

If you are thinking about becoming pregnant you should be taking Folic Acid and should continue to take this up to 12 weeks of pregnancy. For the dosage to be taken, please speak to your doctor. Iron supplements may be required.

Progesterone pessaries or crinone gel are sometimes used to maintain progesterone levels during early pregnancy. Progesterone is important to keep the endometrium (the lining on the uterus) lush to sustain the foetus. Progesterone levels can be variable during the first 12 weeks of any pregnancy, until the placenta is fully formed and functioning. Therefore some patients may need to take progesterone until this time. Blood tests can be undertaken to monitor these levels and determine whether progesterone is necessary.

The use of progesterone in pregnancy has not been associated with any increased risk of foetal malformations.

Your first Ultrasound to verify a foetal sac in the uterus with a heartbeat is usually done at 6-7 weeks, from the day 1 of your last period.

Antenatal visits with your delivering obstetrician usually begin at 10 to 12 weeks of pregnancy. Please book this appointment with your doctor when pregnancy has been confirmed.

Some problems may be experienced in early pregnancy. If you experience any of the symptoms listed below, please advise your doctor's rooms:

- Abdominal Pain
- Severe Cramping
- Fever or Chills
- Persistent Vomiting
- Painful Urination
- Vaginal Bleeding

(Bleeding does not always indicate problems. 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.)*

EARLY CHANGES IN PREGNANCY

You are likely to experience some of the following symptoms:

- Breast enlargement and tenderness;
- Nausea (at any time of the day or night) and vomiting;
- Frequent urination;
- Fatigue;
- Increased vaginal discharge;
- Headaches;
- Mild cramping.

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

MISCARRIAGE

Approximately 15% of all pregnancies end in miscarriage. This incidence increases with maternal age increase. Most miscarriages occur due to lack of viability with the embryo.

Recurrent Miscarriage Factors

- Chromosomal abnormalities in the embryo;
- Abnormalities in shape of uterus;
- Untreated hormonal disorders;
- Maternal age greater than 35 years;
- Immunological factors;
- Smoking;
- Inadequate diet, especially green vegetables. (lack of Folic Acid)

OVARIAN HYPERSTIMULATION SYNDROME (OHSS)

For those women experiencing OHSS after a stimulated egg pick up cycle, embryo transfer and subsequent early pregnancy diagnosis, the syndrome will have no effect on the developing foetus.

(Refer to "Risks & side Effects" information sheet)

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 will place the developing foetus at risk;
 - ◆ 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;
- Intercourse is not harmful to the foetus;
- 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 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 what was expected. Please voice these concerns to your doctor. When to share the news of 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.

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.