Topic 2: Lifestyle issues during pregnancy

Lifestyle issues during pregnancy

Pre-pregnancy care is a relatively new concept and has most probably arisen due to the fact that many women carefully plan their dates of conception. Women, and their partners, are therefore in a good position to prepare themselves for the pregnancy and there are many lifestyle factors that can be changed and improved in order to provide the optimal environment for the infant.

Some of the issues covered in preconception education include:

- **Rubella (German measles) immunity**. In Australia, infants are immunised against rubella at 12 months of age and also now at 10-16 years of age. It has been found though, that as many women are delaying their pregnancies, their immunity to rubella has weakened and they begin the pregnancy with no protection. As part of the routine antenatal blood tests conducted on every pregnant woman in the first trimester (the first 13 weeks) of pregnancy, a check on the level of rubella immunity is done. However, if the woman has a low, or no immunity, vaccination cannot be given to a pregnant woman as the baby may contract the illness and the risks of congenital malformations are high. Therefore, if women know their level of immunity prior to falling pregnant, they can have their immunisation then, and wait the recommended three months prior to falling pregnant.
- **Folic acid**. Research has shown that a reduced incidence of neural tube defects was found in babies of women who had adequate folate levels during pregnancy. It is now recommended that women commence folic acid supplements prior to conception, and for the first 3 months of the pregnancy. Noting that folic acid supplementation should not be continued after the first trimester of pregnancy unless specifically and medically indicated, due to the association between childhood asthma and folic acid supplementation when it is continued throughout pregnancy (Whitrow, Moore, Rumbold & Davies, 2009).

References

Whitrow, M., Moore, V., Rumbold, A., & Davies, M. (2009). Effect of supplemental folic acid in pregnancy on childhood asthma: A prospective cohort study. *American Journal of Epidemiology,* DOI: 10.1093/aje/kwp315
http://ezproxy.csu.edu.au/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=47145119&site=ehost-live.

Read

Textbook: Tracy. (2015). Options for women around fertility and reproduction. In *Midwifery: Preparation for practice* (3rd ed., chap. 11, pp. 243-264).

Textbook: Burden & Jones. (2011). Preconception care. In *Mayes midwifery* (14th ed., chap. 20, pp. 231-242).

Activity

Prepare a list of pre-pregnancy issues that would form a pre-pregnancy education checklist.

Information sharing on over the counter medications is an important part of preconception and antenatal care. From your prescribed, Jordan (2010) textbook, list those over the counter medications that are contraindicated in pregnancy.

Read

Textbook: Thorogood. (2015). Challenges to women's health. In *Midwifery: Preparation for practice* (3rd ed., chap. 8, pp. 157-206).

Textbook: Gibbons & Wratten. (2015). Nutritional foundation for pregnancy, childbirth and lactation. In *Midwifery: Preparation for practice* (3rd ed., chap. 20, pp. 501-522).

Textbook: Dunkley-Bent. (2011). Health promotion and education. In *Mayes midwifery* (14th ed., chap. 19, pp. 217-230).

Textbook: Tiran. (2011). Nutrition. In *Mayes midwifery* (14th ed., chap.17, pp. 197-206).

Textbook: Homeyard & Gaudion. (2011). Vulnerable women. In *Mayes midwifery* (14th ed., chap. 23, pp. 265-276).

Textbook: Jordan, S. (2010). *Pharmacology for Midwives: The evidence base for safe practice* (2nd ed.). Palgrave Macmillan.

Activity

How do you ensure that health promoting advice given to women who smoke and/or are obese and/or use substances in pregnancy is non-judgemental?

Pregnant women often seek nutritional advice and advice about exercise from their midwife. Consider what information you would give women in your follow-through program about these topics

As briefly discussed at Residential School and in Thorogood (2015), Intimate Partner Violence (IPV)/Domestic Violence (DV) is a significant and potentially life-threatening experience for many women, including during pregnancy. IPV and DV are often used interchangeably and you are encouraged to use the language that is preferred in your state and maternity unit.

Activity

List the strategies that you as a midwife might be able to take to reduce the incidence and impact of violence against women in pregnancy.

What is the estimated risk of a woman being assaulted during pregnancy?

Intimate partner violence (IPV) increases the fetal, perinatal and maternal morbidity and mortality. What specific complications are more likely when a woman is in a violent relationship?

What factors inhibit midwives from discussing IPV with pregnant women?

What are the arguments for universal DV screening by midwives?

How can midwives offer support to women who disclose IPV during screening?