



**● ARE YOU  
● ABOUT TO  
● BECOME A  
● NEW MUM?**

**SCONE MEDICAL PRACTICE  
PREGNANCY CARE BROCHURE**



**GP OBSTETRICIANS  
Dr Peter McInerney  
Dr Isobel Lang**

## PRENATAL VISIT

If possible, you should arrange to see your doctor at least three months before you plan to fall pregnant. This provides an opportunity for a general health check and advice regarding any blood tests e.g. to check that you are immune to rubella (german measles) and varicella (chicken pox) and then to arrange vaccination if you are not. You should avoid falling pregnant for one month after these vaccines.

Your blood count can also be checked and you will usually be advised to commence folic acid to prevent certain developmental problems such as spina bifida. This visit also provides an opportunity to make sure you are up to date with pap smear screening.

It is usual to see your doctor a couple of weeks after your missed period to confirm the diagnosis of pregnancy. You would then have your booking in visit at around 10 weeks.

## ANTENATAL VISITS

The booking in visit with your GP obstetrician will usually be a long appointment so that the doctor can take a full history and perform an examination, order tests and discuss the management of your pregnancy. After this your visits should occur approximately at 14 weeks, 18 weeks; 24 weeks 28 weeks then every 2 weeks until 36 weeks and then weekly until the birth of your baby. It is important

to keep all appointments. In this way, we can help to minimise harm to both mother and baby should any problems develop. Additional visits may sometimes be necessary.

## SHARED CARE

Different health care providers may be involved with your care along the way. This may include your usual GP (as opposed to your GP Obstetrician) and the midwives at the Scone hospital. Some women will also elect to have their baby at a hospital away from Scone eg Maitland, Newcastle, Tamworth or Sydney and may wish to utilise shared care. We suggest that you discuss a plan for antenatal care with your GP obstetrician at the booking in appointment. Whilst it is usual for most women to have a few visits to the midwife, some complications will demand more regular review by your GP obstetrician.

## INVESTIGATIONS

### BLOOD TESTS

At the time of your diagnosis or at your booking in visit at around 10 weeks, your doctor will arrange some routine blood tests i.e. blood count and blood group; different antibody screens to check for prior exposure to infecting organisms such as rubella, syphilis, hepatitis and HIV (Aids virus). If you are at increased risk, you will also need to be tested for gestational diabetes early in pregnancy.

Further blood tests will be undertaken at 28 weeks. These will be a blood count and antibody check and a diabetes test. If you had a negative diabetes test in early pregnancy it is recommended to repeat it at around 28 weeks.

Women who have certain blood types known as Rh negative will be offered injections at 28 and 34 weeks. This is to reduce the risk of forming antibodies which can cause harm to the developing baby.

### SCANS

An ultrasound scan may be recommended in early pregnancy if your dates are uncertain. This will not be necessary if you were certain of the date of your last period so it is worthwhile noting that date in your diary or smartphone.

Most women will be offered an ultrasound scan between 11 and 13 weeks to assess the risk for having a baby with Downs Syndrome and two other rare abnormalities. There is no medicare rebate for this scan. This scan will not be performed after 14 weeks (as the risk calculating software only works between 11 and 14 weeks). The results can be complex and difficult to interpret and should be discussed with your GP Obstetrician

A further ultrasound scan is recommended at 18 to 20 weeks to check the anatomy of your baby and to check the location of the placenta.

If your pregnancy is progressing normally, you shouldn't require any further routine scans.

*On the subject of testing for Downs Syndrome, a new blood test is available known as Non Invasive Prenatal Testing. It is very accurate but at the time of printing is only available offshore (USA and Singapore) and is very expensive. Ask your doctor for further information.*

## HOSPITAL

You should book into Hospital by 20 weeks but any time between 14 and 20 weeks is OK. For most women, this will be the Scone Hospital. Your Doctor will provide you with a shared antenatal record which should be taken to any appointment, as all information relevant to your pregnancy will be contained within this document. To protect against inadvertent loss, a copy of the antenatal record will be held at Scone Medical Practice.

## WEIGHT GAIN

Weight gain during pregnancy is variable. For a woman of normal weight (body mass index 20-25) at the beginning of pregnancy, a reasonable gain would be approximately 2 kgs in the first 20 weeks and about 8-10kgs in the second 20 weeks. It is now accepted that being overweight or obese during pregnancy can create multiple risks for both mother and baby and it is best to maintain a normal weight if possible. However strict dieting in pregnancy is not recommended as it may lead to nutritional deficiencies in the baby.

## PREGNANCY AND LIFESTYLE

A good quality diet utilising all of the five food groups (meat and fish; fruit; vegetables; breads and cereals; and

dairy products) is recommended. In addition to this, it is recommended that women who intend to fall pregnant should take folic acid supplements for three months prior to falling pregnant and for the first three months of the pregnancy. This is to help prevent neural tube defects such as Spina Bifida. Talk to your Doctor about the appropriate dosage.

Some women are advised to take iron supplements but this is not universal.

Fluoride tablets may be taken if your domestic water supply is not fluoridated.

Iodine supplements are also suggested in many areas. Caution should be exercised if there is pre existing thyroid problem and we suggest discussing the role of supplements with your GP obstetrician.

