



Rose Clinic Bray

# Pregnancy Advice

## Options for Antenatal Care in Ireland

**Public Care:** Free service where midwives deliver your baby unless complications require a doctor. Post-birth, you'll stay in a public ward. Options include hospital-based care, including midwife-led clinics and consultant-led clinics, and community-based care for those preferring local satellite clinics. Community care includes Midwifery Led Clinics, Consultant Led Clinics, and the Domino/Homebirth Services. The Domino Service supports hospital births with rapid discharge, while the Homebirth Service facilitates births at home. Information regarding eligibility criteria, clinic locations and catchment areas are available on the maternity hospitals websites.

**Semi-Private Care:** Available only in the three Dublin maternity hospitals with a consultant overseeing your care. You'll see a consultant or non-consultant specialist doctor at each visit. Midwives provide lab \our care, with hospital doctors assisting if needed. Post-birth, you'll stay in a semi-private ward or a public ward if no semi-private beds are available. Semi-private care involves a fee, typically partially or fully covered by private health insurance. Contact your insurer to confirm coverage and costs.

**Private Care:** A consultant oversees all care, with continuity across antenatal visits. During labour, midwives provide care, with your or another obstetrician assisting if needed. After delivery, you'll recover in a private room if available. Private care involves a consultant's fee and a hospital fee. Private insurance usually covers most hospital fees but may not cover the consultant's fee. Confirm your coverage with your insurer and discuss consultant fees with their private secretary.

## **Maternity and Infant Care Scheme**

All pregnant women ordinarily resident in Ireland are entitled to free maternity care under the Maternity and Infant Care Scheme. This provides combined care with your GP and hospital, regardless of whether you choose public, sei-private, or private maternity care, and includes free maternity care with your GP. What's Included:

### *Antenatal Care:*

- One initial GP visit (before 12 weeks) and five follow-ups with GP for first pregnancies, or six follow-ups for subsequent pregnancies, alternating with hospital appointments.
- For Significant Illnesses (e.g., diabetes or hypertension): Up to five additional GP visits.
- Example Schedule:
  - Before 12 weeks: GP
  - 12 weeks: Hospital
  - 20 weeks: Hospital
  - 24, 28, 30, 34, 37, 39 weeks: GP
  - 32, 36, 38, 40 weeks: Hospital

### *Postnatal Care:*

- A baby check at 2 weeks (GP).
- A combined mother and baby check at 6 weeks (GP).

### *Exclusions:*

- Non-pregnancy-related illnesses (e.g., colds/flu) are not covered.
- Additional postnatal visits beyond 6 weeks are not included.



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### General Health Advice in Pregnancy

**Smoking:** If you're pregnant, the safest option is to not smoke at all. The chemicals in tobacco smoke affect an unborn baby's development and may have lifelong effects.

"Quit For Us App": If you're pregnant, or planning to be, this app can help you give up smoking.

**Alcohol:** If you're pregnant, breastfeeding or planning to have a baby, the safest option is to not drink alcohol at all. Even a small amount of alcohol can harm an unborn baby's development and may have lifelong effects.

For support contact the HSE Alcohol Helpline. Free and confidential information and advice from a health professional. Freephone:1800 459 459. [helpline@hse.ie](mailto:helpline@hse.ie), <https://www2.hse.ie/pregnancy-birth/keeping-well/food-drink/alcohol/>

**Caffeine:** High caffeine intake during pregnancy can increase the risk of low birth weight, miscarriage, and complications like raised blood pressure and dehydration. Limit caffeine to no more than 200mg a day, which is about one cup of strong coffee or two mugs of instant coffee. Common sources include coffee, tea, chocolate, cola, and energy drinks. Opt for decaffeinated drinks and water, and consult your healthcare provider about caffeine in medications or herbal remedies. Avoid excessive caffeine intake for the healthiest pregnancy.

**Food Safety:** When you're pregnant your levels of immunity are lower than usual, so you're more at risk of getting diseases carried by food. Some foods can be harmful for your baby; these foods contain listeria, salmonella, toxoplasmosis or have high levels of vitamin A.

