

So You're Expecting... Now What?

Everything You Need To Know About Choosing
Your Medical Care Team During Your Pregnancy



The Nesting Doula

A Note From Me

Hello beautiful human!

I'm Kayla - & I soulfully support people through pregnancy, birth & postpartum as a doula.

I'm also a Mum of 2 + 2 dogs, a snake & a bearded dragon. I have an obsession with birth & the magic ability to go through a whole packet of gluten free Mint Slice in about an hour....on my own!

Plus I know a few things about creating an amazing birthing experience that keeps you right in the centre, making informed & aligned choices only to serve YOU!

So you just found out you are expecting or your planning to & you have no idea what to do next.

I've created this especially for people wondering what the heck to do after they see those two little lines on a test & for the willing person ready to take charge of their journey.

I'm elbow deep in the birth world, & I've seen a HUGE variation of how things can go down. But, the thing that rings true & remains constant, is the importance of how a birthing person FEELS during their labour & birth.

And your medical care team has a huge play in not only how you FEEL going into labour, how you FEEL during labour & birth itself & your postpartum period but they also have a huge influence on your birth outcome.

And whilst you will build a support team around you to help you on your journey, the responsibility & power is yours, & yours alone to feel fucking fantastic. The inner work is crucial!

I'm always here for you,
I know you're a BADASS!

With love Kayla xx

What is the **greatest lesson** a woman should learn?

That since day one she's already had everything she needs **within herself**, it's the world that convinced her she did not



Your Expecting... What Now?

**So you've peed on a stick & those two little lines have come up,
your expecting... now what?**

**Or maybe you are planning on expecting & you want to know all the ins & outs
before you get those two lines come up.**

**After you see those two little lines you can have so many emotions can arise
regardless of if you were trying or if this is a surprise.
Lean into your emotions, let them happen, feel them wholeheartedly.
You will remember this moment for the rest of your life.**

**Congratulations!!!
So now what?**

I have prepared & gathered all this information just for you because I want you to be as informed as you can be. So here's a little breakdown of what to do to get medical care during your pregnancy & what to expect after you find out you are expecting & you have moved through all the feelings when you find out you are expecting!

Make an appointment with your GP

During this appointment your GP will ask you when your last period started to get an Estimated Due Date, they will give you a referral to get some bloods done to confirm your pregnancy & possibly an ultrasound referral. They usually request you rebook in to get the results of your blood test & ultrasound (if you have had one yet). The Dr may also discuss any current medical conditions you may have along with a care plan going forward that aligns with your pregnancy. During this appointment feel free to ask any questions you may have.

Blood Tests

In this blood test they check your hCG levels (Pregnancy hormone), your blood group & to see if you are a positive or negative blood group, your iron levels, & to see if you have any infectious diseases.



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What These Tests Are For

-hCG

The hCG levels confirm the pregnancy & help to get an estimated due date(EDD).

-Positive or Negative Blood Type

If you have positive blood type you have a protein (D antigen) on the surface of your red blood cells. Most people in Australia are in the positive blood group.

If you don't have this protein you are a negative blood type. About 17% of people in Australia are a negative blood type.

If your blood is negative & your baby is positive, there's a chance that your body could produce antibodies against your baby's blood. This usually won't cause problems for your first pregnancy, but could affect future pregnancies with positive blood type babies. These antibodies could cross the placenta & destroy your baby's blood cells. This leads to a condition called 'rhesus disease', or 'haemolytic disease of the newborn'.

If you are a negative blood type, you will be offered an injection to stop your body producing these harmful antibodies. This can protect your baby. This is called 'Anti-D'.

You will be offered the injection at:

- 26 to 28 weeks and
- 34 to 36 weeks

You can also have the injection after the baby has been born if tests confirm your baby is a positive type.

-Iron Levels

You can develop anaemia, and/or iron deficiency during pregnancy. During pregnancy your body needs extra iron, so you can provide sufficient blood supply, oxygen & nutrients to your baby.

If you have low iron during pregnancy, you can develop anaemia. When you have anaemia you can be extremely tired, can cause more severe morning sickness & can impact your mental health as well as not coping as well with blood loss during birth. Having low iron levels also means you have a higher risk for postpartum depression.



Your Expecting... What Now?

Getting An Ultrasound & What To Expect

During your ultrasounds the ultrasound technicians will do all sorts of measurements of fetus/baby & your uterus, ovaries ect. Sometimes the ultrasound technician will print out a photo for you but if not you can ask for one. The ultrasound technicians generally don't tell you much & will let you know to see your GP to get the results. Generally if you have a low risk pregnancy you will be offered to have an ultrasound around 3-4 times throughout your pregnancy.

-The first ultrasound (around 6-10 weeks)

The ultrasound technician will start off by scanning your abdomen with the probe & depending on how far along you are they may ask if they can do the ultrasound internally (transvaginal). An internal ultrasound will get the probe closer to your uterus & fetus which means the technician will be able to do measurements more effectively. When you are having an internal ultrasound there will be two ultrasound technicians in the room and you will most likely need to sign a consent form as they will need to insert the probe into your vagina. If you are not comfortable with an internal ultrasound you are more than welcome to say no, this may mean they are unable to get some measurements & they may ask you to come back when you are further along in your pregnancy.

During this first ultrasound the technician will be checking for a heartbeat in your fetus, they measure the fetus from crown to rump to **estimate** a due date & measure many other parts of your reproductive system. This is usually the ultrasound where you will find out if you are having one or more babies (I say usually because every now & then one may hide but this is very rare).

-The genetic screening ultrasound (around 12-13 weeks)

During this ultrasound the technician will look for indicators of chromosomal disorders. Which means the baby has received an extra chromosome at conception & could have moderate to extreme physical &/or mental challenges. After the ultrasound you will get a referral for a blood test for genetic testing of the same type. Your GP will give you the results of these tests.

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-The Anatomy ultrasound (around 20 weeks)

During the anatomy scan, you can find out if your baby is male or female. If you want the gender to be a surprise, make sure to tell your technician before they start so they don't accidentally let it slip. When the scan is complete your technician will give you some photos of your baby!

Your ultrasound technician will capture a large number images & measurements:

- limbs: arms, legs, feet, hands
- torso: chest, heart, kidneys, stomach, bladder, diaphragm, genitals
- head & face
- spine
- umbilical cord
- amount of amniotic fluid
- location, size, & shape of your placenta
- length of your cervix

After your ultrasound appointment the technician will send all of these images & measurements, to your OBGYN/GP/Midwife & they will review the pictures & look for abnormalities such as congenital heart defects or cleft lip or palate. They'll discuss their findings with you & help you understand what you're looking at in the different images. If everything looks normal & there are no other issues during your pregnancy, the next time you'll see your baby is when he or she is in your arms! In the meantime, you can enjoy those photos of your baby!

-Extra ultrasounds (possibly at around 28, 32 or 36-38 weeks)

Your health care professional may ask to have 'extra' ultrasounds. These additional ultrasounds could be to measure to see your cervical length, your placenta location & size & your baby's position & size.



Ultrasound Accuracy

Ultrasounds are never 100% accurate, not just with the gender of the baby & other measurements but also the sizing of baby after 20 weeks is 15-20% inaccurate.



Medical care provider cheat sheet

Choosing a medical care provider that is right for you & baby during your pregnancy is incredibly important.

There are many different models of medical care available to support you through your journey. It's not about picking one that your friend did, or your Mum suggests, or works best with your health insurance. No! It's about picking the one that aligns with your birth vision & best supports YOU the way you need to be supported.

Here's a little breakdown of the medical care provider options you have!

Private

Having Private Health Cover does not mean you HAVE to choose an Obstetrician. Private Health only covers your hospital stay & delivery in a private hospital, not the appointments you have with the OB, or the scans/tests. You can choose any of the below care providers, & opt to be treated as a Private Patient if you go to a Public Hospital.

Midwifery Led Care In A Public Hospital, Birth Centre Or Home Birth

There will be a number of community Midwifery programs in your location. A quick google will bring the available ones up, eg 'Canberra Midwifery Programs', 'Canberra Birth Centres' or 'Public Home Birth Program Canberra'. Community programs only accept a small amount of women at a time & only low risk pregnancies, defined by a specific criteria listed on their website. You will need to apply for the program, & it's best to do this as early as 8 weeks. You will fall under the care of a very small team of midwives, & usually get the chance to meet them all, just in case your main midwife is not available for your birth. They can support you in hospital, at home or at a birth centre. If you're having a home birth through the 'Home Birth Program', your midwife can transfer with you to the hospital if required. Community programs are publicly funded & therefore completely bulk billed, so there is no out of pocket expenses.

Independent/Private Midwife

There is a lot more freedom here. You can deny scans/tests. You can work with an independent midwife even if you didn't meet the criteria of the Community program. They can support you at a home birth, hospital or birth centre. Just double check their admittance rights when you speak to them. Independent Midwives mean an out-of-pocket expense, but Medicare can cover some of it.

Medical care provider cheat sheet continued

Obstetrician

You will see an OB in their private rooms throughout your pregnancy. They typically work with a midwife, & you may have appointments with midwives too. During the birth, the hospital midwives will look after you, communicating with the OB, who may pop in & out to check on you. When it's time for your baby to be born, the midwives will call the OB in. If you take any other care option, you still may see an Obstetrician during your pregnancy or birth if complication arises.

Public Hospital

Your GP will refer you to the nearest maternity hospital. You will see the hospital midwives for your appointments. Most appointments you will see a different midwife each time. Usually you will meet with an OB at some point.

If you have Private Health, you can opt to be a Private Patient in a Public Hospital - but this is in regards to your delivery & hospital stay.

GP Shared Care

Dependent on your GP & local hospital, GP Shared Care may vary. Typically, you will see your GP up to 36 weeks - providing there are no complications. After that, your care will be handed over to the hospital, where you will see the hospital midwives.

KEY POINTS TO CONSIDER

- Your care provider is not your boss, you don't have to do what they say. They are apart of your team.
- If you're unhappy.....fire them!! - even if it's during the birth! You will not be left to birth without support, & you can ensure that the support is right for you, even when you're in labour!
- This is their job. But this is your once in a lifetime experience that you will remember forever.
- When choosing a care provider, ensure they will be supportive of your vision for birth

Something else to think about it

All of these medical care providers have little to no postpartum support.

Do you want any postpartum support?

Thoughts...

KEEPING YOUR VISION FOR YOUR IDEAL BIRTH IN MIND - WHAT CARE PROVIDER RESONATES WITH YOU?

NOW RESEARCH - LIST NAMES & NUMBERS OF ALIGNED CARE PROVIDERS TO CHAT TO

WRITE YOUR QUESTIONS FOR THE CALL HERE, & FILL IN THEIR ANSWERS

Q. I want to go into labour spontaneously. What are your induction policies and practices?

A.

Q. What are your intervention & c-section rates? What are the hospital's intervention & c-section rates?

A.

*Medical care
providers*