

Mum's guide to ...pregnancy

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Table of Contents

Introduction

Chapter 1 Preparing for pregnancy

Chapter 2 Early pregnancy

Chapter 3 Investigations and tests

Chapter 4 Hospitals and obstetricians

Chapter 5 The second trimester

Chapter 6 Shopping for baby

Chapter 7 The third trimester

Chapter 8 Your hospital stay

Chapter 9 Coming home with new baby

Chapter 10 Coping with loss

Chapter 11 Preparing for breastfeeding - Joanna Molloy

Introduction

Thirteen years of school, eight years of university and four years of medical specialist training, yet nothing fully prepared me for the roller coaster ride of pregnancy and caring for a baby.

I was the clucky friend, the helpful mate that every new mother wished she had. I happily burped their baby, changed nappies and washed their dishes. Yet when it came to my turn to have a baby, I still had dozens of unanswered questions.

Welcome to the life-changing journey into parenthood! A world filled with immense joy and cherished moments, but also riddled with an endless flow of questions: What vitamins do I need to buy, and why? How long does it take to fall pregnant? When should I go to the doctor? What do I pack in my baby's hospital bag?

My book dissects the ever-expanding fountain of available information and provides clear, practical and evidence-based answers to questions about pregnancy.

I have fifteen years of experience caring for pregnant mothers and want-to-be parents through my work as a family medical doctor and I have two beautiful and happy children. Having been on this journey, this book has been on my mind for some time. As you will find in time from your own experience, I was a little time poor when my children were infants, so it remained an intriguing idea for a few years, until now.

My book's seed was sown through the emails I wrote to my younger sister when she became pregnant. We were living in different cities then, and I wanted to make her pregnancy journey as easy and safe as possible. Those emails included practical pieces of advice that I had acquired through personal experience, as well as extensive medical reading and research. My emails were then forwarded from pregnant friend to pregnant friend, and the feedback was always the same, "Thanks for the great ideas; they were incredibly helpful; you should write a book."

I have a wonderful job in a vibrant general practice where we see many women who want to have a baby. My work has allowed me to appreciate what women and their partners want to know about pregnancy. They want to know the most current evidence-based information to help them achieve the goal of a healthy pregnancy and baby. They not only want to know what they can do to achieve this goal, but why those things are important; for example, why is it important to take folic acid?

There is nothing more satisfying than caring for women and their partners before the pregnancy, then through the pregnancies, and finally meeting their beautiful babies at their first health check. I also feel privileged to be able to provide support for women who are undertaking the journey into parenthood alone.

This book provides quality practical advice to help you navigate the mysteries and anxieties of impending parenthood. No book can cover everything. Every mother is different, every baby is different, and every parent-child relationship is unique. This book is written to provide you with a good, solid starting point by answering your questions about pregnancy. So, let's buckle up and hold on tight for that fabulous roller coaster ride!

Dr Maria Renee Boulton

Chapter 1

Mum's guide to...

Preparing for pregnancy

Preparing for pregnancy is the first step towards your future role as a parent, when you start putting your future baby's needs ahead of your own. Every newborn I see reminds me of how extraordinary life is. However, sometimes life is not idyllic and presents us with sad outcomes that are out of our control. The aim of this chapter is to empower you by providing up-to-date, evidence-based information about the things that can be controlled, which will keep you, and the baby inside you, healthy during the pregnancy.

In an ideal world, we would all be prepared for everything, but we live in reality. In our parents' era, it was rare for women to see their doctor for a check-up before trying to conceive. Millions of us were born healthy even though our parents skipped the pre-pregnancy check. But I wonder how many more mothers and babies would have been even healthier if the mothers had received adequate pre-pregnancy care. Think of this chapter like checking the air pressure in your car's tyres before a long drive. We don't always do it, but it would be great if we did. That way we know we are better equipped to handle any bumps on the road ahead.

If you are already pregnant, congratulations! I encourage you to continue reading this chapter as it contains valuable information that applies to you. For example: what pregnancy vitamins and supplements you need; safe medication use in pregnancy; optimizing your health in pregnancy; and how to find a good general practitioner (GP) or family doctor.

When should you start preparing for pregnancy?

