

Arrivals



Finding that Strong, Healthy, Pregnant Woman Inside You!

Keeping active during your pregnancy can not only help you prepare physically and mentally for labor, childbirth and motherhood, exercise may help provide relief from issues such as back pain, swelling, decrease in energy and moods, as well as helping to improve your posture and sleeping habits.

Based on The American College of Obstetricians and Gynecologists' (ACOG) Committee Opinion on exercise during pregnancy, during a normal and uncomplicated pregnancy, women in good health can participate in moderate intensity physical activity, 30 minutes per day.

Pregnancy causes many changes in your body that can affect what types of exercises you should safely be doing. In general, you want to perform two types of exercises for overall physical fitness:

1. Aerobic exercise (to work your heart and lungs)
2. Musculoskeletal exercise (to maintain or increase strength, as well as flexibility).

All exercise should include a light 5-10 minute warm-up to prepare your muscles, such as slow walking or gentle body movements and

stretches, as well as a cool-down for 5-10 minutes (with the same type of exercises as the warm-up). Be sure to drink plenty of water, wear loose and comfortable clothing (except for a great bra for support) and avoid brisk exercise in hot and humid environments.

Warning Signs

Stop exercising and call your doctor if you get any of these symptoms:

- Vaginal bleeding
- Dizziness or feeling faint
- Increased shortness of breath
- Chest pain
- Headache
- Muscle weakness
- Calf pain or swelling
- Uterine contractions
- Decreased fetal movement
- Fluid leaking from the vagina

Remember, pregnancy changes your body inside and out and it is very important to keep fit, healthy and enjoy it all while you are growing your beautiful, little baby inside!

Lori Forner
Physiotherapist

Top 10 Myth Busters...

1. Taking baths or submerging in water is harmful for the mother and baby.
2. If a pregnant woman has heartburn her baby will have a head full of hair.
3. A mother who delivers a child with one or more birthmarks consumed too much of any given food or drink during her pregnancy.
4. Holding your hands above your head will strangle or wrap the baby's umbilical cord around his or her neck.
5. Eating ghee and butter will ensure a smooth delivery
6. Standing on your head after sex can increase your chances of becoming pregnant.
7. The shape and height of your belly can indicate your baby's sex.
8. Fetal heart rate can indicate your baby's sex.
9. Sex will induce labour
10. You can't get pregnant if you're breastfeeding



Features

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Dr Vincent Loh shares his experience inside and outside of Arrivals Obstetricians!
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9th World Conference In Fetal Medicine

Rhodes, Greece

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Meet Our Doctors:

In our previous editions we spent five minutes with Dr Shane Higgins and Dr Paul Bretz. In this edition we meet with Dr Vincent Loh to chat a little more about his experience working in Obstetrics.



What was your experience before joining Arrivals?

I worked in various Queensland hospitals whilst training, including a stint with the flying O&G service visiting various country hospitals. I commenced my private practice in 2006, with the bulk of my work based at the Mater Hospital complex. 2006 was a busy year for me, with the demand of setting up a practice coinciding with the birth of our first child.

Why did you decide to join Arrivals, and what do you like about working at Arrivals?

I felt that I would be able to provide better care to my patients by working more closely with my trusted colleagues. One can feel a little isolated being a solo practitioner. At Arrivals, we have regular meetings to discuss and formulate care plans for women with complex medical problems. Due to our unique set up, we are also well placed to accept transfer of women who require tertiary care from other hospitals. These patients often have challenging medical conditions and pregnancy complications but it is also immensely rewarding to be able to provide them with the best possible care and outcome.

Since joining Arrivals, we have also been able to minimise the waiting time and interruption during antenatal appointments. We appreciate that most women do not want to waste their precious time sitting in the waiting room for longer than required.

I also enjoy working together with our teams of midwives as well as our physiotherapist, and dietitian. This enables us to provide a holistic approach to our women and their needs during their pregnancy journey.

Do you speak and consult in other languages?

I can also consult in Mandarin and Cantonese.

And lastly, what do you enjoy doing during your spare time?

Spending time with my two young children, with simple things like taking them to local parks usually brings great joy to them. I also enjoy travelling, and food!

Low Back Pain In Pregnancy

Women commonly experience back pain during pregnancy. Pain can originate in the lumbar spine structures or in the pelvic girdle and may radiate into the groin or lower limbs. Often asymmetrical or repetitive postures during daily activities can overload our spine and trigger pain. This is even further exaggerated in pregnancy due to reduced muscular stability around the trunk, increased body weight, altered spinal curves and hormonal changes which soften the supportive ligaments in the spine and pelvis. The position of the baby can also add compression to spinal nerves and contribute to lumbar and pelvic pain.

From early pregnancy it is important to adopt good postural awareness during daily activities in order reduce load on the spine. Regular rest periods, gentle postural stretches and good lifting principles are also important factors in managing back and pelvic pain.

