

Pregnancy Care at King Edward Memorial Hospital

PREGNANCY



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INTRODUCTION

This booklet discusses routine antenatal pregnancy care provided at King Edward Memorial Hospital (KEMH), Western Australia's public women's hospital. Keep this booklet with your Pregnancy Health Record.

At KEMH 'doctor care teams' manage patient care during business hours on weekdays. You will be placed with a particular team. For overnight and weekend care other obstetric doctors are rostered to be in charge.

Appointments are held at:

- East Wing Clinic (EWC) - located on the corner of Bagot Road and Hensman Road in Subiaco (enter via Hensman Road ramp). Phone: (08) 9340 1360.
- Family Birth Centre - located on the grounds of KEMH with the main entry from Railway Parade. Phone: (08) 9340 1800.
- Fourth floor - B block for women having care with the team midwives. Phone: (08) 9340 2499.

Adjacent to the EWC is the hospital crèche that provides short-term care for children under seven years of age. Crèche hours are 8.00am to 4.00pm Monday to Friday. Phone: (08) 9340 1370.

Accommodation is available in single and shared rooms. A single room cannot always be guaranteed.

You may visit our website at <http://wnhs.health.wa.gov.au>.

ANTENATAL CARE OPTIONS

You will be offered the options of Family Birth Centre care, shared care, routine midwifery care, team midwifery, or medical care during your pregnancy, as appropriate.

Family Birth Centre Care

The Family Birth Centre (FBC) provides continuity of midwifery care, for women with a low risk pregnancy, in an alternative setting to the main hospital. The same team of midwives are involved with you during your pregnancy, birth and after your baby is born.

The FBC is located on the grounds of KEMH with the main entry from Railway Parade. When women attend the FBC for their pregnancy care, appointments are held in this location.

For further information see the FBC pamphlet (available on the web site) or phone (08) 9340 1800.

Midwifery Care

Women with uncomplicated pregnancies may choose to have their care with midwives at the Antenatal Clinic.

This can be with the clinic midwives or team midwives.

Clinic Midwives

They provide care during your pregnancy and offer clinic appointments Monday to Saturday including Wednesday evening.

Team Midwifery

Team midwifery consists of a team of midwives who care for a group of women throughout their pregnancy, labour, birth and postnatal stay.

At each visit to the Antenatal Clinic you will usually see one of these team midwives.

This allows you to get to know some, if not all of the midwives in your team. In Labour and Birth Suite and on the postnatal ward we aim to have one of your team midwives available for your care.

There are three midwifery teams. Each team have their own clinic day, so it is important that you choose a clinic day that suits you.

The Antenatal Clinic for team midwifery is located on the fourth floor, B block.

If any unexpected changes occur during your pregnancy the midwife will consult with the obstetric team (medical doctor). If the pregnancy progresses beyond 40 weeks, further information will be provided to you.

Shared Care

This option enables you to continue appointments with your General Practitioner (GP) during your pregnancy.

After seeing the midwife/doctor at KEMH for your initial visit, you are then seen by a GP of your choice (who is happy to participate in shared care).

If your blood group is rhesus negative, an appointment at KEMH will be made for you at approximately 28 to 30 weeks gestation for routine administration of anti D.

From 36 weeks gestation onwards your progress will be checked by an obstetric doctor or midwife at the KEMH Antenatal Clinic. All further visits leading up to the birth of your baby will take place with a midwife or doctor at the Clinic.

Please note: Your 36 week appointment should to be booked at least four weeks in advance.

Antenatal Clinic - Obstetric Doctor Care

This type of antenatal care is only required by women who have:

- a complicated medical history
- had a previous pregnancy requiring specialist care and/or hospitalisation
- a pregnancy that is not progressing normally
- a multiple pregnancy eg. twins.

Some women are transferred from midwifery or shared care to KEMH doctor care if problems occur. The number of appointments at the Antenatal Clinic is usually the same as for shared care and midwifery care. If more visits are required, this will be discussed with you. It is important that you choose a clinic day that suits you.