If you are healthy and have no concerns regarding your periods or your fertility, see your general practitioner (GP) and start your pre-pregnancy preparations three months prior to the time you would like to start trying to get pregnant. This is so that you have enough time to optimize your health, get any vaccinations you may need, and start taking essential pregnancy supplements.

If you have a male partner, invite him to come with you to the pre-pregnancy health check. Not only will he have the opportunity to discuss aspects of his health or family history that may affect the pregnancy, but it is also an excellent opportunity to involve him right from the start. Similarly, if you have a female partner there may be aspects of her lifestyle that may affect the pregnancy, for example smoking, so encourage her to come along.

If you are embarking on the journey of pregnancy without a partner, consider bringing a support person with you. An extra pair of listening ears is always helpful. Studies have shown that most people remember less than 30 percent of what was discussed at the visit to the doctor; all the more reason to have extra ears on hand. You may also want to bring a list of questions to discuss at the visit.

When should you stop contraception?

The simple answer to this one is: when you are ready to become pregnant.

It may not be ideal to stop contraception six months prior to when you would like to become pregnant, only to find that you are pregnant straight away. This happened to a friend of mine who, as a result, was very pregnant on the European Contiki tour she had planned for months. She was lucky, though, as she was back in Australia before it was unsafe for her to travel by air. If she had become pregnant

earlier, she would have had to cancel her expensive travel plans. Contiki tours, as you may know, don't cater for babies.

I know many women who have missed only one oral contraceptive pill and have become pregnant, so remember them if you have heard that it takes three months for the contraceptive pill to get out of your system. Unfortunately, though, for some of you, the pregnancy journey may take longer.

Help is available if you are having trouble getting pregnant; you just need to know how to access it.

When should you switch to a diet that is safer for the baby while you are trying to conceive?

You may wonder when you should begin behaving like you are pregnant during the pre-pregnancy period, that is, avoiding foods, medications, alcoholic beverages and/or recreational drugs that may harm the baby. The answer – make wise food choices and avoid drugs and alcohol while trying to conceive. You may already be pregnant, but it may be too early for the test to detect it – a negative pregnancy test is not permission to take health risks. I advise my patients to repeat their pregnancy test a few days later if they have had a negative result and their period still hasn't arrived. If in doubt, ask for a blood test, as they can detect pregnancies a few days earlier than do-it-at-home urine pregnancy tests, and are more accurate. This can be done at any pathology laboratory: you just need a referral form from your doctor. If you live in an Australian city or in a large regional centre, the result will be available on the next business day.

It is important to remember that most things that you eat, drink, inject, inhale and smoke can cross the placenta and affect the baby's growth and development. Some of the effects can be profound and permanent. So yes, in that respect you are "eating for two." In the next chapter, you will find information regarding healthy eating in pregnancy and what foods to avoid.

Alcohol and recreational drugs cross the placenta, so the baby is also exposed to their harmful effects; thus it is not safe to continue them into the pregnancy, not even in small quantities. Exposure to these substances in pregnancy can lead to problems such as miscarriage and low birth weight; intellectual, learning and developmental problems; and congenital abnormalities including heart defects and distinctive facial features in the baby. If you think you may have a problem with alcohol and/or recreational drugs, or need help stopping them, please ask for help, either from your GP or your state government's "alcohol, tobacco and other drugs" health service. Remember that you only get one go at this pregnancy roller coaster. You want everything to be in your favour so that your baby is as healthy as possible.

It is important to check with your doctor whether it is safe to continue taking any medication you may be on, including prescription, over-the-counter and herbal/natural supplements.

If you are pregnant and have concerns about something you may have consumed, discuss this with your GP. It is not uncommon for women to have a few alcoholic drinks without realizing they were pregnant at the time. I encourage my patients to discuss it with me so that we can assess any possible consequences; most of the time there are none.

A cautionary note: most of us buy urine pregnancy detection tests from the pharmacy to confirm we are pregnant. These tests detect pregnancy hormone in a woman's urine. They are more accurate if you use the first urine of the day. It is important to remember that they may not detect very early

pregnancies. Some of the popular brands can detect pregnancies in some women from four days before their period is due. However, they are more likely to detect a pregnancy as the pregnancy progresses and the pregnancy hormone levels in the urine increase. For example, one brand gives a positive result in 98 percent of pregnant women if used one day before their period is due, compared to 55 percent if used four days before their period is due. Yes, you can be pregnant despite having a negative pregnancy test.