Musculoskeletal assessment and treatment from a qualified physiotherapist, in combination with a gentle exercise program that strengthens the core stability muscles (deep abdominals and pelvic floor) is highly recommended.

Below are some helpful pregnancy tips: Sitting

Sit upright at the back of the chair and avoid weight bearing onto the tailbone. To ensure maximal spinal support, use a rolled towel or small cushion behind the lower back curve. Aim to keep body weight symmetrical and feet flat on the floor.

Standing

Use supportive flat footwear and keep weight evenly distributed through both feet. Stand tall, lifting the trunk over the pelvis and gently draw the shoulders back and the chin in.

Sleeping

It is advisable and often more comfortable to sleep in side lying with a pillow between the knees and support under the lower abdomen. This will assist in keeping the spine and pelvis well supported overnight.

Always seek treatment from a health professional if lower back or pelvic girdle pain is persistent in nature, worsening or impacts on daily life.

Kristen Ruhmann

Physiotherapist

Physiotherapy hours:

Tuesday 2-5pm

Wednesday 8am-5pm.



Merry Christmas & Happy Holiday's



May the joy of Christmas flow into 2011

For you and your loved ones...

From Everyone at Arrivals



Festive feasts...

Listeria

Listeria is a bacteria carried by some foods. It causes few symptoms in most people however can be very dangerous during pregnancy as it is able to pass through the placenta and cause potential miscarriage or stillbirth.

Foods most likely to carry listeria needs to be avoided throughout pregnancy. These include:

- Soft cheeses
- Soft serve ice cream
- Pate
- Cold seafood
- Cold meats and packaged ready to eat meats
- Prepackaged/ pre-prepared salads e.g. salad bars

Reference: Food Standards Australia (www.foodstandards.gov.au)

Don't let Listeria spoil your Christmas menu. You can eat foods that are hot (above 60 degrees). Try hot cooked ham, BBQ seafood or hot turkey.

Glazed Ham (serves 10-12)

- 8kg leg ham
- Cloves for studding
- *Glaze*
- $\frac{1}{2}$ Cup fresh orange juice
- $\frac{1}{3}$ Cup brown sugar
- $\frac{1}{4}$ Cup of Dijon mustard
- $\frac{1}{3}$ Cup honey
- **190°** Preheat oven to .
- Remove the skin from the ham and discard. Score the fat in a diamond pattern.
- Stud a clove in the middle of each diamond.
- Place the ham in a baking dish lined with a few layers of non-stick baking paper.
- To make the glaze, place the orange juice, sugar, mustard and honey in a small saucepan over medium heat. Simmer, stirring occasionally, for 15 minutes or until thickened. Brush the ham with the glaze and bake for 10 minutes. Glaze again and bake for another 10 minutes. Repeat and bake for a final 10 minutes or until golden. Allow the ham to stand for 5 minutes before carving. Serve hot.



Strawberry Mocktails (Serves 6)

- 300g watermelon flesh, chopped
- 300g strawberries, hulled and halved
- 4 scoops lemon or orange sorbet
- 600ml ginger ale

Place watermelon, strawberries and sorbet in a blender and blend until smooth. Pour into glasses, top with the ginger ale and decorate with paper umbrellas.

Reference: www.taste.com.au



Into Life...

Arrival congratulates our dietician Sharon on the birth of her second son Isaac. We wish them good health and happiness.

Reference: Donna Hay Christmas



Star Signs & Baby Names

Choosing a baby name is a huge responsibility, as the name will be with the child for a lifetime. Many parents interested in astrology believe that choosing a name based on the stars and planets can help increase the natural positive aspects of personality, while soothing weak planetary aspects.

In China, astrologers used to work out the elements related to the planets that are in place at a child's birth and then construct a horoscope on the third day after the baby's birth. The horoscope is used to determine if there is a balance of the elements and may recommend a name that will correct any imbalances for the child.

Rather than choosing obvious names related to sun signs such as Leo, it can be helpful to research the characteristics associated with the zodiac sign that could be represented in a name choice. An example is choosing "Keith" for a Capricorn boy as it means "wood or thicket" (referring to the earth element related to the Capricorn) or Diana (Roman moon goddess) for a baby girl expected to be born under the sign of Cancer because the moon relates to the astrological sign.

