



NORTHERN TERRITORY PHN Pregnancy Information Kit

Having a Healthy Pregnancy

Diet

During pregnancy you may gain between 10–15kg. You do not need to eat special foods, nor do you need to 'eat for two'. If you are a healthy weight and are well, just eat a little more. Dieting during pregnancy is not routinely recommended. Growing babies require lots of protein, minerals and vitamins. These are best obtained from your diet by eating foods such as lean meat, eggs, cheese, fish, milk (preferably low fat), yoghurt, wholegrain cereals and bread, fresh fruit and vegetables (especially leafy green vegetables). If you are a vegetarian, vegan or on a special diet, please consult your doctor, midwife or dietitian to make sure your diet is adequate for your developing baby's health. Some foods are best eaten in small amounts or avoided as they contain a lot of fat and/or sugar and may lead to excessive weight gain and other health problems. Examples include fried foods, hamburgers, ice cream, pastries, lollies and soft drinks.

Dietary Supplements

Pregnant women also need additional calcium, iron and folate because of the rapid growth of the baby. A folic acid supplement is recommended during early pregnancy to help reduce risk of some abnormalities. Some women will also need an iron supplement. Remember to also have lots of low fat calcium-rich foods in your diet. It is important that your diet is not deficient in iodine. As the ocean is the world's major source of iodine, select saltwater fish and seafood. If using salt, choose iodised salt. If in doubt, speak to your doctor and/or midwife.

A healthy pregnancy is just as important for you as it is for your baby.

Dental Care

Healthy teeth and gums are important during pregnancy. Hormonal changes can make pregnancy a common time for tooth decay and gum disease. It is recommended you have a dental check-up as part of your pregnancy care and brush and floss your teeth regularly. Ensure you tell the dentist you are pregnant as x-rays should be avoided during this time.

Exercise

Moderate exercise is good for you and your growing baby. Staying fit through pregnancy will help you recover more quickly after the birth. Swimming and walking are ideal exercises for pregnant women but be careful to avoid overheating and dehydration. Drink water while exercising, and exercise during the cooler times of the day. It is generally okay to continue with your usual exercise, but avoid new types of training without speaking to your doctor first. You should avoid exhausting or hazardous exercise such as water-skiing and, after 12 weeks, contact sports. Stretching and strengthening exercises such as yoga may help prevent aches and pains and should be tailored for pregnant women.

Illness

If you are suffering from any illness such as diabetes, kidney problems, epilepsy, asthma or high blood pressure, you should see your doctor early for advice. These conditions need to be well managed during your pregnancy.

Listeriosis

This is a very rare infection. The bacteria that cause the infection may be found in pate, smoked seafood, soft cheeses, cooked-diced chicken, cold meat products, raw seafood and prepared or stored salad. It would be best to avoid these foods during pregnancy.

Medications

Some medicines can cause abnormalities in the baby's development. As a general rule medications should be avoided, especially during the first three months of pregnancy. If you need to take any medication, check with your doctor or pharmacist. If you have a headache, paracetamol is safe to take. Do not take aspirin. If you are currently taking medication for a specific medical condition, continue to take the medication and consult your doctor as soon as possible if you are unsure whether or not the medications are safe.

Pets

Some animals, especially cats, can carry diseases that may be passed on to your unborn child. Pregnant women should always wash their hands after handling animals and wear gloves if handling animal waste or when gardening.

Environmental Hazards

If you are pregnant or thinking of becoming pregnant, you should check with your employer to ensure that you are not working with chemicals or radiation that may harm the baby.

Alcohol

Heavy alcohol use during pregnancy can result in serious damage to your baby known as Foetal Alcohol Syndrome. For more information, please talk to your doctor or midwife. It is safest not to consume any alcohol while pregnant or breastfeeding.

Tobacco

It is known that smoking increases the risk of miscarriage and harms the growth and development of your baby. For free information, advice and support to stop smoking contact Quitline on 13 7848 (available 24 hours).

Recreational Drugs

Marijuana, heroin, amphetamines, ecstasy and other drugs are harmful to your baby. If you are pregnant you should seek immediate assistance from your doctor to put you in touch with alcohol and drug services.