Is it true that smoking decreases your chances of pregnancy and can harm the baby?

Yes. Smoking reduces your fertility, making it harder to fall pregnant. Smoking also reduces men's fertility. In addition, smoking and passive smoking increase pregnancy complications, such as miscarriages, premature deliveries, and low-birth weight babies. There is also an increased risk of certain diseases such as asthma and middle ear infection in children who have parents that smoke. Your GP, Pharmacist or government agency like Quitline can help you reduce the number of cigarettes you smoke and quit smoking altogether.

I have observed that it is easier for women to quit if their partner or friends join them and quit as well, as it provides them with additional support. Most of my patients who succeed at quitting smoking have a clear reason for stopping and think of a reward to enjoy once they do. One of my patients saved all the money she would have spent on cigarettes and went on a holiday to a tropical island.

Is it true that losing weight makes it easier to fall pregnant?

Yes. Studies have shown that regardless of your general health or medical conditions, it is easier to fall pregnant if your weight is in the healthy range. The risk of pregnancy complications, such as gestational diabetes, also decreases if you are a healthy weight.

An easy way to determine if your weight is healthy is to calculate your Body Mass Index or BMI. Your BMI gives you an idea of whether your current weight is in the healthy range for your height. Numerous smartphone apps and websites will calculate this for you; otherwise, you can use the following equation:

$$\text{BMI} = \frac{\text{Weight (kg)}}{\text{Height (m)} \times \text{Height (m)}}$$

A BMI between 18.5 and 24.9 indicates a healthy weight range. A BMI under 18.4 indicates that you may be underweight. A BMI above 25 indicates that you may be overweight. There are some exceptions to these ranges: BMI calculations are not accurate for bodybuilders, pregnant women, elite athletes, and some people who are extremely over or underweight. The healthy BMI ranges are also different for people over the age of 65.

Dieting is not recommended while you are pregnant, so it is best, if time permits, to try to achieve a healthy weight before getting pregnant. Yes, I know from experience that it is easier said than done, but support and good advice will help.

Exercise in pre-pregnancy and early pregnancy

Regular exercise is important for your health, fitness and mental wellbeing. The Australian Government Physical Activity Guidelines recommend 150 to 300 minutes of moderate intensity exercise or 75 to 150 minutes of vigorous intensity exercise a week in adults. They also recommend two muscle strengthening exercise sessions a week.

It is safe to exercise during the pre-pregnancy and early pregnancy periods provided you follow certain guidelines. It is recommended you avoid dehydration, overheating, lifting heavy weights and exercising if you are sick or have a fever. If you are not a marathon runner, now is not the time to take it up, as it is not safe to increase the intensity of what you have been doing. If you haven't been a keen fitness fanatic in the past and have led a mainly sedentary lifestyle, walking may be the perfect exercise for you. Just remember to start at a slow pace and increase the pace and distance slowly. Don't forget to wear comfortable shoes and clothes and drink plenty of water. If you have any ongoing medical issues, consult your GP before embarking on an exercise plan.

The hormones secreted during pregnancy cause loosening of the ligaments in your body, increasing the risk of sprains, such as ankle sprains. The risk of falls is also increased because your centre of gravity changes as your abdomen expands with the growing baby. Therefore, if you participate in sports such as netball or tennis, which involve changing direction quickly, you may need to consider a change. It is also important to consider stopping contact sports (e.g. boxing, rugby) and sports that can lead to falls (e.g. snow and water skiing) due to the risk of trauma to the baby and placenta inside you.

If you are an athlete, you will need to discuss your training regimen with your doctor and physiotherapists when you become pregnant, as changes may need to be made.

Do you need additional vitamin supplements during pregnancy? Which do you need to start before you fall pregnant?

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) strongly recommends that women maintain a healthy and balanced diet before, during and after pregnancy, as it can improve the health of the baby and mother. However, pregnancy and breastfeeding increase the demand for certain nutrients that may not be achieved by a healthy and balanced diet alone. This is because when you are pregnant, your metabolism changes and you make more red blood cells to support the baby growing inside you. Therefore, you need additional vitamin supplements during pregnancy, some of which need to be started before you fall pregnant.

