MATERNITY ADVICE FOR PATIENTS OF
DR ALEX K H OOI

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Telephone numbers for Ambulance
Civic : 63333000
Heng Gref : 62726018
Mt. Elizabeth : 67312218
Parkway : 64732222

Note : calling 995 will get you an ambulance
that will only bring you to a government hospital

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GENERAL INFORMATION **2**

Dear Patient

You have booked for delivery under my care and I am happy to look after you.

Pregnancy is (should be) enjoyable *though some side-effects may be bothersome*.

Feel free to discuss any uncertainties you may have so that you will be well prepared.

Do read this pamphlet (& guide books / magazines commercially available).
Do not readily discard traditional methods as some are useful and remember to listen to your own motherly instincts.

Copy **private ambulance numbers** found on cover page for easy reference. Calling 995 will get you an ambulance that will only bring you to a government hospital.

You can **pre-register** at your hospital of choice [booked by my staff for you] in readiness or leave this to your husband upon admission.

Most hospitals have "**package"** prices. Ask the hospital or my staff for details.

S**pontaneous labour** occurs when you have regular half hourly pain of the whole uterus, blood discharge or fluid discharge. Have a light meal, shower and then go to the hospital emergency for admission [find where this is in readiness].

If your first sign is fluid discharge, come in as soon as you can.

You do not need to call me unless you are unsure, as the ward nurses will call me.

After delivery, expect to stay in hospital for a few days until you feel well enough to go home. If you had a caesarian section, you will usually need to stay for at least 3 days. Episiotomy (if any) care, pain relief and baby care advice will be given after delivery. Home (follow up) assistance for bathing baby, etc may be sought from the hospital ward nurses.

Expect to pay the following **fees**:

1. Hospital – a deposit on registration and settled on discharge.
2. Medisave (and some insurances) can be used.
3. Mine – please check with my staff.
4. Paediatrician - you will be billed via the hospital.
5. Anaesthetist, if any - you will be billed via the hospital.

I will normally give you an appointment to see me a few days and then 1 month after discharge from hospital. Discuss **family planning, vaccination, etc** requirements with me at these visits. Do call anytime for any emergency situation.

With best wishes
Dr Alex Ooi
MBBS, MMed [O&G], FAMS, FRCOG, FICS, MBA, PKT, DJN.

BIRTH PLAN: This is my usual plan of management. Let me know if you have specific wishes or want changes and I will accommodate if within safety limits. Dr Alex K H Ooi.

VAGINAL DELIVERY

To ensure best possible outcome, the best is as natural as possible and intervene [e.g. augment, forceps/vacuum, episiotomy, etc] only if needed.

It is best to wait for **Spontaneous Labour**: but **Induction of Labour** may be indicated in certain situations or if you wish it for convenience.

Enema: Given upon admission as it hastens labour and smoothens delivery.
Catheter: Only if you cannot micturate (esp if under epidural analgesia) – you will first be brought to the toilet or given a bedpan.
Shaving: Not done unless you are extremely bushy.
Pain relief: Breathing exercises, entonox gas and pethidine injection will be offered. Efficacious epidural analgesia can be given on admission or at your request when pain is unbearable (expect some delay finding an anaesthetist).
Intravenous therapy: Only if necessary. Water/ice-chips will be provided.
Fetal monitor: Best continuous but can remove to allow you to move around.
Father to be: Encouraged to be present to give you support to your wife. Let me know if you wish to cut your baby's umbilical cord after birth.
Episiotomy: Performed only if necessary. A local anaesthetic is given.

Birth process and motherhood: All lights will be dimmed and you will be in bed lying or sitting up as is comfortable for you. Your legs will be positioned at time of delivery to assist the process and you will be advised as to how to push. Your husband can assist.
Baby will be placed on your abdomen at birth or once baby is safe/comfortable. Bathing and weighing baby will be done as well as keeping baby warm.
Let the nurses know whether you wish total breast-feeding or mixed with bottle-feed – or if you do not wish to breast-feed.
Mothercraft nurses will assist/teach you feeding and bathing baby.
Care of your episiotomy/wound [if any] will be advised and pain relief given.

As for baby, let me know if you wish to cord blood &/or cord storage. Routine G6PD/ TSH tests will be performed. Let me know if you wish to perform extra congenital metabolic tests like phenylketonuria, homocystinuria, maple syrup urine disease, histidinemia, congenital adrenal hyperplasia, galactosemia, cretinism

CAESERIAN SECTION

This is done only when necessary and can be performed under epidural (when your husband can be present if you both wish it) or general anaesthesia. No enema is given and you will need only a suprapubic shave [not perineal].