Travel

If you are intending to fly and/or travel to foreign countries during your pregnancy, you should consult your doctor for advice about travel health and ongoing medical support.

X-Rays

Large amounts of radiation may harm your baby so x-rays should be avoided unless there is a good medical reason. If an x-ray is required, make sure the operator knows you are pregnant.



Frequently Asked Questions

When am I due?

Pregnancy normally lasts around 40 weeks (nine months and one week) from the first day of your last menstrual period. Around 78 per cent of babies are born between 40 and 41 weeks, however it is still considered normal if the baby arrives any time between 37 and 42 weeks. Conception has usually occurred around two weeks after the last period. Things can become confused, for example, if you have irregular periods, skip a period before becoming pregnant or if you have a bleed in early pregnancy that resembles your period. Your doctor will give you a due date based on a combination of information from your own known dates, examination findings and your ultrasound scan.

How long can I work for?

Most women can safely continue working until about 34 weeks. This may be cut short or prolonged based on how you are feeling and how your pregnancy is going.

Is sex okay?

It is normally quite safe to continue having sex during pregnancy. Check with your doctor or midwife if you have any concerns.

How much should the baby be moving?

Most women notice their baby's movements around 20 weeks of pregnancy. Every woman experiences her baby's movement differently, both how they feel and how often they happen. The baby's movements are a sign of its wellbeing, and it is very important that if you notice your baby is moving less than usual that you phone your doctor, midwife or the hospital.

How do I know if I am in labour?

Many women have what's known as a 'show', which is a small amount of blood and mucus, and some women find their waters break before going into labour. Labour pains feel a bit like period pains only stronger. When the pains are strong enough to prevent you from walking and talking and are occurring regularly (about every five minutes), you are probably experiencing labour. If in doubt phone the delivery suite of your hospital, your midwife or doctor.

What Can I Do About...

Morning Sickness, Nausea and Vomiting?

This common complaint usually lasts until 12–16 weeks of pregnancy. Keep some plain, low-fat biscuits on hand as they may help with nausea. Eat small meals frequently, stay well hydrated and keep low-fat snacks handy. You may have strong cravings for food you do not normally eat, so be ready to experiment and remember to listen to your body. Ginger or vitamin B6 may also help. If these options do not help ease morning sickness and you continue to vomit, see your doctor. Severe vomiting in pregnancy affects approximately one woman in 100.

Heartburn?

Eat small, frequent meals and try to avoid eating within two hours of bedtime. You can also try elevating your bedhead. Over-the-counter heartburn remedies are safe to use as directed. Plain yoghurt has also been known to provide relief. If pain is severe or persists, see your doctor.

Constipation and Haemorrhoids?

Constipation is common in pregnancy. Aim for a high-fibre diet, increase fluid intake and exercise moderately for 30 minutes daily. If constipation or haemorrhoids persist, seek medical advice.

Tiredness?

Your body is working very hard at this time maintaining your pregnancy, growing the baby and preparing your body for breastfeeding. Most women will need more sleep and rest than usual. Listen to your body by resting when you feel tired and ensure you eat well.

Vaginal Bleeding?

A small amount of vaginal bleeding in the first three months of pregnancy is common but may cause worry for many women. If the bleeding persists for more than two or three days, gets heavier or becomes painful contact your doctor straight away. If you have any bleeding after 12 weeks of pregnancy you should see your doctor or contact your hospital immediately.

Vaginal Thrush?

Wear cotton underwear. Certain vaginal creams and pessaries are safe to use, but if you are unsure check with your doctor.

Backache?

As the ligaments soften and stretch in preparation for birth you may experience lower back pain, thigh, groin or buttock pain. Try an afternoon rest and wear low-heeled or flat shoes. Heat, massage and paracetamol may help. If pain is troublesome, see your physiotherapist as specific exercises and aids can be very helpful. In the case of a second or subsequent pregnancy, wearing cotton/lycra bike pants may give added support.

Ligament Pain?

This is often felt in the first and early second trimester as the uterus grows and rises from the pelvis stretching the ligaments in the groin and lower abdomen. Women often experience stitch-like pains that usually subside in about 15–20 minutes. Hot packs may also help. If pain is prolonged or severe, see your doctor.

Varicose Veins?