YOUR FIRST VISIT TO THE ANTENATAL CLINIC

Your first visit will involve a one-hour interview with a midwife and, if necessary, an appointment with a doctor. Please bring your Pregnancy Health Record (hand held record - antenatal care) folder to all appointments.

Your partner or support person is always welcome at your hospital appointments.

The most likely due date for the birth of your baby (also known as the expected date of confinement, EDC or due date) will be confirmed during your appointment with the doctor/midwife.

If any health problems that could impact on your pregnancy are identified during this appointment, the doctor/midwife will discuss appropriate care for you and your baby.

If necessary you may be referred to other specialists. Further clinic appointments are made at the clinic reception desk.

Interview with the Midwife/Doctor

The midwife will discuss with you:

- your last period and your menstrual cycle
- previous pregnancies
- your health, whether you have had any operations and or have any medical problems eg. high blood pressure
- the health of your family, which includes your partner and parents
- whether you have had postnatal depression, depression or any other mental illness.

The midwife will:

- show you how to test your urine
- assess your blood pressure
- feel your abdomen to assess the size of the uterus
- listen to the baby's heart beat (fetal heart)
- ask you to fill out a postnatal depression questionnaire
- discuss ultrasound and other test results.

You will be offered advice and information about:

- food choices and exercise
- lifestyle changes eg. quitting smoking
- minor disorders of pregnancy eg. constipation
- breastfeeding
- when to come to hospital and what to bring
- Vitamin K and hepatitis B vaccination/immunisation for your baby
- parent education and other topics that may be of interest to you.

Testing in Pregnancy

Refer to page 12 for information regarding tests in pregnancy.

If you have had any tests done by your doctor during the pregnancy, please ask for the results to be sent to the Antenatal Clinic.

These tests may include:

- blood and urine tests
- ultrasound report
- last pap smear

If these tests have not already been done, the midwife will arrange them for you. All the information you give is treated confidentially and will be kept in your Pregnancy Health Record and hospital medical record.

Routine ultrasounds are usually done before your KEMH first visit. Ultrasounds are to check your due date and baby's physical features eg. spine, heart, kidneys, etc. They can be done at the hospital but need a referral and to be booked in advance.

Doctor's Appointment

If necessary, you may be asked to make an appointment to see one of the team doctors.

The doctor:

- will discuss your current pregnancy and relevant past history with you
- may conduct a physical examination including listening to your heart and lungs.

WHEN SHOULD I HAVE PREGNANCY CARE?

Regular check-ups are important to ensure that your pregnancy is progressing normally.

Family Birth Centre Care	
Location: Family Birth Centre, KEMH	
Weeks	Visits
8 - 12	Your local doctor for a pregnancy test and prenatal screening
15 - 17	Interview with midwife at FBC
24	Midwife
30	Midwife
33	Midwife
36	Midwife
38	Midwife
40	Midwife
41	Midwife
40 + 10 days	FBC GP/midwife



Family Birth Centre room

Antenatal Clinic OR Midwifery Care	
Location: East Wing Clinic, KEMH and/or Your GP	
Weeks	Visits
8 - 12	Your local doctor for a pregnancy test and prenatal screening
19-21	First appointment at KEMH
24-26	GP or midwife
28-30	GP or midwife
32-33	GP or midwife
36	Obstetric doctor or midwife
38	Obstetric doctor or midwife
40	Obstetric doctor or midwife
41	Obstetric doctor or midwife
42	Obstetric doctor or midwife



East Wing Clinic

The appointment frequency tables above are a guide only. They may vary according to each woman's pregnancy.

SPECIAL ANTENATAL CLINICS

The following clinics each have a team of health professionals working together to meet the special needs of women and their support people.

- Adolescent Clinic
- Chemical Dependency Clinic
- Diabetes Service
- Maternal Fetal Medicine

PARENT EDUCATION

We recommend you attend parent education classes especially if it is your first baby. These are designed as a preparation for pregnancy, childbirth and parenting.

If you decide to attend classes in childbirth education and/or physiotherapy, the midwife will give you information pamphlets on what is available and how to book. As numbers are limited it is important that you book these as early as possible. Classes usually commence around 28 weeks gestation.