SCREENING REVIEW **4**

It is important for you to review this section, as a self-screen.

This is apart from fetal abnormality screening tests (see next page), which will be offered to you as you progress in pregnancy.

Please review with your husband and parents if either of your family members ever had any of these conditions. If so, please inform me:

Thalassemia
Hemophilia
Down's syndrome
Tay-Sachs disease
Cystic fibrosis
Child with birth defect
Sickle-cell disease
Neural tube defect
Mental retardation
Muscular dystrophy
Huntington chorea

For yourself, try to recall (checking with your parents if necessary) and please inform me if you ever had any medical problems such as:

Epilepsy
Rheumatic fever
Hypertension
Thyroid disorder
Blood disorder
Rhesus negative disorder
Intestinal disorder
Allergy to medicine/foodstuff
Psychiatric problem
Mitral Valve Prolapse
Varicose veins
Lung disorder
Transfused with blood
Collagen vascular disease
Kidney disorder
History tobacco/alcohol abuse

Also, please inform me if you

- have an immediate family member (mother, maternal aunty, sister) with breast cancer and at what age
- had any rash or viral fever since your last menses flow
- ever lived with someone (or exposed to) with tuberculosis
- have sexual contact with someone with genital herpes or possibly contracted any sexually transmitted disease
- have ever had, or been treated for, vaginal infection
- presently have any abnormal vaginal discharge

The goal of every pregnant woman and her doctor is the safe birth of a healthy baby.

SCREENING TESTS 5

Mother's Age	Risk of Down's Syndrome @ 12 weeks
20	1 in 1068
25	1 in 946
30	1 in 626
35	1 in 249
40	1 in 68

DIAGNOSTIC ULTRASOUND SCAN at 2-10 megahertz and pulsed at 1:1000, exposes the fetus for only 1s every 15m. The American Institute of U/S & Med, 1983, noted that after 25 yrs, no adverse biological effects reported on usual exposures. It can detect some abnormalities even in early pregnancy whilst the full scan at between 18~22 weeks, allow for better definition of most of the physical features of the foetus. Besides detection of structural abnormalities, scans are also used to monitor growth and wellbeing.

The background risk of a structural imperfection is 3~5%. Most are minor, with about 0.5~1% major. Of the major, half will not be seen and, thus, a "normal scan" still may miss some abnormalities.

Chromosomal abnormality syndromes, eg Down's, Edward's, Turner's, can only be definitively diagnosed by karyotyping via amniocentesis as most do not have features detectable by ultrasound scans. Further, findings may be reduced by maternal abdominal wall thickness, fetal position, engagement of the head, placental location, fibroids, amniotic volume and gestation and changes occur with time.

FTPS – First Trimester Pregnancy Screening [combined]

2 to 3 % of babies are born with some type of birth defect. Amniocentesis for chromosomal analysis is the definitive test but with attendant (minimal) risks and a risk of miscarriage even if all goes well, quoted as 1 in 300.

The FTPS is non-invasive. It combines a high resolution ultrasound scan (for NUCHAL TRANSLUCENCY AND NASAL BONE DETECTION) with maternal blood screening of free beta human chorionic gonadotrophin **[B-HCG]** and pregnancy associsted plasma protein A **[PAPP-A]** between **11 to 14 weeks** into pregnancy.

It is a Down's Syndrome screening test that gives a confidence level of below 70% in relation to whether the risk is higher/lower than that expected for a particular age group of mothers:

New! NON-INVASIVE PRENATAL TEST

This was introduced since June 2013 and only involves sampling mother's blood between 10 to 20 weeks of pregnancy (preferably 14-15 weeks).

It analyses cell-free fetal DNA circulating in the mother's blood and identifies more than 99% of trisomy 21, 97% Trisomy 18 and 80% Trisomy 13 fetuses.

Fetal sex can also be determined.

FOR YOU: 6

SELF MONITORING - "COUNTING-TO-TEN"

This is a simple way for the mother to monitor the health of her own baby. It involves daily counting of movements made by the baby.

Starting 9am, count strong fetal movements till there are 10. Note the time. Each day, this time to reach 10 should be about the same. If by 9pm, your total is less than 10, note the actual number and come to see me the next day. Call me immediately if there is a marked decrease in a previously vigorous baby.

