

Handle with
care: looking
after yourself
in pregnancy

Exercise

It's great to be active and stay fit while you're pregnant, but check with your midwife or doctor first to make sure there are no health problems to prevent you from exercising. If there are no problems, try to do 30 minutes of moderate exercise, like walking or swimming, on most days of the week.

Regular exercise can:

- help you stay at a healthy weight
- help you relax
- help make you stronger and fitter – good for coping with pregnancy, labour and being a parent
- help decrease discomforts like back pain and varicose veins that affect some pregnant women

If you haven't been physically active before pregnancy, it's good to begin by doing gentle exercise. Walking, swimming and aqua classes (exercises in water) are good. Talk to your doctor or midwife first.

If you were active before pregnancy or if you play sport, talk to your midwife or doctor about your exercise routine. You need to make sure there are no health problems to prevent you from doing some activities, and that your exercise routine won't cause problems in pregnancy.

Be aware that pregnancy can increase your risk of injury. This is because your ligaments and joints loosen up to let your body grow bigger and to make it easier to give birth. Prevent injury in pregnancy by avoiding high-impact exercise (jumping up and down and repetitive bouncing movements) and any movements that over-stretch your hip, knee, ankle or elbow joints.

As well as keeping fit with moderate exercise, it is important to take special care of the muscles in your tummy, back and pelvic floor which are under more stress than usual in pregnancy. For more information about special exercises you can do throughout pregnancy see *Give me strength: pre- and post-natal exercises* on page 37.

Medications in pregnancy

Care with prescription and over-the-counter medications and herbal remedies

Some drugs (either prescription drugs or medication you buy from the chemists without a script) may be harmful in pregnancy. This includes common over-the-counter medications such as anti-inflammatories like Nurofen™, cold and flu medicines and remedies for nausea, vomiting and indigestion.

If you're thinking of taking any medication in pregnancy:

- paracetamol is considered the safest option for pain and fever
- check with your pharmacist, midwife or doctor first
- use the lowest effective dose
- avoid taking a variety of medications
- call MotherSafe on (02) 9382 6539 (Sydney metropolitan area) or 1800 647 848 (regional NSW).

Prescription drugs

If you take regular medication, it is very important to check with your doctor as soon as you know you are pregnant. Some medications may be harmful in pregnancy and can cause serious birth defects.

What if my doctor prescribes me a medication?

Make sure you tell your doctor if you're pregnant or trying to become pregnant.

What if I need to take medication regularly?

See your doctor and ask if your medication should be changed. If you have a chronic illness such as asthma, arthritis, depression, inflammatory bowel disease or epilepsy, you may need to keep taking medication. Talk to your midwife or doctor or contact MotherSafe to ask about the safest options in pregnancy or when breastfeeding.

Is the medication that I am taking for my mental health condition safe?

For some women with a mental health condition, it may be best to continue with your medication through pregnancy, rather than not treat the condition. Check with your doctor about the medication you are using.

Herbal remedies and aromatherapy

There's been very little research into the effects of herbal products on pregnancy, including the use of homeopathy and aromatherapy. Many people think that herbal products are safer because they're natural. But herbs can have very strong effects, so it's best to be as cautious with them as you are about other medicines.

Unlike medications made in a lab, herbs made by nature can vary a lot in their strength so it can be difficult to know for certain whether the dose you are taking is safe or not. The safest thing to do is to ask your doctor before you take anything, whether it's a herbal product or medication from the chemist.

Herbal remedies that should definitely be avoided when you're pregnant include aloe vera, angelica, arbor vitae, black cohosh, blue cohosh, cascara sagrada, comfrey, dong quai, feverfew, golden seal, juniper, passionflower, pennyroyal, pokeweed and slippery elm.

Health alert!

Do not stop taking your regular medications before checking with your doctor or pharmacist.



If you have a fever, tell your doctor as soon as possible. It's safer to take paracetamol to help reduce fever rather than have a high fever for too long, especially in the first few weeks of pregnancy.



It is really important that your midwife and doctor know if you have used any drugs before or during your pregnancy, as your baby may need special care when it is born.

What about St John's Wort?

If you're taking this herb for depression, tell your midwife or doctor. If you have depression there may be services and other therapies that can help.

Can I drink herbal tea in pregnancy?

Generally, if you drink them in normal amounts, most herbal teas are harmless.

Is raspberry leaf tea safe in pregnancy?

As with many traditional remedies, there isn't enough research to give a clear answer. There are claims that raspberry leaf tea can ease morning sickness. But there are also suggestions that it can cause nausea and may even contribute to miscarriage or premature labour by encouraging the uterus to contract. As to whether it helps make labour a little easier, that's not clear either. Australian research found that although raspberry leaf tea didn't shorten the first stage of labour, it did shorten the second stage slightly. It also lowered the rate of forceps or caesarean section operations a little.

The bottom line? We need more research. Until then, be guided by your midwife or doctor and – to be on the safe side – use other remedies for morning sickness. For more information, see *Common concerns in pregnancy* on page 43.

Alternative medicines and approaches

As with herbal remedies, there isn't a lot of research about the safety and effectiveness of many alternative medicines and treatment options. Some treatment options, like acupuncture, massage, chiropractic and osteopathy, have been shown to be safe in pregnancy if the practitioner is fully qualified and experienced in treating pregnant women. However, some treatment options have not been properly evaluated, which means we can't say for certain whether there are any risks to you or your baby.

You should always talk with your doctor or midwife before beginning any new product or treatment while you're pregnant.

Still smoking? Now's the time to quit

Quitting smoking is one of the best things that you can do for you and your baby. While quitting early in pregnancy produces the greatest benefits, quitting at any time during pregnancy reduces the risk to the baby. Cigarettes can be a hard habit to break, but there's help and support available if you want to quit. It's good if your partner and other family members quit too. You all need to protect your baby from the effects of cigarette smoke.

Smoking in pregnancy is harmful because babies of smokers are more likely to:

- be at risk of stillbirth
- be premature (born before the end of the 37th week)
- be underweight. When you smoke harmful chemicals from cigarettes enter your baby's bloodstream. The baby then gets less oxygen and doesn't grow as well. Underweight babies are more likely to have health problems after birth
- have lung problems like asthma after they're born
- be at risk of SIDS.