1. Avoid unpasteurised dairy and avoid soft cheeses and blue vein cheeses (eg Brie, Camembert, Stilton)
2. Reheat food thoroughly
3. Ensure poultry and other meats are thoroughly cooked
4. Avoid raw fish
5. Wash fruit, salad and vegetables prior to eating
6. Avoid eating shark, marlin or swordfish and reduce your intake of tuna to one 150g cooked weight fresh tuna steak or two 240g cans (140g drained weight) per week
7. foods made with raw or under-cooked eggs, such as homemade mayonnaise
8. Don't eat liver or liver products such as liver paté as it contains high levels of vitamin A
9. Avoid soft-serve ice cream
10. Avoid cold cured meats such as salami, parma ham, chorizo and pepperoni

Minimise your risk by washing your hands well after:

- handling raw meat and vegetables
- gardening
- touching or cleaning up after animals.



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### Important Nutrients

**Folic acid:** Folic acid intake both pre-pregnancy and in the early stages of the pregnancy helps protect against neural tube defects, such as spina bifida, in the developing foetus. Take a daily supplement of 400 micrograms of folic acid throughout your pregnancy. If you have certain medical conditions, you may need a higher dose. It is also recommended to eat foods rich in folic acid, like green leafy vegetables, fortified breakfast cereals, and milk.

**Iron:** Iron requirements are increased by 50% during pregnancy. Consume iron-rich foods at least twice a day.

- Haem Iron (easily absorbed): Found in red meats (beef, lamb, pork).
- Non-Haem Iron (less absorbed): Found in eggs, green leafy vegetables, pulses, and fortified cereals.
- Aim for a balance of both types of iron in your diet.

Vitamin C helps your body absorb iron, so pair non-haem iron sources with foods like oranges, kiwis, strawberries, and red peppers. If blood tests show low iron, your GP may prescribe a supplement. Avoid drinking tea or coffee with meals, as tannins in these beverages can reduce iron absorption.

**Calcium:** Aim for 3 servings of dairy daily (milk, cheese, or yogurt) for healthy bones and blood pressure.

1 serving =

- 200ml of milk
- 2 thumbs of cheese
- 125g pot of yogurt
- Low-fat dairy provides the same calcium as full-fat options.

**Omega-3:** Consume 1-2 portions of oily fish weekly (e.g., salmon, mackerel, sardines). Other sources like linseed, rapeseed oil, and walnuts are less easily absorbed. You may need a supplement if you're vegetarian, vegan, or don't eat oily fish.

**Vitamin D:** Vitamin D is produced when your skin is exposed to sunlight, but many people in Ireland have low levels. Get vitamin D from oily fish, eggs, and fortified foods like milk. If you're not getting enough, take a supplement of 10 micrograms, often included in pregnancy multivitamins.

**Iodine:** Iodine is essential for brain development and the nervous system. Women of childbearing age, particularly those planning a pregnancy, should ensure they meet the adult requirement of 150 micrograms of iodine daily. This increases to 200 micrograms per day during pregnancy and breastfeeding. To meet these needs, aim for two or more servings of milk or yogurt and eat white fish once or twice a week. If dietary sources are insufficient, a prenatal multivitamin with 200 micrograms of iodine daily may be necessary.

Always choose supplements designed for pregnancy.



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### Weight Gain in Pregnancy

It is important to remember that there is no need to eat for two during pregnancy.

Body mass index is a measure of weight in relation to height. Your BMI is a good indication of the recommended weight gain for pregnancy.

Pre-pregnancy BMI Recommended Weight Gain

<19 kg (Underweight) 12.5-18 kg

18.5-24.9 kg (Normal weight) 11.5-16 kg

25-29 kg (Overweight) 7-11.5 kg

30+ kg (Obese) 5-9 kg

### Exercise in Pregnancy

Evidence suggests that, for healthy women, physical activity/exercise during pregnancy is safe and is associated with numerous benefits to the mother and unborn child.

Although no systematic level evidence exists, national guidelines concur that the following activities are considered to be generally safe for pregnant women with an uncomplicated pregnancy:

- Walking, jogging, cycling and swimming (at moderate-intensity).
- Muscle strengthening exercises, including pelvic floor exercises.
- Water-based exercise.
- Pregnancy specific exercise classes.

