



Antenatal and Peripartum Health Tutorial

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Case 1 :

Ghadeer first time mother, came to you 2 weeks after delivery of her newborn. She has been trying to breastfeed her baby but now feels exhausted and tired and is complaining that her breast milk isn't enough.

- Please take appropriate history & counsel this patient
- Focus on:
 - Concerns of 'low milk production'
 - Normal growth patterns of infants, the signs of adequate feeding on the growth chart
 - Improving milk intake and milk production

Introduce yourself
 Gain patient trust
 Take permission
 Ensure privacy
 Start with the main complaint
 Make sure that **both** of you understand that this is a breastfeeding issue

So you ask :
 -How are you feeling generally? She says tired and overwhelmed
 -Are you eating well?
 -Are you drinking enough water?
 -Are you having enough rest?
 -Do you have support at home? And her husband support?
 -Try to explain to her that not having enough water, not eating well, having no rest and sleep is related to having low milk supply

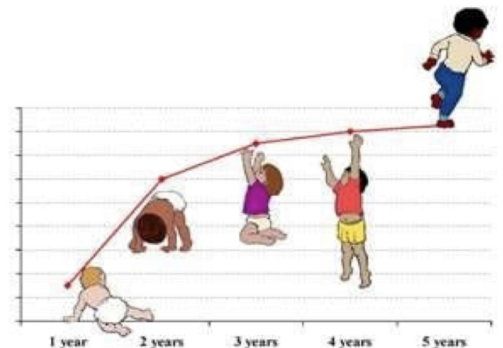
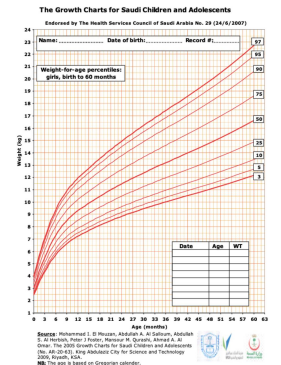
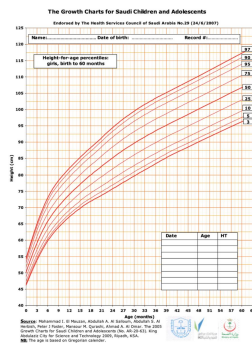
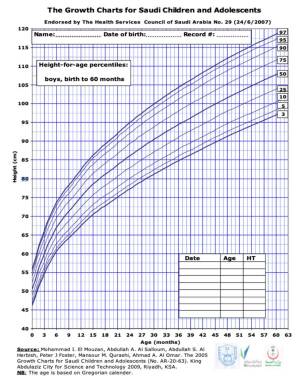
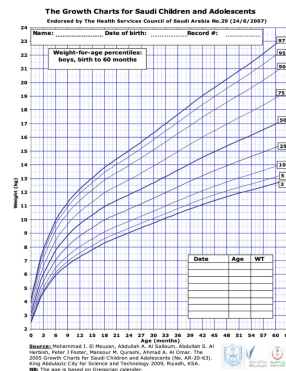
So you ask again:
 -How was your pregnancy?
 -When did you give birth? She says 2 weeks ago
 -Was it vaginal or caesarean? (Because the 1st hour after delivery there should be skin to skin contact to promote milk production)
 -Did you have any complications during your pregnancy?
 -Did you have any traumatic events during your delivery?
 -Was there any medical complications that I should know about?
 -Did the baby sleep with you on the night you gave birth?
 -Ask about the 1st hour after delivery (did the baby sleep with you?)
 -Have you had any miscarriages?

Then:
 -Why do you think your milk supply is low? She will say I think because the baby doesn't sleep will... etc
 -How many times do you breastfeed the baby a day? She will say 10 times "which is good amount of time because the more the baby on her breast the more likely her milk will get more and more"
 -How do I assist whether the baby is getting enough milk or not ? By asking about:
 -The state of the child (sleeping, restless,...)
 -Has the baby pass stool or not ?
 -What is the color of stool? The stool texture and change in color into "mustard lighter color" indicate that the baby is taking enough milk
 -How many times do you change the diaper a day?

Then :
 -Weight the baby before and after breastfeeding
 -Demonstrate how to breastfeed ... "dr. Hafsas lecture" and this is a helpful video: 

-After she finishes make sure and inspect the breast make sure that it's healthy (no arrhythmia , infection, no discharge) if yes you have to get her treated
 -encourage her to do the pumping if she can't Breastfeeding (because the more you stimulate the better)
 -Growth chart to assure the mother

Make sure to assure her that it's ok to be tired and overwhelmed you need to have support you need to have time to relax and to have your own quality time also it's important for you to know that it's not going to be forever it's just the first 2 weeks the baby is still adapting to the new environment and everything will be fine



Case 1 : continued ...

An Important checklist that doctor Basma gave us:

BREASTFEEDING HISTORY JOB AID	
Mother's name	Baby's name
Age of child	
Particular concerns about feeding of child (or reason for consultation)	Date
Feeding	
Breast milk; Other milk (formula, cow's milk, other)	
Frequency of breastfeeds	
Length of breastfeeds/one or both breasts	
Night feeds	
Quantity and frequency of other milk feeds	
Other fluids in addition to milk (when started, what, quantity, frequency)	
Other foods in addition to milk (when started, what, quantity, frequency)	
Use of bottles and how cleaned	
Feeding difficulties (breastfeeding/other feeding)	
Health	
Growth chart (birth weight, weight now)	
Urine frequency per day (6 times or more), if less than 6 months	
Stools (frequency, consistency)	
Illnesses	
Behaviour (feeding, sleeping, crying)	
Pregnancy, birth, early feeds (where applicable)	
Antenatal care	
Feeding discussed at ante-natal care	
Delivery experience – early contact, first breastfeed within first hour	
Rooming-in	
Prelacteal feeds	
Postnatal help with feeding	
Mother's condition and family planning	
Age	
Health – including nutrition and medications	
Habits – coffee, smoking, alcohol, drugs	
Breast health	
Family planning	
Motivation to breastfeed	
Previous infant feeding experience	
Number of previous babies	
How many breastfed and for how long	
If breastfed – exclusive or mixed fed	
Other feeding experiences – ever used bottle feeds	
Family and social situation	
Work situation	
Economic situation, education	
Family's attitude to infant feeding practices (baby's father, grandmother)	
Help with baby at home	