Health Alert! Stay away from other people's smoke

Passive smoking is breathing in other people's smoke. Every time someone smokes around you or your baby, you are all smoking too. Try to avoid other people's cigarette smoke while you're pregnant. Once the baby is born, don't let anyone smoke anywhere near your baby. Keep the baby away from places (e.g. beer gardens or parties) where people are smoking.

If you need help to quit

Call the Quitline (13 78 48). The Quitline is a confidential, telephone-based service designed to help people quit smoking. The Quitline is available 24 hours a day, 7 days a week, every day of the year. There are many programs available to help you quit. And there isn't a more important time to do it. Speak to your midwife or doctor about quitting.

Can I use nicotine gum or patches in pregnancy?

Nicotine replacement therapy (NRT) can help you quit smoking. These products include nicotine patches, gum, lozenges, tablets that dissolve under your tongue and inhalers. They give you a small amount of nicotine that helps reduce the craving for cigarettes. Although it's best to have no nicotine in your body at all, using NRT to help you quit is better than smoking cigarettes because:

- the nicotine dose is lower
- you don't take in other harmful chemicals that are present in cigarette smoke
- other people around you won't be breathing in smoke from your cigarettes.

If you want to try NRT, it's best to use the gum, dissolving tablets or inhaler. They only give you small doses of nicotine and you can control how much you have. Patches give a continuous dose of nicotine, and this is not ideal for the baby. But it's important to use these products in the right way. Ask your doctor or pharmacist what might work best for you.

If you're breastfeeding, nicotine gums, lozenges, tablets that dissolve under the tongue or an inhaler is better for you and the baby than smoking. You should feed your baby before you use these products. If you continue to smoke, you should feed your baby before you have a cigarette.

If I have a smaller baby because I smoke, won't that make it easier for me to give birth?

No! Having a smaller baby doesn't mean labour will be easier – but a baby who hasn't grown well in pregnancy and is underweight is more likely to have both short and long term health problems.

What if I just cut down and smoke fewer cigarettes? Isn't that better for the baby?

Many people who smoke less (or smoke lower tar cigarettes) make up for it by inhaling more smoke, causing more health problems for themselves.

Not smoking at all is the safest option for you and your baby.

Alcohol – is there a safe amount to drink during pregnancy?

When you drink alcohol, the alcohol travels from your bloodstream into the baby's bloodstream and increases the risk of complications for both you and your baby. The safest option for pregnant women or women trying to get pregnant is to not drink any alcohol.

Heavy drinking of alcohol in pregnancy has been linked to a higher risk of miscarriage, stillbirth and premature birth.

Regular heavy drinking of alcohol (more than eight standard drinks a day) also increases the risk of fetal alcohol syndrome. Babies born with fetal alcohol syndrome have intellectual problems; problems with co-ordination and movement; defects to the face, heart and bones; and slow physical growth.

I had a few drinks before I found out I was pregnant...

Don't panic – current evidence seems to suggest that the risk of harm to the baby is likely to be low if the expectant mother has had small amounts of alcohol before she knew she was pregnant.

If you're worried, speak to your midwife or doctor or contact MotherSafe on (02) 9382 6539 (Sydney metropolitan area) or 1800 647 848 (a free call).

Illicit drugs

Most drugs taken during pregnancy will reach the baby through the placenta. It's difficult to know exactly what's in illicit drugs such as cannabis, speed, ice, cocaine, heroin, ecstasy or LSD. They may contain more than one type of drug and/or be mixed with other substances. This makes it hard to know what effect they may have on the pregnancy or the developing baby, but we know they increase the risk of complications for you and your baby.

Using more than one drug, as well as alcohol is another concern because the effects on the pregnancy or the baby are unknown. Regular use of some drugs, including cocaine, speed and heroin can also cause withdrawal symptoms in the baby after birth.

The table *Drugs in pregnancy – what we know* (on the following page) lists some of the known effects of drug use on a mother and her developing baby.

The safest option for a pregnant woman is to not use any illicit drugs. People who inject illicit drugs or steroids can be at risk of catching viruses such as hepatitis C and hepatitis B. If you are using drugs, speak with your doctor or midwife as soon as possible to discuss your choices in pregnancy care.

What if I took drugs before I knew I was pregnant?

If you took drugs before you knew you were pregnant, it's important not to panic. Speak to your midwife, doctor or contact MotherSafe (02) 9382 6539 (Sydney) or 1800 647 848 (a free call).

Methadone and buprenorphine in pregnancy

If you use heroin or other opioid drugs, talk to your midwife or doctor about replacing them with a methadone program. Using methadone or buprenorphine rather than heroin can:

- improve the health of you and your baby
- reduce risks to your baby
- reduce the risk of complications in pregnancy
- help to stabilise drug use and lifestyle.

Drugs in pregnancy – what we know

Drug	How it affects pregnancy
Benzodiazepines (Valium, Normison, Serepax, Hypnodorm, Xanax, Temaze)	<ul style="list-style-type: none"> • These drugs cross the placental barrier and can affect the growth and development of the baby. • They can produce withdrawal symptoms in newborn babies. • If you have been prescribed benzodiazepine, it is important that you speak with your doctor if you are pregnant or planning to get pregnant. • These drugs can also be passed from mother to baby through breast milk. The baby's body cannot process these drugs quickly and they can build up in high doses.
Cannabis (pot, dope, ganja, grass, weed)	<ul style="list-style-type: none"> • Smoking cannabis with tobacco means you inhale carbon monoxide and other harmful chemicals that may cause problems for the baby. • It increases the risk that the baby will be born prematurely and with lower birth weight.
Cocaine	<ul style="list-style-type: none"> • Cocaine use increases the risk of miscarriage and stillbirth. • It can narrow the blood vessels in both the mother's uterus and in the baby which reduces the blood supply to the baby, causing growth problems, and can cause the placenta to detach from the uterus.
Methamphetamines (speed, ice, crystal meth)	<ul style="list-style-type: none"> • Methamphetamines increase the heart rate of mother and the developing baby. • Like cocaine, these drugs can narrow the baby's blood vessels causing growth problems and may also cause the placenta to detach from the uterus. • Smoking cigarettes can increase the effect of speed on the baby's blood vessels. • Using these drugs during pregnancy has been linked with bleeding, early labour, miscarriage and an increased risk of fetal abnormalities.
Ecstasy (E, XTC, X)	<ul style="list-style-type: none"> • Ecstasy causes a rise in blood pressure and body temperature which can cause complications in pregnancy and problems for the baby. • The use of these types of drugs during pregnancy has been associated with delayed development and subtle abnormalities.
Opioids (heroin, morphine, pethidine, codeine, oxycodone, methadone, tramadol)	<ul style="list-style-type: none"> • Opioid use in pregnancy increases the risk of miscarriage, premature birth, stillbirth, low birth weight, and Sudden Infant Death Syndrome (SIDS).