All pregnant women need folic acid and iodine supplements. You may also need vitamin D, vitamin B12, iron, calcium and Omega-3 fatty acid supplements.

Folic acid/folate

Folic acid is a synthetic form of folate, a B-group vitamin. Folate is essential for the production of increased red blood cells and the prevention of neural tube defects in your baby.

During pregnancy, red cell volume increases by more than 20-30 percent, and folate is essential for the production of those increased red cells. If your folate intake is not adequate, it can lead to anaemia. Severe anaemia can increase the risk of your baby becoming anaemic and restrict your baby's growth in the womb. Moreover, anaemia can also increase your fatigue.

Other essential ingredients for the production of red cells are Vitamin B12 and iron: more on them later in this chapter.

Neural tube defects are congenital abnormalities resulting from the abnormal development of the baby's brain, spinal cord and the structures that surround them. Examples of these include spina bifida, in which the vertebrae bones that surround the lower end of the spinal cord do not form properly, resulting in openings or clefts; and anencephaly where the brain and skull fail to develop normally. There is strong evidence that starting folic acid supplements before conception and continuing them in the first trimester of pregnancy reduces the risk of neural tube defects.

It is recommended that all pregnant women take folic acid supplements. RANZCOG recommends taking 0.4 mg of folic acid daily, starting one month before pregnancy, continuing until three months into the pregnancy. Some women, however, need a much higher dose (5mg daily) due to their increased risk of neural tube defects. These include women who have had a child with a neural tube defect, or where there is a family history of neural tube defects (that is, the woman or the baby's father have relatives that have the condition). Women with medical conditions such as diabetes, and those who are on medications such as anticonvulsants – medications to decrease seizure frequency – may need a higher dose of folic acid as well. Women who are pregnant with multiples (twins, triplets, etc.) also need a higher dose of folic acid. Ask your doctor what your particular requirements are.

All women who are of reproductive age should consider increasing the amount of folate in their diet as 50 percent of pregnancies in Australia are unplanned. Folate-rich foods include green vegetables such as broccoli, kale, spinach, asparagus, legumes, and bread fortified with folic acid.

Iodine

Iodine deficiency is the world's leading cause of preventable intellectual disability in children. Babies born to mothers who have insufficient iodine in their diet are at risk of growth and intellectual abnormalities.

The National Health and Medical Research Council or NHMRC and RANZCOG recommends starting a dietary supplement of iodine of 150mcg daily. It is recommended you start this one month prior to pregnancy and continue it throughout the pregnancy and while breastfeeding. Iodine is essential for normal function of the thyroid gland.

Iodine is now found in some of the pregnancy multivitamin formulations. It is also found in some brands of table salt on supermarket shelves – look for “iodized salt” on the label.

Vitamin D

Vitamin D helps absorb calcium and is essential for the growth and support of the skeleton as well as maintaining circulating calcium levels in the blood that regulate the cardiovascular and neurological systems.

Low vitamin D levels can be harmful to the developing baby in the womb and to your health. Low vitamin D exposure in the womb increases your baby's risk of impaired bone development and can lead to seizures once your baby is born. In women, low vitamin D levels increase the risk of fractures (due to osteoporosis) and falls later in life.

The only reliable sources of vitamin D are sun exposure and supplements. Although some foods such as oily fish, eggs, and fortified milk contain vitamin D, you cannot achieve adequate levels of Vitamin D through food intake alone. A simple blood test can measure your Vitamin D level.

RANZCOG recommends that all pregnant women with low vitamin D levels take supplements. There is ongoing debate around the world as to what the ideal level is, but there is agreement that women with a level below 50nmol/L should have supplements. There is also debate as to whether all pregnant women should have a blood test to determine their level of vitamin D or whether a blood test should only be offered to women who are at higher risk of vitamin D deficiency.

Women at higher risk of vitamin D deficiency include: those with medical conditions that may affect vitamin D absorption; those who cover their bodies for religious or cultural reasons; women with dark skin as they absorb less vitamin D through their skin; and those who have a predominately indoor lifestyle and get little sunlight exposure. Vitamin D levels may not be something that your doctor routinely checks for, so if you have concerns ask for a blood test to check your Vitamin D.

