



PREGNANCY GUIDELINES



Congratulations on your pregnancy, this is an exciting journey upon which you are embarking.

This document serves as a simple guideline, it is by no means complete, so feel free to ask any other questions that you have.

We have set out a few pointers under headings that we feel are important, dealing with what you can and can't do during your pregnancy.

Getting educated during your pregnancy is an important part of it, but too much information can be a bad thing too, so be careful from whom you take advice. If you are looking for a good book, chat to us, there are plenty on the market.

We do recommend that you consider some antenatal classes, as these can be very beneficial, not only in providing information around pregnancy and delivery, but also in introducing you to a whole group of new parents to be, just like you!

Feel free to get details about the various options available from our team.

For any appointments or queries, please call the rooms at Life Beacon Bay Hospital on **043 748 2336**, and chat to our team of Griselda (on reception), Phila (Dr Chimusoro's assistant) and Sister Rochan (Dr Spring's assistant).

ANTENATAL VISITS

On our journey together, we will meet at various points and this is a guide to those visits.

First visit - this is to confirm your pregnancy and that it is in the right place and assess your obstetric risk profile. After 8 weeks, blood samples will be done for basic pregnancy care as well as screening for some common genetic abnormalities

Second visit - this visit will happen between 11 and 13 weeks. An ultrasound will be done by a Fetal Medicine Foundation accredited sonographer and she will give a report of the risk profile of your pregnancy. These tests do not diagnose genetic problems, they simply identify some moms who need further testing with an NIPT (non invasive Prenatal testing or cell free DNA test) and if that is inconclusive an amniocentesis will be offered.

Third visit - blood tests will be done for Alpha Fetoprotein, to screen for spinal and other structural defects.

Fourth visit - again with our sonographer - this is your fetal anomaly scan

Following visits - these will happen every 4 weeks, assessing your health and the growth of the baby.

From 36 weeks until delivery - visits are every 7-10 days to closely monitor fetal wellbeing.

At every visit we will check your weight blood pressure and urine, this is so that we can pick up any warning signs of things like gestational diabetes and preeclampsia.

We believe in giving you adequate information, so you can participate fully in your care.



With regards planning your delivery, we will listen to your ideas and accommodate you as far as we can. At all times, please remain open minded and know that we have you and your baby's best interests at heart; and we really want you to have a positive birthing experience.

With regards to the practice's after-hours duties, we (Dr Spring and Dr Chimusoro) share our calls. If you are in labour or think you might be in labour, please proceed straight to Beacon bay life Hospital, where the labour ward staff will assess you and contact the on call doctor. For any other after hours emergencies, please call the rooms, where a voice message will provide details of who is on call.

Our contact details are as follows

- Rooms - 043 748 2336
- Dr Spring - 083 659 8660
- Dr Chimusoro - 082 903 5862

DIET

Everyone worried that they will gain too much weight in their pregnancy and turn into a beached whale. That possibility does exist, if you completely overdo it. Try to stick to a normal balanced diet. The old story of 'eating for 2' really is a fallacy and probably a surefire way of becoming that beached whale. A general guide is to gain between 12 and 20kg through your pregnancy, with most of this being gained after about 20 weeks. Remember though, each person is unique, so do not compare yourself to your friends.

While your appetite might disappear in the first trimester, your growing bundle will extract exactly what it needs from your stores; and once those awful symptoms settle down, you will probably find that you are hungry again. Towards the end of your pregnancy, you will probably feel full very easily and a little bloated, so switch to smaller more frequent meals.

You can eat almost anything in moderation during your pregnancy, the only things that are better to avoid are fermented cheeses (like blue, brie, camembert, anything with mould) and any raw or undercooked fish (like sushi), chicken or pork. You may eat cheddar, feta, gouda, mozzarella, cream and cottage cheese as normal. The cattle and sheep in South Africa are healthy, so it is acceptable to eat rare lamb and beef.

During pregnancy it is better to not drink any alcohol. Each baby's level of tolerance to alcohol is different, and therefore there is no acceptable safe amount to drink. Rather just say no!

Caffeine is another contentious issue, and the general advice is to cut back. There is an association between ADHD and excessive caffeine intake. The best recommendation currently is to rather avoid caffeine completely. Some fizzy drinks and energy drinks are loaded with caffeine, so please avoid those; you may even find that they exacerbate heartburn and reflux symptoms towards the end of pregnancy.

Adequate water intake in pregnancy is essential. It helps to prevent many problems, including bladder and kidney infections, which can trigger miscarriages and preterm labor. In summer try to drink 2 500ml a day, and in winter 1 800ml per day.

We strongly recommend stopping smoking during your pregnancy, in fact it is better if you have been able to cut down or quit before conception. Smoking has serious consequences for both you and your baby. In utero, the baby does not grow as well since oxygen supply is compromised.

Smoking has an effect on placental development and function and smokers are at a much higher risk of abruptio placenta, which is when the placenta separates from the uterine wall before the baby is born,



which is often fatal to the baby. After delivery, a baby of a smoker (or with a smoker in the house, dad) is at much higher risk for chronic lung diseases, like asthma and bronchitis than those born to a non-smoker.

Your health is also negatively impacted by smoking with a higher risk of malignancies, emphysema, chronic bronchitis etc. Besides, it is a really expensive habit, think about how many nappies you could afford if you quit!