Mother's name _____ Date _____
 Baby's name _____ Baby's age _____

Signs that breastfeeding is going well: **Signs of possible difficulty:**

GENERAL

Mother: Mother:

Mother looks healthy Mother looks ill or depressed
 Mother relaxed and comfortable Mother looks tense and uncomfortable
 Signs of bonding between mother and baby No mother/baby eye contact

Baby: Baby:

Baby looks healthy Baby looks sleepy or ill
 Baby calm and relaxed Baby is restless or crying
 Baby reaches or roots for breast if hungry Baby does not reach or root

BREASTS

Breasts look healthy Breasts look red, swollen, or sore
 Mother says no pain or discomfort Mother says breast or nipple painful
 Breast well supported, fingers away from nipple Breast held with fingers near nipple
 Nipple stands out, protractile Nipple inverted, large or long

BABY'S POSITION

Baby's head and body in line Baby's neck and head twisted
 Baby held close to mother's body Baby not held close
 Baby's whole body supported Baby's whole body not supported
 Baby approaches breast, nose to nipple Baby approaches breast, lower lip to nipple

BABY'S ATTACHMENT

More areola seen above baby's top lip More areola seen below bottom lip
 Baby's mouth open wide Baby's mouth not open wide
 Lower lip turned outwards Lips pointing forward or turned in
 Baby's chin touches breast Baby's chin not touching breast

SUCKLING

Slow, deep sucks with pauses Rapid shallow sucks
 Cheeks round when suckling Cheeks pulled in when suckling
 Baby releases breast when finished Mother takes baby off the breast
 Mother notices signs of oxytocin reflex No signs of oxytocin reflex noticed

Time spent suckling minutes

Case 2

- Sarah is a 28-year-old primigravida, in her second trimester. Her husband is not with her as he's busy with work, and her family lives in Madina. She moved to Riyadh a year ago, as a newlywed and immediately got pregnant after marriage. This is her first antenatal visit.
- Sarah feels down and tired. She's not holding eye contact. When you ask her what her main concern, she states that she's worried if she would be able to take care of her baby well.

• Counsel this patient

- Chief complaint
- Associated factors
- Risk factors
- Management

Psychosis : delusions and hallucinations (beyond your level and it won't come in the OSCE)

Blues: 2 weeks after delivery

Depression: more than 2 weeks, or very severe within 2 weeks (suicidal thoughts or self harm)

So what are the **symptoms** ? (Important to ask about each)

- Low mood (no eye contact)

- Bad relationship with the baby (I don't think I'm a good mum, the baby deserves a better mom , ما اقدر اتقبل طفلي ,)

Associated factors:

-Sleep

- Appetite

- Relationship with the (baby, herself,others)

What are the **risk factors** for depression ?

- Current mental health issues
- Current Traumatic delivery
- previous depression (ask about medication)
- Previous mental health issues within the previous pregnancy
- Previous mental health issues
- Previous pregnancy
- Previous Traumatic delivery
- Family history of depression
- Abuse /Sexual assault
- Infertility

Management:

- **blues** (how to know? severity and it's duration) :

1- reassurance (eg; a lot of womens go through this , this is completely normal don't let anyone tell you otherwise , you are still a good mother)

2- follow up in 2 weeks

- **Depression:**

1- refer to psychiatry, psychiatry will probably give antidepressants and medication or therapy sessions

Case 3

- Adeel is a 30 year old, resident of Taif. Visiting you because she is overdue on the menstruation date by 2 weeks.
- Considering this as Adeel's first antenatal visit, take an appropriate and relevant history, and provide her with essential antenatal counselling and advice.

The introduction is very important to gain patient confidence
Dr. Hafsa's lecture is so important in this case
It's important to start with an open question (how can I help you today?)
Closing is very important
Don't use medical terminology

Ask about :

- Presenting complaint
- Calculate LMP
- Past medical history
- Previous pregnancies
- Past surgical history
- Any complications during last pregnancies
- Any complications during last deliveries
- Any history of miscarriages
- Ask about diabetes and hypertension to exclude preeclampsia and gestational diabetes
- Any Family history of congenital malformations
- Social history:
 - Smoking
 - Occupation (if she is working in radiology department, or working in area which is hazardous ex; a lot of smoke, construction site) if yes warn her about the harm to the baby
 - Alcohol
 - Drugs (substance abuse) or medication
 - Allergies
 - exposure to passive smoking ? if yes warn her about the harm to the baby
- How is her diet ? What did she increase in her diet? (folic acid, iron, fiber, vitamins, vegetables) we need to advise her to decrease carb intake and increase protein intake
- We need to advise her about food that are rich in iron so that she starts taking them
- We need to advise her how much weight is conceivable for her to be gained over next 10 months (10 to 12 kg)
- Vaccinations (Covid-19, tetanus, Hepatitis)
- Give her breastfeeding advice and tell her about breastfeeding benefits
- Get her understanding how will she do her family planning and what contraceptives she will be using when she delivers
- Ask her if she has any more questions for you to answer
- Hope to see in the next visit after ...etc

Thanks to all leaders and members
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