Vitamin D function is an ongoing area of research, with studies underway to investigate whether there is a link between Vitamin D deficiency and food allergies, asthma and eczema, mental health disorders, and multiple sclerosis, to name a few.

Vitamin B12

Women who have reduced absorption (e.g. pernicious anaemia) or low intake of vitamin B12 (e.g. vegetarian or vegan diet) require vitamin B12 supplements in pregnancy and during breastfeeding. RANZCOG recommends a daily intake of 6 mcg/day of B12 during pregnancy. Vitamin B12 is essential for red blood cell production and normal neurological function. It is found in animal products such as chicken, eggs, milk, beef, and fish, and also in fortified cereals. A simple blood test can measure vitamin B12 levels.

Iron

Like vitamin B12 and folate, iron is important in the production of red blood cells. As discussed before, red blood cells are produced in higher numbers in pregnancy to support your growing baby in the womb. Women at risk of iron deficiency include those with malabsorption problems (e.g. coeliac disease) and those on vegetarian or vegan diets. Iron supplementation is recommended in women who are iron deficient, as determined by a simple blood test. I recommend that my patients have their iron levels checked: at the pre-pregnancy health check; at their first blood test once they become pregnant; and 28 weeks into the pregnancy. Taking iron supplements when it is not necessary is of no benefit, and can lead to side effects such as nausea and constipation.

Calcium

Calcium is important for your bone health and reducing pregnancy complications such as pre-eclampsia. The recommended dietary calcium intake for a pregnant woman is 1300mg a day. Osteoporosis Australia has a factsheet on the calcium content of different foods on their website, www.osteoporosis.org.au. I recommend you track your calcium intake for a week and see whether you can achieve 1300mg a day. If your dietary intake of calcium is too low and you are unable to increase it through diet alone, then your doctor may consider starting you on calcium supplements. Talk to your doctor so that you can work out together what your calcium needs are.

Omega-3 fatty acids

Omega-3 fatty acids are important for the healthy development of your baby's brain and eyes. They are found in vegetable oils and oily fish. However, take care not to consume too many serves of fish that are high in mercury (e.g. shark, tuna, and mackerel). High mercury levels are toxic to the baby in the womb. RANZCOG recommends no more than one serve of shark per fortnight due to its high mercury content. Women who eat very little seafood can supplement their Omega-3 fatty acids with some of the pregnancy multivitamins available at pharmacies.

Probiotics

Probiotics (or good bacteria) are a new area of research. There is evidence that you can reduce the risk of your baby developing food allergies and eczema if you take particular probiotics during your pregnancy. Babies are at increased risk of eczema and food allergies if they have first or second-degree relatives that have atopic diseases such as eczema, food allergies, asthma, or hay fever/rhinitis. You may have heard of parents giving probiotics to their babies/children. Well, research shows that it is more beneficial if the probiotics are given to you during pregnancy. This area is rapidly changing and I strongly recommend that if you think your baby may be at risk, you discuss this with your doctor or an allergy specialist/immunologist.

Ask your doctor in your pre-pregnancy health check what your individual vitamin and mineral supplement needs are. If you are already pregnant and haven't started thinking about your optimal health, congratulations again on your pregnancy, but please start as soon as possible.

During pregnancy do you need to spend money on specific supplements?

Yes. Certainly, once you are pregnant, a pregnancy multivitamin is beneficial, especially if, like me, you suffer from severe morning sickness and can't tolerate much food. I recommend that my patients continue taking supplements until they stop breastfeeding, to provide them with nutritional back-up. There are numerous brands in the market, and I recommend those containing folic acid, iodine, and omega-3 fatty acids and have the most research backing them up.

Ask your doctor what brand she/he recommends.

Can you take ordinary multivitamins instead?

No, it is recommended you stick to pregnancy multivitamins. Non-pregnancy multivitamins have higher doses and different combinations of vitamins and minerals than pregnancy formulations and may be toxic to your baby. If you are taking ordinary women's multivitamins, it is a good idea to stop and check with your doctor that they are safe.

Can you continue your regular medications into pregnancy?

