



# After 13 weeks pregnant

Pregnancy appointments  
visual story



**aspect**  
Autism Spectrum Australia

# Contents

Pregnancy timeline.....	2
What pregnancy appointments might look like after 13 weeks.....	3
Different kinds of healthcare practitioners.....	4
<b>Before I go to a pregnancy appointment.....</b>	<b>5</b>
Before I go to my appointment.....	6
Rules and expected behaviour for a doctor's appointment.....	7
<b>At my pregnancy appointment.....</b>	<b>8</b>
Antenatal appointment types.....	9
Tests that I might have at my antenatal appointment.....	10
Important things to know about testing appointments.....	11
<b>Extra resources.....</b>	<b>13</b>
Pregnancy and hormones.....	14
If I notice any of the following, here is what I can do.....	15
Questions I can ask my doctor.....	16
Important terms to know.....	17



This visual story has been developed by the team at Aspect as a resource to help navigate antenatal appointments.

Aspect welcome any feedback, good or bad, on how this resource can support you better. Contact [research@aspect.org.au](mailto:research@aspect.org.au) or scan the QR code





This visual story will cover general information about pregnancy.

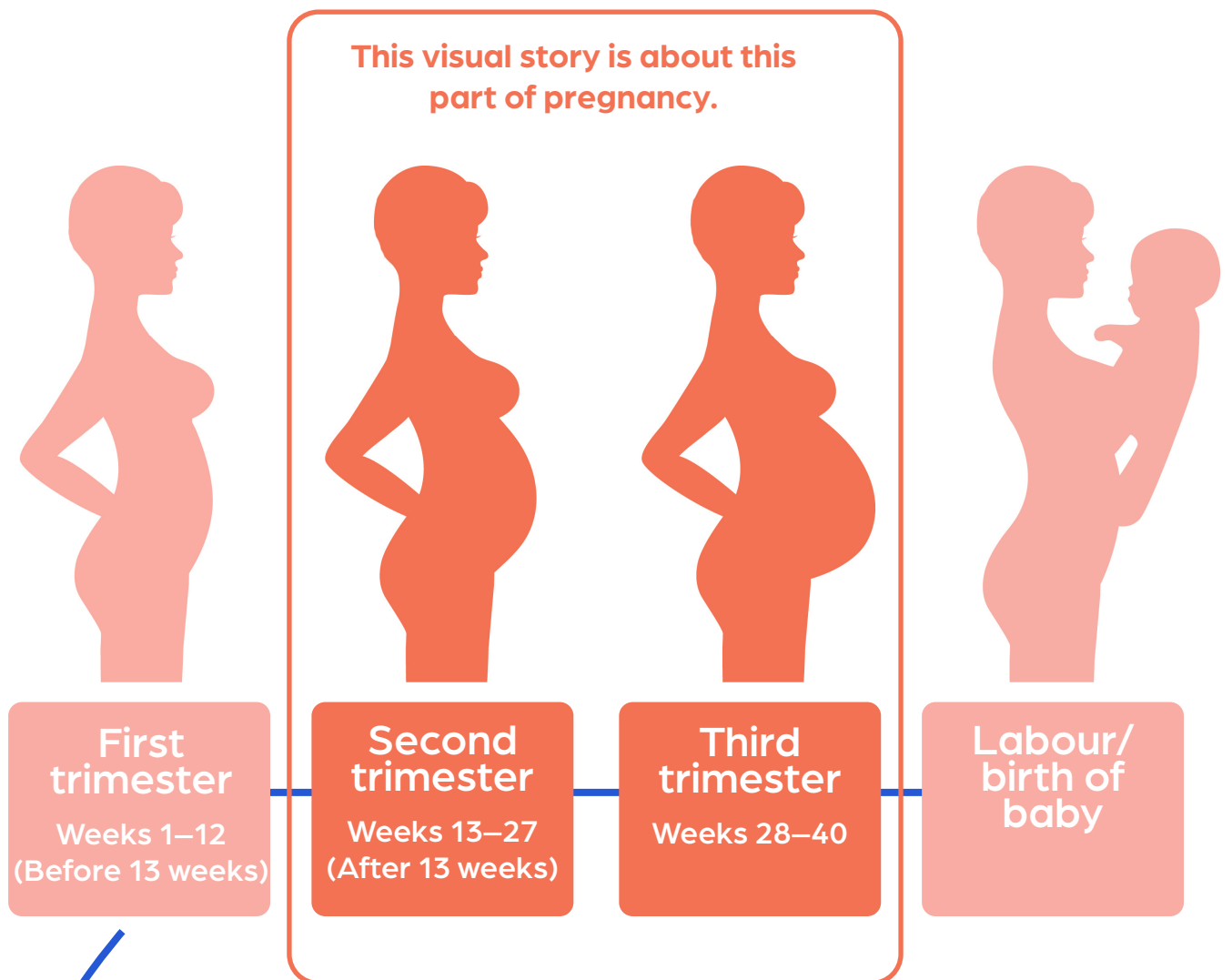
All pregnancy journeys look different.

