

## YOUR PREGNANCY

Congratulations on your pregnancy! Pregnancy is an exciting and special time for a woman and her family. We at Oxford Obstetrics are looking forward to caring for you during this precious time.

Our Information leaflet aims to equip you with the necessary guidance to plan and enjoy your pregnancy:

## CARE DURING PREGNANCY

- NORMAL CARE SCHEDULE
- TESTS AND SCREENING
- FETAL MEDICINE SCANS
- OUTLINE OF VISITS

## BOOKINGS AND PRACTICAL ARRANGEMENTS

- EMERGENCY VISITS OR EMERGENCIES**
- APPOINTMENTS
- FETAL MEDICINE SPECIALISTS
- UIF AND MATERNITY LEAVE
- PRE-ADMISSION
- MEDICAL AID ARRANGEMENTS
- FEES AND COSTS

## GENERAL ADVICE FOR PREGNANCY

- ANTENATAL CLASSES
- DIET
- MEDICATIONS AND PROCEDURES
- EXERCISE AND HABITS
- TRAVEL
- COMMON COMPLAINTS IN PREGNANCY
- EMERGENCIES

## LABOUR DELIVERY AND AFTERWARD

- BIRTH PLAN
- LABOUR AND DELIVERY
- AFTER DELIVERY

## CARE DURING PREGNANCY

You can expect to be seen at regular intervals during your pregnancy. These visits and tests allow us to identify any developing problems at a stage where intervention can be done effectively; however, all tests are voluntary, and you can choose which tests and scans you wish to undergo. Please see the attached antenatal testing consent form for more detail on the tests and scans available during your pregnancy. This will be discussed with you and an individualised care plan for your pregnancy drawn up. Note that the below is the recommended schedule for a routine, low-risk pregnancy, and that complicated pregnancies may require more frequent visits.



### TESTS AND SCREENING

There is a variety of tests that can be carried out to detect conditions that can affect your pregnancy, and to detect conditions in you that may be affected by the pregnancy. Further to this two sets of screening can be done for your baby: the first around 11-13 weeks to screen for genetic abnormalities such as Down's syndrome, and the second around 20-22 weeks to assess for structural abnormalities in your baby.

The majority of the blood tests are carried out when you are first seen. There is a further round of blood tests when you are around 28 weeks, and finally a vaginal swab is taken at 36 weeks if you are planning a vaginal delivery. In addition, at every visit your weight, blood pressure and urine will be tested.

The tests at your first visit include your full blood count, blood group, HIV, Syphilis, Hepatitis B and immunity to Rubella and Chickenpox. The tests at 28 weeks is a screening for diabetes developing in pregnancy (Gestational Diabetes) and a blood iron level to check for anaemia.

The first screening for genetic abnormalities is carried out between 11 and 13 weeks. This screening can be done in one of three ways.

1. First is combined screening where some measurements of your baby are taken together with the levels of two hormones in your blood. If we see you for the first time after 14 weeks, a test using three hormone levels (triple test) alone can be done, which is less sensitive than the combined test. Both of these will result in a risk score, expressed as 1 in a certain number, for example 1 in 400. More than 1 in 300 is considered high risk, between 1 in 300 and 1000 intermediate risk, and less than 1 in 1000 as low risk.
2. Another test that may be done is the non-invasive prenatal testing (NIPT). This can be done at any time after 10 weeks. This test is currently very expensive (around R6 500) and not routinely covered by medical aids.
3. Note that the above described tests only indicate risk – to get a definite yes or no answer, invasive testing (amniocentesis) has to be done. This entails passing a needle into your uterus where some of the fluid is withdrawn and tested for baby's genes. It carries a small risk for miscarriage.

Current recommendations are that if your combined or triple test scores high risk, invasive testing is carried out. If intermediate risk, an NIPT test is done to help decide if invasive testing should be carried out, and if you score low risk that further testing is only advised if you would prefer further certainty. Note however that it is your choice which tests you wish to undergo. You can choose to undertake all or none of them.

The second scan is done at 20-22 weeks when baby is a little bigger and we can see the structures in more detail. We then look for abnormalities like club feet, heart and brain abnormalities and so on. Likewise, this test is voluntary and at your discretion. At every routine visit a scan will be done to check on baby's growth.



