Pregnancy and Postnatal Wellbeing

This topic is best to have as a discussion with Q&A. Please focus on the specific areas of interest of the participants in your session.

Pregnancy and postnatal wellbeing

Pregnancy is a significant event in a woman’s life. Some women will approach pregnancy and birth with fear and difficulty, while others will find it enjoyable. There can be enormous physical, mental and social challenges associated with pregnancy, and we all have different needs for support and information.

Statistics

- In Australia there were 294,369 births in 2020
- The average number of babies per woman was 1.58
- The average age of women who give birth is 31.6 years
- 36% of births are C-section (Caesarean) deliveries (AIHW, 2019)
- 1.5% of births are twins
- Gestational diabetes occurs in 1 in 7 pregnancies
- Exact rates are unknown, but it is suggested that up to 1 in 5 women will experience a miscarriage at some point

Conversation starters

- Ask members of the group if they would like to share stories about their own pregnancy experiences, e.g. what model of care did they choose, and what did they find were the positive and negative aspects of this choice?
- If there is one thing you wish you knew prior to pregnancy, what would that be?
- If you haven’t been pregnant before, is there anything you are concerned about?
- Ask the group what they expect/expected after birth. Would someone like to share something from their own experience, or perhaps some comparisons they have noticed between here and their home country

Planning for pregnancy

If you’re considering having a child, see your GP to discuss:
- Healthy eating and exercise

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- Vitamin supplements eg folic acid
- Weight (women who are overweight or underweight have higher risk of problems during pregnancy)
- Medical conditions (ensure these are well managed)
- Medication review (to ensure safe during pregnancy)
- Smoking, alcohol and illicit drugs (stop use)
- Immunisations eg checking immunity for Rubella (German measles), chickenpox
- General physical and mental health check
- Cervical cancer screening and breast check
- Family history of inherited diseases
- Blood and urine tests
- Family and social supports

For people who are having difficulties getting pregnant, you can discuss IVF (in vitro fertilisation) options with your GP. This is where a human egg is fertilised with sperm in a laboratory.

Confirming the pregnancy
- If you think you may be pregnant, you can see your GP for a pregnancy test (blood or urine test), or buy a home pregnancy test kit from the pharmacy. Always see a GP to confirm your pregnancy if you test positive on a home kit.
- When you find out you are pregnant, see your doctor for
  - A health assessment including weight and blood pressure
  - Important wellbeing tips during pregnancy eg handling of pets, food safety, medication safety
  - To discuss your preferred model of care (see below) and your pregnancy pathway

Routine tests and screening\(^4\)\(^5\)

It is common to have ultrasounds and blood tests throughout the pregnancy. These may be at different times depending on your care model. Most commonly people have a set of blood tests as soon as they find out about the pregnancy, another set of blood tests together with an ultrasound between weeks 10 and 14, followed by an ultrasound around week 20, and a set of blood tests between week 24 - week 28.

Blood tests
- Blood group and antibody testing
- Thyroid function

Anaemia (iron deficiency)
Screen for infections (eg syphilis, rubella, hepatitis B, Hepatitis C and HIV)

**Urine tests**
Test for bladder infection or kidney disease

**Ultrasound**
Check presence of multiple babies
Determine baby’s due date
Check baby’s development
Detect any fetal conditions

**Genetic tests**
Identify any risk of genetic conditions such as Down Syndrome.

Only discuss if questions raised: Down’s syndrome screening – when it is performed, what is involved, and what the results mean. Be aware of both first trimester combined screening and non-invasive prenatal testing. Emphasise these are screening tests, not diagnostic. Hence the results need to be interpreted carefully by your doctor.

**Vaccinations**
- Flu vaccine is recommended and free for any stage of pregnancy
- Whooping cough vaccine is also recommended and free for all pregnant women after 20 weeks of pregnancy, and their partners
- It is recommended you stay up to date with your COVID-19 vaccinations. They are safe and recommended for any stage of pregnancy

**Ongoing antenatal care**
- People often see their doctor every 4 weeks during the first half of pregnancy. More frequent doctor appointments start from around 24 weeks of pregnancy.
- During the consultations, you will be able to discuss with your doctors or midwives about symptoms of pregnancy such as nausea and vomiting, heartburn, backache, constipation. They can provide information and support
- Examinations and investigations will be organised to:
  - Check your wellbeing, blood pressure, urine etc
  - Check position and size of baby; listen to heartbeat
  - Additional blood and urine tests as needed
- At around 24 to 28 weeks pregnant: Screening for gestational diabetes (blood sample taken before and after a glucose drink)

Pregnancy model of care options

Public hospital options:
- Midwifery care (care led by midwife, more likely to develop a relationship with the midwives)
- Shared care (pregnancy care shared between the hospital and a local doctor or midwife. Medicare usually covers cost of visits to doctor or midwife not held at the hospital)
- Midwife group practice (care provided by 2 midwives who are also on call for the birth. May include homebirth option)