ANTENATAL CLASSES

You can get useful guides from books and by attending some lectures [especially if this is your first child]. Motherhood should be enjoyed and learning all about it will help prevent problems.

The lectures cover childbearing, childbirth and childcare - including diet, exercises and baby care. Start around 6th month. Your husband is encouraged to attend a few useful sessions. Most hospitals run their own courses and offer a reduced rate if you deliver there.

THINGS TO BRING TO HOSPITAL

Prepare these a few weeks prior to due date and bring along with you to the hospital:

i. Amount of deposit required for the hospital bill. Medisave forms if applicable.
ii. Yours and husband's Identify Cards or Passports and Marriage Certificate.
iii. Own nighties and toilet accessories - if you prefer your own over hospitaly supplied.
iv. Bring a face towel for use during labour and 3 boxes of sanitary pads.
v. 1 suit for baby on discharge and four pairs of booties and mittens.
vi. Snacks/Beverages etc as per your own needs.
vii. A “girdle panty”, useful to regain firmness & figure, esp after a caeserian section.

PELVIC FLOOR CARE (see attached “Kegel’s for Pregnancy”)

Your "pelvic floor" consists of muscles and connective tissue that support the uterus, bladder and rectum. They prevent a 'loose' vagina, reduced sex enjoyment for you and partner, urine leakage and organ prolapse – aggravated by pregnancy, vaginal delivery and ageing. You may develop urine leak on straining, e.g. cough, laugh, run.

Curing these often involves surgery like urethral sling and laser vaginal rejuvenation. There is now a non-surgical, revolutionary, laser therapy to tighten tissues post-delivery and with ageing (Erbium YAG) – feel free to speak to me about this.

Simple daily habits, best started soon as you are pregnant, helps reduce problems:

i. Whilst micturiting, stop urine flow repeatedly.
ii. During sex, squeeze the penis repeatedly (or an inserted finger).
iii. Holding on to a chair for support, squat and stand with a straight back 10 times.

Good bowel habits are also important to prevent haemorrhoids and a lax pelvic floor. Make sure you include fibre and roughage (and lots of fluids) in your diet.

Preparing for BABY! 7 to 8

In the late stages of pregnancy, you will start to count the weeks and later, days to delivery! It is also time to plan the nursery and shop for necessary items for the baby.

Hand-me-downs can save you some money to buy things that you will really need eventually, for instance, a slightly expensive but useful stroller or a high chair. Babies grow very fast and they outgrow their things sooner than you expect.

You will need a cot with a firm mattress and a rubber mat over it – to enable putting baby to sleep in a prone position. The baby will sleep well and you need not worry that he will swallow or get choked by his vomit. A mosquito net is optional. Get 2 to 3 cotton bed-sheets, a blanket, a plastic sheet for nappy changing (to avoid soiling the bed-sheet). A pillow is not necessary, especially when baby sleeps prone.

To store clothes, nappies and other accessories, a chest of drawers is needed – the top of which can be used for placing water flasks, sterilizer, formula milk and others.

Some musical gadgets and mobiles help (make yourself!) will provide baby stimulation and entertainment - sound, sight and touch. Of course, your cuddling and verbal communication (that includes father!) makes baby very happy.

For the baby's personal effects, get

a. 4 to 6 vests, 3 to 4 sets of mittens and bootees & 1 to 2 matching bonnets.
b. 2 to 3 dozens cloth nappies, 2 to 3 nappy pins, 1 to 2 plastic pants.
c. 1 to 2 stretch suits, with long sleeves and trousers. These are useful for outings or at night when the weather is cold. Separate long sleeved blouse and trousers are also fine. You may also want to get 1 to 2 pieces of rompers for sunny days.
d. a suitable pacifier (some babies just do like pacifiers & some mothers disapprove)
e. nappy liners, cloth or disposable ones. If you intend to use cloth, 2 to 3 pieces will suffice. Nappy liners are good to use at night and when the baby sleeps for a few hours at one stretch. It keeps the nappy area dry thus preventing nappy rash as the baby's skin is very tender.

When you wash soiled nappies, you will most likely use a nappy cleanser to kill the bacteria before washing them. To soak the nappies in the sterilizing liquid, prepare a non-metallic pail with a lid. Do not forget to buy the nappy cleanser.

