is to deliver a healthy baby in as safe and happy an environment as can be provided. The best person to do this is an obstetrician who is not worried about having to be elsewhere and is not exhausted.**

## FEES

The fee for your initial consultation is \$170.00 and is due on the day. The Medicare rebate for this visit is \$70.00 .

Your additional out of pocket costs for pregnancy care will be approximately \$3800 .00 depending on your private health fund cover.

Two thirds of this gap is due after 20 weeks and you will receive some refund from Medicare being \$104.75 plus a refund under the Safety Net Scheme.

The remaining third of your gap is billed at thirty two weeks and is due for payment by thirty six weeks. This amount is not claimable from Medicare or your health fund. This covers the remaining out of pocket costs for you pregnancy.

Initial Consultation	\$170.00	
Your 20 week fee	\$2000.00	(This may be paid off in installments prior to 28 weeks)
Your 32 week fee	\$1000.00	(This is due for payment by 36 weeks)
Total Out of Pocket Costs	\$3000.00	

All other antenatal visits will be billed at the Government rebateable fee, so you will need to present your medicare card at each visit.

If there are questions or problems between visits please contact us as follows:

1. Office hours ph: 0397893540
2. Urgent after hours ph: 0397883466
3. For urgent after hours advice my mobile number is 0412533852

Therefore for most health insurance funds, your out of pocket expenses for the pregnancy will be limited to a maximum of \$3500 if paid by the specified times. Some funds do not cover you as well as others and your out of pocket costs will vary. My fee for your pregnancy care covers my on-call commitment and your labour, delivery and postnatal care in hospital . This includes the entire service regardless of complexity, including complicated pregnancies, Caesarean Section, emergencies etc. To minimize your out of pocket costs, I use the “gap cover” facilities provided by the various health funds.

If you are not covered by health insurance, please discuss this with my secretary, as there will be additional costs. If you have any questions about the fees, or if you have any sudden financial difficulties, please do not hesitate to discuss these with my secretary or myself.

At your first visit you will be given a number of information leaflets that I believe will be of value during your pregnancy, confinement and delivery period. I have also included a list of books that may be useful and a list of organisations that can be of help to you.

I hope these notes are of help and please feel free to discuss any questions or problems at any time. I look forward to caring for you and your baby.

**Stas Vashevnik**

## **PREPARATION FOR PARENTHOOD**

Here is a cutting edge introduction to, and preparation for parenthood from the Internet! ENJOY!

“Preparation for parenthood is not just a matter of reading books and decorating the nursery”. Here are 12 simple tests for expectant parents to take to prepare themselves for the real-life experience of being a mother or father.

1. Women: to prepare for maternity, put on a dressing gown and stick a beanbag down the front. Leave it there for 9 months. After 9 months, take out 10% of the beans.  
Men: to prepare for paternity, go to the local drug store, tip the contents of your wallet on the counter, and tell the pharmacist to help himself. The go to the supermarket. Arrange to have your salary paid directly to their head office. Go home. Pick up the paper. Read it for the last time.
2. Before you finally go ahead and have children, find a couple who are already parents and berate them about their methods of discipline, lack of patience, appallingly low tolerance levels, and how they have allowed their children to run riot. Suggest ways in which they might improve their child's sleeping habits, toilet training, table manners and overall behaviour. Enjoy! - it'll be the last time in your life that you will have all the answers.
3. To discover how the nights will feel, walk around the living room from 5pm to 10pm carrying a wet bag weighing 8-12 lbs.

At 10pm put the bag down, set the alarm for midnight and go to sleep. Get up at 12 and walk around the living room again, with the bag until 1am. Put the alarm on for 3am. As you can't get back to sleep, get up at 2am and make a drink. Go to bed at 2.45am.

Get up again at 3am when the alarm goes off.

Sing songs in the dark till 4am. Put the alarm on for 5am. Get up. Make breakfast. Keep this up for 5 years. Look cheerful.

4. To find out what mess children make: smear peanut butter onto the sofa and jam onto the curtains. Hide a fish stick behind the stereo and leave it there all summer. Stick your fingers in the flower beds then rub them on the clean walls. Cover the stains with crayons. How does that look?
5. Dressing small children is not as easy as it seems. First buy an octopus and a string bag. Attempt to put the octopus into the string bag so that none of the arms hang out. Time allowed for this – all morning.
6. Take an egg carton. Using a pair of scissors and a pot of paint, turn it into an alligator. Now take a toilet roll. Using only scotch tape and a piece of foil, turn it into a Christmas cracker. Last, take a milk container, a ping pong ball, and an empty packet of Coco Pops and make an exact replica of the Eiffel Tower. Congratulations. You have just qualified for a place on the playgroup committee.

