

Antenatal care

Even though you may feel really well, regular check-ups in pregnancy are important. These visits to a midwife or doctor make it easier to treat any problems early, so you're less likely to have complications with pregnancy and birth. They're also a good chance to:

- talk about how and where you'll have your baby
- ask questions
- talk about any concerns you may have.

Where do I go for antenatal care?

This depends on:

- where you plan to give birth – in a hospital, a birth centre or at home. For more information, see *Choices for care during pregnancy and birth* on page 6
- the services available in your area (ask at the antenatal clinic or maternity unit of your local hospital, your Local Health District or your GP, private obstetrician or privately practising midwife).

In NSW, maternity services are classified according to the level of care needed and type of service available. Some specialist services may only be available at larger hospitals. Ask your midwife or GP about your local maternity services, so you are aware of the range of services available, in the event that requirements for your care, or your baby's care, become more complex.

As soon as you're pregnant or think you are, see your GP or midwife. If you decide to have prenatal screening tests such as screening for Down Syndrome, you need to see your GP or obstetrician by the time you are 10 weeks pregnant so these tests can be coordinated. For more information, see *Prenatal testing and genetic counselling* on page 114.

We recommend that you book into the hospital as soon as your GP or midwife confirms your pregnancy. Most women who choose to have their babies in a public hospital or birth centre have their first antenatal visit between weeks 10 and 16, but don't wait until then to book into the hospital or birth centre.

After the first check-up, the number of visits with your midwife or doctor varies – probably every four to six weeks at the beginning of the pregnancy and more often later in the pregnancy. At these visits, the midwife or doctor will:

- talk with you about your pregnancy and health
- check your blood pressure
- check the baby's growth and wellbeing
- give you information about pregnancy, birth, breastfeeding and parenting
- answer your questions.

If you're worried about anything or have any questions, you can contact your midwife, hospital antenatal clinic, labour ward, birth unit or doctor between visits.

What happens at the first antenatal appointment?

Your midwife or doctor will ask you questions about your health such as any illnesses, medications, operations and other pregnancies and what happened. They will also ask about your family's medical history.

You might also be asked whether you smoke or use other drugs. This is not to judge you but because the more information your doctor or midwife has, the better they can support you and care for your health and your baby's health.

It's up to you whether you answer any of these questions you're asked – anything you say will be kept in confidence. The information will only be given with your permission to any health worker who needs to know as part of working with you.

You'll be offered some tests (to check for anything that may cause problems during pregnancy or after the birth). These tests will be discussed with you and you can choose whether you have them or not.

If you haven't already had a general health check-up, your midwife or GP might recommend:

- a check to make sure your heart, lungs and blood pressure are okay
- a urine test, to make sure your kidneys are healthy and check for signs of infection
- a Pap smear test
- a breast check.

Blood tests

Blood tests are used to check your health in a number of areas:

Anaemia Some women have anaemia in pregnancy. Anaemia makes you tired and less able to cope with any blood loss during labour and birth. It's most commonly caused by a decrease in your iron levels as your body uses more iron in pregnancy. Your midwife or doctor can tell you if you need iron tablets to prevent or treat anaemia. Your iron levels will be checked throughout your pregnancy.

Blood group and Rhesus (Rh) factor Your blood will be tested to find out your blood group, and to see if it's Rh positive or Rh negative.

Infections There are a number of infections that can affect pregnancy and the unborn baby. Tests may include:

- common childhood illnesses e.g. rubella (also called German measles)
- sexually transmitted infections (STIs) syphilis and hepatitis B
- bacteria that can normally live in the body but may affect the newborn baby e.g. group B streptococcus
- infections that can be passed on through blood-to-blood contact including sharing needles and other equipment for injecting drugs, e.g. hepatitis C and HIV (virus that leads to AIDS).

Rhesus (Rh) positive or Rhesus (Rh) negative – what does it mean?

Most people have a substance in their blood called the Rh factor. Their blood is called Rh positive. On average 17 people out of a 100 people don't have the Rh factor – so their blood is called Rh negative. If your blood is Rh negative, it isn't usually a problem, unless your baby happens to be Rh positive. If it is, there's a risk that your body will produce antibodies against your baby's blood.

Women with Rh negative blood group will be offered the Anti-D injection twice during the pregnancy (around 28 and 34 weeks) as a precaution.

During pregnancy you will have a blood test to see if you have developed these antibodies. After the birth, blood will be taken from the cord and you will be offered an Anti-D injection to prevent problems in future pregnancies if your baby is Rh positive.

Women who are Rh negative and whose pregnancy ends in miscarriage or termination will be offered Anti-D injection.

Some common STIs that affect pregnancy don't have symptoms. It's possible to have an infection without knowing it. You may be at greater risk of having an STI if you or your partner:

- have more than one sexual partner and don't use condoms
- have changed sexual partners in the last six months.

