Adelaide Mums & Babies Clinic

Pregnancy Tips and Tricks

We've put together the answers to the most common questions we get asked by pregnant women. We hope you find this information useful!

What vitamins do I need?

Folate (0.5mg/day) should be taken from 1-3 months before conception, until 12 weeks of pregnancy. This is to reduce the risk of neural tube defects. Some women need to take MegaFol (5mg of folate). These women have a personal or family history of Neural Tube Defects (NTD), have had a previous pregnancy affected by NTD, have Type 1 Diabetes, are carrying twins, have a BMI >30 or are on medication for epilepsy.

Iodine (150 mcg/day) is recommended from before conception and throughout pregnancy. Iodine is important for thyroid function.

SAHMRI and SA Pathology have just commenced offering testing for Omega 3 levels at the time of the first trimester screen and selectively recommending Omega 3 supplementation in women who are shown to be deficient; or ceasing additional supplementation if levels are high, in order to reduce the chance of preterm delivery. Please discuss this with your doctor or midwife for more information.

Aspirin 150mg taken at night, started in the first trimester or early second trimester, is recommended in some cases. Examples include: previous pre-eclampsia, pre-existing hypertension, a low Papp-A at first trimester screening, Type 1 or 2 diabetes, twins or higher-order pregnancies, pre-existing kidney disease, or autoimmune diseases such as lupus and antiphospholipid syndrome. If multiple of the following moderate-level risk factors are present, aspirin is also recommended. These include a BMI over 30, age over 35, first baby, or a family history of pre-eclampsia.

Additionally, if there is a risk of pre-eclampsia, calcium supplementation of 1200mg per day is needed, in addition to aspirin.

Vitamin D universal supplementation of 400 IU per day is recommended for all pregnant women. Targeted testing for those at risk of Vitamin D deficiency is also recommended and if levels are low, 1000 IU per day will be needed.

What dietary changes do I need to make?

Pregnant women need to be aware of foods that are high risk for listeria, salmonella, mercury and vitamin A, and avoid these foods during their pregnancy. Examples include: soft cheeses, deli meats, unwashed fruits/vegetables, smoked salmon, sushi, uncooked egg (including real mayonnaise), fish high in mercury such as swordfish, soft serve ice-cream, paté and offal. The NSW Food Authority has good information on this. See www.foodauthority.nsw.gov.au.

An increase in nutrients is ideal in pregnancy. This means eating a well-balanced diet with plenty of different coloured vegetables; food rich in iron; calcium; protein and whole grains. You do not need

to eat for two, nor increase your daily calorie intake. Just focus on eating a variety of nutritious foods.

Alcohol and smoking should be avoided at all stages in pregnancy. Please discuss with us if you are struggling to reduce or quit. We can support you.

Caffeine: small amounts are fine (1-2 caffeinated drinks per day), but excessive amounts can risk miscarriage and premature delivery.

What vaccinations are recommended in pregnancy?

The influenza immunisation is recommended to all pregnant women, at any time in their pregnancy. Pregnant women are at a higher risk of complications from the flu.

A whooping cough (pertussis) booster is recommended after 20 weeks, for all pregnant women. This is designed to significantly reduce the chance of your baby contracting, or getting seriously ill, from whooping cough before they have their own immunisations at 6 weeks. This is given during every pregnancy, regardless of when the women had her most recent booster. Family members that will be in close contact to a baby before it is 2 months of age, are recommended to have a booster for whooping cough if they have not had one in the last 5 years. The government provides free immunisation to pregnant women, but not to family members. Your GP will be able to arrange how to immunise your family.

Covid-19 immunisations are strongly recommended at any stage of your pregnancy, if you are due. Currently, 3 immunisations are required to have completed the primary schedule. Fourth and subsequent immunisations may be needed, depending on the Australian recommendations at the time. Pregnancy is considered an immune-compromised condition and therefore women may be eligible for additional immunisations.

What screening tests are offered in Pregnancy?

Blood Tests: many are requested at the start of pregnancy. The standard ones include: Full blood count, blood group and antibody testing, HIV/Hepatitis C/Hepatitis B/syphilis serology; Rubella immunity; iron levels; Omega-3 levels; and a urine test for a urinary tract infection. Sometimes, additional testing may be offered such as: thyroid function; chlamydia testing; cervical screening if due; vitamin D levels; and immunity to other viruses.

Additional bloods are requested at 28 weeks. These include screening for gestational diabetes with an OGTT, full blood count, blood group antibodies and iron levels. Additional blood tests may be requested if clinically indicated.

Gestational diabetes screening may also happen between 12-16 weeks if women have risk factors for having early-onset gestational diabetes.