7. Forget the BMW and buy a Hyundai. And don't think you can leave it out in the driveway spotless and shining. Family cars don't look like that. Buy a chocolate ice cream bar and put it in the glove compartment. Leave it there. Get a coin, stick it in the cassette player. Take a family size packet of chocolate biscuits, mash them down the back seats. Run a garden rake along both sides of the car. There. Perfect.
8. Get ready to go out. Wait outside the toilet for half an hour. Go out the front door. Come in again. Go out. Come back in. Go out again. Walk down the front path. Walk back up it. Walk down it again. Walk very slowly down the road for 5 minutes. Stop to inspect minutely every cigarette end, piece of used chewing gum, dirty tissue, and dead insect along the way. Retrace your steps. Scream that you've had as much as you can stand, until the neighbours come out and stare at you. Give up and go back into the house. You are now just about ready to try taking a small child for a walk.
9. Always repeat everything you say at least five times.
10. Go to your local supermarket. Take with you the nearest thing you can find to a pre-school child – a fully grown goat is excellent. If you intend to have more than one child, take more than one goat. Buy your weeks groceries without letting the goats out of your sight. Pay for everything the goats eat or destroy. Until you can easily accomplish this do not even contemplate having children.
11. Hollow out a melon. Make a small hole in the side. Suspend it from the ceiling and swing it from side to side. Now get a bowl of soggy oatmeal and attempt to spoon it into the swaying melon by pretending to be an aeroplane. Continue until half the oatmeal is gone. Tip the rest into your lap, making sure that a lot of it falls on the floor. You are now ready to feed a 12 month old baby.
12. Learn the names of every character from Sesame Street, Mr Rogers Neighbourhood and available Disney movie. When you find yourself singing “lion King” songs at work, you finally qualify as a parent.”

## **CARING FOR MYSELF IN PREGNANCY**

Antenatal care is just not something you receive from your doctor every few weeks. It is what you should give yourself **every day**. The following are some of the main components of self-care. Be good to yourself and your baby!

### **NUTRITION**

Eat a variety of fresh nutritious foods daily emphasizing the following:

- Fresh seasonal fruit and green vegetables
- Freshly cooked meat, poultry and fish
- Adequate whole food alternatives if vegetarian
- Nutritious dairy products such as yogurt and cheese
- Eggs

Take supplements that I know I need.

Drink at least 6 – 8 glasses of water, juice etc per day (not counting caffeine containing liquids).

Pay attention to my inner voice of hunger and respond accordingly.

Treat myself to something I know is especially good for myself and the baby.

### **EXERCISE**

Take fresh air and (if available) sunshine every day.

Do something to increase my heartbeat each day eg. Brisk walking, swimming etc.

Do exercises specific to pregnancy several times a week.

Dance, move rhythmically and freely to music.

Do pelvic floor exercises – DAILY.

Avoid extreme exhaustion.

### **RELAXATION**

Completely let go at least once every day.

Have my partner (or someone else) massage me at least once weekly.

Deliberately release areas where I know I hold tension, several times daily.



Allow myself the necessary comforts to curl up and take it easy before bed.

Avoid prolonged hot baths, spas, saunas and other potential sources of hyperthermia especially in the 1<sup>st</sup> trimester

### **SEXUAL ACTIVITY**

In the absence of any complications such as vaginal bleeding and ruptured membranes vaginal penetrative intercourse is safe.

Never forget about vital forms of intimacy other than penetrative intercourse such as touching, hugging, kissing etc.

Activity resulting in undue pressure on the pregnant abdomen should be avoided.

Creativity, communication, support and understanding are important in maintaining a good relationship in general and pregnancy in particular.

### **CAR TRAVEL**

Continue to wear seatbelts even as your abdomen grows through the pregnancy. The safety the seatbelts provide far outweigh any possible risks from their use. The 2 parts of the seatbelt will fit across the hips under the growing uterus and between the breasts and to the side of the uterus.

### **AIRLINE TRAVEL**

In the absence of complicating factors air travel is considered safe during pregnancy. Most airlines will allow travel up to 34-36 weeks. Please check with the relevant airline before flying.