## FETAL MEDICINE SCANS

The two detailed scans during the pregnancy that assess the risk for fetal abnormalities, as discussed above, are done first at 11-13 weeks and then at 20-22 weeks. We can refer you to have these scans done by a Fetal Medicine specialist. We encourage taking this opportunity, but if you prefer we can perform these scans in the practice for you, with the understanding that we do not have the same level of specialisation and ultrasound equipment *and may not detect all abnormalities that would be detected by a Fetal Medicine specialist*. See below for details of the Fetal Medicine specialists practicing in Gauteng (book as soon as possible, they fill up very quickly).



## OUTLINE OF VISITS

Weeks	Examinations and tests	Information
<b>1<sup>st</sup> visit: 6-9 weeks</b>	History, general examination and risk screening questionnaire. Pap smear if not recently done, booking blood tests including full blood count, blood group, HIV, Hepatitis B, Syphilis and Rubella testing.	Information on antenatal care and screening. General information on health, diet and common problems.
<b>12 weeks</b>	First trimester screening for abnormalities: at Fetal Medicine specialist or at Oxford Obstetrics according to care plan.	Information about blood tests and screening.
<b>16 weeks</b>	Routine visit: blood pressure and urine check, examination and ultrasound.	Antenatal classes and detail scan booking.
<b>20 weeks</b>	Detailed fetal anomaly scan: at Fetal Medicine specialist or Oxford Obstetrics according to care plan.	Discussion around any problems detected. Confirmation of gender, if desired.
<b>24 weeks 28 weeks 32 weeks 34 weeks</b>	Routine visit: blood pressure and urine check, examination and ultrasound. Diabetes screening and Hb at 28 weeks.	Explanation of findings; Questions; Delivery options; and Discuss stem cell storage. Booking bed with the hospital.
<b>36 weeks</b>	Birth planning and preparation for delivery. Booking for Caesarean section if needed. Blood pressure and urine check, examination and ultrasound, and vaginal swab for group B Strep B status if vaginal delivery planned.	Specific discussion with regard to mode of delivery, normal or caesarean section, including types of pain relief for normal deliveries. Full written consent if going for caesarean section.

<b>38 weeks</b> <b>39 weeks</b> <b>40 weeks</b>	Routine visit: blood pressure and urine check, examination and ultrasound. Non-stress test to assess fetal well-being may be done.	Preparation for delivery, discussion around chances of a safe vaginal delivery and need for regular fetal movement.  <b>When to come in:</b> <ul style="list-style-type: none"> <li>• Contractions;</li> <li>• Bleeding;</li> <li>• Ruptured membranes; and/or</li> <li>• Poor fetal movement.</li> </ul>
<b>10 days after delivery</b>	Post-delivery review, perineal and/or wound care.	Breastfeeding and contraception.
<b>6 weeks after delivery</b>	Post-delivery review and pap smear.	Final visit, discuss contraception.

As you can see for an uncomplicated pregnancy you can expect to be seen around 12 times before your baby is born. If complications occur you will need to be seen more often. Most medical aids cover 12 visits, some medical aid options only cover 8 visits during pregnancy and don't cover certain necessary tests. As far as possible we will try to limit the number of visits to be in line with your medical cover but the safety of Mum and Baby must come first and there may be times when you will need to pay for a visit yourself if it is needed and not covered by your medical aid scheme.

## BOOKINGS AND PRACTICAL ARRANGEMENTS

### EMERGENCY PROCEDURES OR EMERGENCIES

**Upon booking with Oxford Maternity, you will receive a different information booklet with emergency contact details. We have a doctor and midwife on call 24/7.**

**In case you are feeling emotionally distressed or feeling that you are struggling to cope please contact the 24 hour help line of the South African Depression and Anxiety Group (SADAG) on 011 234 4837 or alternatively go to your nearest emergency room/casualty where they can assist you.**

Finally, please be reminded that we are a group of doctors that work together. We share weekend calls and cover each other when we go away on leave, or to conferences. There is a possibility that if you have an emergency or go into labour that you will be treated by another doctor if your doctor is unavailable.

### APPOINTMENTS

Please make your bookings well in advance. At our practice you can make your next appointment at the end of each visit.

We are aware that time is precious to everyone, and respect that you have other commitments and things to do. However due to the nature of what we do it is inevitable that we sometimes run late! While we try to minimise this, at times it can't be avoided. Some consultations take longer than expected, emergencies need to be seen between booked patients and babies choose when they want to be born! Please accept our apologies in advance for if and when this may happen. You are welcome to call in before coming to the hospital to check if all is on time. The reception ladies may at times call or send an SMS to say that there has been an emergency or that we've had to fit in a Caesar and offer to reschedule your appointment to avoid you waiting for unreasonable lengths of time. Please understand that this is out of our control and will be a last-minute arrangement and exception.