It's okay if my pregnancy journey looks different to what is written in this visual story.


My care may occur in my house, in the hospital, or at the doctor's clinic.

If there are terms I am not sure of, I can check the glossary in the back of this visual story.

# Pregnancy timeline



*Before 13 weeks  
pregnant – pregnancy  
appointments visual story:  
[tinyurl.com/0-13weeks](https://tinyurl.com/0-13weeks)*





## What pregnancy appointments might look like after 13 weeks pregnant

If I am 13 weeks into my pregnancy or later, I will have probably already seen a GP/doctor.

This visual story will tell me about the kinds of pregnancy appointments I will have after 13 weeks of pregnancy. These are referred to as antenatal appointments.

The types of tests and healthcare I will receive will depend on my and my baby's individual needs. This process will look different for everybody.

Appointments can happen in a variety of locations, including:

- doctor's clinic
- hospital
- pathology centre
- scanning centre
- my home.

# Different kinds of healthcare practitioners

When I have an antenatal appointment I might have different kinds of healthcare practitioners/ professionals taking care of me. I may not see the same doctor as last time, or it may be a midwife, a nurse, or an obstetrician. A healthcare practitioner/professional may be:



**Doctor/GP**



**Midwife**



**Obstetrician/OBGYN**



**Nurse**



**Doula**

My healthcare practitioner may look different than these examples.

All of my healthcare practitioners might be referred to as a **care team**. If I want "continuity of care" (the same care team across my pregnancy) I can discuss my options with my doctor/GP.



**Before I go to a  
pregnancy appointment**





## Before I go to my appointment

I can prepare some things to help me feel more comfortable during my doctor's appointment.

I can choose to:



Bring someone to the appointment with me



Bring sensory toys or headphones



Write a script to help me speak to my doctor



Bring a list of medicines I am taking



Bring communication cards (or pre-written messages on my notes app on my phone e.g. "I need a break" "Please don't touch me")



Bring a piece of paper with questions I have for my care team (see **page 16** for an example list of questions)



If I have one, I should bring my Medicare card or healthcare card.



If I need to bring my children with me, I need to bring items to keep them entertained before and during the appointment.

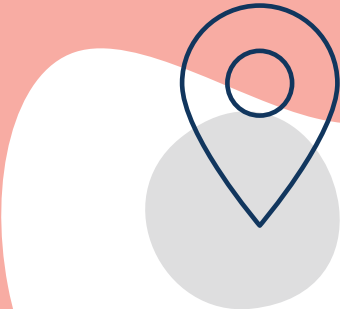


## Rules and expected behaviour for a doctor's appointment

- A doctor should always ask for **consent** before touching me. This means they should ask if it is okay to touch me. I can also let doctors know I do not like to be touched without warning, or if I have certain areas which I do not like to be touched.
- I can ask my doctor any questions that will make me more comfortable in an appointment, or any questions that I am unsure about.
- If I am feeling stressed or unable to communicate using spoken words, I can ask my doctor for a break, or to speak to my support person, if I brought one. I can also write what I would like to say to the doctor before I go to the appointment.
- A doctor should not make me feel shame or embarrassment. They have seen a lot of different things. I should expect no judgement from a doctor.
- If I feel like I am not being listened to or respected, I can request a different doctor. I can also look on my doctor's website for information on how to make a complaint.



# At my pregnancy appointment





## Antenatal appointment types

There are lots of different appointments I may have along my pregnancy.

I may have a **general appointment**. This is a check-up that happens regularly throughout my pregnancy where we can make sure my baby and I are healthy.

I may have a **medical/unscheduled appointment**. This check up is usually not pre-planned. I may have a medical/unscheduled check up if I am worried about something to do with my health or my baby's health. See page 15 for a list of things that may trigger a medical/unscheduled check-up. If I am worried, I should call someone from my care team.

I may have a **testing appointment**. This is an appointment where I may have tests done (e.g. ultrasound, blood test) to check on the health of my baby and me. I can find out more about the tests involved in these appointments on page 10.