### **INFECTION PRECAUTIONS**

In general pregnant women should avoid contact with people with febrile illnesses that could be contagious.

**Influenza** vaccine is recommended to women who are or will be pregnant during the flu season regardless of the stage of pregnancy.

Avoid drinking water or eating food that could potentially be contaminated.

Avoid ingesting soil by maintaining strict hand hygiene after touching soil. Fresh fruit and vegetables should be thoroughly washed before eating.

Raw and undercooked meat is an important source of infection. Knives, cutting boards and cooking utensils need to be thoroughly washed after use.

Keep raw meat, fish and poultry separate to foods that will not be cooked, that are cooked and ready-to-eat foods.

Avoid mucous membrane contact after handling uncooked meat.

Avoid tasting meat while cooking.

Meat should be cooked to safe internal temperature:

Beef 71°C

Chicken 77°C

Turkey 82°C

Pork 71°C

(Freezing for at least 24 hours at -12°C or lower (household freezer) will remove the risk of toxoplasmosis).

Do not eat hot dogs, luncheon meats, bologna or other delicatessen meats unless they are reheated until steaming hot; avoid the use of microwave ovens for reheating such meats as uneven cooking may occur.

Avoid getting fluids from hot dog packages on other foods, utensils, and food preparation surfaces; in addition, wash hands after handling hot dogs, luncheon meats, delicatessen meats, and raw meat, chicken, turkey, or seafood or their juices.

Do not eat prepackaged salads such as ham, chicken, egg, tuna, or seafood salad.

Do not eat soft cheeses such as feta, brie, and camembert, blue-veined cheeses, or Mexican-style cheeses such as queso blanco, queso fresco, and Panela, unless they have labels that clearly state they are made from pasteurized milk.

Do not eat refrigerated pates or meat spreads. However, canned or shelf-stable products are safe.

Do not eat refrigerated smoked seafood, unless it is cooked as in a casserole. Refrigerated smoked seafood, such as salmon, trout, whitefish, cod, tuna, or mackerel, is most often labelled as “nova-style”, “lox”, “kippered”, “smoked”, or “jerky”. This fish is found in the refrigerator section or sold at deli counters of grocery stores and delicatessens. However, canned or shelf-stable smoked seafood is safe.

Avoid undercooked seafood.

Do not drink unpasteurized milk or unpasteurized dairy products.

Keep the refrigerator temperature at 4.4°C at the most and the freezer at -17.8°C or lower.

Eat pre-cooked, perishable or ready-to-eat food as soon as possible.

Avoid cat litter.

Avoid contact with all rodents.

Practice good personal hygiene throughout pregnancy, especially handwashing with soap and water after contact with nappies or oral secretions (particularly with a child who is in daycare). Wash well at least 15 seconds.

Do not kiss children under the age of 6 on the mouth or cheeks. Instead kiss them on the head or give them a hug.

Do not share food, drinks or utensils with young children.

## **WORK**

Occupational/industrial exposure to lead, mercury, solvents, pharmaceutical agents, infection, radiation, heat, noise, smoking and pesticides may lead to suboptimal pregnancy outcomes. Follow health and safety precautions at work as recommended and alert the relevant authority of your pregnancy.

## **EMOTIONAL WELLBEING**

Let myself cry whenever I feel like it.

Vent my frustrations before they become explosive.

Feel free to be tender and loving with partner, day-by-day.

Ask for support, acknowledgement, touch and sex from my partner whenever I need it.

Give myself time alone and find new ways to enjoy it.

## **INTELLECTUAL PREPARATION**

Read something on pregnancy several times a week.

Formulate and ask questions.

Take stock of my status in pregnancy by reviewing my daily or weekly activities and looking for areas that need improvement.

Discuss technical aspects of pregnancy, birth and parenting with my partner on a regular basis.

Work on developing my birth plan by noting ideas and preferences as they arise.

Attend information sessions or film series on birth whenever possible.

Read, discuss and otherwise inform yourself about breastfeeding as this is the ideal way to nourish your newborn for at least 6 months.

## **SOCIAL PREPARATION**

Meet with other pregnant women often.

Talk to mothers of infants.

Observe infant behaviour and family interaction whenever possible.

Ask for concrete support from friends and relatives for needs in pregnancy and after the baby is born.

Think about the changes having a baby will bring and formulate ways to adapt.