Avoid prolonged standing and aim for an afternoon rest with your feet up. Swimming is a very good exercise as it relieves the pressure on the legs and allows the leg muscles to work well, giving good relief. Support stockings may help if the veins are painful.

Tests During Pregnancy

Routine Blood Tests

First blood test (before 20 weeks)

- **Full blood count** – includes testing for anaemia
- **Blood group**
- **Blood group antibodies** – some women (especially those with rhesus negative blood) may make antibodies in their blood that can cross the placenta and be harmful to the baby. If you have this blood group your doctor will need to discuss this further with you.
- **Rubella (German Measles) immunity** – many women have been vaccinated against this virus in childhood but immunity needs to be rechecked. If rubella is contracted during pregnancy the unborn baby may be harmed so discuss this with your doctor.
- **RPR/TPHA** – these are tests for syphilis (a sexually transmitted disease) that can cross the placenta. Syphilis is easy to treat with antibiotics, which is why it is tested for.
- **Hepatitis B** – some women carry a chronic form of this infection that may be passed on to the baby. If you know you are Hepatitis B positive your baby should be vaccinated at birth.
- **Hepatitis C** – some women carry this illness causing virus. It is important to know if you are a carrier before the birth of your baby. This virus may be passed on to the baby during or after birth in certain circumstances.
- **HIV** – if affected, HIV may cross from the mother's blood to the baby during pregnancy so you need to discuss this with your doctor. Informed consent is required.

Second blood test (26–28 weeks)

- **Full blood count** – this is repeated to check for anaemia.
- **Blood group antibodies** – these are repeated if you are rhesus negative.
- **Glucose challenge test** – this is an optional diabetes test. Some women develop a form of diabetes during pregnancy called Gestational Diabetes. High levels of sugar may contribute to excess growth of the baby and damage the placenta. Sometimes blood sugar levels can be managed through diet, however it is important to discuss this with your doctor. The glucose challenge test involves taking a drink containing 50mg of glucose, followed by a blood test one hour later. If the test result is abnormal, follow up is required.

Third blood test (34–36 weeks)

- **Full blood count and blood group antibodies** – if you are rhesus negative.

Pregnancy Ultrasound

An ultrasound scan is routinely performed at around 18 weeks. An ultrasound will check where the placenta is, your baby's body parts and for twins. Ultrasound tests cannot tell the sex of your baby with certainty. Further scans may be recommended by your GP and/or specialist.

Who to See at What Stage

Optional Tests

Testing for Down Syndrome and other chromosomal abnormalities

Before having tests to check for chromosomal abnormalities in your baby, it is important for you and your partner to carefully consider what you would do if the test results were abnormal. Please discuss this fully with your doctor or midwife before you are tested.

Screening tests

You may choose to do one of these to help determine whether you are at high or low risk of having a baby with Down Syndrome or any other abnormality.

- **Combined ultrasound and blood test** at 11–14 weeks.
- **Blood test** (maternal serum screening) at 15–20 weeks.

Diagnostic tests

These tests will assist to determine whether the baby has a chromosomal abnormality such as Down Syndrome. These are normally offered only to women aged 35 or older, women with a family history of certain inherited conditions, or following abnormalities detected in the 12-week ultrasound or the maternal screening test.

- **Choriovillus sampling** at 9–11 weeks: A few cells of the baby's placenta are taken by a needle through the lower part of the woman's abdomen or vagina.
- **Amniocentesis** at 15–17 weeks: This procedure involves inserting a needle through the woman's abdomen to obtain a sample of amniotic fluid around the baby.

Checklist and Timing

The following is a guide to help you decide who to see at what stage of your pregnancy. It is important to discuss this with your chosen health professional/clinic. The frequency of visits will be based on you and your family's individual needs.

- 6–8 weeks** see your GP to confirm pregnancy and discuss routine first trimester care
- 8–16 weeks** see your GP to check progress, discuss screening results and prepare for ongoing care choices
- 12–20 weeks** first visit to specialist obstetrician or antenatal clinic (needs GP referral)
- 24, 28, 30, 32, 34 weeks** you may be involved with shared care that includes your GP, a midwife, and/or your specialist.
- 36 weeks** see your specialist
- 37, 38, 39, 40 weeks** further shared care unless instructed otherwise
- Birth**



Breast or Bottle?