# Tests that I might have at my antenatal appointment

At my antenatal appointment, my healthcare practitioner may perform some tests to check that my baby and I are healthy. I can tell my healthcare practitioner if I need some time to prepare for any of these tests. These tests might happen at any stage of my pregnancy. I may experience only some of these tests. These tests might be:

## Blood pressure test

A healthcare practitioner will use a blood pressure machine to measure my blood pressure. They will wrap a cuff around my arm and secure it with Velcro. When the machine is turned on, the cuff will inflate and squeeze my arm. It will slowly deflate until the machine gets a reading. It's important to check my blood pressure regularly to check I do not have pre-eclampsia (see glossary for definition).



## Listening to the baby's heartbeat

A healthcare practitioner may use a stethoscope or electronic monitor to listen to my baby's heart rate. They will put some gel on my tummy, then use the stethoscope or monitor to listen to the heartbeat. They may need to push or move it around gently. The metal may cold against my belly.



## Height and weight

My medical team may use a tape measure or weight scales to measure my height and weight.



## Urine test

I may need to provide a urine sample. This is to check for infections that may affect myself and my baby.



## Blood test

A pathologist will use a needle to take some blood from my arm. Blood tests can check for lots of different things, and I might need multiple blood tests throughout my pregnancy.



## Immunisation

My healthcare professional might recommend certain immunisations (whooping cough, etc.) To be immunised, I will be injected with a needle.



### **Ultrasound**

A healthcare practitioner may use gel with a hand held device on my abdomen, or insert the device into a vagina to make sure the body or baby looks healthy. I may need to have a full or empty bladder for this test – my healthcare professional will tell me which one before my appointment.



### **Measuring my baby's growth**

My medical team may put a tape measure on my belly to measure my baby's growth. They may push on my belly to find right spot or to find where the baby is. I may have to lay on my back and lift my top up.



### **Vaginal swab**

This test is to check for infections or other issues inside my vagina. A healthcare professional may use a swab inside my vagina. I will need to have no pants on for this test. I can do this test myself at home using a self-test kit. I can ask for instructions or help, if needed.



### **Genetic screening test (for people with high risk factors)**

I can choose to check for some problems that may affect my baby. I don't have to take this test, it is up to me. My doctor or midwife will tell me about these tests and how much they will cost.



### **Gestational diabetes test**

For this test, my doctor will ask me not to eat anything before my pathology appointment. At my appointment, I will get my blood taken. I will be given a drink that I need to drink within 5 minutes. I might not be able to choose the flavour of the drink. I will need to wait a certain amount of time which my pathologist will tell me. Then I will have my blood taken again. I will usually do this test within week 26–28 of my pregnancy, but I may do it earlier or more than once if my care team thinks I need to. This test is to test for gestational diabetes which can people can only get when they are pregnant.



### **Mental health screening tests**

My healthcare professional may ask to fill out questionnaires or verbally ask me questions about my mental health. This is important because hormone changes during pregnancy can affect my mental health.





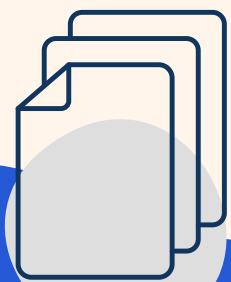
## Important things to know about testing appointments

These tests might be challenging for me. Depending on the test, I might have different healthcare professionals touching my body, or other uncomfortable sensory experiences. If I need to prepare for any of these tests, I can look up a video of them on Youtube. I can do this so that I can see what the test might look like.

If I am feeling uncomfortable, or if I don't understand why I am having a test, or why my doctor is touching me, I can talk to my care team. I may be able to say no to certain tests or being touched by medical professionals, and my care team will tell me the risks and benefits before I make my decision.



## Extra resources





## Pregnancy and hormones

During my pregnancy, many of the hormones that help my baby grow and develop will increase in my body.

The increase in hormones might:

- make me feel different
- make me more sensitive to my senses (sound, light, smell, touch)
- increase or decrease my appetite
- make my joints ache.

If anything feels different or weird, I can talk to my doctor/care team.



## If I notice any of the following, here is what I can do

Sometimes during a pregnancy, my body may do things that I am not expecting, or I have not experienced. If I notice any of the following signs and am worried, I can visit a **GP or someone from my care team**:

- mild nausea and vomiting
- slight vaginal discharge
- backache
- concerns about baby movement
- mild headaches.

If I notice any of the following signs, I should **go to the hospital or emergency room** straight away:

- vaginal bleeding
- severe pain in my abdomen
- chest pain
- sudden swelling in my face, hands, or feet
- severe headaches with vision changes
- loss of consciousness
- seizures
- shortness of breath
- high fever
- decreased fetal movement
- water breaking before contractions
- severe vomiting that leads to dehydration .

If I am unsure, I can call Health Direct ([healthdirect.gov.au](https://www.healthdirect.gov.au)) on 1800 022 222 to ask what I should do.