Private obstetrician – can choose your own doctor throughout pregnancy, labour and postnatal care, shorter waiting times for appointments, expensive unless you have private health insurance, may also be extra costs not covered by private health insurance

Staying healthy during pregnancy

Even the healthiest women can have pregnancy problems, but taking steps towards a healthy lifestyle can increase the chances of having healthy pregnancy
- Staying physically active during pregnancy
- Pelvic floor muscle exercises
- Back care
- Food and nutrition eg healthy eating, folic acid supplements
- Weight management

Diet in pregnancy

- When pregnant, there are certain foods that should be avoided due to any unintended consequences for the health and development of the baby. These include:
  - Alcohol, smoking, caffeine
  - Mercury in some fish
  - Food that might be contaminated with listeria or toxoplasmosis eg soft cheeses, undercooked eggs/meat

Exercise during pregnancy

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In an uncomplicated pregnancy, a woman should be able to participate in regular aerobic and strength conditioning exercise, and in most cases continue the exercise you were doing before pregnancy.

- Consideration that heart rate should not rise too high.

Mental health in pregnancy:
- Mental health problems are common in pregnancy, so it is important to mention any feelings of sadness or anxiety to your GP or midwife at your antenatal appointments.

**Pregnancy complications**

- Early pregnancy issues:
  - Miscarriage
  - Bleeding
  - Unwanted pregnancy

- Later in pregnancy:
  - Placenta problems
  - Baby position
  - High blood pressure and preeclampsia
  - Gestational diabetes
  - Incompetent cervix

Tell your doctor or midwife if you have:
- Vaginal bleeding
- Ruptured membranes ('waters have broken')
- Decreased or no fetal movements
- Severe constant pain
- Severe headache or blurred vision
- Abdominal trauma eg fall, car accident, blow to abdomen

**Labour and birth**

- Birth plan
  - Discuss with your doctor or midwife the type of labour and birth experience you would like, but stay flexible as labour and birth are not predictable.
  - Pain relief options are available as needed.

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- Some people experience a ‘show’ – plug of mucous and blood from vagina
- Some people experience period-like pains, tightening or contractions, backache or stomach upset that gradually become regular contractions
- Membranes rupture (known as your ‘waters breaking’)
- Contractions become longer, stronger and closer together as the labour progresses

When to call the hospital
- Your waters break
- You have bright blood loss
- You are worried about the baby’s movements
- You have regular contractions 5 minutes apart

Types of delivery
- Natural delivery
- Caesarean section (baby born through a cut in your abdomen)
- Interventions – induction, ventouse (vacuum cup), forceps

**Immediately after birth**

**Vaginal birth**
- Rest (lying on side), ice and compression applied to the perineum can help reduce pain and swelling
- Perineal trauma - stitches may be required if there are tears, these will dissolve
- Pelvic floor muscle weakness is common but should improve in the first 3 months post birth. If this continues, seek help from GP or specialised physiotherapist

**Caesarean section**
- Will have a scar and stitches (most dissolve), takes about 6 weeks to heal
- If you have attempted a vaginal birth – rest, ice and compression as above may also be beneficial
- Avoid driving, and lifting anything heavier than baby for 6 weeks

Length of stay in hospital will depend on your condition. Usually the same day or next day for an uncomplicated birth, and up to 3 days for a caesarean
Maternal Health nurse will visit you at intervals in coming weeks starting from a couple of days after going home

**What to expect**

**Breasts**
- Difference between colostrum and mature milk (which usually comes in around 60 hours after the birth)
- “After pains” due to hormones associated with breastfeeding, usually with 2nd or later pregnancies.
- Complications: Mastitis, breast/nipple thrush, low milk supply

**Vaginal discharge**
- Will settle over the first 4-6 weeks
- Seek medical advice if bleeding worsening, offensive smell etc

**Belly**
- Uterus should reduce in size in the first few weeks after birth, breastfeeding helps with this
- Abdominal muscle separation – usually improves within 12 weeks but can remain long term

**Bowel**
- Haemorrhoids: Can be due to hormones and also pushing phase of labour
- Bowel health: Drink lots of water and eat high fibre food, don’t strain on the toilet
- Safe to use your bowels, even if you have stitches

**Urine**
- Incontinence is not uncommon after giving birth, even with caesarean births. Issues should resolve within 6 months of giving birth. If not, speak to your GP
- Pelvic floor exercises (see ‘Incontinence’ Topic Template for more information)

**Exercise**
- Start with walking for first 12 weeks, gradually building up how long you walk for
- Before returning to high impact exercise (after 12 weeks), test strength of pelvic floor (if you can laugh, cough, jump with a full belly and no urine leakage, should be okay to exercise)