Support my partner in talking to other new fathers, reading about parenting or discussing the baby with me.

## **DANGER SIGNS DURING PREGNANCY**

During your pregnancy, or as you come into labour, there may be times when you are unsure as to whether you should contact me or the midwives at the hospital. However it is imperative that you do when there is:

### **1. Vaginal Bleeding**

In the first trimester this can indicate threatened miscarriage. However if spotting or bleeding occurs at any time in pregnancy, please notify the midwives or myself.

### **2. Leak or gush of fluid from the vagina.**

Observe colour of the fluid (?liquor), wear a sanitary pad and notify. This may indicate premature labour or rupture of membranes in 2nd or 3rd trimesters.

### **3. Swelling of hands and face**

Particularly if the face looks very puffy, notify. This occasionally is a sign of preeclampsia.

### **4. Regular, strengthening, painful contractions**

If these are painful and occur for more than an hour before 37 weeks premature birth may be impending.

### **5. Decreasing or loss of foetal movements**

If you notice decreasing movements over several days or no movements in a day, please contact the midwives.

### **6. Severe pelvic or abdominal pain**

Particularly if pain is associated with vaginal bleeding, this should be notified urgently.

## **RECOMMENDED BOOKS**

**“Baby Love” – Robin Barker**

**The new Pregnancy and Childbirth – Sheila Kitzinger**

**Up The Duff – Kaz Cooke**

**“Mother and Baby – A Survival Guide for the First 12 Months and Beyond” - Margaret Geddes**

**“Baby and Child” - Penelope Leach**

**“The Crying Baby” - Sheila Kitzinger**

**“Easy Parenting” - Judith Paphazy**

**“Breast Feeding” - N.M.A.A. Booklets**

**“The Baby Book” - William & Martha Sears**

**“Breastfeeding” - Mary Renfrew, Chloe Fisher & Suzanne Arms**

**“Nighttime Parenting” - William Sears**

**“Every Parent” - Matthew R Sanders**

## **LIST OF ASSOCIATIONS**

Australian Breast Feeding Association

Head Office 9885 0855

Breastfeeding Helpline: 9885 0653

Australian Multiple Birth Association Vic Branch Inc.,

Telephone: 9513 1383

P.A.N.D.A (Post and Ante Natal Depression Association)

Telephone: 9836 7382

Support Line: 9836 7677

SANDS

Miscarriage, Stillbirth and Newborn Death Support

Telephone: 9899 0217

Support Line: 9899 0218

## **OH THIS MORNING SICKNESS!**

### **TO HELP YOURSELF:**

- Eat a small snack of dry biscuits, toast or fruit juice before rising.
- Take small, frequent and light meals rather than 3 large ones
- Avoid drinking with meals. Drink in between meals.
- At meal times TRY to relax.
- Avoid foods that are fatty, fried or very spicy, plus any food that upsets you.
- Try COLD foods e.g. meal, salad and TART foods to help nausea
- Sips of cold, flat ginger ale or lemonade may help
- Grated apple (with skin on) and apple juice are old remedies
- If cooking odours bother you, choose uncooked meals or ask someone else to cook.
- Acupressure/acupuncture at Pericardium 6 point on your forearm

## **A WORD ABOUT IRON**

Pregnant women and new mothers need more iron than usual. Iron is needed to make blood and tissues- yours AND baby's.

### **FOODS RICH IN IRON ARE:**

- Red meat
- Liver
- Kidney
- Egg yolks

### **PLANT IRON:**

- Wholegrains and flours
- Soybeans and soyflour
- Wheatgerm (raw)
- Prunes and prune juice
- Dried apricots and figs
- Parsley
- Silver beet
- Spinach
- Brewers yeast
- Blackstrap molasses
- Liquorice

The iron in “plant iron” foods is poorly absorbed. Eating “meat iron” foods at the same meal helps your body to get the iron it needs.

## **VITAMIN C HELPS THE BODY TO USE IRON**

You can get it in

- Citrus juice
- Kiwi fruit
- (Juices too)
- Tomatoes
- Pineapple
- Vitamin C tablets

## **IRON TABLETS**

### **If you are prescribed extra Iron:**

- Take tablets WHOLE, after eating
- Swallow with fruit juice (vitamin C) or water.
- Do NOT take HEARTBURN MEDICINE (antacids) 1 hour before, or after taking your iron tablets.
- Do NOT stop taking iron tablets before talking to your doctor or midwife.