Activities which are characterised by the following are considered unsafe for pregnant women and should be avoided:

- Abdominal trauma or pressure (e.g. weight lifting).
- Contact or collision (e.g. soccer, ice hockey, martial arts etc).
- Hard projectile objects or striking implements (e.g. hockey, cricket, softball etc).
- Falling (e.g. judo, skiing, skating, horse riding etc).
- Extreme balance, coordination and agility (e.g. gymnastics, water skiing etc).
- Significant changes in pressure (e.g. scuba diving, sky diving etc). Heavy (greater than submaximal) lifting.
- High intensity training at altitudes greater than 2000m.
- Exercise while lying flat on your back, or staying in a flat-on-your-back position (such as in some yoga poses), can cause low blood pressure in some women. For safety, it's best to avoid exercises in this position after 28 weeks of pregnancy. Some exercises can be modified to be done while lying on your side instead.

Specific activities listed above are examples only; participation in specific activities should be discussed with the health care provider and should be reviewed as pregnancy progresses.



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### Common Experiences

**Nausea/vomiting:** Common between 4-16 weeks and sometimes in late pregnancy. It can happen at any time of day. Eating small regular meals, avoiding foods and smells that set off the nausea, getting up slowly, eating a cracker/biscuit before getting up, eating ginger, not getting over tired or wearing tight clothing can help. It is usually trial and error! Supplements containing vitamin B6 +ginger can reduce nausea and vomiting. P6 acupuncture eg by using wristbands (SeaBand) has some evidence of efficacy.

**Heartburn:** Relieved by eating small amounts frequently. Avoid tea, coffee, spicy and fatty foods. Gaviscon can be taken if needed and milk can help.

**Constipation:** Taking high fibre foods and drinking plenty of water. A side-effect of iron tablets can be constipation.

**Tiredness:** Can be common in the first 12 weeks and towards the end. A rest during the day can help- if possible!

**Fainting/feeling faint:** Can be more common in pregnancy. Do not stand still for long periods and do not lie on your back, as baby can push on blood-vessels to the heart reducing oxygen supply. Try not to leave large gaps between meals.

**Headaches:** Can be due to hormone changes, your nose and sinuses are also likely to be sensitive causing headaches. Sometimes headaches can be a sign of high blood pressure so if the headaches persists or are severe seek medical advice.

**Stomach pain:** Stomach pain in pregnancy is common, but can sometimes signal a serious issue. Seek urgent help if you have severe, persistent pain. In early pregnancy, mild cramps are normal, but pain may also indicate ectopic pregnancy, miscarriage, appendicitis, or a UTI.

Contact your GP if you have:

- Pain while urinating or unusual urine
- Bleeding or unusual discharge
- Severe pain on one side, dizziness, or weakness
- A fever of 38°C or higher

**Vaginal bleeding:** Vaginal bleeding is common during pregnancy. It does not always mean that there is a problem with your pregnancy. But sometimes it can be a dangerous sign. Always speak to your GP, midwife or obstetrician if you notice any bleeding from your vagina.

There are lots of changes that take place in pregnancy so if you are concerned or if you are not sure about anything contact your doctor.



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### Vaccines During Pregnancy

There are three vaccines recommended during pregnancy:

- **Whooping Cough (Pertussis):** Whooping cough is highly contagious and can be life-threatening for babies. The vaccine is given between weeks 16-36 (up to 36 weeks if necessary), it protects you and your baby. The vaccine is given during every pregnancy.
- **Flu:** Getting the flu increases the risk of complications during your pregnancy and birth. The flu vaccine reduces complications, premature birth, and stillbirth risk. It's safe at any stage of pregnancy. Getting the vaccine during pregnancy also protects your baby after birth and can reduce your baby's risk of flu-related hospitalisation.
- **COVID-19:** Protects you from severe illness and complications, while lowering the risk of passing the virus to your baby.

These vaccines are safe and are free of charge for all pregnant women.

### Antenatal Screening

**Non-Invasive Pre-Natal Testing (NIPT):** screens for certain genetic conditions in your baby by analyzing fetal DNA found in the mother's blood. It involves an ultrasound and a blood test to estimate the risk of chromosomal abnormalities and genetic diseases, with no miscarriage risk. Results typically take 7-10 days, but some tests may take up to 6 weeks. NIPT can be done from 9 weeks (Panorama) or 10 weeks (Prenatal Safe) of pregnancy. While NIPT is the most accurate screening test available, it is not 100% accurate, and its reliability depends on maternal age and the conditions tested.

Useful Links: <https://www2.hse.ie/pregnancy-birth/scans-tests/screening-tests/types/>