For specialised Fetal Medicine assessments it is advisable to make your appointments as soon as possible as these teams get booked out far in advance. We do not see you at 12 and 20 weeks if you are seeing a fetal medicine specialist. If you choose not to see a Fetal Medicine specialist, please schedule these visits with us.



## FETAL MEDICINE SPECIALISTS

- Dr Jayshree Jeebodh | Park Lane Hospital  
010 447 3725
- Prof Ermos Nicolaou | Morningside Medi Clinic  
011 883 3070
- Dr Elmarie Farrell | Pretoria East Hospital  
012 993 3564
- Dr Sultana Suliman | Netcare Femina Hospital  
012 323 9108
- Dr Aisha Patel  
Park Lane 011 480 4142 | Morningside 011 884 8228 | Garden City 011 839 2230



## UIF AND MATERNITY LEAVE

If you are eligible for UIF and intend to claim, please bring your forms into the rooms for us to complete. These forms must be completed in black pen only. Copies which you have faxed or e-mailed to us will not be accepted by them. It is best if you bring them in and leave them with the reception ladies for us to sign at a convenient time. Please complete the form in advance to expedite the process.

The information you will need for completion of the form is:

- Name of your doctor;
- Qualifications: FCOG(SA);
- Practice number: 0734411;
- Doctor's registration number;
- Your name that you are employed under and your due date; and
- Practice address: Netcare Park Lane Hospital, Junction Ave, Parktown, 2193....

You are advised to complete more than one copy - they often get lost and you are requested to resubmit.

## PRE-ADMISSION

We recommend that you pre-book your delivery with Netcare Park Lane Hospital or Life Brenthurst Hospital at 20-28 weeks. All your details will be captured to make any later hospital visits quicker and smoother. We will give you a confirmation of pregnancy letter that you can take to reception to arrange your booking.

## MEDICAL AID ARRANGEMENTS

Please make sure you let your medical aid know timeously that you are pregnant – some medical aids have a maternity benefit that will kick in to cover some of your costs, so they do not come out of your normal benefits or savings account. They will give you an authorisation number for the hospital. The codes they will ask for are our practice number (0734411), Netcare Park Lane's practice number (5803004) or Life Brenthurst's practice number (5803349) depending where you will deliver, and procedure codes (2614 for a vaginal birth, and 2615 + 0009 for a caesarean section). If you are not sure as to how you will deliver then request authorisation for a vaginal delivery. It is easy for you to contact the medical aid at a later date and update the authorisation if a caesarean section is recommended or necessary in labour. Plans sometimes change!

We are contracted to most of the medical aids. If we are not contracted to yours, let us know and we will make arrangements with them. All accounts will be submitted to your medical aid and paid to us. The only exception will be if your medical aid plan does not cover you for a certain consult or procedure in that case we request that you settle with us and discuss your invoice with your medical aid for reimbursement. Please note that all accounts must be received by your medical aid within 3 months of the service date to avoid them being declined.

## FEES AND COSTS

As you can see from the schedule, you can expect around 10 to 12 visits for an uneventful pregnancy. There may need to be more if the pregnancy is high risk or complicated. Emergency consultations after hours and over weekends will be billed for at medical aid rates and submitted to your medical aid. Please confirm fees with the fetal medicine teams prior to your appointment with them (usually between R3 000 and R4 000 depending on the unit and the number of fetuses). All of these prices mentioned above will increase annually.

Please make sure exactly what cover you will have available from your medical aid for care in your pregnancy, as not all costs may be covered. Please also refer to the practice billing policy available from reception. If you are out of benefits or a consult or procedure is not covered by your medical aid, you will be charged at your medical aid's rates.

## GENERAL ADVICE FOR PREGNANCY

### ANTENATAL CLASSES

Antenatal classes are encouraged. These are not "breathing" classes but rather cover topics like vaginal delivery, Caesar section, pain relief in labour, breast feeding and much more to get you ready for parenthood. You can join our antenatal classes from 24 weeks onwards. We offer 4 classes over the span of 4 weeks during week nights and Saturday mornings, contact our offices to book your place.