**Sex**
- Doctors often recommend waiting 4-6 weeks
- Contraception is important because you can start ovulating again any time after giving birth

**NOTE:** Breastfeeding can only provide contraception if your baby is younger than 6 months and is exclusively...

breastfed, and your menstrual periods have not returned\(^{11}\)

**Breastfeeding**
- It is important to breastfeed your baby if you can because it:
  - Provides all your baby’s nutritional needs for the first 6 months of life
  - Increases baby’s resistance to infection and disease
  - It also saves the work to prepare formula and sanitise bottles and teats
- Breastfed babies have lower risk of SIDS, and gastrointestinal, ear and chest infections
- Breastfeeding can reduce mum’s risk of breast cancer and ovarian cancer
- Adequate hydration, good sleep, feeding your baby regularly can help with breastmilk supply
- Breastfeeding can be difficult for some mums initially, but help is available from midwife, Australian Breastfeeding Association, lactation consultant

**Postnatal anxiety and depression\(^{12}\)**
- Affects 1 in 7 mums and 1 in 10 dads (most common after first pregnancy)
- Can last up to 12 months
- Difference between ‘baby blues’ and PND (baby blues usually last only a few days post birth)
- Some symptoms include: Panic attacks, generalised worry, obsessive/compulsive thoughts, abrupt mood swings, constantly sad/low/crying, constantly tired or lacking energy, withdrawing from friends/family, easily annoyed or irritated, angry, difficult to focus/concentrate/remember things

**Take care of yourself**
- Be kind to yourself. The interrupted sleep and 24-hour demands can take their toll. But they become more manageable when we are able to care for ourselves too
- Talk to others about how you are feeling
- Have periods of time out, doing things you enjoy (e.g. listening to music, having a bath, shopping, seeing a movie)
- Ask for and accept offers of practical help
- Regular exercise
- Eat a healthy diet and drink enough water
- Sleep – regular bed time, avoid exercise/screen time/coffee/stimulating activities before bed, do something


\(^{12}\) PANDA (Post and Antenatal Depression Association), [https://panda.org.au/](https://panda.org.au/)
relaxing before bed, quick power nap when feeling tired, avoid napping in the evening

**Supporting your partner**

- Watch for the signs of postnatal depression/anxiety
- Provide emotional support by listening to them and expressing your gratitude
- Provide practical support by sharing the care of the baby, arranging other help and keeping your partner company

**Where to find help**

- Your GP
- Your partner, family and friends
- Local community health centres often have a staff member who can help link women into pregnancy- or maternity-related services
- Mothers’ group
- During your pregnancy, go to the hospital if you are experiencing:
  - Bleeding
  - Reduced foetal movements
  - Severe pain

- Maternal and Child Health Line 13 22 29 (VIC), 1800 882 436 (NSW), 1300 808 178 (Tas)
- PANDA (Post and Antenatal Depression Association) helpline 1300 726 306 (Monday to Friday, 9 am to 7:30 pm AEST)
- Pregnancy, birth, baby website – initiative through Department of Health – fact sheets and can phone or video call a maternal child health nurse
- Psychotherapy and Counselling Federation of Australia (PACFA) National Register (Family and Relationship Therapy) (03) 9486 3077
  - Call **Telephone Interpreter Service FIRST** on 13 14 50 and tell them you wish to call one of these hotlines

**Resources**

**The Royal Women’s Hospital**

Translated fact sheets on prenatal health checks (search “Early pregnancy – how to take care of yourself) here:


Antenatal health check (including translated fact sheets):


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The different models of maternity care:

Genetic testing during pregnancy:

What to expect after birth

NSW Multicultural Health Communications Service
www.pregnancybirthbaby.org.au/partners/multicultural-health-communication-service

Recommendations during pregnancy:

Translation documents of pregnancy and postnatal care information

Australian Breastfeeding Association
https://www.breastfeeding.asn.au/

Multilingual resources:
https://www.breastfeeding.asn.au/bf-info/other-languages

PANDA (Post and Antenatal Depression Association)
Translated factsheet: Anxiety and Depression in Pregnancy & early parenthood
https://www.panda.org.au/awareness/resources

Factsheet: Wellbeing and Selfcare

Mum Space
Evidence based support for new parents with e-CBT

Raising Children Network

Resource Box
Women’s Health

Topic templates for Water Well sessions should be used as a guide only. They do not dictate what does or does not get covered in a session. When presenting information from the templates, it is important to consider if it is relevant to the specific group in your session. Be directed by the questions from the group. Questions often come up that you may not be sure about and are not in the topic template. In this case, it’s often useful to open the question up to the group for discussion and refer to other potential resources such as the local doctor, official website, etc. We are always trying to improve our topic templates and welcome any feedback via our feedback forms.