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First Trimester Screening: is offered to assess the chance the fetus has a chromosomal trisomy (T21 – Down's Syndrome; T18 – Edward's Syndrome; +/- T13- Patau's Syndrome). There are 2 options for this.

1) First Trimester Screen (FTS) (Medicare rebatable): This involves a blood test from 9 weeks to assess for papp-A and bHCG levels; and an ultrasound at 12 weeks looking for the nuchal translucency (the thickness at the back of baby's neck). These results, along with age, ethnicity, weight, smoking status etc are put into a calculator and a risk report is generated. Levels that are less risky than 1:250 are classified as "not at increased risk" and levels more risky are classified as "at increased risk". Women who have a risk result that is MORE risky than their age-related risk, may also be classified as "at increased risk". These results need to be discussed in a nuanced fashion as level of acceptable risk is up to the woman and her family.

2) Non-Invasive Prenatal Testing (NIPT) (Non-Medicare rebatable): this is a blood test done from 10 weeks, and compares the fetal DNA in the mother's blood to her own DNA to try and detect abnormalities. It can also detect sex-linked chromosomal abnormalities and the sex of the fetus. The cost varies, but is around $450 and done at various pathology labs. Common names include the Nest test, the Harmony test, or Generations.

Regardless of the result of this test, all women also need an early anatomy scan at 12-13 weeks as the NIPT does not rule out structural abnormalities of the fetus.

Women that have a high risk First Trimester Screen, may also opt for a NIPT BEFORE undergoing an invasive diagnostic test. The NIPT result will always trump the result of the First Trimester Screen, and may avoid the need for an invasive diagnostic test.

Both the First Trimester Screen and the NIPT are considered SCREENING tests. This means – any "at risk" result will need DIAGNOSIS by an invasive test that directly tests the baby's DNA. The two options are a CVS (sample of the placenta from 10-13 weeks) or an amniocentesis (sample of the amniotic fluid done from 15-20 weeks). Both of these tests carry a risk of miscarriage and appropriate counselling is done prior to performing these tests.

Genetic Carrier Screening is becoming increasingly popular as a screening test. We are all carriers of around 2 severe autosomal recessive conditions. This test is only performed ONCE in a woman's life, and is actually recommended prior to conception but can be done early in pregnancy. It tests the woman's carrier status of autosomal recessive conditions like Cystic Fibrosis, Spinal Muscular Atrophy or Fragile-X Syndrome. The chance she is a carrier of one of these three conditions is 1:20. If she is a carrier, her partner is tested to see if he is also a carrier. The chance of a couple having the same autosomal recessive gene for one of these 3 conditions is 1:240. You need BOTH parents to be carriers for there to be a chance of their baby inheriting the particular condition. Testing for these 3 conditions is around $400. Other more comprehensive genetic carrier screening can be done for over 400 autosomal recessive conditions. The cost of this ranges from $550 to $700 for the woman; or $750 to $1200 for the couple.

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Can I exercise during pregnancy?

Exercise is generally safe during pregnancy, particularly if you have been doing the same activity before you were pregnant. Always listen to your body and stop or rest if you experience any pain. It is important to not overheat, so exercise in a well-ventilated area and keep hydrated.

Pregnancy pilates or yoga classes are a firm favourite with many women. They help improve core and pelvic floor strength and can help with many musculoskeletal issues in pregnancy.

I have cats – I've heard this is an issue?

The problem with cats and pregnancy is due to the risk of getting toxoplasmosis from their faeces. If you're going to change their kitty litter, wear gloves, wash hands, or better still, delegate to someone else!

Toxoplasmosis is also present in soil, so be careful when gardening too. The symptoms of toxoplasmosis are very similar to the flu.

Can I have sex?

Generally, there is no issue with having sex while pregnant. Towards the later stages of pregnancy you may have to be creative with positions that are comfortable.

There are a few obstetric conditions where sex is best avoided. This is in the case of placenta praevia (where the placenta is low lying and covers the cervix); with recurrent threatened preterm labour; a short cervix; or ruptured membranes/amniotic fluid leak.

What medications should I avoid?

Your doctor should inform you if any prescribed medications you are on are unsafe in pregnancy. The vast majority are acceptable to continue.

The main over-the-counter medication that is best avoided while pregnant is ibuprofen and other anti-inflammatories.

The Women's and Children's Pharmacists are the best resource for what is safe to take during pregnancy and breastfeeding. You can contact them Monday to Friday 9am-5pm on (08) 8161 7555.

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How do I manage the common pregnancy symptoms?

