

ANTENATAL CARE ROUTINE AND INFORMATION **- Dr Adam Gubbay**

Dear

This is my routine for antenatal care.

TIMING OF ANTENATAL VISITS

Your first visit will normally be at 10 weeks. However, it may be earlier if you have some risk factor such as a previous miscarriage, diabetes, or high blood pressure. My usual routine for subsequent antenatal visits is as follows; 4 weekly until 32 weeks, 2 weekly until 36 weeks then weekly until delivery.

URINE SAMPLES

You will periodically be asked to provide a urine specimen in the containers provided. Ideally, all urine samples should be mid-stream specimens as this is much more accurate and reduces unnecessary further investigations.

BOOKING BLOODS

At the beginning of your pregnancy, the standard “booking bloods” are typically organised by your General Practitioner. Please bring with you copies of these tests or have them faxed to my rooms prior to your visit. This greatly speeds up processing time at your first antenatal visit. In addition, if a dating scan has been performed by your GP then I will obviously need a copy.

FIRST TRIMESTER SCREEN

At your first visit you will be offered the first trimester screening test. This is an optional test. It will give you an individualised risk estimate for having a baby with Down syndrome and some other chromosomal anomalies. The first trimester screen is a combination of a blood test and an ultrasound scan. The blood test should be performed between 10 and 12 weeks although slightly later is acceptable. The ultrasound must be performed between 12 and 14 weeks. In other words, if you can not see me to organise your screening test prior to 13 weeks then you will need to visit your General Practitioner who can also organise the test if appropriate. If you are too late for the first trimester screen, then you may be still eligible for the second trimester screen i.e. between 15 to 17 weeks. This is just a blood test and the result is almost as accurate as the first trimester screen.

“Verify” or “Igene” is a new, very sophisticated blood test that detects fragments of fetal DNA in your blood. It mainly screens for Down syndrome but does screen for some other chromosomal abnormalities. However, it is expensive (\$900 and coming down) and so it is not usually a first line test.

ULTRASOUND SCANS

I will usually perform an ultrasound scan at your first visit on my ultrasound machine. The first trimester screening ultrasound is next (see above). As stated, this is an optional test. Depending on circumstances, I will usually also perform another ultrasound scan prior to your 19 week anatomy ultrasound. Having a full bladder for these first 2 visits facilitates the scanning greatly.

The anatomy scan of your baby is performed between 18 and 20 weeks. This ultrasound looks at the structure of the baby e.g. heart, bladder, stomach, kidneys, brain and bones. Subsequent “growth” ultrasounds are only performed if there are any concerns. I routinely perform an ultrasound scan at 35 or 36 weeks for a final check on the baby.

OTHER TESTS

I routinely order 28 week blood tests i.e. full blood picture and an atypical antibody screen and the glucose challenge test. The glucose challenge test requires you to drink a very sweet drink and have a blood test taken 1 hour afterwards.

There is strong evidence that taking a low vaginal swab, looking for the group B strep bacteria, will reduce the risk of serious infection to your baby. My routine is to ask you to take a low vaginal swab for “group B strep” between 35 to 37 weeks. If you swab positive then antibiotics are strongly recommended during the labour.

EXERCISE

Remaining fit throughout your pregnancy and delivery is obviously very important. I do encourage you to continue or even commence sensible exercise during your pregnancy. Regular walking is good. Swimming is also very good and may be continued right throughout your pregnancy. Light jogging, cycling or tennis are feasible, however, these exercises are a bit difficult to perform towards the end of your pregnancy.

DIET & WEIGHT

Sensible eating is also important. Generally one should aim to eat for “one and a quarter”. Weight gain during your pregnancy is normal. Indeed you will be putting on up to 8 litres (i.e. 8 kilograms) of tissue fluid alone during the pregnancy! Weight gain during pregnancy is extremely variable. I am only usually concerned if there are extremes of weight gain. For example, if you start out at 45 kgs I would be keen on a 10 – 15 kg weight gain. Alternatively, if you start out at over 100 kgs, it would be beneficial to not gain weight. A commonsense approach to diet is needed. Fresh and unprocessed foods are strongly encouraged.