Infections that may affect you or your baby

Be careful with caffeine

Caffeine is a stimulant drug in coffee, tea, chocolate and other drinks (such as cola and energy drinks). There are concerns that too much caffeine may increase the risk of miscarriage and unsettled babies. Although some studies suggest low to moderate amounts of caffeine don't increase the risk, others say that more than 300mg of caffeine a day may be linked to a higher risk of miscarriage, especially in women who smoke or drink alcohol. To be on the safe side, have no more than 200mg of caffeine daily in pregnancy.

200mg is the same as:

- 2 cups ground coffee (100mg per 250ml cup) or
- 2½ cups instant coffee (75mg per 250ml cup) or
- 4 cups medium-strength tea (50mg per 250ml cup) or
- 4 cups cocoa or hot chocolate (50mg per 250ml cup) or
- 6 cups cola (35mg per 250ml).

The amount of caffeine in some soft drinks can vary so check the label. Some soft drinks also contain guarana, a plant extract containing caffeine. It's not known what the effects of guarana are in pregnancy.

Although many infections – like the common cold – cause no problems in pregnancy, some can be passed on to the baby and be harmful. Tell your midwife or doctor if there's a chance you have one of the infections on the chart on the following pages.

Some STIs can affect your pregnancy or your baby. It's possible to have an STI without knowing it – some infections don't have symptoms. If you need further information or help about STIs, contact the Sydney Sexual Health Centre which provides free and confidential services on 1800 451 624 (a free call) or visit them at www.sshc.org.au

Where to get more help and information about drugs and pregnancy:

MotherSafe on (02) 9382 6539 (Sydney Metropolitan Area) or 1800 647 848 (regional NSW). MotherSafe operates from 9am to 5pm, Monday to Friday (excluding public holidays). You can also visit MotherSafe online at www.mothersafe.org.au

ADIS (Alcohol and Drug Information Service): a 24-hour telephone line for anyone who wants help with a drug or alcohol problem, or information about drugs or alcohol. Tel: (02) 9361 8000 or 1800 422 599 (regional NSW).

Infections in pregnancy

Infection	How it's passed on	Symptoms
Pertussis (Whooping cough)	Close contact with an infected person – droplets spread by coughs or sneezes pass it on. These droplets can be in the air, on used handkerchiefs or on surfaces the person has touched.	May include mild fever, blocked or runny nose, tiredness and cough. The typical feature is coughing bouts taking a big gasping breath which causes a “whooping” sound.
Influenza (flu)	As above.	Typical symptoms include fever and chills, cough, sore throat, runny nose, feeling very tired, muscle aches, joint pains and headaches. Seek immediate medical advice if symptoms become worse or if you experience shortness of breath, chest pain, confusion, sudden dizziness or persistent vomiting.
Rubella (German measles)	As above.	May include faint rash, mild fever, runny nose, sore throat, swollen glands and painful joints.
Chickenpox (varicella)	As above.	Sudden onset of slight fever, runny nose, feeling generally unwell and a skin rash which begins as small lumps before becoming blisters and finally scabs.
Hepatitis B	Is caused by a virus that lives in blood and body fluids. Can be passed on through sexual intercourse, by sharing needles, unsterile body art (tattoos), or passed on to the baby during birth.	Many people who carry hepatitis B virus have no symptoms, but can still pass the disease onto other people. Symptoms include a yellow tinge to the skin and whites of the eyes (jaundice), dark urine and pale stools, fever, loss of appetite, feeling tired, joint pains.

	Effect on baby	What you should know
	<p>It can be a life-threatening infection in babies. Some newborns may not cough at all but can stop breathing and turn blue. Some babies have difficulties in feeding and can choke or gag.</p>	<p>Babies need to be vaccinated at 6 weeks, 4 months and 6 months. The mother should get vaccinated against pertussis each pregnancy in the third trimester (at around 28 weeks) as the antibodies that she develops will be transferred to her baby through the placenta. This provides protection until the baby is old enough to be vaccinated. It is also important that your other children are vaccinated against pertussis.</p>
	<p>Can cause miscarriage or other complications in pregnancy like premature labour. Infection in newborns can cause severe illness.</p>	<p>Flu is a highly contagious respiratory illness. It is important to get vaccinated each year before the flu season as a new vaccine is prepared every year to best match the strains predicted for the coming influenza season. The vaccination is free for all pregnant women and is considered safe for use anytime in pregnancy and while breastfeeding. However, women with an allergy or hypersensitivity to eggs should seek specialist advice.</p> <p>In immunised women, antibodies cross the placenta and babies are born with high levels of antibodies which protect them in the newborn period.</p>
	<p>Can cause miscarriage and serious birth defects, including intellectual disability and problems with sight, hearing and the heart.</p>	<p>It's best to have your immunity checked before pregnancy (even if you've been immunised). You can be immunised against rubella before you get pregnant (but not when you're already pregnant). Tell your doctor or midwife if you have been in contact with someone with rubella.</p>
	<p>Can cause birth defects, as well as chickenpox infection in newborn babies.</p>	<p>Most women in Australia are immune to chickenpox. You can be immunised against chickenpox before you get pregnant (but not when you're already pregnant). Tell your doctor or midwife if you have been in contact with someone with chickenpox.</p>
	<p>Can pass the infection on to the baby during birth. If untreated, it can lead to serious health problems such as liver damage or liver cancer.</p>	<p>Women are offered testing for hepatitis B during pregnancy. All babies born in NSW are offered free hepatitis B immunisation in hospital after the birth. This helps protect the baby from hepatitis B generally. It also helps protect the baby from infection if the mother has hepatitis B. If a mother has hepatitis B, an extra injection will be given to the baby to help protect him or her.</p>