If you are on regular medications (including prescription medications, over-the-counter medications, vitamin and/or mineral supplements, herbal formulations or natural products), you need to check with your doctor to make sure they are safe in pregnancy, during conception and breastfeeding.

Medical doctors use the Australian categorization system when prescribing medications to pregnant women. This system was developed by scientific experts and categorizes most medications according

to their safety for the baby in the womb, and whether they have been adequately researched in pregnant women.

Definitions of the Australian categories for prescribing medicines in pregnancy (only applies for recommended doses)

Category A

Drugs which have been taken by a large number of pregnant women and women of childbearing age without any proven increase in the frequency of malformations or other direct or indirect harmful effects on the fetus having been observed.

Category B1

Drugs which have been taken by only a limited number of pregnant women and women of childbearing age, without an increase in the frequency of malformation or other direct or indirect harmful effects on the human fetus having been observed.

Studies in animals have not shown evidence of an increased occurrence of fetal damage.

Category B2

Drugs which have been taken by only a limited number of pregnant women and women of childbearing age, without an increase in the frequency of malformation or other direct or indirect harmful effects on the human fetus having been observed.

Studies in animals are inadequate or may be lacking, but available data show no evidence of an increased occurrence of fetal damage.

Category B3

Drugs which have been taken by only a limited number of pregnant women and women of childbearing age, without an increase in the frequency of malformation or other direct or indirect harmful effects on the human fetus having been observed.

Studies in animals have shown evidence of an increased occurrence of fetal damage, the significance of which is considered uncertain in humans.

Category C

Drugs which, owing to their pharmacological effects, have caused, or may be suspected of causing, harmful effects on the human fetus or neonate (newly-born) without causing malformations. These effects may be reversible. Accompanying texts should be consulted for further details.

Category D

Drugs which have caused, are suspected to have caused, or may be expected to cause, an increased incidence of human fetal malformations or irreversible damage. These drugs may also have adverse pharmacological effects. Accompanying texts should be consulted for further details.

Category X

Drugs which have such a high risk of causing permanent damage to the fetus that they should not be used in pregnancy or when there is a possibility of pregnancy.

Some hospitals also have their own categorization systems.

Some prescription medications, over-the-counter medications, vitamin and/or mineral supplements, herbal formulations and natural products may not have been appropriately assessed. It is very difficult to get approval to run large studies on medication in pregnant women nowadays, as, ethically and morally, researchers cannot expose pregnant women to medications of whose effects they are unsure. Unless these have been adequately tested, you cannot be certain that they are safe. Always ask your doctor or pharmacist if all the tablets/supplements/syrups/inhalers/nasal sprays, etc. that you are taking, even if they are prescribed medication, are safe in pregnancy.

Some medications may need to be stopped months prior to conceiving to remove traces of them from your bloodstream, as they can harm the baby growing inside you. Medications in this category include some acne medication as it can increase the risk of congenital malformations in babies.

Sometimes it is not safe to stop medication due to the risk of causing you harm. In these cases, discussing the possible benefits to you versus the risk of harm to your baby is important. If you and your doctor decide that the only safe option for your health is to continue with a medication that can increase the risk of abnormalities in the baby, then you may decide to monitor the baby's development in the womb more closely with prenatal testing. More on this in Chapter 3.

Is your health insurance ready for a baby?

It is important to assess the level of cover provided by your private medical insurance if you have it. Most will require you to switch to family cover, otherwise your baby may not be covered if you want her/him to be cared for by a private specialist or in a private hospital. This is best done sooner rather than later in case there are waiting periods. A quick phone call to your private insurance provider will help you answer this.

If you don't have private medical insurance but have a Medicare card, you and your baby are entitled to free medical care through the public health system in Australia. Note that you may not be able to choose which doctor or hospital you attend. More on this in Chapter 4.

In Australia, all public hospitals have different catchment areas. That is, your doctor can only refer you to the particular public hospital that services the area you live in. In Brisbane, for example, pregnant mothers living in the northern suburbs are referred to The Royal Brisbane and Women's Hospital. If you live in the southern suburbs and are referred to The Royal Brisbane and Women's Hospital, the hospital administration staff will write to your doctor asking her/him to refer you to a hospital in the southern suburbs.