Iron can make your bowel actions black. THIS IS NOT HARMFUL. If constipation occurs, follow the advice in the pamphlet.

## **CALCIUM**

Pregnant women need more calcium than is needed to make and maintain bones and teeth in both you and your baby.

### **FOODS RICH IN CALCIUM ARE:**

- Milk and its products eg.
  - Yoghurt, and cheese.
- Also
- Soy bean curd (Tofu) and milk
  - Sesame Seeds
  - Almonds
  - Parsley
  - Seafood

## **IF YOU DON'T TAKE DAIRY PRODUCTS, PLEASE TELL YOUR DOCTOR OR MIDWIFE**

## **CONVENIENCE FOOD**

Takeaways and frozen dinners are often:

- Fatty
- Very salty
- Poor food value for you and your baby
- VERY EXPENSIVE
- **HAMBURGERS:** Grill one at home and serve a wholemeal bun with salad.
- **CHICKEN:** Have with a salad
- **FISH 'N' CHIPS:** Take the batter off the fish or ask to have it grilled instead and add a baked potato and salad instead of chips.
- **TINNED FOOD:** Baked beans on wholemeal toast!
- **SOFT DRINKS:** Mineral water add fruit juice and make it fizzy. Adding a banana to milk and whizzing it in the blender makes a great milkshake and you can add vanilla essence and/or



sprinkle nutmeg if you like.

- **A WHOLEMEAL SALAD SANDWHICH:** Is quick and easy

### **PREGNANCY FOOD AND YOU!**

Because your still growing, you need EXTRA nourishment, for YOUR growth AND that of your baby.

Be very sure that you choose good foods.

### **WEIGHT GAIN:**

- Gaining weight is necessary in pregnancy, and your total for the whole pregnancy should be about 9kilograms.
- During the first 20 weeks, total weight gain is about 3.5kg
- Thereafter gain of ½ kg per week on average is usual.
- Your need for extra calories during pregnancy is small, so the old saying about eating for two is not true!
- If you do have a weight problem, severe dieting should not be attempted in pregnancy. Speak to your dietitian, doctor or midwife if you are concerned about your weight.
- The following foods should be avoided, as they are HIGH IN CALORIES and provide LITTLE that is good for you and your baby.

#### **OIL**

Rich sauces

Cream

Salad dressing

#### **SUGAR**

Jam

Glucose

Sweets

Syrups

Toppings

Chocolates

#### **SOFT DRINKS**

Cordial

Alcohol

#### **SNACK FOODS**

Cake

Pastries

Biscuits

#### **FATTY MEATS**

Sausages

Salami

Bacon

#### **FRIED FOODS**

Take away

## **FISH**

To avoid undue ingestion of mercury in pregnancy use the following rules:

Don't eat shark, king mackerel or tilefish

Eat upto 350g a week of fish and shellfish that are low in mercury (eg prawns, canned light tuna, salmon, pollock, catfish etc).

Eat upto 150g of albacore ("white") tuna per week (this contains more mercury than canned light tuna) and no other fish during that week.

Check local advisories about the safety of fish caught in your local lakes, rivers, and coastal areas. If no advice is available, eat upto 150g per week of this fish and don't consume any other fish during that week.

## **CAFFEINE**

Try and limit caffeine intake to 200mg per day during pregnancy (eg upto 2 cups of strong coffee per day).

## **ALCOHOL**

Alcohol is dangerous and damaging to the unborn baby. There is NO known safe level of alcohol intake in pregnancy and thus it is best not to drink any alcohol at all.

## **OTHER DRUGS**

Recreational drugs can be harmful in general and during pregnancy in particular and thus are best avoided.

Prescription and over-the-counter drugs should in general be limited to only those that are necessary. Please discuss their use in pregnancy with your GP, obstetrician or another prescribing doctor.

## **NEED A NIBBLY**

Fruit, salad, vegetables, small amounts of dried fruit and nuts, dry biscuits and tomato, skim milkshakes: (put skim milk in the blender and add eg: banana, pineapple, peaches or strawberries and ice cubes: watch it froth!)

Try frozen grapes- very refreshing!