How will you feed your baby?

Having a baby means making many choices. Many people have strong views on whether to feed their baby breast milk or infant formula in the first months of life. Breast milk is the most natural food for babies and has health benefits for the mother too. The composition of breast milk is unique and can only be roughly approximated by even the best artificial formula feeding. Here are some of the advantages and disadvantages of breast and formula feeding.

Breastfeeding

Advantages for the baby

- Helps protect your baby from common illnesses including ear infections, chest infections, urinary-tract infections and infectious diarrhoea.
- Helps protect your baby from asthma, eczema and other allergic diseases.
- Reduces risk of cot death.
- Helps protect your child from developing obesity and high blood pressure later in life.

Advantages for you

- Helps protect you from breast cancer, ovarian cancer, and hip fractures
- Helps use up the extra fat you have stored in pregnancy.
- Convenient, cheap, clean and safe.

Disadvantages

- Any medications you take may be passed to the baby in your milk.
- If you have a virus such as Hepatitis B or HIV, you may pass it to your baby through breast milk.

Formula feeding (bottle)

Advantages for baby and you

- Your baby may go longer between feeds.
- Formula has extra vitamin K added.

Disadvantages

- Expense – formula costs vary depending on brand.
- Mistakes such as making the formula too strong, too weak or too hot may harm your baby.
- Your baby is more likely to become ill compared to fully breast-fed babies in the first four months of life. Formula fed babies are:
 - twice as likely to have a middle-ear infection
 - twice as likely to be hospitalised
 - five times as likely to be hospitalised with diarrhoea
 - twice as likely to develop eczema or a wheeze if allergies run in the family.

What about mixed feeding – breast and formula?

Some women mix breastfeeding with formula feeding, however if formula is introduced too early it may be difficult for you to maintain and increase your breast milk supply as the baby grows. Ideally you should avoid formula feeding for at least the first six weeks after birth. Whilst any breast milk is good, ideally you should aim to breastfeed exclusively for the first three to four months to protect against infections and allergies.

Will I be able to breastfeed?

Around 99 per cent of women are able to breastfeed. Even if you go back to work, you should still be able to continue, with commitment and support from your employer and your baby's caregiver. Breastfeeding is a skill which must be learned by you and your baby. Don't be discouraged if you have some initial setbacks. It should not be long before giving your baby a feed is as easy and enjoyable as giving them a cuddle.

You will know that your baby is getting enough milk if she/he is:

- feeding often
- has plenty of pale, wet nappies
- is gaining weight and seems alert and content.

To have the best chance of an easy start to breastfeeding, contact the Australian Breastfeeding Association by calling 1800 686 268 and ask your midwife or general practitioner for information and advice during pregnancy. Discuss breastfeeding with your partner, family and friends as their support will be very important.

Your choice

Whatever you decide, your midwife and doctor are there to help you. It's your choice.

Finding Information on the Internet

Where to find information Useful Websites

The amount of varying, and often conflicting information available on the internet can be confronting for many women who are pregnant. Sources vary and some internet sites may contain information which is not accurate, up-to-date or scientifically based. This can be difficult when trying to understand potentially controversial issues such as water births, immunisation and circumcision.

Pregnancy Birth and Baby
www.pregnancybirthbaby.org.au

Australian Breastfeeding Association
www.breastfeeding.asn.au

Pregnancy Birth and Beyond
www.pregnancy.com.au

Better Health Channel
www.betterhealth.vic.gov.au/
(Relationships & Family > Pregnancy & Birth)

What to Expect
www.whattoexpect.com

Nine Months
www.ninemonths.com.au

Hospital Services Available in the NT

ROYAL DARWIN HOSPITAL

t 8922 8888 (switchboard)

t 8922 7985 (antenatal clinic)

Services

- Specialist obstetric and midwife antenatal care
- Antenatal education classes
- Birthing options / Birth attendance by a midwife or doctor
- Postnatal inpatient care

Other resources

Pamphlets:

- Pregnancy Care at Royal Darwin Hospital
- Maternity Care at Royal Darwin Hospital