If you think you may have an STI, talk to your midwife or doctor about having a test.

If you have any questions about these tests, ask your midwife or doctor. It's important to have enough information beforehand so you understand what problems may be involved if there is a positive result. With some infections, midwives or doctors are required to notify medical authorities of a positive result. If this happens, your name and any identifying details won't be given to anyone. The authorities will just be told someone has tested positive to the infection. These test results are confidential.

For more information, *Handle with care: looking after yourself in pregnancy* on page 11.

Staying healthy

A healthy pregnancy is about more than just a healthy body. It's important that you are also emotionally well and getting good support from family and friends. Early in pregnancy, all women are asked some questions that will help to identify if there are any concerns they may have about their wellbeing. If there are problems, the sooner you get help to deal with them the better the outcome is likely to be for you, your family and your baby.

Even if everything is going well at your first visit, if things change for you or your family at any time during the pregnancy you can always discuss your concerns with your midwife or doctor. There are services available to help to get things back on track.

What about special tests for the baby?

Tests are available to every pregnant woman to check for some problems that may affect the baby. You don't have to have them – it's up to you. Your doctor or midwife will tell you about the tests and any costs of having them done. You'll be offered prenatal screening or diagnostic testing if you:

- are over 35 years of age
- have already had a baby with a genetic condition or inherited family health problem
- have a family history of a genetic condition.

For more about these tests and what to think about before you decide to have them, see *Prenatal testing and genetic counselling* on page 114.

I have mixed feelings about pregnancy...

Maybe you didn't plan to get pregnant right now – or maybe you didn't plan to get pregnant at all. If you're anxious about how you'll cope, don't be worried about telling your midwife or doctor. They may be able to refer you to services that can offer you practical and emotional support. If you're a teenager, there may be special services for you in your area.

Even if the baby is planned, it's still normal to feel anxious and uncertain sometimes. You may worry about giving birth or how you'll cope after the baby arrives. On top of all this, changes to your body may make you feel tired. Talk to your partner, your friends or family about how you are feeling. For more information, see *Your feelings in pregnancy and early parenthood: what all parents need to know* on page 136 and *Relationships in pregnancy and early parenthood* on page 144.

Pregnancy and stress

Pregnancy and early parenthood is an amazing time. However, it can be hard work even when everything is going well. Parenting can be a challenge, and this is particularly the case when there are other stresses in your life such as:

- domestic violence or emotional abuse
- depression, anxiety or other mental health issues
- financial worries
- having no family or friends close by to help
- sexual abuse (including sexual abuse in your past).

It is important to remember that you are not alone and that there are many services to help and support you. Don't be afraid to talk to your midwife or doctor about these or any other problems or concerns.

Some women have had experiences in the past – such as sexual abuse – which can cause difficulties for them in pregnancy and birth. A hospital social worker or counsellor may be able to help you plan ways to cope with this. They can listen to your concerns and talk with you about some of the things other women have found helpful in their birth plans.

So why are they asking me all these questions?

You may be surprised by some of the questions that come up at the first antenatal visit: Have you ever had problems with domestic violence? Are there family or friends around who can give support during pregnancy and afterwards? Have you ever had to cope with sexual abuse? Have you had any terminations or miscarriages?

All women in NSW (not just you) are asked these things. The questions help midwives and doctors to make sure you get help or support if you need it. Getting help early for any concerns you have may improve the health and wellbeing of both you and your developing baby and make parenting easier after your baby is born. You don't have to answer any questions you don't want to but remember that things you tell your midwife or doctor are confidential.

It's okay to ask questions

It's good to ask questions. Asking questions helps you understand more about your care. Remember that it's your right to:

- be fully informed about any tests or treatment you're asked to have
- refuse any tests or treatment you're offered.

You might want to ask your midwife or doctor:

- is this test/treatment routine in pregnancy
- how does it work
- why do I need it
- what are the benefits to me or my baby
- are there any risks to me or my baby
- do I have to have it
- what happens next if the results of a test are positive? What happens if they are negative
- what are the chances of the test result being wrong (a false negative or a false positive)?

Write your questions down and take to your next appointment.

Thinking ahead... how will I feed my baby?

Most women think about how they'll feed their baby very early in pregnancy. It's best not to have fixed ideas without getting all the information you need to make a decision.

Breastfeeding is important. It has great health benefits for you and your baby. Breastfeeding improves your baby's immune system so there is less chance that he or she will get sick. Breastmilk is the only food that most babies will need up to six months. Breastfeeding helps mothers get their bodies get back into shape after childbirth. It also reduces the risk of some cancers. In most circumstances and with the right support from health professionals and family members most women will be able to breastfeed their babies.

How you feed your baby is an important and personal decision that will be supported by all health professionals. For more information, see *Feeding your baby* on page 93.