Stored salads, meats and soft cheeses should be avoided during pregnancy to help prevent Listeria infection which can cause miscarriages. It should be mentioned that Listeria infection appears to be quite rare.

Smoking should definitely be avoided as it has been shown to adversely affect the outcome for some babies, not to mention the harmful effects for the mother. New born babies exposed to tobacco smoke may have a higher incidence of asthma.

We also now recommend no consumption of alcohol during pregnancy as safe quantities are not known.

Moderate familiar sport and exercise is safe, unless because of certain indications, your doctor recommends otherwise.

Rest periods are beneficial, particularly as the pregnancy advances. Admittedly, this may be impractical in some instances, especially if you have other young children to care for.

There is no absolute right time to stop work – it really depends on the nature of the employment. You should discuss this with your doctor.

## DENTAL HEALTH

There is a slightly increased risk of dental caries (decayed teeth) during pregnancy. It is therefore advisable to have a dental check during your pregnancy – but please inform the Dentist that you are pregnant.

## PROBLEMS

Very slight painless bleeding in the first three months is not uncommon. It will often be self limiting and not require treatment. However those women with a negative blood group should report to their doctor in case an injection of antiD is required. If the bleeding is as heavy as a period, and associated with low abdominal pain, you should report it as soon as possible. Certainly, any bleeding which occurs in the last six months should be reported to the Doctor as soon as possible.

If you develop any other symptoms or problems which cause you concern, you should contact the doctor or the midwife at the local hospital as you feel appropriate.

## ANTENATAL CLASSES

Antenatal classes are useful because they provide an informal and friendly atmosphere in which you and your partner can ask questions and generally become more informed about your pregnancy. They also provide an opportunity for you to visit the antenatal ward and delivery suite, and also to meet the midwives who will help to care for you before, during and after your hospital stay. You can find out about these by contacting the hospital or when you do your booking at the hospital.

## TOWARDS THE END

### OF PREGNANCY -

## WHEN TO GO TO HOSPITAL

You should proceed to the hospital

- (i)** if your membranes rupture (waters break)
- (ii)** if you are having regular painful contractions.
- (iii)** if you have bleeding which is heavier than the mucous “show”.

## OBSTETRIC SERVICES AT SCONE HOSPITAL

Scone hospital has midwives available 24 hours per day and seven days per week.

There are currently two GP obstetricians at Scone hospital. They are Dr Peter McInerney and Dr Isobel Lang. These doctors currently share the roster at the hospital. Most week days have a GP obstetrician on call but there may be occasional week ends when there is no cover. If you attend Scone hospital for care in your pregnancy when there is no GP obstetrician available the midwife will assess you and if required will contact the obstetrician on call at either Muswellbrook, Maitland or Tamworth. It may transpire that you have to be transferred to one of these hospitals for ongoing care.

Operating theatre staff and Caesarian Section cover are not always available. If your GP obstetrician or midwife is concerned that your pregnancy or labour is not progressing satisfactorily or if there is some other increased risk, you may be advised and transferred to a hospital with immediate Caesarian Section availability. This will usually be Muswellbrook but may be Maitland or Tamworth.

## COMPLICATED PREGNANCY

Some pregnancies will be complicated and may require management at a higher level hospital such as Maitland or Tamworth or even the John Hunter Hospital in Newcastle

Such conditions include but are not limited to Twin pregnancy; low lying placenta; high blood pressure; diabetes or obesity. Some of these problems may be picked up early in pregnancy and referral will be arranged. Shared care is still a possibility as this prevents frequent trips down the valley. Other problems will only manifest later in pregnancy and referral will probably be arranged at that time.

## POST NATAL VISIT

It is usually appropriate for the mother and baby to have a check about 6 weeks following the birth. Baby's immunisations can also be carried out at the postnatal visit as long as your baby has reached 6 weeks of age. The appointments will usually be arranged prior to your discharge from Scone hospital. If you have your baby at another hospital, please let the staff know you need a postnatal appointment so that two appointments can be allocated

We would also recommend that you keep in touch with the child health nurses following your discharge from Hospital for general advice, weight checks etc.

## IMMUNISATIONS

It is most important to consider immunisations during pregnancy. If you are pregnant during the Autumn or Winter we recommend an influenza vaccination as influenza can be much more severe in pregnant women compared with the non pregnant population. Whooping cough vaccination (Boostrix) is recommended in the third trimester (last 10 or so weeks) in all pregnant women even if your whooping cough immunity is current, because it provides passive immunity and therefore protection to the baby in the critical first 8 weeks of life. There are no known harmful effects to the pregnancy or unborn baby. The baby will however require an extra whooping cough immunisation at 18 months.

## FEES AND CHARGES

Scone Medical Practice uses a fee schedule aligned with the Australian Medical Association recommended fees. Concessional fees are usually available for people with valid health care cards. The fee list is available from the administrative staff at Scone Medical Practice. It should be mentioned that the booking appointment is comprehensive, can take up to one hour and will be more expensive than typical antenatal visits. At the time of printing, there are no out of pocket expenses for women who have a baby at Scone hospital, whether as a public or private patient. Women who have a baby outside of Scone should check with their obstetrician, midwife and hospital about relevant fees and charges.



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