Infections in pregnancy continued

Infection	How it's passed on	Symptoms
Hepatitis C	Is a chronic liver disease caused by a virus in the blood. It mainly affects people who inject drugs. It's caught when blood from an infected person gets into the bloodstream of another person. This can happen through sharing needles and other equipment used for injecting drugs, or through unsterile body art (tattoos). Some people have caught the virus from blood transfusions or blood products before 1990.	As for hepatitis B.
HIV	Many people have no symptoms in the early stages. You may be at risk of HIV if: <ul style="list-style-type: none"> • you have had unprotected sex • you or your partner are from a country where HIV is more common, including some African and Asian countries • you have shared drug injecting equipment • you had a blood transfusion in Australia between 1980 and 1985 	May include persistent flu-like symptoms – fever, sore throat, swollen glands, rash. Also unexplained diarrhoea, weight loss, recurrent rashes, or AIDS-related illnesses such as pneumonia, skin cancers, brain infections and severe fungal infections.
Parvovirus, also known as slapped cheek disease or fifth disease	Close contact with an infected person. It's passed on by droplets from coughs and sneezes. Affects mostly preschoolers and schoolchildren.	Usually a mild illness with fever, lace-like rash (appearing first on the cheeks), sometimes joint pain.
Cytomegalovirus (CMV)	Infection that's picked up from close person-to-person contact through saliva, urine, and other bodily fluids. Can be passed on from children's nappies as well as by droplet infection.	Usually no symptoms in healthy adults. May cause symptoms similar to glandular fever.
Strep B (group B streptococcal infection)	Infection caused by bacteria (group B streptococcus). About 12-15 out of 100 women carry the bacteria in the vagina.	No symptoms in women.
Toxoplasmosis	Infection caused by a parasite found usually in cat faeces. Can also be caused by eating raw or undercooked meat.	Swollen lymph glands, muscle aches and pains, headaches, fever, generally feeling unwell.

	Effect on baby	What you should know
	<p>There is a small risk (5 out of every 100 babies born to a mother with hepatitis C) of passing the infection onto the baby during pregnancy or birth. The chances of passing it on to the baby in breastfeeding are very small, unless you have blood-to-blood contact with the baby (e.g. you have cracked nipples and the baby has scratches around the mouth).</p>	<p>If you are at risk of hepatitis C, get tested. For more information about hepatitis C in pregnancy, call the Hepatitis Helpline on (02) 9332 1599 or 1800 803 990. This is a free, confidential service.</p>
	<p>HIV can be passed on to a baby during pregnancy (although thought to be the least common way), birth or breastfeeding. The risk of mother-to-baby infection is as low as 2 out of every 100 babies if the mother has treatment, but risk increases if untreated. Baby has treatment after the birth. Breastfeeding is avoided.</p>	<p>Women are offered testing for HIV during pregnancy. If you have HIV or AIDS in pregnancy, you need specialist advice on treatments to improve your health and reduce the risk to the baby. For more information, contact ACON (AIDS Council of NSW) Tel: (02) 9206 2000.</p>
	<p>May cause miscarriage.</p>	<p>Most adults are immune, but healthcare and childcare workers and teachers may be at risk. Be aware of any outbreaks in schools or preschools that you're in contact with. Tell your doctor or midwife if you've been in contact with a child with the disease.</p>
	<p>Babies infected by CMV in pregnancy are at risk of disease of the liver or spleen, hearing loss, mental development and eyesight problems.</p>	<p>Careful hand washing (e.g. after contact with children or handling nappies) can lower the risk. If you think you have been exposed to CMV, talk to your doctor or midwife.</p>
	<p>Can be passed to the baby during birth and cause a serious infection. If infected the baby will need antibiotics and may need intensive care.</p>	<p>NSW Hospitals have two different ways of handling Strep B. In most hospitals you'll be checked for Strep B. If you're carrying Strep B you'll be given antibiotics in labour. In other hospitals, women with risk factors will be given antibiotics in labour. Risk factors include labour before 37 weeks or having a high temperature.</p>
	<p>Infection can be passed on in the uterus and potentially cause serious problems such as mental impairment and blindness in the baby.</p>	<p>Problems only occur if a woman becomes infected for the first time while pregnant. Precautionary measures include washing hands after handling raw meat, cooking meat thoroughly, and avoiding contact with cats – do not handle litter trays.</p>

Infections in pregnancy continued

Infection	Symptoms	Effect on the baby
Syphilis	Most women with syphilis have no symptoms. Symptoms may include painless sores in and around the vagina and rashes on the hands, feet or other parts of the body.	It can cause late miscarriage. If a pregnant woman has syphilis, she can pass it on to the baby. It can cause blindness in babies.
Chlamydia	<p>Women may have this without knowing it, but there may be symptoms like discharge or irritation when you pass urine, or deep abdominal pain during vaginal sex. Apart from symptoms, other good reasons to have a test are:</p> <ul style="list-style-type: none"> • being under 30 • if you or your partner have had a new sexual partner in the six months before you got pregnant • if you've been diagnosed with another STI <p>If untreated, chlamydia can also cause a serious infection (pelvic inflammatory disease) in the fallopian tubes or uterus. This can affect fertility.</p>	Can be passed on to the baby during birth, causing eye infection (conjunctivitis) or pneumonia.
Gonorrhoea	Extra vaginal discharge or irritation when you urinate; deep abdominal pain during vaginal sex.	If you're infected and not treated, the infection can be passed onto the baby causing eye infection (conjunctivitis) or upper respiratory tract problems
Genital herpes	Painful, tingling or itchy blisters in the genital area. Some people get flu-like symptoms. Sometimes there are no symptoms.	Tell your doctor or midwife if you or any of your partners have had or has genital herpes. The risk of infecting the baby is highest when you have your first outbreak of blisters, or when you're recovering from this first outbreak. Further outbreaks during pregnancy rarely affect your unborn baby. But if you think you may have an outbreak when labour begins, go to the hospital as soon as possible. You may need a caesarean section operation to prevent the baby getting sick. If you've had recurrent outbreaks before, the baby may have some immunity to genital herpes.
Genital warts	Genital warts are often painless. They may start as tiny painless swellings on the genitals, sometimes turning into little cauliflower-like lumps especially during pregnancy. But sometimes genital warts are flatter and harder to see.	Although common in pregnant women, genital warts rarely cause problems.