## DIET

### WEIGHT GAIN

Average weight gain is 10 to 12kg. If you start your pregnancy underweight for your height, expect to put on a bit more than this, and if you start your pregnancy overweight strive to put on less than this. Everybody has a different pattern to their weight changes but in general expect: first trimester: 1 to 2 kg,



second trimester: 3 to 5 kg, third trimester: 3 to 5 kg. Try to maintain a healthy diet in your pregnancy. Eat a balanced diet with more frequent, smaller meals. Fresh fruit and vegetables help with the constipation, as does sufficient fluid intake. Avoid unnecessary calories in sweets, biscuits and cold drinks - rather drink water. You will need snacks between meals so keep some healthy choices with you, this helps cut down on the high calorie snacks bought during the day.



## • FOOD TO AVOID

Alcohol – there is no proven safe amount of alcohol in pregnancy;

Food that carry a risk for infection with food-borne diseases like Listeria – this includes unpasteurized dairy products and mold-ripened cheeses like brie, camembert and gorgonzola, raw eggs and uncooked fish;

Fish that may contain high levels of mercury, such as shark, swordfish, mackerel, tilefish and marlin;

Herbal teas and other preparations are not necessarily safe, as herbs may have potent medicinal properties, so best to avoid, apart from rooibos; avoid all herbal supplements; and avoid fatty acid supplements (omega 3 and omega 6) for the last few weeks prior to delivery if possible, due to reduced clotting factors associated with these supplements.



## • FASTING

It is preferable that you do not fast during your pregnancy - most religions allow for women not to fast during pregnancy and in the immediate post delivery period. If you feel very strongly about fasting, please consider a “modified fast” – in our climate it is very easy to dehydrate. Consider limiting your fluid intake to water and electrolyte balanced drinks like Powerade or Energade. Perhaps eat just brown bread and peanut butter. Please discuss this with us in advance if you have other questions or concerns rather than a few hours before the fast is due to start.



## • VITAMINS AND SUPPLEMENTS

Folic acid is usually started pre-conception – 5mg daily. You can take this throughout your pregnancy, but it is most important in the first 16 weeks.

Multivitamin - a pregnancy specific multivitamin is recommended. The advised intake of certain vitamins is reduced in pregnancy, so pregnancy specific preparations are best.

Calcium - a calcium supplement is advised. This can be omitted in the first trimester if it worsens nausea or constipation.

Omeegas – an omega 3 supplement is advised if you do not regularly eat oily fish.

Magnesium - magnesium and extra calcium may be helpful for leg cramps. These can be bought separately or in combination, which is often more cost effective.

Options include:

- Preg-Omega (multivitamin and omega)
- Preg-Omega Plus (includes calcium)
- Comega
- B-Cal DM- calcium, magnesium and low dose vit D
- Slow mag capsules
- Pregnavit / Pregvit MR (multivitamin)

## MEDICATIONS AND MEDICAL PROCEDURES



## • PRESCRIPTION MEDICATIONS



Please review all chronic medications you are on with us at your first visit. Some conditions require regular testing during pregnancy and dose adjustment of meds, some medication doses are decreased at the end of pregnancy, and some may need to be changed altogether. If you are seeing your GP or a casualty officer for a non-pregnancy related problem, please be sure to make them aware you are pregnant. Most antibiotics can be safely used during pregnancy.



## • OVER THE COUNTER MEDICATIONS

Panado is safe to take in pregnancy. Anti-inflammatories are best avoided. Throat lozenges, oral rinses, nasal sprays are all fine. Try to avoid combination cold and flu preparations – these can have very high doses of Aspirin or Caffeine. Buscopan and Imodium can be used for diarrhoea.



## • XRAYS AND SCANS

X-rays can be done during pregnancy if necessary, especially if they are not of the abdomen. Again please inform the medical personnel of your pregnancy so that appropriate precautions can be taken. CT scans should only be done if absolutely necessary. MRI scans without contrast are safe.



## • DENTISTRY AND SURGERY

It is advised that you see your dentist during the second trimester for a check-up. X rays can be done and local anaesthetic for fillings is safe.

Elective surgery is best delayed until after pregnancy, if possible. If it needs to be done semi-urgently, then the second trimester is the best time to have it. Clearly any emergency surgery must be done but please advise the surgeon and anesthetist of your pregnancy.



## • VACCINATIONS

Some vaccinations are recommended in pregnancy and are safe, while others are not. If you are travelling to a country or area that requires vaccinations, please get in touch with us early so that we can discuss this.

Pregnant women tend to get flu more severely, therefore the flu vaccine is recommended for pregnant women. It should be taken when the new annual vaccine is released, around March or April.



## • BLOOD DONATION

You are advised not to donate blood or blood products while you are pregnant.