Bath time accessories include:

a. a bath tub with safety mat
b. a hair brush, olive oil for cradle cap and hair
c. liquid soap [shampoo to be introduced very much later], 2 to 3 soft bath towels
d. half to a dozen towelling hand cloths for use as wash cloth
e. talcum powder and powder puff, petroleum jelly for nappy area
f. 2 small washing bowls - one for soaking cotton swabs to clean baby after bowel movements, the other water and cotton wool to clean baby's face and rinse mouth
g. cotton wool roll to make swabs and even buds (on toothpicks), soft toilet tissue
h. a bottle of spirit to clean navel (hospital will usually give a bottle).

In addition, make sure you have

a. a washing brush for rinsing bottles, liquid detergent
b. a can of formula of your choice if bottle feeding
c. a jug of cooled boiled water
d. a flask or an airport of boiled water

When you make trips out of the house, consider acquiring

a. a keep warm bottle holder (for bottle-feeding)
b. a formula milk dispenser (for bottle-feeding)
c. a box of disposable diapers
d. a convenient bag for containing all the baby's stuff
e. moist towelettes. These are most needed when water is not easily available.

Finally, do not forget yourself! If you are nursing baby, get ready

a. nursing brassieres, breast pads, either disposable or reusable ones
b. clothes and house clothes that button front
c. a breast pump

Even if you are breastfeeding, you will need a bottle or two, to feed your baby fruit juices or yoghurt. If you will be out a few hours, the babysitter will have to feed your expressed milk (or formula) from a bottle. Sterilize feeding bottles, teats and other utensils by boiling in a large enough pot or with sterilizing liquid or tablets, using a non-metallic container with a fitting cover.

HEPATITIS B VACCINATION

This is usually given to your child within the first few days of life. If you are a hepatitis B carrier, immune-globulin will need to be given at birth. Consult your paediatrician.

You yourself may need this as well as Rubella Vaccination and these are best given in between pregnancies. Speak to me about these at your post-natal visit.

BCG VACCINATION

This is usually given on the right buttock to your child. Information and advice on the Normal Course of BCG Vaccination Lesion by the Department of Tuberculosis Control is reproduced below for your information.

The weal raised by the injection disappears within half an hour. After 2 to 3 weeks a small red indurated nodule will appear. This nodule slowly increases in size for about a week. Sometimes it appears earlier - this usually indicates that the person had a slight degree of allergy before vaccination was given - this is called an "accelerated reaction".

In almost all cases the nodule, which is slightly tender, develops into a small superficial abscess. The skin over the nodule or abscess ulcerates, the ulcer rapidly crusting in the vast majority of cases. This ulcer heals spontaneously, the crust later separating and leaving a small scar. In general, at 12 weeks from the vaccination date this process is completed - a small scar remains as a permanent indication that the vaccination has been perform.

The abscess or ulcer should be left untreated. **DO NOT** apply elastoplast, ointment or dusting powder to the lesion. A sterile gauze should be applied only when there is a lot of pus discharging. If dressing is necessary it is important that it should be light and porous - otherwise the lesion becomes soggy and takes longer to heal.

Although BCG vaccination is very effective for the prevention of tuberculosis, its protection is not absolute. After BCG vaccination, personal hygiene should be observed and practised.

Singapore National Childhood Immunisation Schedule on the last page.

Breast Feeding (BF): breast milk is the best gift for baby 9-10

Designed by nature, breast milk is nature's way to giving baby a head-start in life. It also gives a lifetime of physical and emotional benefits for both mother and baby.

Breast milk contains all the necessary nutrients in the correct proportion your baby needs for optimal health, growth and development. It is easily digested, absorbed and contains valuable antibodies which will help to protect your baby from infection and allergy. Taurine and long chain polyunsaturated fatty acid present in breast milk enhance eye and brain development.

WHO recommends that baby should be breastfed exclusively till 6 months and then up to two years of age or beyond, while weaning onto semi solid food. Almost all women are physically able to BF and breast size does not correlate with amount of milk produced as milk production adjusts to your baby's needs. Be patient and persevere. Once well established, it is easy, natural and rewarding. It's production comes from adequate and frequent stimulation.

Different stages of breast milk

Colostrum: Early milk during late pregnancy to first few days of birth. It is the first perfect food for new born babies. It is thick, sticky, clear to yellowish in color, rich in nutrients and antibodies. Though only in small amount, it is enough for baby and also helps clear baby's meconium.