Work and pregnancy

	Treatment
	Antibiotics. Everyone should have a blood test in early pregnancy.
	Antibiotics. If you think you may have chlamydia talk to your doctor or midwife.
	Prompt treatment with antibiotics usually prevents harm to the baby.
	Medication can suppress outbreaks of herpes, and treat the symptoms. But because the virus stays in the system, symptoms can return.
	Warts can be removed but the virus, which causes them, stays in the system. Warts may reappear.

Unless your job involves heavy physical work or occupational hazards that may affect your baby, there's no reason why you can't work while you are pregnant. Some jobs bring you into contact with things that may harm an unborn baby. These are some examples, but it's not a full list of risks.

Infections Working in health care, child care or with animals, for instance, can increase the risk of infections that may affect the baby.

Chemicals Health care, dental care, veterinary care, manufacturing and pest control are just some areas that may involve risk.

Radiation Working around x-rays or radioactive material is not harmful if normal occupation, health and safety measures are taken. Radiation from electrical appliances is not harmful.

Other risks Jobs that involve heavy lifting or standing for long periods can pose risks.

If your job involves standing for long periods of time, make sure you take the chance to sit down during breaks (if possible, put your feet up on another chair). Standing for long periods may increase your chance of getting varicose veins in pregnancy. For more information, see *Common concerns in pregnancy* on page 43.

If you sit at a desk or computer most of the day, take a few minutes every hour to get up and walk around. Care for your back by:

- being aware of your posture – sit and stand tall
- using a chair that gives you good back support.

Avoid heavy lifting or climbing ladders and try to bend over carefully – especially in late pregnancy when body changes can make these things difficult.

To make sure your work is safe in pregnancy, ask your midwife, doctor, occupational health and safety officer, union representative or employer. You can also contact the WorkCover Authority of NSW, for assistance call 13 10 50 or go to www.workcover.nsw.gov.au for a copy of a free booklet, *Pregnancy and work*. WorkCover also has information on your rights as an employee, including your right to be able to do other work for your employer that is safe, or to have unpaid maternity leave.

Some hazards around the home

Sick children Be aware that you can also pick up infections that might affect your baby from other small children, such as chickenpox or parvovirus (slapped cheek syndrome). Always tell your midwife or doctor if you are worried.

Be cautious with pets Get someone else to clean up the cat litter tray or any cat faeces – but if you have to do it, wear gloves and wash your hands carefully with soap and hot water. This is to avoid the risk of an infection called toxoplasmosis. This infection is unlikely to make you ill, but can cause blindness and brain damage in an unborn baby. There's no need to get rid of the cat – just be careful with hygiene.

You can also pick up toxoplasmosis from soil and raw meat. If you're pregnant, remember to:

- wash fruit and vegetables prior to eating
- avoid raw or undercooked meat
- wash your hands
 - > after petting animals
 - > after contact with bodily fluids
 - > before you eat, and before and after you prepare food
- avoid contact with cat faeces
- wear gloves for gardening.

Another infection called cytomegalovirus (CMV) can also harm the development of your unborn baby and, in some cases, can cause miscarriage. You can pick up CMV from contact with bodily secretions such as urine or saliva. To avoid infection, wash your hands with soap and water or use an alcohol rub particularly after changing a nappy.

Avoid lead in pregnancy We can't avoid lead completely because it's in the air and soil. We all absorb small amounts of it. But children and pregnant women have a higher risk of problems caused by too much lead.

Children absorb more lead than adults. In pregnancy, low levels of lead can pass through the placenta and affect the baby's intellectual development. It may also cause problems with growth, hearing and behaviour.

We don't know if these effects are reversible.

Renovating houses can increase your exposure to lead. If your house was built before 1971 (when lead-based paint was still available), get advice before doing anything that disturbs the paint. Disturbing lead-based paint can spread lead dust into the air and around the house. ***It's important that pregnant women and children aren't around during renovations that disturb lead-based paint.***

Other sources of lead include lead industries (such as vehicle battery recyclers); clothes and dust on lead workers' clothes; hobbies which use lead (leadlighting, fishing and pottery) some traditional medicines such as pay-loo-ah, bali goli, rueda and azarcon; lead crystal glassware; and crockery from developing countries (lead can leach from the glaze).

In areas near lead smelters or mines, lead contamination in the environment and the house will be higher than in most urban areas.

Pregnant women who are at risk of having an elevated lead level should discuss this with their doctor.

Cleaning products, paints and other household chemicals Check the labels of these products to make sure there are no safety warnings for pregnant women. If the labels make a product sound very toxic, it may be better to avoid using it at this time. If you use cleaning products, glues, paint or any other household chemicals, follow the safety directions on the label. Make sure there's plenty of fresh air.

Naphthalene in moth balls and toilet deodorant cakes Some moth balls and toilet deodorant cakes contain a substance called naphthalene. Exposure to very large amounts of naphthalene can cause damage to blood cells, leading to a condition called haemolytic anaemia. Some of the symptoms that may occur after exposure to large quantities of naphthalene are fatigue, loss of appetite, nausea, vomiting, and diarrhoea. Newborn babies are particularly at risk of damaging their blood cells if they are exposed to naphthalene.

Further advice concerning the health risks of naphthalene can be obtained 24 hours a day, 7 days a week Australia wide from the NSW Poisons Information Centre on 13 11 26, or from local Public Health Units.

How do I know what's safe and what isn't?

MotherSafe is a free telephone service for women in NSW. It provides a comprehensive counselling service for women and their healthcare providers who need to know about medications or who are concerned about exposures during pregnancy and breastfeeding. MotherSafe can give you information about the safety and likely effects of:

- prescription drugs
- over-the-counter medications
- street drugs
- infections
- radiation
- occupational exposures.

MotherSafe runs an outpatient clinic for women who need face-to-face counselling with a doctor about medications in pregnancy. It also runs the MotherSafe PLaN clinic for women who are thinking about getting pregnant. Women can discuss pregnancy, lifestyle and nutrition with an experienced midwife.