## **HEARTBURN**

- Avoid foods which bother you (often greasy, fried or spicy), coffee and cigarettes.
- Eat small frequent meals rather than 3 large ones
- Avoid drinking for 1 hour before or after eating
- Stay upright as much as possible, even in bed
- Sipping mild or soda during an attack may help
- Stop eating and drinking several hours before bed

## **CONSTIPATION**

**For this very common problem:**

1. **Increase the fibre in your diet:**
  - fresh fruit, leaving skin on if possible

- dried fruit
  - raw/lightly cooked vegetables. Scrub, rather than peel
  - wholemeal bread, flour and cereal, e.g. porridge, allbran
  - brown rice
  - add 1-2 tablespoons of unprocessed wheat or rice bran to food over the day. Mix it with soup, cooked fruit, cereal, gravy.
2. **Drink plenty**
    - At least 6 glasses of water each day, extra to milk
  3. **Exercise Daily**

**DO NOT TAKE LAXATIVES WITHOUT MEDICAL ADVICE**

## **ANTENATAL DEPRESSION**

### **(Depression in Pregnancy)**

Recent research now suggests 4% to 15% of pregnant women will suffer depression in pregnancy and are at risk of developing postnatal depression. Antenatal depression is often misunderstood or hidden because of shame. Frequently it is put down to hormonal changes, tiredness or stress. However, pregnancy for some women isn't an enjoyable experience and they may feel ashamed in discussing this for fear of being judged. Seeking treatment early is a way of preventing chronic postnatal depression.

### **Symptoms of Depression:**

When a woman is suffering antenatal depression their mood is low most of the day, nearly every day for longer than a two week period. Some of the signs and symptoms of depression listed below can be confused with the normal issues associated with pregnancy, however the difference is that they tend to be overwhelming and debilitating for the mother-to-be and greatly interfere with her daily functioning.

#### **Physical Symptoms**

Insomnia, waking or excessive sleep  
Difficulty concentrating and poor memory  
Loss of appetite or over eating  
Lack of energy and motivation  
Loss of libido  
Little interest in self-care

#### **Psychological Symptoms**

Low mood and tearfulness  
Feeling worthless or having inappropriate guilt  
Thoughts of suicide or self harm  
Lack of interest in once pleasurable activities  
Withdrawing socially  
Difficulty making decisions  
Pessimistic view of self and the future

### **Cause of Depression:**

There are many reasons why some women suffer depression in pregnancy. Below is a list of some possible triggers:

- Past history of depression or family history of depression
- A difficult pregnancy, including health difficulties for mother or baby
- Anxiety surrounding financial problems, medical procedures or concerns for their unborn baby
- Relationship difficulties
- Lack of family or social support
- Being unsure of the pregnancy and ability to cope with a newborn
- Concern about older children.
- Issues with body image, adjusting to being pregnant and gaining weight

Antenatal depression needs professional treatment. If you are concerned that you are suffering antenatal depression speak to your GP or obstetrician about a referral to a Psychologist or Psychiatrist who specialises in this area.

## **PAEDIATRIC SERVICES TO THE PRIVATE HOSPITALS**

During your hospital stay there may be need for a paediatrician to be involved in the care of your baby. This may involve attendance at your delivery for potential problems during labour (eg. Caesarean section, instrumental delivery), or if there is some concern about your baby after birth.

There are 4 paediatricians who make up an 'on call' roster to provide cover to the private hospitals. After hours and on weekends, your usual paediatrician may not be available to attend to your baby if advice or help is needed. In this situation the on call paediatrician is called for consultation, and your usual paediatrician may take over when he/she is next available.

Please note that fees for the attendance of a paediatrician are NOT included in the obstetrician fees, or the hospital fees. Each paediatrician will have a slightly different fee structure, as federal legislation prevents doctors from comparing fees or charging the same fees.

Your private insurance fund will only contribute to the fee for the paediatric services if you have family cover, and if your baby has a medical problem that requires him/her to be admitted in his/her own right.

The private insurance companies regard babies rooming in with their mothers as boarders, not as inpatients, and will not contribute to expenses associated with the baby.

### **Indicative fees for paediatric attendance:**

At Caesarean Sections and other deliveries	up to \$450.00
Prolonged consultations	up to \$250.00 per hour
Initial consultation with newborn infant	up to \$250.00
Review visits	up to \$100.00
After hours/overnight call out	up to \$100.00

If you have any queries, please address these with the hospital administration, or with the paediatrician directly.

When you book into the hospital before delivery you will be required to sign a copy of this document, thereby acknowledging that you have read this information, and are providing informed consent to its terms.