## EXERCISE AND HABITS



## • EXERCISE

Exercise is encouraged. All exercise should be in moderation - aim to maintain fitness and to increase it gradually. Be aware that your centre of gravity changes from 14-16 weeks on - be cautious when running/cycling as balance is changed. Avoid heavy weights and over-exertion. Avoid excessive increases in core temperature particularly steam baths and saunas. Otherwise swimming, Yoga and Pilates are good, safe forms of exercise.

## Physical activity for pregnant women

 Helps to control weight gain

 Helps reduce high blood pressure problems

 Helps to prevent diabetes of pregnancy

 Improves fitness

 Improves sleep

 Improves mood

**Not active?**  
Start gradually

**Already active?**  
Keep going

Home



Throughout pregnancy aim for at least **150 minutes** of moderate intensity activity every week



Out and about

Do **muscle strengthening** activities twice a week

**Every activity counts**, in bouts of at least 10 minutes

**No evidence of harm**

**Listen to your body and adapt**



**Don't bump the bump**

UK Chief Medical Officers Recommendations 2017: Physical Activity in Pregnancy. [bit.ly/startactiveinfo](https://bit.ly/startactiveinfo)



### • SMOKING

Please avoid smoking during your pregnancy. This is the time your attempt to quit is most likely to be successful, so use the opportunity. Smoking is associated with numerous health problems for yourself but there is clear evidence of a negative impact on your developing baby as well. Smoking is associated with placental insufficiency, intra-uterine growth restriction and low birth weight babies. After delivery, babies who grow up in a home with a smoker have a higher incidence of chest related disease, including asthma and a higher risk of cot death. Try to have a smoke free home - if you have family members who smoke, ask them to do so outside.



### • ALCOHOL AND RECREATIONAL DRUGS

While many women consume some alcohol during pregnancy without harm to their babies, there is no established safe level of alcohol use in pregnancy. As already mentioned it is therefore advised that you avoid alcohol for the duration of your pregnancy.

The safety of most recreational drugs in pregnancy is not established, and some are known to be harmful to the brain development of the fetus – this includes cannabis and cocaine. If you do use recreational drugs it is advised to stop doing so for the duration of your pregnancy. If you need any help quitting, discuss it with us and we can assist in arranging support for doing so.

## TRAVEL



### • TRAVEL BY CAR

Travelling by car is generally safe, but make sure that you take regular breaks to stretch your legs. Seat belts should still be worn.



### • AIR TRAVEL AND TRAVEL INSURANCE

Flying during pregnancy is generally safe. Long-haul flights (more than 4 hours) are allowed up to 32 weeks, and short-haul flights up to 36 weeks. Discuss these with your doctor well in advance, so specific measures can be taken to reduce the risk of DVT e.g. elastic stockings, blood thinners etc. Remember lots of fluids, move around regularly and do the “foot and leg exercises” recommended by the airlines. Most airlines will not allow you to fly after 28 weeks without a letter from your doctor- this is a requirement of the CAA (Civil Aviation Authority), and not the airline. The airline may refuse to allow you to board without this. It is probably best to have a letter if travelling after 24 weeks – please request this timeously.

If you are travelling overseas, note that pregnancy may not be covered by routine travel insurance. Please check the fine print! If you suffer a pregnancy related complication that is not covered by your travel insurance you may face severe cost implications,

### • INFECTIONS, PROPHYLAXIS AND TRAVEL

If at all possible, avoid travelling to Malaria areas during pregnancy. If you do not live in a Malaria endemic area, getting Malaria during pregnancy can be extremely dangerous. If you can't avoid travel to these areas, discuss this with us timeously to consider pregnancy-safe prophylaxis.

If you are travelling, consider where you can go if you have any emergency during your travels. We can help you in planning this for most South African destinations.



## COMMON COMPLAINTS IN PREGNANCY

- Constipation: Try to increase your dietary fibre and water intake. Exercise is also helpful. Medications you can use include Agiolax, Fybogel and Duphalac.
- Heartburn: Have a smaller evening meal and stay up for a while after eating. Medications you can use include Gaviscon, Tums, Maalox and Rennie's. Losec can be used in severe cases if needed on prescription.
- Leg Cramps: Extra magnesium and/or calcium can help - try Slow Mag capsules or B-Cal-DM. Bananas/dried apricots are also good sources.
- Nausea: Regular small meals often help. Emex, Asic, and Somnil can be used as first line and are available without script. Vomifene and Zofran is available on prescription.