Call MotherSafe on (02) 9382 6539 (Sydney Metropolitan Area) or 1800 647 848 (regional NSW). MotherSafe operates from 9am to 5pm, Monday to Friday (excluding public holidays).

You can also visit MotherSafe online at www.mothersafe.org.au

Healthy eating for pregnancy

Why is healthy eating so important in pregnancy?

- it helps the baby grow and develop
- it helps keep you healthy while you're pregnant
- it helps achieve a healthy weight gain.

All you have to do is eat foods from each of the following food groups every day and drink plenty of water.

Eat foods from each of these food groups every day:

- bread, rice, pasta, noodles and other grain foods
- vegetables and legumes (legumes means dried beans and peas, lentils and soy foods such as tofu)
- fruit
- milk, yoghurt, semi-hard or hard cheeses (reduced fat)
- freshly cooked meat, fish, poultry and eggs
- nuts.

Drink water Drink water according to thirst – usually more in hot weather or during exercise. All drinks (except alcohol) can count towards your fluid intake, but water is the best thirst quencher. When it comes to cost and convenience, nothing beats tap water, especially if it's fluoridated (fluoride is a chemical that helps teeth become stronger). If you are concerned about the quality of your water supply, boil the water before drinking it. Pregnant women should minimise their intake of drinks like cola and coffee because of the caffeine and sugar they contain. If you can't do without these drinks, try decaffeinated alternatives.

Food groups and recommended serves in pregnancy

Food group	How many serves per day?
Bread, cereals, rice, pasta, noodles.	4-6 serves, where a serve is: <ul style="list-style-type: none"> • 2 x 60g slices of bread • 1 medium bread roll • 1 cup cooked pasta, rice, or noodles • ½ cup untoasted muesli • 1 cup cooked porridge • 1 ⅓ cups breakfast cereal
Vegetables, legumes.	5 serves, where a serve is: <ul style="list-style-type: none"> • ½ cup cooked vegetables or cooked dried beans • 1 cup raw salad vegetables • 1 small potato
Fruit.	4 serves, where a serve is: <ul style="list-style-type: none"> • 1 whole medium fruit (e.g. 1 medium apple or banana) • 2 small fruits (e.g. plums or kiwi fruit) • 1 cup canned fruit • 1½ tablespoons sultanas • 4 dried apricots
Milk, yoghurt, cheese and dairy alternatives.	At least 2 serves, where a serve is: <ul style="list-style-type: none"> • 1 cup milk (full fat, reduced or skim) • 2 slices of semi-hard or hard cheese (reduced fat) • 200g yoghurt (plain or flavored) • ½ cup evaporated milk • 1 cup soy milk (with added calcium) • 1 cup custard • ½ cup salmon or sardines, including bones
Lean meat, fish, poultry, eggs, legumes.	1½ serves, where a serve is: <ul style="list-style-type: none"> • ½ cup lean mince • piece of lean meat or chicken the size of the palm of your hand • 2 small chops • 1 small fish fillet • ½ cup salmon • 2 small eggs • ⅓ cup nuts • ¼ cup seeds • ½ cup cooked lentils, beans or chickpeas

If you eat foods that are high in fat, sugar and salt...eat just small amounts or eat them now and then, not every day. Too many of these foods (e.g. chips, cakes, lollies, pies or soft drinks) mean less room for the healthy foods you and your baby need. They can also cause weight problems.

Are takeaway foods ok?

Many takeaway foods are high in saturated fat, sugar, salt and kilojoules and low in important nutrients.

Healthier takeaway choices are freshly prepared wholemeal sandwiches, rolls, wraps or bagels, foccacia or Turkish bread with a healthy filling, barbecued chicken (skin removed), and Asian stir-fried or steamed dishes.

You do need to be cautious with takeaway foods because of the risk of food-borne bacteria. In general, it's best to avoid pre-prepared foods and eat food that is freshly prepared.

How much should I eat?

If you already have a healthy diet, then you won't need to make many changes to the way you eat when you are pregnant – just add an extra serve of vegetables, two extra serves of fruit and half a serve of meat each day. This table shows how much to eat from each food group every day.

Health alert!
You don't need to eat for two during pregnancy.

Menu ideas for healthy eating in pregnancy

Menu	
Breakfast	Wholegrain breakfast cereal, or porridge with low-fat milk and fresh or dried fruit OR Egg, reduced fat cheese or baked beans with wholegrain toast OR Yoghurt, fruit and wholegrain toast with vegemite
Morning snack	Banana smoothie made with reduced fat milk or yoghurt OR Fruit and yoghurt OR A piece of fruit
Lunch	Sandwich, wrap or roll filled with lean meat, fish, egg, reduced fat cheese or hummus, and salad OR Stir-fried vegetables with noodles, beef, fish, tofu or nuts, with a piece of fruit OR Bean and vegetable soup with wholegrain bread and reduced fat cheese
Afternoon snack	Wholegrain biscuits and vegemite OR Dried fruit and nuts OR Pitta bread with hummus
Dinner	Vegetable curry with chickpeas or lentils and rice, with a fruit salad OR Home-made pizza with reduced fat cheese and side salad OR Pasta with lean beef and vegetable or lentil sauce and a side salad, followed by banana custard

Eating fish when you're pregnant

Fish is rich in protein and minerals, low in saturated fat and contains omega-3 fatty acids. Omega-3 fatty acids are important for the development of the nervous system in babies, before and after they are born. However, some fish contain mercury levels that may harm an unborn baby or young child's developing nervous system.

Recommended safe amounts and types of fish for pregnant women.

Pregnant and breastfeeding women and women planning pregnancy

1 serve equals 150g

Eat 2-3 serves per week of small fish. Fish should be small enough to fit on a dinner plate. Examples include: mackerel, silver warehou, bream, snapper, trevally, whiting, flathead, kingfish, canned tuna and salmon, herrings, sardines, shellfish, lobster, octopus OR

Eat 1 serve per fortnight of shark (flake), or billfish (broadbill, swordfish and marlin) and no other fish that fortnight OR

Eat 1 serve per week of catfish or orange roughy (deep sea perch) and no other fish that week.