Reflux

This is a very common problem in pregnancy. You can try eating small meals, avoiding caffeine and chocolate, or trying over-the-counter options like Mylanta, Gaviscon and Quick-eze. Stronger acid-suppression tablets (proton-pump inhibitors) are available on script and are safe in pregnancy.

Constipation

This can hit early and it's because of the high progesterone in pregnancy slowing down gut transit time. Later in pregnancy, it is because of the large uterus further slowing things down. It is important to drink lots of water, try and stay active, and increase fibre in the diet. If this doesn't work, try adding 2 Coloxyl tablets at night and increasing to twice a day. Coloxyl is a softener and won't make the bowel lazy. The next step is adding Movicol sachets and/or Lactulose syrup. If this isn't working, touch base with your doctor to discuss other options.

Nausea and Vomiting

Experienced by the vast majority of women in early pregnancy, luckily most cases are mild and transient. For those that are suffering you can try things like: eating small amounts often; eating before getting out of bed; drinking semi-flat fizzy drinks; ginger ale/biscuits/tablets; eat plain and easy to prepare meals; and B6 tablets. The next step is Restavit (a sedating antihistamine, available over the counter). Try ¼-½ tab at night initially. Beyond this, prescriptions are needed. Options include Maxolon, Stemetil and Ondansetron, or a combination of these. Ondansetron can cause constipation so you may need to start a gentle laxative.

Fatigue

This is usually worse in the first trimester and abates over time. If it is persistent, getting your iron levels checked is a must. Unfortunately it is also common to experience insomnia while pregnant, which doesn't help the situation!

Leg Cramps

These seem to be more common in pregnancy and the cause is poorly understood. Low iron levels can sometimes be to blame – so make sure yours are checked. Magnesium tablets can be helpful. As can keeping hydrated, stretching before bed, and Epsom salt baths.

Ankle Swelling

As long as it is mild, this is usually just a common pregnancy complaint. Try keeping your legs moving, not standing for long periods and wearing compression socks/tights. If your swelling suddenly increases, involves your fingers or face, it is important you see your doctor or midwife ASAP to get your blood pressure and urine protein levels checked. This can be a sign of pre-eclampsia.

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Fainting

For some women, the physiological drop in blood pressure can cause all sorts of trouble with fainting or dizzy spells. Simple measures include: staying hydrated, eating plenty of snacks, standing up slowly, not standing for prolonged periods, wearing TEDs stockings or other compression tights, and lying on your side rather than your back.

Back Pain

A very common pregnancy complaint! Some will just get the odd niggle while others will be plagued with continuous discomfort and/or symptoms of pelvic instability or pubic symphysis pain (SPD). A physio is the best person to manage this for you. Supporting your belly with a tubi-grip can be useful, as well as maintaining fitness and flexibility. Pelvic instability and SPD can be managed with a brace if needed.

Sleeping positions

From 20 weeks of pregnancy, your uterus is usually up to your belly button. This is where the inferior vena cava (the main vein bringing blood back to your heart) starts. If you lie on your back when you are over 20 weeks, there is a chance this vein will get compressed, causing a decrease in cardiac output. This can result in feeling faint, breathless, and also reduce blood flow to the placenta which can stress your baby. It is advised to sleep on your left side. At a minimum, placing a pillow or wedge under your right hip should displace the uterus off your vena cava.

Stretch marks

Despite what is often claimed, not much can be done to prevent stretch marks. It is usually up to your genetic predisposition as to how your skin will tolerate the stretch during pregnancy. Keeping the skin well moisturised is your best defence, as well as not gaining excessive weight.

Is it safe to travel in pregnancy?

Most airlines will let you travel up to, and even beyond, 36 weeks within Australia if you have a singleton pregnancy. International travel has earlier restrictions. The airlines will need a letter from your doctor once you are past 28 weeks confirming you have an uncomplicated pregnancy. Letters generally need to be completed no more than 10 days before travel. All airlines publish their requirements for travelling when pregnant on their website. It is best to check with your specific airline before booking.

The safest time to travel is in your second trimester. It is best to avoid developing countries during your pregnancy due to the increased risk of infections and poor food and water quality. The most important aspect of travelling while pregnant is travel insurance. It can be very hard to find insurance for yourself, and even harder for a baby if it happens to come early while overseas. The costs of a hospital stay and NICU bed for your baby can be enormously expensive, especially in the USA where bills over AUD$500,000 are not unheard of.

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Prevention of DVT (deep vein thrombosis) is important when travelling long distances by plane or car. Make sure you move your ankles and pump your calf muscles often during the journey. Keeping hydrated is also important (although may increase the swelling in your ankles). Avoid alcohol and caffeine. You can consider using travel socks or TED stockings. And most importantly – take your Pregnancy Hand Held Record with you!