ANTENATAL CARE

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ANTENATAL CARE

Systemic supervision (examination and advice) of a women during pregnancy is called ANC.

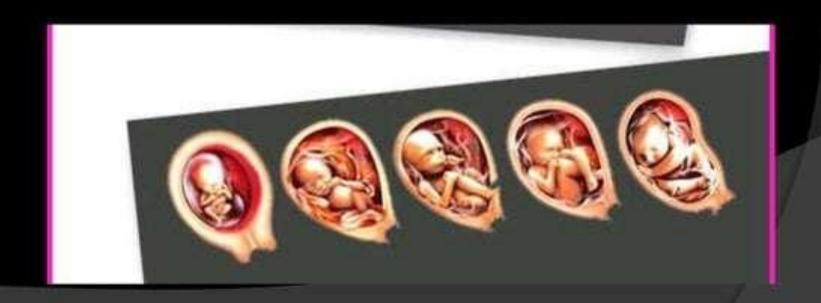
Aims

- 1. To screen the high risk cases.
- 2. To p[revent or to detect and treat at the earliest any complications.
- 3. To ensure continued risk assessment and to provide ongoing primary preventive health care.
- 4. To educate the mother about the physiology of pregnancy and labour by demonstration, charts and diagrams so that fear is removed and psychology is improved.

- 5. To discuss the couple about the place, time and mode of delivery, provisionally and care of the newborn.
- 6. To motivate the couple about the need of family planning and also appropriate advice to couple seeking medical termination of pregnancy.

Objectives

To ensure a normal pregnancy with delivery of a healthy baby from a healthy mother



Antenatal care comprises of-

- 1.Registration of pregnancy
 - 2. History taking
- 3. Antenatal examinations [general and obstetrical]
- 4. Laboratory investigations
 - 5. Health education

THE FIRST VISIT

- History taking
- Examination
- Investigation

History taking

- Particulars of the patient
- Chief complaints with duration
- Past history
- Obstetric history
- Menstrual history
- Family history
- Drug History
- History of immunization
- Socio-economic history
- Contraceptive history
- History of allergy

ANC VISITS

Ideally – ANC visits

First 28 weeks - once a month

Up to 36 weeks - twice a month

There after weekly till delivery.

Minimum – 4 ANC visits

1st visit - around 16 weeks

2nd visit – between 24 and 28 weeks

3rd visit - at 32 weeks

4th visit - at 36 weeks.

A Joint MCP Card:

- Ministry of Health & Family Welfare and Ministry of Women and Child Development (MOWCD) has been launched as a tool for documenting and monitoring services for antenatal. intranatal and postnatal care to pregnant women. immunization and growth monitoring of infants.

Integrated Child Development Services National Bural Health Mission



Mother and Child Protection Card

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Respiratory rate Pulse Pallor Physical edema Weight examination Breast examination Blood pressure

EXAMINATION

Pallor – Examine palpebral conjunctiva, nails, tongue, oral mucosa, palms

Pulse - 60-90 / min.

R.R. – 18-20 breaths / min.

Edema

CONT.D

B.P. – Two consecutive readings – systolic > 140 mmHg and / or diastolic > 90 mmHg

Check urine for the presence of albumin

Pre eclampsia - Hypertension + albuminuria

Imminent eclampsia - D.B.P. > 110 mmHg.

Eclampsia – Hypertension+ albuminuria + Convulsions Regular weight monitoring at each visit

11 kg. wt. gain entire pregnancy

After first trimester, wt. gain 2 Kg. / month

▶ Breast examination

ABDOMINAL EXAMINATION

EXAMINATION

Measurement of fundal height

Fetal heart sounds

Fetal movements

Fetal parts

Multiple pregnancy

Fetal lie and presentation

Inspection of abdominal scar or any other relevant findings

Lab. Investigations

Hb estimation

Blood grouping & Rh typing

Urine R/M/E

VDRL

RBS

HBs Ag test

USG for Pregnancy profile.

RISK APPROACH

Elderly primi (30 yr. and above)
Short statured primi (140 cm and below)

Mal presentations

APH, threatened abortion

Pre – eclampsia, eclampsia

Risk Approach

Anaemia Twins, hydramnios IUFD, Still birth Elderly grand multiparas Prolonged pregnancy H/o past caesarean or instrumental delivery

Treatment for infertility

In subsequent visit

- Patient complains
- General examination
- Gestational age to be calculated
- Identification of problem
- Foetal movement
- SFH measurement
- Health education
- Prophylaxis & treatment of anemia
- Developing individualized birth plan

Second visit (24-28 weeks)

SFH measurement

To detect Multiple pregnancy

Third visit (32 weeks)

Screen for-

- Preeclampsia
- 2. Multiple pregnancy
- 3. anemia
- 4. IUGR

Fourth visit (36 weeks)

- Identification of foetal
- 1. Lie
- 2. Presentation
- 3. Position
- 4. Birth plan

Antenatal advice

Entire pregnancy – 300 Kcal/day (extra)

Lactation - 600 Kcal/day

Diet:

Supplementary iron therapy is needed for all pregnant mothers from 20 weeks onwards. (30 mg of ferrous / day) (60-100 mg/day) is given for large women, twin, and those women who book for ANC late in pregnancy Anemic woman should take (200 mg/day

Hygiene:

Daily bath is recommended, as it stimulation refreshing and relaxing.

Avoid hot water bath.

Bowel care:

As there is increase chance of constipation, regular bowel movement may be facilitated by regulation of diet taking plenty of fluids, vegetables and milk.

Breast Care

Wash the breast with clean tap water.

Exercise

Walk in moderation.

Avoid lifting heavy things.

Avoid long time standing.

Avoid sitting with crossed

legs as this may impede circulation.

Dressing:

Tight clothes and belts are avoided. The patient should wear loose but comfortable dresses. High heel shoes are better avoided.

Alcohol, smoking and drugs should be avoided as the may affect the fetal wellbeing

Rest and sleep

8 hour sleep at night
At least 2 hour sleep after mid-day meal
Hard strenuous work should be avoided in first
trimester and last 4 weeks

Coitus

Should be avoided in

- 1st trimester
- last 6 weeks

Warning sign

- Headache
- 2. Blurring of vision
- 3. Convulsion
- 4. Vaginal bleeding
- 5. Fever

Thank you