Hospital tours are available Monday 9.30am, Tuesday 6.00pm and Wednesday 6.00pm.

Bookings are essential for all classes and tours. For bookings telephone (08) 9340 1368 between 8.00am to 9.00am and 3.00pm to 4.00pm Monday to Friday, except Wednesdays.

The Family Birth Centre and team midwives offer separate education programs.

TESTS DURING YOUR PREGNANCY

Routine Tests Prior to Booking or at the First Visit.

These tests are normally arranged by your GP prior to referral to KEMH. If not, they will be ordered on your first visit to the Antenatal Clinic.

Blood Test

Several investigations are carried out from blood samples taken at the one time.

Full Blood Count: A variety of tests will be performed on one sample.

Blood Group and Antibodies: Should you be rhesus negative or have antibodies present, you may require further treatment and/or tests - this will be discussed with you. Should you require a blood transfusion, the hospital will know which blood they can give you.

Rubella: To check if you are immune to rubella (German measles). If you are not immune, advice will be given to you about reducing the risk of contracting rubella in pregnancy as it can cause abnormalities in the baby. Vaccination is advised after you give birth.

Hepatitis B: Most women have not had contact with hepatitis B. If you test positive to hepatitis B, then your baby may require Immunoglobulin after birth to protect him/her from contracting it.

Hepatitis C and HIV: Both of these tests are recommended for all pregnant women. It is possible to be infected by either of these diseases without realising it or experiencing symptoms. HIV and hepatitis C can affect your baby.

RPR/VDRL: This test is for syphilis, a progressive sexually transmitted disease. Syphilis is not common today but if you test positive early treatment will cure you and protect your baby.

Ultrasound

When you are first aware of your pregnancy an initial ultrasound may be done to confirm your due date. An ultrasound may be performed at 12 weeks gestation as part of the First Trimester Screening program. At 18-20 weeks an anatomy scan is performed to look at the baby's physical features eg. spine, heart, kidneys etc.

Urine Sample

Checks for bladder and kidney infections that can occur in pregnancy without symptoms. It helps in the assessment of kidney function.

Routine Tests at 24 to 28 Weeks

Full Blood Count and Antibodies

Women who are rhesus negative will require an injection of anti-D.

Testing for Gestational Diabetes Mellitus (GDM)

Some women develop a condition known as GDM or Diabetes in pregnancy. All women are tested for GDM with either a Glucose Challenge Test or Glucose Tolerance Test.

For further information see "I'm pregnant - why do I need a glucose test?" pamphlet.

Routine Tests at 36 Weeks

Full Blood Count and Antibodies

Women who are rhesus negative will require an injection of anti-D.

Group B Streptococcus

This bacteria can be found in the vagina or rectal area of some women. It is not a sexually transmitted disease. An active infection at the time of birth may cause health problems in the newborn baby.

A low vaginal swab and rectal swab will determine whether or not you have this bacteria. If it is present you will require antibiotics during your labour.

Other Optional Tests Available

Your GP may discuss these optional tests with you early in your pregnancy.

First Trimester Screen

First trimester screening is a test to identify babies at increased risk of Down syndrome. It involves both a blood test, done at 10 weeks, and an ultrasound best done at 12 to 13 weeks.

Second Trimester Maternal Serum Screen (MSS)

Second trimester maternal serum screening is a blood test performed at 15 to 17 weeks of pregnancy. The test identifies the risk of Down syndrome or a neural tube defect in the baby by measuring a number of hormones in the mother's blood.

The MSS test is NOT recommended if you have already had the first trimester screening test performed, as only one of these tests is needed.

These tests may lead to a chorionic villus sampling or amniocentesis.

Chorionic Villus Sampling (CVS)

An obstetric specialist doctor usually performs this test at 12 weeks. It involves obtaining a small sample of the placenta via a fine needle inserted through the abdomen.

It is offered to women who:

- have previously had a baby with a chromosomal abnormality
- carry a gene that could cause a problem in their baby eg. cystic fibrosis
- are at increased risk of having a baby with a chromosome abnormality eg. increased first trimester screen risk.

CVS is not a routine test and its risks must be balanced against its need. This is a matter for you to discuss with your doctor or the hospital's genetic counsellor.