ACTIVITY AND EXERCISE

It is a good idea to try to remain active in a low risk pregnancy, but remember that all exercise programmes must be tailored to the pregnancy.

If you attend classes, like aerobics or pilates, yoga or spinning, please let the instructor know that you are pregnant so they can advise you on what you are able to do safely. If you work out in a gym, it is a good idea to connect with a personal trainer, they would be able to assist with a personalised safe and effective programme for you; otherwise walking on a treadmill or riding a stationary bike are good options.

Swimming is an excellent form of exercise in pregnancy, protecting the joints. A general guide while you are exercising is to keep your heart rate at about 140 beats per minute, but this does depend on your resting heart rate and level of fitness. If you are not a very fit person, now is not the time to become one, if you would like to start something, walking is the best suggestion.

Activities to avoid are bungee jumping, sky diving and scuba diving. You should avoid horse riding, unless you are an experienced rider and the horse is very calm. Abdominal exercises should also be limited.

Sex is definitely still allowed in a low risk pregnancy; things can get a little uncomfortable though, and you may just have to find positions that suit you better. Always maintain a good sense of humour in this regard!

SUPPLEMENTS AND MEDICATIONS

Vitamin supplementation is important in pregnancy. Ideally Folic acid should be started before you even conceive, but, if not then, as soon as you discover you are pregnant. Folic acid is a building block of DNA and you can imagine how much DNA is being produced at around the time of conception. In the first trimester it is the only vitamin that we insist our patients use, if you are very nauseous, try taking it at night, just before bedtime.

After the first trimester symptoms have settled, it is a good idea to start on a multivitamin. There are so many different formulations on the market, so see which one suits you best. Omega 3 & 6 are important for brain development, but since they can be expensive you can reserve them for use in the third trimester. At that time it is also important to use some extra calcium to boost your levels, while your body starts to prepare for feeding.

After delivery it is a good idea to continue on a multivitamin, with calcium, whether you breastfeed or not. Pregnancy takes a lot out of your body, and you need to replace those vitamins and minerals.

At around 36 weeks we recommend a whooping cough (pertussis) vaccine. Whooping cough is the cause of a chronic cough and in children is one of the leading reasons for hospital admission in children under the age of 2 years. Because children can only be vaccinated for it at 18 months, we recommend that you get vaccinated to protect your baby until that time.



There are many medications that pregnant women shouldn't use, but there are plenty that are safe. Paracetamol (Panado, Painamol) is safe to use for pain and fevers, in normal dosages. Most antibiotics are safe, just make sure that whoever is prescribing to them to you knows that you are pregnant. If there is any doubt t, please call the rooms to confirm with our team. Antacids (Rennies, Gaviscon, Mayogel) are safe in pregnancy, use them if you are suffering from heartburn. There are also various safe medications for nausea and morning sickness, which we will prescribe if necessary.

Remember, if you consult any other medical professional - a doctor, a dentist or any other, you are obliged to tell them you are pregnant so that they can consider that when offering you treatments. If you use any chronic medications like anti - hypertensives or antidepressants, please inform us, so that treatment can be modified appropriately.

TRAVELLING DURING PREGNANCY

This is a question that always comes up; travelling is fine, as long as your pregnancy is uncomplicated and low risk. We do suggest that you stop travelling in the last month of your pregnancy. When you are on the road, be it by bus or car, take frequent breaks, stretch your legs and keep well hydrated. If you are on the roads, please be sensible, the busier the roads are, the more dangerous they are and the more accidents occur.

Air travel is acceptable in pregnancy. The rules regarding this are in case you go into labour in midair! Domestic flights are short and pose little risk, you may not fly domestically after 36 weeks. International air travel is acceptable, as long as you fly fewer than 8 international flights in your pregnancy, this is to minimise radiation exposure. Most international airlines will not allow you to fly after 32 weeks. In most cases, you will require a letter from us approving your air travel, please don't hesitate to ask for one timeously.

When planning a holiday, we advise against travelling to a malaria area. Malaria is a potentially fatal disease and it is much more aggressive in pregnant women, posing high risks to both you and baby. Prophylaxis is tricky in pregnancy, and it is far better to avoid the risk. There can always be another holiday.

ADMINISTRATION MATTERS

Unfortunately, pregnancy does involve some admin on your part. Please inform your medical aid in good time of your pregnancy and get clear information on what they cover and what they do not cover.

Our accounts department will provide you with a birth quote, since we do not charge medical aid rates. This quote will be given early in your pregnancy, so you have time to plan and budget for your delivery.

Of note, if you are a dependent on your parents medical aid, while the delivery will be covered, any costs relating to baby will not be covered, which means that you will be liable if your baby requires NICU or any intervention. If this is beyond your means, you will be referred to Frere Hospital for further care there. It is your responsibility to make arrangements, so please do so in good time.

Feel free to discuss this matter with the team at the pre-admission centre.

At 30 weeks, you will be asked to book your hospital bed, via the pre-admission centre. They will prepare all the paperwork that is necessary on your admission, saving you all that hassle.

If there are any financial issues along the way, you are welcome to discuss with us or preferably our accounts department, and we will try our best to settle any administrative hitches along the way.