Transitional Milk: after colostrum, creamy in colour with higher fat content.

Mature Milk : secreted in two forms, it is bluish – high in water to help quench thirst and also in fat, protein and calorie content to satisfy appetite (for weight gain).

How do you prepare yourself for breastfeeding?

Get prepared emotionally, mentally and physically during pregnancy. Your doctor will check for problems such as flat or inverted nipples and advise. Discuss with your husband and family members - their support will be a wonderful help. Maintain a positive attitude.

Read about BF to have a better understanding of the process. Clean nipples daily with water, avoid using soap as it removes natural protective lubricant. Use a comfortable support bra, take a well balanced diet and prepare suitable clothing.

Tips for breastfeeding success

Start soon after delivery by putting baby to breast as soon as possible after delivery – for milk flow stimulation. Most newborns are alert and have a strong need to suck at this time.

Rooming-in baby helps you to observe his sleeping and feeding pattern. It also promotes mother- infant bonding and facilitates breastfeeding on demand.

Feed on demand, usually 2 to 3 hourly, whenever baby shows signs of hunger (opening mouth wide. sticking out tongue, putting hand to month, cry).
Wake baby up gently if baby sleeps for more than 4 hours without feed during the day. Let baby wake you to feed during the night.

Allow your baby to suckle until he is satisfied, usually for about 20-30 minutes. Let the baby empty one breast before offering the other breast. Alternate your breast for subsequent feeds.

Position and attach baby correctly, ensuring nipple and most of areola are inside baby's mouth to avoid sore nipples. This also enables good breast emptying to avoid engorgement.

Avoid giving baby supplementary feeds as it will reduce your baby's need to suck and also reduce your milk supply.

Have adequate rest, sleep and relax whenever you can - ask for help with other chores.
Eat a sensible and well balanced diet and drink enough to quench your thirst.
Seek professional help early from nurses or lactation consultants if you encounter difficulty.

When baby is properly attached

- mouth is opened wide, covering most of the nipple.
- lips form a seal on your breast with lower lip turned out.
- nipple and areola above baby's tongue with baby's lower gum covered by his lips lips.
- **Signs that the baby is sucking correctly**
- No pain or discomfort on your nipple.
- Baby's jaws are moving rhythmically.
- No tongue clicking sound and no drawing in of cheeks.
- Swallowing can be seen or heard.
- Baby's ears are wiggling.

How do you know if baby had enough milk?

- Mother's breasts become softer as baby feeds.
- Baby seems contented after feeding.
- Baby has 6-8 wet diapers and 2-4 bowel movements a day.
- Baby is gaining weight (about 500 gm per month).
- Baby appears alert, active with good colour and muscle tone

How to continue to breastfeed when you return to work

Most working mothers are able to successfully combine work with BF once milk supply is established. Learn to express breast milk by hand or breast pump 1-2 weeks before returning to work and introduce the baby to occasional feeds with expressed breast milk. When you start work, you can still breastfeed baby before and after work and continue to stimulate breast by expressing and storing Breast milk during breaks at work.

Transport your Breast milk home in a cooler bag or cooler box with ice packs. Breast milk can be stored in room temperature for 6 hours, in the refrigerator for up to 48 hours & in the freezer for 2 months. Thaw the frozen milk in the refrigerator compartment, not in room temperature, Warm up refrigerated milk by standing the bottle in a bowl of warm water, do not boil or microwave it.

PELVIC FLOOR EXERCISES – IMPORTANT 11-12

Keeping your pelvic muscles strong will help in bladder and defecation control as well as prevent immediate or later life stress-induced leakage of urine, “loose” vagina with organ prolapse and better sexual gratification for both you and partner.

What is the pelvic floor?

It is the layers of muscles that stretch like a hammock from the pubic bone in front to the end of the back-bone. They support bladder, bowels and uterus/sex organs.

These muscles are naturally firm & slightly tense and when exerted in co-ordination, enables control of flow of urine and movement of feces. They can weaken from lack of stengthening exercises, damage at childbirth and, certainly, from ageing.

Simple exercises – get the full “Kegel’s” from internet.

1. For a start, you can feel the pelvic muscles & exercising them by consciously interrupting your urine flow repeatedly each time you micturate. Further, always remember to squeeze your pelvic floor muscles each time you sneeze.