Are your finances ready for a baby?

Babies, cute as they are, come with extra expenses ranging from baby clothes to furniture to car seats, etc. Baby expenses need to be considered when planning your budget. You also need to factor in your loss of income resulting from maternity leave. Are you entitled to maternity leave at work? If so, for how long, and will you receive some income during that time?

Another important consideration is who is going to care for your baby when she/he is born? Will you be the primary carer? Or will your partner, family member or friend assume that role? Do you need to consider paid childcare for your baby? These options can vary considerably in cost and need to be accounted for when considering your budget.

Finances are important because they can cause stress in families. Having a clear idea of your budget will allow you to focus on your baby rather than on the stress of a precarious financial situation.

How do you find a good family doctor or general practitioner (GP) if you don't have one already?

Word of mouth is a good place to start. Ask your friends living in your local area if they have someone they recommend. Having said that, not all doctors will communicate effectively or establish the same level of rapport with all their patients. So Dr. X, “the best doctor in North Brisbane” may not work out for you or your family. Their communication style may not be suited to yours, and you may not feel comfortable with them.

Ensure that your doctor has adequate qualifications and is registered with the Australian Health Practitioner Regulation Agency or AHPRA (the national medical board). In Australia, a fully qualified GP must have completed a university degree in Medicine and Surgery, and a Fellowship of the Royal Australian College of GPs or its equivalent. The letters next to their names should be MBBS and FRACGP respectively.

The Royal Australian College of General Practitioners, or RACGP, is the national accreditation body for GPs. It is the body responsible for the specialist training doctors must complete to become GPs. After completing university studies and a minimum time working in a hospital, a doctor must complete three years of GP training and pass examinations to become a fully qualified GP. In the past, medical doctors could become GPs after working for a few years in a hospital. Nowadays General Practice is a specialty requiring additional training and examinations. The RACGP also ensures that GPs satisfy ongoing education requirements so that they keep up to date with the latest knowledge.

The Australian Health Practitioner Regulation Agency or AHPRA manages the registration of medical doctors in Australia and safeguards the safety of the public. Doctors who are found guilty of malpractice or negligence have their registration with AHPRA suspended or ceased and are unable to practice medicine in Australia.

General practice is a broad field and some GPs sub-specialize. It makes little sense to see a GP whose specialty may be sports medicine or skin cancer medicine when you need someone who is up to date on women's health.

Your GP needs to be someone you can talk to, someone that you feel comfortable asking questions to, no matter how silly the questions may seem.

When choosing a GP I look for one who is caring and listens, whom I feel comfortable with, and who can address my concerns appropriately. I understand that my GP may not know all the answers to my questions, but she/he can refer me to someone who does, who is equally as competent.

When you are feeling unwell or anxious, it is important to feel cared for. The same applies to the general practice reception staff; they must care enough to find you an appointment urgently if you need one.

I always tell my patients that I prefer them coming into my practice and asking me any questions they have, rather than sitting at home and worrying. Similarly, if you have a sick child and you are unsure whether you should see a doctor, I recommend that you make an appointment to see someone. I would

much rather tell someone that they are safe to go home and proceed with x, y or z treatment than have to send someone to the hospital because it is too late and emergency care is needed.

What happens in a pre-pregnancy health check?

Hopefully, you have found a great GP and are ready to make an appointment for your pre-pregnancy health check. So what can you expect?

The aim of this consultation is to detect any medical issues you (or your partner) may have so that they can be sorted out or improved before your pregnancy.

Your GP will also find out what vitamin and/or mineral supplements and vaccinations you need and provide you with general information on conception and a healthy pregnancy lifestyle.

I hope you have enjoyed reading the first few pages of Mum's Guide to ...pregnancy. If you would like to read more why not purchase your own copy? or download a digital version? You can do this by going to my website www.drmariaoulton.com. You can also find valuable information on my [Facebook page Dr Maria Boulton](#). I am a regular guest on ABC Radio Brisbane where I discuss the latest health issues affecting the community.

This information is intended for general information purposes only. I advise you to discuss your particular circumstances or any concerns with your GP/medical doctor/obstetrician.

I wish you all the best in your pregnancy journey.

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