KATHERINE HOSPITAL MATERNITY WARD

t 8973 9389

Services

- 14 bed maternity ward and three birthing rooms
- Antenatal clinic every Wednesday
- Childbirth Preparation classes held regularly
- Pregnancy care choices (low risk pregnancy and normal birth)

GOVE HOSPITAL MATERNITY WARD

t 8987 0216

Services

- 10 bed maternity ward and two birthing rooms
- Antenatal clinic every Tuesday
- Childbirth Preparation classes held regularly
- Pregnancy care choices (low risk pregnancy and normal birth)
- Water birth option available

ALICE SPRINGS MATERNITY WARD

t 8951 7620

Services

- 16 bed maternity ward and four birthing rooms
- Antenatal clinic three times a week
- Childbirth Preparation classes held regularly
- Pregnancy care choices (low risk pregnancy and normal birth)

TENNANT CREEK HOSPITAL CLINIC

t 8962 4214

Services

- Antenatal clinics Monday to Friday
- On call midwives

DARWIN PRIVATE HOSPITAL

t 8920 6011 (switchboard)

t 8920 6066 (pregnancy education)

Services

- Specialist obstetric and midwife antenatal, birth and postnatal care
- Early pregnancy workshops
- Childbirth planning classes/Birth refresher classes

Other Health Services Available

DANIŁA DILBA HEALTH SERVICE (ABORIGINAL MEDICAL SERVICE)

t 8942 5444 (main clinic - Darwin)

t 8931 5700 (Palmerston family centre)

Services

- Women's Clinic
- Pregnancy and Postnatal care

FAMILY PLANNING SERVICE

t 8948 0144

Services

- Pregnancy advice and care
- Postnatal care

ABORIGINAL EDUCATION AND LANGUAGE CENTRE

t 8984 4174

Services

Provides information, reconnection and health services for North East Arnhem Aboriginal women regarding birthing choices and parenting.

ANGLICARE

t 8985 0000

Services

Health connector for youth and antenatal classes

AUSTRALIAN BREASTFEEDING ASSOCIATION

t 1800 686 268 (seven day/week helpline)

Services

Support for breastfeeding mothers through social mornings for pregnant women and new parents, newsletter, library and breastfeeding literature.

CHILDBIRTH EDUCATION ASSOCIATION

t 8948 3043

Services

Childbirth preparation courses, pregnancy stretch and relaxation classes, newsletter, library and videos for members.

COMMUNITY CARE CENTRES

t 8922 7301 (Casuarina)

t 8999 3344 (Palmerston)

Services

Child health and assessment clinics, postnatal home visits, settling baby and sleep workshops, Meet Other Parents Social Group (MOPS), breastfeeding support, postnatal depression support, growing toddlers workshops.

DARWIN HOMEBIRTH GROUP

t 8922 5522

e dhbginfo@gmail.com

w darwinhomebirthgroup.wordpress.com

Services

Monthly coffee mornings for pregnant women, new parents and midwives. Provision of information regarding access to midwives and doctors supporting homebirth.

YWCA

t 8981 8323

w www.ywcaofdarwin.com.au/parentingprograms.php

Services

Offers a range of programs throughout the year including SHEIRA support group, a group supporting young pregnant women and young mothers.

CRADLE SUPPORT GROUP

m 0438 272 353

w www.cradle.org.au

Services

Support group for parents who have had a miscarriage, still birth, neonatal death, or death of a baby for whatever reason.

SIDS AND KIDS NT

t 8948 5311

m 0448 849 234 (24 hour support team)

Services

Supporting families bereaved of children aged from conception to 18 years who have died from any cause including miscarriage, sickness, accident and suicide

PREGNANCY BIRTH AND BABY

t 1800 882 436 (24 hour support line)

w www.pregnancybirthbaby.org.au

w www.healthdirect.gov.au/pregnancy

Services

- Counselling available based on individual needs (7.00am – midnight)
- Comprehensive fact sheets (linked to Health Direct)

GENERAL PRACTITIONERS

Most GPs provide antenatal and postnatal care. For a list of GPs near you refer to the National Health Services Directory on the NT PHN's homepage: ntphn.org.au



An Australian Government Initiative

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This document is continually reviewed through collaboration with local midwives, doctors, allied health professionals, hospital specialists and other contributors.

If you wish to contribute or provide feedback, contact the Practice Support Team:

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