- Pelvic Pain: This is very common later in pregnancy. Physiotherapy and rest may help.
- Stretch marks: Consider using Vit E Oil, Happy Event or Bio-Oil from early in pregnancy.
- Tiredness: Very normal! If severe, we'll check that you are not anaemic.
- UT (bladder infection): You can use CitroSoda for symptoms of UTI (4 days max). Be sure to take lots of fluids. Antibiotics can be prescribed if not responding.
- Vaginitis/Thrush: Gynaguard intimate wash. Gynaguard vaginal capsules. Canestan.
- Colds and flu: Take lots of fluids. Decongestant nasal spray like Iliadin is safe. Vitamin C 1000mg once daily recommended. Can take 2 Panados every six hours for aches and pains.



## EMERGENCIES

Come straight to hospital if you experience any of the following:

- Vaginal bleeding – in early pregnancy this is commonly due to cervical contact bleeding and can follow sex or exercise. Light spotting with no pain that settles on its own is usually of no concern. If you are passing clots, please go to your hospital. Later in pregnancy, bleeding is more of a concern - especially if you have had no bleeding to that point. Please go straight to the labour ward if bleeding is heavy.
- Water breaking or rupture of membranes
- Regular persistent abdominal pain
- Swelling of the face
- Severe shortness of breath, chest pain or palpitations
- Severe headache or dizziness
- Vomiting more than 2 days
- Change in movement of the baby once a routine of movement has been established. If you are worried, you may go to the Park Lane Antenatal Ward any time 24/7, 365 days a year for a non-stress test to check on the welfare of your baby beyond 26 weeks, if movements are poor. If in any doubt, please call us to ask.

## LABOUR, DELIVERY AND AFTERWARDS

### BIRTH PLAN

We will assess your pregnancy and risk factors throughout your pregnancy, to advise you on the risks and benefits of different modes of delivery. We will strive to deliver your desired mode of delivery as far as possible. It is of the utmost importance that you should have a positive and above all safe delivery.

### LABOUR AND DELIVERY



#### • ADMISSION

If you have a planned admission for induction of labour or a CS, we will confirm the time to arrive. You will go through to reception from where you will go to the labour ward. In case of emergency, you can proceed directly to the labour ward. Your partner will then be assisted in opening your file.



#### • NORMAL DELIVERY AND PAIN MANAGEMENT

Once you are admitted in labour, you will be checked at regular intervals by the midwives in labour ward. You have several options for pain relief: inhaled gas, 4 hourly injections or an epidural.



#### • CAESAREAN SECTION

Once admitted for caesarean section, you will go to the ward. Once you have settled into your room, you will be taken to labour ward where a trace will be taken of your baby's heart rate. You will then be taken to theatre where the anaesthetist will meet you and prepare for your spinal anaesthetic. Your partner can then go and change to join you in theatre for the delivery. Also in theatre will be your paediatrician to assess baby at birth and to assist with early skin to skin contact between you and baby if baby's condition allows.



#### • PLACENTA

If you wish to take the placenta home with you for religious or other reasons, you will require a police affidavit. Either you or your partner need to go into a police station a week or so before the delivery and ask for an affidavit to allow you to transport human tissue. Please make 2 copies of the document- one to leave with the labour ward after delivery and one to keep with you.

### AFTER DELIVERY

#### • LENGTH OF STAY

If there are no complications, usually you will stay in hospital for two nights after a vaginal delivery and three nights after caesarean section. If you are doing very well and wish to go home sooner, you may be discharged earlier after discussion with your obstetrician.



- **BREASTFEEDING**

Breastfeeding is not always as easy as we hope it will be. The help of a lactation consultant can be invaluable. Calli Ostrofsky is an experienced lactation consultant who can be contacted on 082 886 0250. You can organise to see Calli while you are in the ward after delivery or once you are at home with baby. If she isn't available, she will do her best to put you in contact with another lactation consultant who is.

- **CONTRACEPTION**

We'll discuss your contraceptive options with you at discharge. We can then put in place your desired contraception at your follow-up visits.

- **FOLLOWING UP – POST-NATAL HOME VISIT**

We will see you for your scheduled postnatal visit, which will be done by the midwife, depending on where you reside, we offer post-natal home visits as well. At six weeks post-delivery you can come see the doctor for your pap smear and we can insert your Mirena or copper intra-uterine device if you decide on that as your desired contraception.

**We are looking forward to looking after you during this extraordinary time and wish you a happy and healthy pregnancy!**