# Questions I can ask my doctor

I can ask my doctor any of these questions in my appointment, or any other questions I would like to know. I can also choose to print these questions out before I go to my appointment.

- What is public care?
- What is private care?
- What birthing options are there?
- What foods do I need to avoid?
- How can I keep my baby and I healthy?
- Should I take prenatal vitamins?
- Are there certain tasks I should avoid?
- Can I take all of my current medications?
- Can I exercise?
- Can I work?
- Can I bring a support person to my appointments?
- What should I do if I don't feel well?
- I'm feeling overwhelmed. How can I get some mental health support?
- Can I talk to you about my birth plan?
- How can I tell my care team I'm Autistic?
- How often will I have appointments?
- Who can I call when I'm worried?
- Can you help me set up a tour of the labour and delivery rooms?
- Can I set up a phone call with the anaesthesiologist if I am considering a c-section?
- Is there a class I can take about labour or taking care of my newborn?
- Where should I go for my ultrasounds and blood tests?
- When should I tell my work that I am pregnant?



## My questions and notes

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# Important terms to know

## **Amniotic fluid**

A clear or slightly yellow liquid that surrounds, protects and helps my baby grow.

## **Antenatal/prenatal appointment**

These are terms used to describe the many appointments I may have across my pregnancy.

## **Birth plan**

A written document that says my preferences for labour and delivery.

## **Braxton Hicks**

Braxton Hicks contractions may occur all throughout pregnancy. They are also known as “false labour” – even though they feel like contractions, they don’t lead to labour.

## **Care team**

Anybody involved in looking after me while pregnant, e.g. OBGYNs, midwives, doulas.

## **C-section (caesarean section)**

An operation where a baby is born through a cut made in the abdomen.

## **Cervix**

A passage/canal that connects the uterus to the vagina where the baby is birthed.

## **Conception**

The action of becoming pregnant, describing the moment where sperm meets the egg.

## **Contractions**

Contractions usually occur at the end of pregnancy. They are my body’s way of getting ready for labour. They feel like mild menstrual cramps or a tightening in a specific area of the abdomen. My contractions may be intense or painful, and this is okay and normal.

## **Doula**

A person employed to provide guidance and support to someone giving birth. They may be a non-medical companion. A doula can support before, during and after a pregnancy.

## **Fetal**

A describing term that has to do with a fetus (an unborn baby) or pregnancy.

## **First, second and third trimester**

These are time periods through my pregnancy:

- first trimester – conception to 12 weeks
- second trimester – 13 to 27 weeks
- third trimester – 28 to 40 weeks

## **Folic acid**

A B vitamin that helps prevent neural tube defects (NTDs) in babies. It is commonly found in leafy greens but is recommended to take as a vitamin before or during pregnancy.

## **Labour**

The processes a body might go through just before giving birth, e.g. contractions, the cervix opening.

# Important terms to know

## **Midwife**

A health professional trained to provide support and care during pregnancy, labour and birth.

## **Miscarriage**

The loss of a pregnancy before the unborn baby (fetus) can survive outside the uterus (womb). A missed miscarriage/abortion is when a pregnancy stops developing, but the embryo or fetus remains in the uterus.

## **Obstetrician/OBGYN**

A health professional that provides specialised medical care during pregnancy and labour. They can help, if I have complications or concerns about my pregnancy.

## **Pathology**

A pathologist or pathology clinic examines samples of body tissue or body fluids to check the health of myself or my baby.

## **Placenta**

An organ that develops during pregnancy to provide oxygen and nutrients to the baby and remove waste products from the baby's blood.

## **Postnatal**

A term to refer to anything occurring or being after birth.

## **Preeclampsia**

A common complication of pregnancy that . It can cause circulation problems in me or my baby. I should go to the hospital if I notice any symptoms, e.g. high blood pressure, blurred vision, protein in urine, and sudden excessive swelling of the face, hands and feet.

## **Sonogram**

A computer picture created by an ultrasound of the inside of an abdomen.

## **Spotting**

A few drops of blood every now and then from a vagina. Some spotting is normal very early in pregnancy, but I should tell a healthcare professional about it.

## **Ultrasound**

A procedure that creates a visual image of tissues and organs inside the body, including a baby. A healthcare practitioner may use gel with a handheld device on the abdomen or insert the device into a vagina to make sure the body or baby looks healthy.

## **Uterus**

Where a fetus (an unborn baby) develops and grows. It is also called a womb.

## **VBAC (vaginal birth after caesarean)**

A vaginal delivery after a previous caesarean.

## **Vaginal birth/delivery**

The delivery of a baby through the vagina. It can be spontaneous, induced (artificially started through medication or other procedures), or assisted (using an instrument to help the baby out).



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