Common food concerns during pregnancy

There are several nutrients that are particularly important for you to eat while you are pregnant.

Iron

Too little iron in your diet means that you won't have enough oxygen-carrying red blood cells and you may feel tired, weak, breathless or mentally exhausted. Studies show that when mothers don't have enough iron, they may have more complications in pregnancy or their babies may arrive early.

The best sources of iron are lean red meats, nuts and legumes such as soy beans or chickpeas.

You'll help your body to absorb more of the iron in your food if you have a vitamin C-rich food or drink with your meals. This can be as simple as having a glass of orange juice with breakfast; or tomatoes, red capsicum, broccoli or peas with lunch or dinner. It's also best to drink coffee or tea in between meals rather than with them, as these drinks make it harder for your body to absorb the iron in food.

Calcium

Eating plenty of calcium-rich foods during pregnancy helps make your baby's bones and teeth strong. If your diet doesn't have enough calcium, the growing baby will try to meet its needs by taking calcium from your bones. This may increase your risk of weak bones, which could fracture easily later in life.

Remember that low-fat or reduced fat dairy products usually have as much (if not more) calcium than full-cream dairy foods (but cottage cheese doesn't contain much calcium). If you don't eat any of the dairy products or alternatives listed in the table *Food groups and recommended serves in pregnancy* on page 28, you may need a calcium supplement. Check with your midwife or doctor.

Vitamin D

You may have your vitamin D level checked during pregnancy. It is very important to correct this if your level is low, either by limited exposure to natural sunlight or taking a tablet containing vitamin D in the correct dose.

Do I need extra vitamins or minerals in pregnancy?

All women of childbearing age need to have a balanced diet and take a multivitamin which contains recommended dose of folic acid before trying to conceive and throughout pregnancy. It is important that women take multivitamins that are designed for pre-conception, pregnancy and breastfeeding as these preparations are more likely to contain the correct amounts (recommended daily intake or RDI) of various vitamins and minerals in pregnancy. This includes iodine, which is important for healthy brain development. Experts recommend a supplement of 150microgram of iodine per day for all women who are pregnant, breastfeeding or considering pregnancy. If you have a pre-existing thyroid condition, talk to your doctor before taking an iodine supplement. For more information visit www.nhmrc.gov.au

What about fats and oils?

You only need small amounts – a little butter or margarine spread thinly on bread, and a little oil for cooking and salad dressing. Canola, olive, sunflower, safflower, corn and soya bean oils are healthier choices. You get plenty of fats and oils from the amount used with cereal foods and from meat, eggs, cheese, peanut butter, and margarine.

MotherSafe has a factsheet on vitamins and minerals in pregnancy. Visit the MotherSafe website at www.mothersafe.org.au and click on 'Factsheets'.



It is a myth that calcium is lost from the mother's teeth during pregnancy. If you don't get enough calcium in your diet, though, your body will provide this mineral to your baby from stores in your bones.



Health alert!

Raw fish and seafood such as oysters, sashimi, smoked salmon or smoked oysters should be avoided all together by pregnant women. To find out why, see *Keeping food safe* on page 35.

Folate is important for you and your baby

Folate (or folic acid) is a B vitamin. It's important to get plenty of folate before you get pregnant, (at least one month prior) and in the early stages of pregnancy (the first 3 months). It may help prevent health problems for your baby. If you haven't taken extra folate before pregnancy, don't worry. Just make sure you're getting enough as soon as you know you're pregnant.

You can get enough folate by:

- eating folate-rich foods – e.g. wholegrain bread, wholegrain breakfast cereals with extra folate, dark green leafy vegetables, dried beans, chickpeas and lentils, oranges, orange juice, bananas, strawberries, avocado and yeast spreads like Marmite or Vegemite. Aim to eat two servings of fruit on the above list, as well as five servings of vegetables and four to six servings of bread or cereals each day
- having a low dose folic acid tablet (0.5mg), or taking a pregnancy-specific multivitamin which contains 0.5mg of folic acid each day as well as high-folate foods. If you don't want to take a multivitamin, you can buy folic acid tablets at the supermarket, chemist or health food shop.

Health problems linked to not having enough folate early in pregnancy are called neural tube defects (spina bifida and anencephaly). They can affect the baby's spinal cord or brain and will cause serious problems. For more information, see *Prenatal testing and genetic counselling* on page 114.

If you or one of your relatives has already had a baby with a neural tube defect, you have a higher risk of having a baby with this problem. Talk to your doctor or midwife. He or she may:

- recommend a higher dose folic acid tablet
- suggest genetic counselling and tests to check for neural tube defects in pregnancy.

Easy and delicious ways to get more folate include:

- eating wholegrain breakfast cereal with added folate, sliced banana and a glass of orange juice
- helping yourself to big serves of steamed or stir-fried vegetables
- snacking on bananas, raw unsalted nuts or wholegrain toast with yeast spreads (e.g. Marmite or Vegemite)
- using mashed avocado on bread instead of margarine or butter.

Talk to your doctor and midwife to find out how much folic acid you should be taking, if you:

- have epilepsy
- take anti-convulsant medication
- have a deficiency of vitamin B12
- have diabetes
- are overweight.

I'm a vegetarian. Do I need to change my diet?

A balanced vegetarian diet can be very healthy. Use the table *Food groups and recommended serves in pregnancy* on page 28 to check that you're getting enough servings from each of the food groups.

Sometimes, vegetarian diets can be low in important nutrients:

- **Iron and zinc** Eat plenty of plant foods which have iron and zinc (legumes and nuts). Have food containing vitamin C at the same meal
- **Vitamin B12** Fortified breakfast cereals are an excellent source of vitamin B12 for vegetarians. If you don't eat dairy foods or eggs, you may need a supplement
- **Calcium** See the table *Food groups and recommended serves in pregnancy* on page 28 for a list of non-dairy calcium foods. If you are not eating plenty of these, you may need a calcium supplement
- **Protein** Make sure you get enough plant protein from legumes, nuts and seeds.

If you'd like help planning your diet, talk to your midwife, doctor or dietitian.

I'm a teenager. Do I need anything extra?

If you're under 17, you're still growing. This means your body needs extra nutrients – be sure to get three healthy meals each day. You need extra calcium too – have three serves of dairy products (or four if you don't eat much cereal). If you need help to plan your meals, talk to your midwife or doctor.

