

# Obstetrics & Gynecology TEAM



## antenatal care

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◆ very important ◆ mentioned by doctor ◆ team notes ◆ not important

## Antenatal Care( Prenatal Care)

Is the complex of interventions that a pregnant woman receives from organized health care services ( its goal is to prevent complication to fetus or mother).

### What should happen at antenatal appointments?

The schedule of appointments as the first (booking), and then at 16, 18–20, 25, 28, 31, 34, 36, 38, 40 and 41 weeks is organized and modified according to the need of the pregnant woman.

In booking (first visit for pregnant): physical examination include BMI, BP, sings of pregnancy( skin changes , enlarge of breast ...),fundal examination ( at 12 weeks and above),abdominal examination

Investigation : CBC (looking for haemoglobin ),glucose challenge test , serology (TORCH), urine analysis (protein and glucose) and US (in first at 16-18 weeks to know gestational age and look for congenital malformation and third visit in 28-34 weeks looking for placenta localization )

### The PURPOSE of antenatal care is:

- To prevent or identify and treat conditions that may threaten the health of the -fetus/newborn and/or the mother
- To help a woman approach pregnancy and birth as positive experiences
- To help provide a good start for the newborn child

Nulliparous (1<sup>st</sup> pregnancy) porous : have been pregnant before

Pregnancy is divided into trimesters :

First trimester last until 12 weeks but also defined as up to 14 weeks

Second trimester last from 12 to 14 until 24 to 28 weeks

Third trimester from 24 to 28 until delivery

An infant delivered after 24 consider to be viable

## Women who may need additional care

### Planning care: assessment

#### Are any of the following present?

- Conditions such as hypertension, cardiac or renal disease, endocrine, psychiatric, or haematological disorders, epilepsy, diabetes, auto immune diseases, cancer, HIV
- Factors that make the woman vulnerable such as lack of social support
- Age 40 years and older or 18 years and younger
- BMI greater than or equal to 35 or less than 18
- Previous caesarean section
- Severe pre-eclampsia, HELLP or eclampsia
- Previous pre-eclampsia or eclampsia
- Three or more miscarriages
- Previous preterm birth or mid-trimester loss
- Previous psychiatric illness or puerperal psychosis
- Previous neonatal death or stillbirth
- Previous baby with congenital abnormality
- Previous small-for-gestational-age or large-for-gestational-age infant
- Family history of genetic disorder

Yes

These women are likely to need additional care which is outside the scope of this guideline. The care outlined here is the 'baseline care'.

**The following interventions are NOT recommended components of routine antenatal care-**

- Repeated maternal weighing
- Breast examination
- Pelvic examination
- Screening for post natal depression using EPDS
- Iron supplementation
- Vitamin D supplementation
- Screening for the following infections
  - chlamydia
  - cytomegalovirus
  - hepatitis C
  - group B streptococcus
  - toxoplasmosis
  - bacterial vaginosis
- Screening for gestational diabetes mellitus (including dipstick testing for glycosuria)
- Screening for preterm birth by assessment of cervical length (either by USS or VE) or using fetal fibronectin
- Formal fetal movement counting
- Antenatal electronic cardiotocography
- Ultrasound scanning after 24 weeks
- Umbilical artery Doppler USS
- Uterine artery Doppler USS to predict pre-eclampsia

week	Early in pregnancy (before 16 weeks)	2 visit	3 <sup>rd</sup> visit (28 weeks)	32 weeks	36 weeks	38 weeks	41 weeks
Screening test	<p>Blood test to screen for :</p> <ul style="list-style-type: none"> <li>-Blood group , rhesus status and red cell antibodies .</li> <li>-Hemoglobin for anemia</li> <li>-HBV, rubella, syphilis</li> </ul> <p>Urine test to screen for asymptomatic bacteriuria</p> <p>US to determine gestational week</p> <p>Down's syndrome screening 11-14 week nuchal translucency Serum screening 14-20 week</p>	<p>Review and discuss the result</p> <p>Measure BP and test the urine and symphysis fundal height</p>	<p>-Measure symphysis fundal height+BP ,urinalysis ,</p> <p>-repeat screening for anemia and atypical red cells antibodies</p> <p>-Offer 1<sup>st</sup> does of anti-D if rhesus negative</p>	<p>-Measure symphysis fundal height+BP ,urinalysis</p> <p>-Offer 2<sup>nd</sup> does of anti-D if rhesus negative</p>	<p>-Measure symphysis fundal height+BP ,urinalysis</p> <p>-check presentation</p> <p>-offer ECV if breech</p>	<p>-Measure symphysis fundal height+BP ,urinalysis</p>	<p>-Measure symphysis fundal height+BP ,urinalysis</p> <p>-offer membrane sweep</p> <p>-offer induction after 41</p>
Total appointment for nulliparous 10 parous women 7							

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Important indications of health care

1-Perinatal deaths: refers to the number of stillbirths and deaths in the first week of life (early neonatal mortality).

2-Maternal deaths : The death of a woman while pregnant or within 42 days of termination of **pregnancy**, irrespective of the duration and the site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes.