



PREGNANCY INFORMATION SHEET

CONGRATULATIONS!

Your blood test results indicate that you are Pregnant.

You should be taking Folic Acid as part of your Pre Natal Work Up and should continue to take this up to 12 weeks of pregnancy. For the dosage to be taken, please ring your doctor's rooms. Iron supplements may be required. Please ring your doctor for his/her direct instructions on this issue.

Progesterone pessaries or crinone gel are sometimes used to restore/maintain progesterone levels during early pregnancy. Progesterone is most important to keep the endometrium (the lining on the uterus) lush to sustain the foetus. Progesterone levels can be most unstable during the first 12 weeks of any pregnancy, until the placenta is fully formed and functioning. Therefore some patients may need progesterone support until this time. The use of progesterone pessaries or crinone gel in pregnancy has not been associated with any increased risk of foetal malformations.

Your first *Antenatal Ultrasound* to verify a foetal sac in the uterus with a heartbeat is usually done at 7–8 weeks, from the last Day 1 of your period. (For those ladies on IVF the weeks of pregnancy are counted from the day of your pick up plus two weeks). Please contact your doctor's rooms or the Canberra Fertility Centre at approximately 4–5 weeks to book this ultrasound (fee applicable). The Canberra Fertility Centre provides a pregnancy ultrasound service with a qualified ultrasonographer.

Antenatal visits with your delivering doctor usually begin at approximately 14 weeks of pregnancy.

Please make an appointment with an obstetrician as soon as your pregnancy is confirmed to ensure you have the doctor of your choice.

PREGNANCY—“TIME OF GREAT TRANSITION.”

Problems in early pregnancy

If you experience any of the symptoms listed below, please advise your doctor's rooms or discuss with the nurse coordinator at the Canberra fertility Centre.

Abdominal Pain	Severe Cramping	
Fever or Chills	Persistent Vomiting	
Painful Urination	Vaginal Bleeding*	(*bleeding does not always indicate problems)

EARLY CHANGES IN PREGNANCY.

Listed below are common changes that you may experience in early pregnancy. Occasionally light bleeding or spotting will occur at the time of the expected menstrual period, but it is not typical menstrual flow. This should be reported to your doctor.

Frequent Symptoms

- Breast enlargement and tenderness;
- Nausea (at any time of the day or night) and vomiting;
- Frequent urination;
- Fatigue;



- Increased vaginal discharge;
- Headaches; and
- Mild cramping.

These symptoms will usually resolve after the first 12–14 weeks (first trimester).

EFFECTS OF FERTILITY TREATMENT ON PREGNANCY.

Babies conceived with the aid of fertility drugs do not have an increased risk of birth defects. There is no greater chance of developmental delays that have been observed in children conceived with fertility drugs.

The normal rate of birth defect is 2–3% in any pregnancy.

MISCARRIAGE.

Approximately 15% of all pregnancies end in miscarriage. This incidence increases with maternal age increase. A pregnancy conceived with medical help is monitored closely and miscarriage can be recognised/avoided earlier than in naturally conceived pregnancies. Most miscarriages occur due to a random problem with the embryo.

Recurrent Miscarriage Factors

- Abnormalities in shape of uterus;
- Chromosomal abnormalities;
- Untreated hormonal disorders;
- Maternal age greater than 35 years;
- Immunological factors;
- Smoking; and
- Inadequate diet, especially green vegetables.

MULTIPLE PREGNANCY.

Multiple pregnancies occur more commonly in pregnancies conceived with the use of fertility medications and procedures. A multiple birth (pregnancy) is often seen as a blessing to many couples although medically they are at a higher risk of pregnancy complications and premature birth. Early diagnosis of multiple births is essential to anticipate potential problems and reduce the risk. Doctors may monitor these pregnancies more closely and restrict activities during this time.

OVARIAN HYPERSTIMULATION SYNDROME.

For those women experiencing OHSS after a stimulated egg pick up cycle, embryo transfer and subsequent pregnancy diagnosis, the syndrome will have no effect on the developing fetus. The side effects experienced are bloating, nausea and vomiting, and malaise. It is usually treated with rest, analgesics, and fluids and generally subsides in early pregnancy.



Do's and Don'ts in Pregnancy

- Eat a well balanced diet. A healthy diet is essential;
- Pregnant women should not try to lose weight during the pregnancy;
- Alcohol, smoking, medications, and recreational drugs have potential risks to the developing foetus;
- Alcohol – disabilities and physical malformations in the foetus;
- Smoking – Foetal death, premature delivery, learning disorders in child, growth retardation;
- Ask your doctor before commencing any medication as to its possible effects on your baby;
- Activity should be continued during your pregnancy as long as these activities are appropriate for pregnant women;
- Don't attempt to increase your level of fitness during pregnancy;
- Consult your doctor about continuing or commencing any exercise program;
- Do travel during your pregnancy, but avoid travelling too long in a sitting position. This cramps the blood flow to the uterus and may form clots in the legs. Best to walk around every 2 hours;
- Don't travel close to your due date – see your doctor if travelling is essential;
- Check with your doctor, but it is usually safe to have sexual intercourse during pregnancy. There is no evidence that intercourse or orgasm is harmful to the foetus; and
- Don't have sexual intercourse if it is painful or uncomfortable. Speak to your doctor over these concerns.

PHYSIOLOGICAL ADJUSTMENT.

Pregnancy is a great event, especially after experiencing infertility problems. Infertile couples often feel the need to be extra careful to assure the safety of the pregnancy. These are concerns that may be related to couples experiencing “the transition from a ‘defective’ function into a ‘normal’ function (pregnancy)”. These feelings may persist throughout pregnancy. It is normal to react to the news of a positive pregnancy test with a little fear as well as excitement.

It is normal for all pregnant women to have mixed feelings about their pregnancy. It is also okay to complain about nausea, fatigue, etc. The reality of pregnancy may be very different from your expectations. Please voice these concerns to your doctor or the counsellor at the unit. Sharing the news of the pregnancy is a very personal decision and each couple will know the right time for them to share their special news with family, friends and co-workers.

SUMMARY.

The transition from infertility treatment to pregnancy can be exciting but difficult. Women should get plenty of rest, exercise, eat healthily and follow their doctor's advice.

We at the Canberra Fertility Centre wish you all the very best in your pregnancy, and hope to hear from you of your progress.