Folic acid one month prior to conception and then for 3 months after conception is proven to reduce the chance of carrying a baby with Spina Bifida by about 70%. Iron supplements may be taken and are definitely indicated if there are low iron stores, a low blood count or a history of anaemia. Multi vitamin supplements are optional since the evidence for these in fit and healthy pregnant women is not so clear.

Listeria is an infection that may be picked up from contaminated foods and be harmful to the unborn baby. Anxiety about Listeria should be kept in perspective as this is an extremely rare condition during pregnancy. However, foods which may harbour the bacterial infection Listeria should be avoided. These foods are raw meats (hams, salami), smoked and raw seafood, mayonnaise, soft white cheeses (Bree, Camembert, Ricotta, Fetta, Cottage Cheese), pate and soft serve ice cream. Listeria grows at refrigeration temperatures but is destroyed by cooking. If you inadvertently eat one of these food groups (and many woman by mistake often do), do not “panic” as this infection, as stated, is extremely rare. Symptoms of Listeria are not like a typical “gastro” illness with diarrhoea. Symptoms are more of a vague viral illness e.g. fever and muscle aches.

Vitamin D supplementation during pregnancy is common. About 50% of the pregnant population are Vitamin D deficient and require treatment. Treatment is with Ostelin (Vitamin D) 3 tablets per day and Caltrate (Calcium) one tablet per day. The treatment is continued until you finish your breast feeding. It gives your baby stronger bones.

FLU VACCINE

The Flu vaccine is recommended. It lowers your chance of contracting the flu by about 50% and is safe during pregnancy. It is associated with a lower chance of severe flu and hospitalisations. In addition, there is placental transfer of antibodies to the baby which gives protection against the flu for the first few months.

PERSONAL HYGIENE

Spa baths are not a problem provided the water is not too hot and the water is for single personal use only. Public spa baths should be avoided.

Hair colouring is fine. There is no good evidence of any adverse problems.

ANTENATAL RECORD CARD

You will be given an antenatal record card that documents your progress during the pregnancy. In fact, your medical history and blood test results will be recorded on this card. Please bring this card with you to each appointment and any hospital visit as this greatly improves communication between the medical and midwifery staff looking after you.

BOOKING AT ST JOHN OF GOD HOSPITAL

We will book you into St John of God Hospital after your first visit. St John's will then send you the information regarding your pregnancy and delivery there.

COVER

There are times e.g. some weekends when I will not be available to deliver your baby. At St John of God Hospital the following doctors may cover my practice– Tim Jeffery, Simon Turner, Michael Allen or Nick Tsokos.

PREPARATION FOR CHILDBIRTH

Discussions and plans regarding your delivery i.e. normal delivery, caesarean section or epidurals etc, will take place generally by about 24 weeks. However, where appropriate these discussions will take place earlier such as at the first visit. St John of God Hospital Subiaco runs preparation for childbirth classes. Apart from being interesting and good fun, the classes will make you more familiar with the hospital and its routine. I strongly encourage especially first time mothers to make use of these classes. Special classes are available for second time mothers.

PROBLEMS OR QUESTIONS

Throughout your pregnancy you will receive a significant amount of information and counselling. In addition, I will be handing out a number of information pamphlets prepared by both myself and other organisations. Should any problems or questions arise between now and your first antenatal visit please ring my rooms on 9382 9550. In addition, do not hesitate to contact my rooms at other times during your pregnancy should there be any concerns. For serious problems that occur after hours please ring the labour ward at St John of God Hospital in Subiaco on 9382 6294. They will contact me urgently if necessary.

DOULAS

Doulas are birthing support persons. Doulas are employed and financially remunerated by the labouring women. They have no medical or nursing training. Sorry but I don't work with Doulas.

ADAM GUBBAY
(Revised May 2014)