

ANTENATAL CARE

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ANTENATAL CARE

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

Aims

- ① 1. To screen the high risk cases.
- ① 2. To p[revent or to detect and treat at the earliest any complications.
- ① 3. To ensure continued risk assessment and to provide ongoing primary preventive health care.
- ① 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 5. To discuss the couple about the place, time and mode of delivery, provisionally and care of the newborn.
- ⑥ 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

1. Particulars of the patient
2. Chief complaints with duration
3. Past history
4. Obstetric history
5. Menstrual history
6. Family history
7. Drug History
8. History of immunization
9. Socio-economic history
10. Contraceptive history
11. 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 Rural Health Mission



Mother and Child Protection Card

Photograph of Mother & Child

Pregnancy Identification

Mother's Name: _____ Age: _____
 Father's Name: _____
 Address: _____

Pregnancy Record

Month of No. _____
 Date of the last menstrual period _____
 Expected date of delivery _____
 No. of pregnancies previous to this _____
 Last delivery conducted at: Outpatient Home
 Current delivery: Outpatient Home
 AIT Registration No. _____
 AIT Payment: Amount _____ Date _____

Birth Record

Child's Name: _____
 Date of Birth: _____ Sex: _____
 Birth Weight: _____ kg _____ gm
 Age: _____
 Sex: _____ Birth Registration No. _____

Institutional Identification

APHA _____ AHT Block _____
 ACH _____ AOC _____
 PHC - Other _____
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Regular checkup is essential during pregnancy



Registration **Regular visits with the health workers in the first trimester**

Antenatal **At least 7 antenatal checkups with registration**

Delivery **Home-based delivery (HBD) preferred and home and other services as per need**

Postnatal **First health checkup at least one week after birth, then at least 10 days, 2 months, 6 months, 1 year, 2 years, 3 years, 4 years, 5 years, 6 years, 7 years, 8 years, 9 years, 10 years**

Immunization **Use of oral polio vaccine (OPV) as per schedule**

Contraception **Use of any contraceptive method as per need**

Care During Pregnancy




Consume 100g of iron **Take at least one hour of rest during the day**
Consume more than 100g of iron daily **In addition to 8 hours of rest at night**
Consume 200g of iron daily **Use only appropriate medicine**

ANTENATAL CARE

DIABETIC COMPLICATION IN PREVIOUS PREGNANCY
(Please tick (✓) the relevant history)

A. YES B. Sometimes C. No
 D. Absence E. Disturbed later F. Other
 H. LDD H. Complicated pregnancy I. Other
 or baby

PAST HISTORY
(Please tick (✓) the box of the appropriate requirement)

A. Subnormal B. Hypertension C. Heart Disease
 D. Diabetes E. Asthma F. Stroke

EXAMINATION

General Condition	Heart	Lungs	Uterus

ANTENATAL VISITS

Visit	1	2	3	4
Date				
Any complication				
POV (Weight)				
Weight (kg)				
Uterine size				
Blood pressure				
Pulse				
Respiration				
Uterine				
Birth				

ANTENATAL EXAMINATION

Weight	Height	BP	HR	RR	Uterine	Fetal heart rate	Amniotic	Placenta	Perineum

ANTENATAL INVESTIGATIONS

Investigation	Date	Result

Weight (kg) & Ht (cm) _____ Date _____

DELIVERY INVESTIGATIONS

Investigation	Date	Result



*Please register immunization at every AHT

Participate in meeting about Village Mother Child Health & Nutrition Day

Pallor

Pulse

Respiratory rate

Physical
examination

Weight

edema

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

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-

1. 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 they 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

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

Thank you