Can changing my diet in pregnancy or while I'm breastfeeding prevent my baby having allergies?

Changing your diet is not recommended. Research has found that avoiding foods like egg, peanut, soy, fish or cow milk (foods that may cause allergies in some people) has no effect on the baby's risk of allergy.



Smart snacking

Try to resist the urge to snack constantly. When you need to snack, choose foods that are nutritious for you and your baby such as vegetables, dairy products, fresh or dried fruit, yoghurt, unsalted nuts, wholegrain fruit bread, cheese (reduced fat) and tomato on toast, or pita bread and fresh hummus. These are better for you and your baby than cakes, biscuits or salty snack foods – though it's okay to treat yourself sometimes!

How much weight should I gain in pregnancy?

It is important for all women to eat healthily and stay active during pregnancy to minimise the risk of gaining too much weight. Although you might feel hungrier, you don't need to "eat for two".

About half of all Australians are above their recommended weight range. Women who are overweight may have special needs during their pregnancy, because they have an increased risk of:

- gaining too much weight during pregnancy and having difficulty losing it after the baby is born
- having an unhealthily large or small baby
- high blood pressure
- gestational (pregnancy) diabetes
- caesarean section operation
- blood clots in the veins of the legs or pelvis
- stillbirth.

Some women who are very overweight will need to give birth in a hospital that provides a higher level of care.

Even if you are already pregnant, managing your weight gain can help to reduce the risk of complications during pregnancy. As a guide, the heavier you are at the start of your pregnancy, the less weight you should gain during pregnancy.

Body mass index (BMI) is used to estimate your total body fat and helps to determine if your weight is within the normal range or if you are underweight, overweight or obese. BMI is calculated by dividing your weight in kilograms by your height in metres – squared (m^2). The following link has a BMI calculator that you can use to work out your BMI <http://www.gethealthynsw.com.au/bmi-calculator>

Women who have BMI less than 18.5 or more than 35 should consider seeking professional dietary advice about healthy weight gain. Some ethnic groups have different cut off points for the BMI obesity range of figures. Check with your doctor or midwife for more information.

The table below shows how your height and pre-pregnancy weight are used to work out your BMI and the recommended weight gain during pregnancy. You should not go on a diet while you are pregnant unless it is recommended by your midwife or doctor.

Recommended weight gains in pregnancy

Pre-pregnancy BMI (kg/m^2)	Rate of gain 2nd and 3rd trimester ($kg/week$)*	Recommended total gain range (kg)
Less than 18.5	0.45	12.5 to 18
18.5 to 24.9	0.45	11.5 to 16
25.0 to 29.9	0.28	7 to 11.5
Greater than or equal to 30.0	0.22	5 to 9

* Calculations assume only a 0.5-2 kg weight gain in the first 3 months

Source: Queensland Health (2010) Statewide Maternity and Neonatal Clinical Guideline: Obesity

Keeping food safe

When you are pregnant, your immune system is lowered making you more at risk of becoming ill, including from food poisoning. Some germs may cause more severe illness to you than they might if you weren't pregnant and they can also harm your unborn baby. Here are some tips to help you avoid poisoning.

Keep it cold

- Keep the fridge at 5°C or below.
- Put any food that needs to be kept cold in the fridge straight away.
- Don't eat food that's meant to be in the fridge if it's been left out for two hours or more.
- Defrost and marinate foods – especially meats – in the fridge.
- Shop with a cooler bag and picnic with an esky.

Keep it clean

- Wash and dry hands thoroughly before starting to prepare or eat any food, even a snack.
- Keep benches, kitchen equipment and tableware clean.
- Separate raw and cooked food and use different cutting boards and knives for each.
- Don't let raw meat juices drip onto other foods.
- Avoid making food for others if you're sick with something like diarrhoea.

Keep it hot

- Cook foods until they're steaming hot.
- Reheat foods until they're steaming hot.
- Make sure there's no pink left in cooked meats such as mince or sausages.
- Look for clear juices before serving chicken or pork.
- Heat to boiling all marinades containing raw meat juices before serving.

Check the label

- Don't eat food if it is past the 'use by' date.
- Note a 'best before' date and follow this.
- Follow storage and cooking instructions.
- Ask for information about un-packaged foods.

Health Alert!

Avoid infection – wash your hands

Some infections can harm the development of your unborn baby and in some cases can result in miscarriage. To avoid infection, wash your hands with soap and water or use an alcohol rub. Wash your hands:

- after contact with body fluids such as saliva, nasal secretions, blood or vomit
- after changing nappies or going to the toilet
- before and after you prepare food and before you eat
- after gardening or touching animals and animal stools (kitty litter)
- whenever your hands look dirty.

Listeria

Listeria is a food-borne bacteria (germ) that can cause a type of food poisoning called listeriosis. It doesn't usually cause a problem for healthy people, but people with a lowered immune system, including pregnant women, may be more vulnerable to the bacteria. In rare circumstances, pregnant women can pass the infection on to their unborn baby which can result in miscarriage, stillbirth or premature birth and can make a newborn very sick. Antibiotics can often prevent an unborn or newborn baby becoming infected if the mother has listeriosis.

In adults, listeriosis may have no symptoms at all, or you may develop a fever and feel tired (but these can be symptoms of other things as well). Always tell your doctor or midwife if you have a fever in pregnancy.

Listeria is commonly found in the environment including on plants and in animal faeces, soil and water. Listeria can grow even when foods are kept in the refrigerator, but is killed by cooking or reheating food to steaming hot.

You can also reduce the risk of getting listeriosis by avoiding certain foods that are known to be at higher risk of carrying the bacteria:

- unpasteurised dairy products, e.g. soft or semi-soft cheese (they're ok if they're in a cooked dish)
- cold cooked chicken
- cold processed meats
- pre-prepared salads
- raw seafood
- soft serve ice cream
- paté.

Some higher-risk foods are more likely to cause food poisoning. Always cook eggs thoroughly and avoid raw meat and chicken, store-bought sushi, fried ice cream, raw or lightly cooked sprouts, and foods that may contain raw eggs, such as home-made mayonnaise, mousse or aioli.