Amniocentesis

An obstetric specialist doctor usually performs this test between 15 to 17 weeks. The procedure involves obtaining a small sample of amniotic fluid (fluid around the baby) for testing.

It is offered to women who:

- are over the age of 37
- have previously had a baby with a chromosomal abnormality
- carry a gene that could cause a problem in their baby eg. cystic fibrosis

Amniocentesis is not a routine test and its risks must be balanced against its need. This is a matter for you to discuss with your doctor or the hospital's genetic counsellor.

MEDICAL TERMS THAT MAY BE USED

Amniotic fluid	500ml-1000ml of fluid contained within the membranes (or sac) in which the fetus floats. The fluid acts as a “shock absorber” and enables the fetus to move freely.
Antenatal OR antepartum	Concerned with the care and treatment of the unborn child and of pregnant women.
Caesarean section	Surgical incision of the walls of the abdomen and uterus for the birth of a baby.
Cardiotocograph OR Fetal Monitoring OR CTG	Electronic monitoring of the fetal heart rate and maternal contractions printed out onto a graph.
Cervix	Neck of the uterus (womb) that can be felt through the vagina.
Contractions	Spasmodic painful tightening of the uterus that may or may not cause the cervix to open.
Depression	A mood change or lowering of the spirits felt as sadness or melancholy, continuing over a period of time.
Fetus	The term used for babies from nine weeks gestation to birth.
Fundus	The top of the uterus, part of the womb that is furthest from the cervix or opening.

Gestation	Length of time from your last menstrual period. The normal gestation of pregnancy is 37 to 42 complete weeks.
Hypertension	Abnormally high blood pressure.
Induction	The act of causing or bringing about labour.
Intrapartum	During labour.
Labour	Regular painful contractions of the uterus that open the cervix.
Membranes	Two thin tissues that surround the fetus and amniotic fluid.
Oedema	An excess of fluid causing swelling, usually seen in feet and hands.
Palpation	Systematic examination by touch usually of the abdomen.
Pap smear	Collection of cells from the cervix that are examined for signs of development of cancer.
Postnatal OR postpartum	After the birth of the baby.
Speculum	An instrument used to hold open the vagina to allow the cervix to be seen.
Spontaneous labour	Labour that starts without artificial assistance.

OTHER SERVICES AVAILABLE AT KEMH

Service	Phone no.
<p>Aboriginal liaison officer: Available to help Aboriginal women.</p>	9340 2777
<p>Breastfeeding Centre: For help if you are experiencing breastfeeding problems before or after leaving the Hospital. This is via a telephone counselling service or appointment system.</p>	9340 1844
<p>Continence adviser: Offers advice and assistance for women who may have a 'weak bladder' (leaking urine).</p>	9340 1062
<p>Dietitian: For help with maintaining healthy food choices.</p>	9340 2795
<p>Genetic Counsellor</p>	9340 1525
<p>Health Information Resource Service: A public lending library that provides information on all aspects of women's health, including pregnancy, childbirth, infant care and parenting.</p>	9340 1100
<p>Occupational therapist: Provides assistance with transfer home and care of a newborn for mothers with disabilities.</p>	9340 2870 or 9340 8050
<p>Pastoral Care: Provides help with spiritual and emotional issues, whatever your faith background.</p>	9340 1036

Service	Phone no.
<p>Physiotherapist: For help with back, pelvic or leg pain in pregnancy. Physiotherapy support is also available after your baby is born.</p>	
<p>Psychological Medicine: You will be referred to a psychologist at KEMH if you have had postnatal depression or any depressive or anxiety-related problems in the past or at present.</p>	9340 1521
<p>Social worker: Contact for help with financial or welfare problems.</p>	9340 2777
<p>Visiting Midwifery Service: A midwife may visit you in your home before or after you have had your baby if necessary.</p>	9340 1530

NOTES:

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WOMEN AND NEWBORN HEALTH SERVICE

King Edward Memorial Hospital

374 Bagot Road Subiaco WA 6008

Telephone: (08) 9340 2222

Facsimile: (08) 9340 1780



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