<u>Zodiac</u>	<u>Planet</u>	<u>Sign</u>	<u>Characteristics</u>	<u>Name Ideas</u>
Capricorn 22 Dec – 19 Jan	Saturn	Earth	Loyal, stable and blunt	Damon, Dillon, Leala, Natasha, Aaron, Cassandra
Aquarius 20 Jan – 18 Feb	Uranus	Air	Friendly and idealistic	Asha, Levi, Heather, Charise, Nadia
Pisces 19 Feb- 20 Mar	Neptune	Water	Imaginative and compassionate	Dean, Faith, Michael, Daylan, Hugo, Bonni
Aries 21 Mar - 19 Apr	Mars	Fire	Independent, confident and energetic	Carrie, Trina, Bella, Gregg, Lisa, Steven, Alec
Taurus 20Apr- 20 May	Venus	Earth	Determined, stubborn and dedicated	Dalila, Edward, Diana, Melissa, Wesley
Gemini 21 May – 21Jun	Mercury	Air	Sociable, intelligent and ambitious	Ella, Tom, Conrad, Aramis, Hugh, Quin, Albert
Cancer 22 Jun- 22 July	Moon	Water	Emotional, intuitive and sympathetic	Dale, Isla, Jason, Phoebe, Ryan, Selina
Leo 23 Jul- 22Aug	Sun	Fire	Generous, friendly and temperamental	Isaiah, Joshua, Jemima, Tara
Virgo 23Aug – 22 Sept	Mercury	Earth	Intelligent, calm and meticulous	Chloe, Zara, Caly, Callum, Tamara, Tamryn
Libra 23 Sept- 23 Oct	Venus	Air	Peaceful, just and sympathetic	Curtis, Elle, Justin, Rhys, Geoffrey, Paxton
Scorpio 24 Oct- 21 Nov	Mars	Water	Loyal and determined	Ebony, Kieran, Maia, Ernest, Armand
Sagittarius 22 Nov- 21 Dec	Jupiter	Fire	Honest and imaginative	Claire, Allison, Alicia, Forrest, Conrad, Kurt





Dr Vincent Loh

The 9th annual world congress organised by the Fetal Medicine Foundation was held at sunny Rhodes Island, Greece. The conference was well attended by hundreds of delegates from all around the world, and presented by over 100 speakers. Some of the topics related to rare conditions, new techniques and recent advances in management of these rare conditions. There were also a number of sessions dedicated to more common conditions such as preeclampsia, gestational diabetes, and management of twin pregnancy. Here are some of the more interesting topics.

Fetal surgery

This session covered intrauterine surgical treatment for congenital anomalies. Dr Jan Deprest from Leuven University Hospital, Belgium presented on how fetoscopic tracheal occlusion performed at 26 weeks gestation in some babies with congenital diaphragmatic hernia (malformation of the diaphragm allowing the abdominal organs to push into the chest) can improve the chance of survival for these babies.

Dr Rodrigo Ruano from Sao Paolo, Brazil presented on in-utero surgical management of fetal lower urinary tract obstruction (mainly posterior urethral valve, a developmental anomaly in the genitourinary system of male babies). He showed that by removing the obstructing valve, the fetal kidney function can be preserved and outcome can be improved.

Twin pregnancy

The presentations were mainly on monozygotic twins (identical twins that share the same placenta) who are more likely to have complications

than non-identical or dichorionic twins. Twin-to-twin transfusion syndrome (TTTS) where blood is transferred disproportionately from one twin to the other can result in high mortality and morbidity. Laser ablation of the interconnecting blood vessels within the placenta has now established itself as the definitive treatment for TTTS with proven improved outcomes.

Preterm birth

Presentations were on prediction of preterm birth by measuring the length of the cervix with ultrasound at 11-13 weeks and around 22 weeks. Recent data on benefits of using the progesterone hormone and cervical cerclage (a suture placed in the cervix) in prevention of preterm birth were also presented.

Gestational diabetes

The incidence of gestational diabetes mellitus (GDM) is rising in the developed countries as pregnant women become older and more overweight. Gestational diabetes is associated with increased perinatal morbidity such as macrosomia (big baby), shoulder dystocia (failure to deliver the shoulder of the baby after delivery of the head), and increased need for instrumental delivery and caesarean section. Babies born to mothers with gestational diabetes also have increased long-term risks of obesity and diabetes. In the past, gestational diabetes was treated with diet and insulin injection. More recently an oral medication called Metformin has been used for GDM if diet alone is inadequate. Dr Hassan Shehata from Epsom & St Helier Hospital University, Surrey, UK presented his institution's experience in using Metformin for treating GDM. This adds to the body of evidence which indicates that Metformin is safe and effective in treating GDM.

Assessment of risk at 11-13 weeks gestation

This is the most interesting presentation at the conference. Professor Kypros Nicolaides, founder of the Fetal Medicine Foundation, and his team at King's College Hospital, London, UK presented on how 90% of all major fetal chromosomal abnormalities can be detected at 11-13 weeks gestation by a combination of maternal characteristics, ultrasound findings and biochemical testing of maternal blood. They also showed that by using this information, at as early as 11-13 weeks gestation, it is possible to predict a woman's individual risk for a wide spectrum of pregnancy complications, including miscarriage and stillbirth, preeclampsia, gestational diabetes mellitus, preterm delivery, fetal growth restriction and macrosomia. Women who are identified at being high-risk for a variety of pregnancy complications can then be monitored more closely than women who are at low-risk. This risk assessment at 11-13 weeks has the potential to form a new scientific approach to antenatal care that could improve the outcome for mothers and babies.