2. Lie on your back with knees bent and feet slightly apart.

Contract/squeeze and “lift up” all the openings in the pelvic floor – urethra, vagina and anus. Hold while slowly counting to 3 then release slowly. Repeat 3 times then pick up the tempo - lifting and relaxing in counts of 2 rather than 3 and repeat 10 times. Focus on keeping the thigh and buttock muscles relaxed whilst doing this. Breathe smoothly and comfortably at all times.

3. Lie on your back with lower part of legs on a low stool.

Your abdominal muscles must be completely relaxed. Repeat exercise 2.

4. Kneel on the floor with elbows resting on a cushion, knees slightly apart.

Your abdominal muscles must be completely relaxed. Repeat exercise 2. If you cannot kneel, sit upright in a straight-back chair with knees slightly apart, feet flat on the floor. Hands should be placed on the lower abdomen.

Advanced Exercises

a) Stand by a chair with heels together and toes pointing slightly outward. Contract the pelvic muscles, pull your bottom slightly forward, contract “seat” muscles. Then, tighten muscles in the lower part of the stomach, press thighs together and bend knees slightly. Stay for a few seconds then relax slowly. Repeat 3 times.

b) Sitting on a chair, contract to “lift” the entire pelvic floor – into you. Whilst keeping it contracted, stand up. Repeat till you are familiar with it and remember to do this every time you get up from a sitting position.

c) Looking at a mirror, keep feet together, toes pointing straight ahead. Contract the pelvic floor muscles. Raise heel of one foot by bending the knee, keeping toes

and rest of foot on the floor. Then, straighten both legs as you stand on all ten toes, stretching upward. Lower down onto the heel whilst doing the same with the other foot. All the while, hold the contraction in the pelvic floor. You will feel tension in your buttocks. Repeat 10 times. DO NOT wobble your hips.

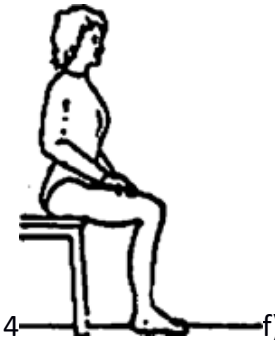
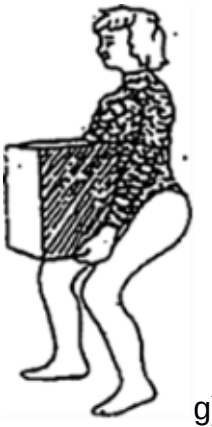
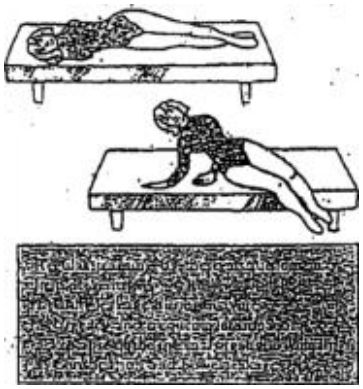
d) Pelvic Lift - good for the back end buttock muscles: Lie down on your back with your legs bent. Contract the pelvic floor muscles. Holding the contraction, press your lower back flat on the floor and curl up your pelvis, removing any arch in your back. Now lift your buttocks off the floor, hold then lower. Maintain contraction in your pelvic muscles until you have completely lowered your hips and buttocks. Repeat 5 times.

e) Partial Raise - good for the abdominal muscles: Lie on your back with legs bent. Contract the pelvic floor muscles. Holding the contraction, press the lower back flat and tilt your pelvis up, removing any arch in your back. With your arms to the side, raise your head and shoulders and stretch your arms out parallel to the floor. Hold this position for 5 seconds. Slowly lower your body to the floor. Maintain the pelvic muscle contraction until you are completely flat on the floor. Then, alternate raising your knees to the right and left. Remember: back pressed to the floor, pelvic muscles contracted - before you start each exercise. Repeat 3 times.

f) To lift heavy objects, stand close to the object, feet slightly apart, one foot just in front of the other. Keeping back straight throughout the process, lean forward, bend knees and lift the object. Make it a habit to always lift in this manner.

g) To rise from a reclining position without straining the pelvic floor, always contract the pelvic floor muscles. Roll over to one side and lower legs over the edge of the bed. Using the pressure of your hands against the bed, lift the body. This way you avoid unnecessary pressure on the pelvic floor.

2.  3  4 

4  f)  g) 

WE ENDEAVOUR TO HELP YOU ACHIEVE AN ENJOYABLE PREGNANCY AND GOOD DELIVERY.