

ASK SMALLISH

Our panel of EXPERTS offers advice and support on your RELATIONSHIP, pregnancy and parenting problems

Q If I go past my due date, will the hospital induce labour? What should I expect if so?

A TERESA WALSH: If your pregnancy reaches 41–42 weeks, going beyond the expected date of delivery, then it's likely your labour will be induced. Induced labour will be more closely monitored than spontaneous labour, and because of this it is likely to take place in a more controlled environment. However, with advances in technology, a positive birth can still be achieved. For example, wireless CTG (cardiotocography) machines and mobile epidurals can allow women more movement and choice in labour.

Once you've made the decision to be induced, and have been booked in, on arrival at the hospital you will be settled in and undergo a full set of tests. These include temperature, blood pressure, urine and an abdominal examination. A CTG will be carried out to check the baby's wellbeing before beginning the procedure.

Once everyone is happy, the midwife will perform a vaginal examination and insert a Prostin pessary or a gel, which allows your cervix to dilate. Approximately six hours later, you will have another vaginal examination to assess if it has worked. If the labour has progressed enough, the midwife or consultant will break the waters. The induction process mimics nature.

Every woman is different and the process might take longer for some and more than one dose of the gel may be needed. You and your baby's wellbeing will be closely monitored, and you'll be offered pain relief.

Find a good antenatal class to get advice and information on ways to encourage labour to start naturally, and what pain relief options are available and at what stage.

Q My child isn't sporty and avoids joining in with activities like netball and swimming – what should I do, should I let her off?

A CAROL EVELEGH: One of the most challenging parenting quandaries is knowing when it is right to push our children and when it is right to back off. By their very nature, not all children will love sport as much as their peers do, or as much as their parents may have hoped. Every child is different, but there are a few important factors to consider when it comes to not liking sport.

Firstly, is there an underlying issue? If your child is resistant, do a bit of homework and find out what the real problem is. Talk to your child (gently) and their teachers to check what could be causing it – is it a confidence issue?

Explain the value of PE to your children – remind them that, just like Maths and Literacy, PE (including swimming) is part of the national curriculum and despite their reservations, they do not really have a choice about whether or not they do it. Remind them that PE is good for them and taking part in it is important for healthy growth and development. They don't have to be amazing at it; coordination and competitiveness does not come naturally to everyone, but help them to see it can be fun.

Children learn by example, so get active as a family – show them at home how sport can be fun. Play tennis, rugby and football in the park. Let your child be the teacher – ask them to show you how to pass, dribble and defend. They will love the role of playing teacher rather than pupil. Also arrange family sporting outings.

Q I've been trying for a baby for a year with no luck. Is there anything I can eat to boost my fertility?

A ZITA WEST: One of the things I'm always asked is: "Does my diet have anything to do with the reason I can't

get pregnant?" My advice to everyone is yes, your diet does play a part in strengthening or weakening your chances of getting pregnant.

I always believe you should be eating with your health and body in mind, with a few treats here and there. When trying for a baby, it is even more important for women especially to focus on the right nutrients to boost your chances of a healthy baby.

I recommend eating several servings of fruit, vegetables, wholegrains and calcium-rich foods, such as yogurt, cheese and milk, every day, because not getting enough nutrients can affect your periods, making it difficult to predict when you ovulate.

You should eat a whole range of foods – proteins, fats and carbohydrates – to boost your chances of fertility because you are trying to build healthy eggs.

If you've been struggling to conceive for a while, here are some top foods I recommend adding into your daily diet.

Eggs are a very nutritious food and rich in choline, especially the yolk. Choline is needed for developing the baby's brain and the nervous system.

Many nuts and seeds contain an array of vitamins and minerals, and are very good for you in moderation. Brazil nuts contain selenium, which is an antioxidant needed for male and female fertility.

Berries are very rich in vitamin C, which is important to absorb iron and it is also an antioxidant.

Beetroots are also rich in antioxidants, especially resveratrol, so they protect the body from free radicals and they're also good for blood flow.

Green, leafy vegetables, broccoli, spinach and cabbage are all rich in B vitamin, which is key for the developing baby.

Yoghurt is a rich source of calcium, potassium, and B vitamins.

Fish is rich in protein, but it's also a source of omega-3 and vitamin D, so it's very good for fertility.

Finally, try to ditch sugary, processed food and add all of these healthier options into your diet for the best chance to conceive.

Q How much pocket money is the 'right' amount? My five and seven-year-old are always arguing with me about what's fair.

A HEATHER MONTOUTE: I believe children should get pocket money because it teaches them to appreciate the value of money and shows them how to budget.

However, children do not learn these skills before they can do basic mathematics and therefore, as a general rule, it should start at around five. Crucially, giving pocket money doesn't work if everything continues to be paid for by the parents. I see this all too often, where parents continue to pay for sweets, comics and treats, and are not even aware what the pocket money is being spent on.

Decide what you expect it to be used for and then this will determine the amount and enable you to justify it in terms of fairness. If you currently spend £2.50 per week on sweets for your child, then you have already decided this is a reasonable and fair amount to give them. Let them decide how to spend it – on the basis that the maximum amount they can spend on sweets is £2.50.

The most important thing is not to continue to buy them sweets. The mantra is, once the money is spent, it is spent! Then they have to wait for the following week.

Most arguments about fairness relate to how much their friends allegedly receive but, in most cases, when you investigate what their friends use their pocket money for, these arguments are usually resolved. For example, perhaps other families include outings as part of their children's pocket money. Make your child aware of this and say: "I'm happy to give you what I spend on outings and you can decide which of them you want to attend."

If you are dealing with a peer group getting a lot more (as can happen), then to help your children understand, say: "The money I give you is for treats and comics, and I don't think it is reasonable to spend more than that amount per week on these items."

Pocket money can also go up or down depending on behaviour. I'm in favour of linking chores to pocket money in order for children to learn that money has to be earned in life. I believe a certain number of chores should be done by every child (age related) because they are a member of the family and should make a contribution.

Try giving everyone basic chores – if they do anything extra, they can earn more, but if they don't do their basics, they lose part or all of their pocket money.

THE
PANEL



TERESA WALSH
MIDWIFE EDUCATOR AT
THE PORTLAND HOSPITAL



DR SHAZIA MALIK
CONSULTANT OBSTETRICIAN
AND GYNAECOLOGIST AT
THE PORTLAND HOSPITAL



HEATHER
MONTOUTE
CHILD BEHAVIOURAL
PSYCHOLOGIST



ZITA WEST
HOLISTIC
FERTILITY EXPERT



MELISSA HOOD
FOUNDER OF THE
PARENT PRACTICE



DR ALEXANDRA
PHELAN
NHS GP AND ONLINE
DOCTOR AT PHARMACY2U



CAROL EVELEGH
HEAD OF THE
KINDERGARTENS AND
EARLY YEARS EXPERT



DR YIANNIS
IOANNOU
CONSULTANT PAEDIATRICIAN
AT THE PORTLAND HOSPITAL



DEE HOLMES
SEX AND RELATIONSHIPS
EXPERT AT RELATE