A photograph of a woman with blonde hair, seen from the side, holding a baby. The woman is looking down at the baby. The baby is looking towards the camera. The background is bright and out of focus.

PRENATAL CARE AND ROLE OF NURSE IN PRENATAL CARE

Presented To- Mrs. Jeen Mexina
Associate Professor
Pediatrics

Presented By- Jyothy Kumari
Msc Nursing
1st Year



WHAT IS PRENATAL CARE

“Periodic and regular supervision including examination and advice of a woman during pregnancy is called Antenatal care”

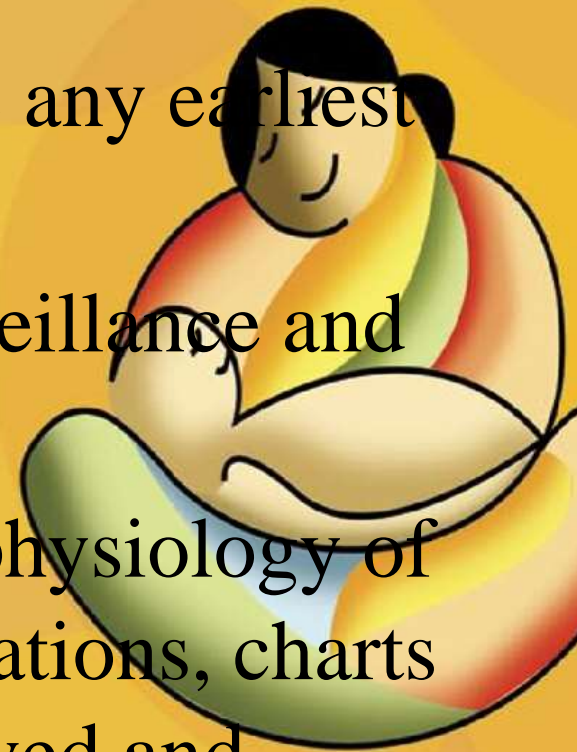
The supervision should be of a regular and periodic nature in accordance with the need of the individual.



AIMS

The aims are-

- To screen the high risk cases
- To prevent or detect or treat at the any earliest complication
- To ensure continued medical surveillance and prophylaxis
- To educate the mother about the physiology of pregnancy and labor by demonstrations, charts and diagrams so that fear is removed and psychology is improved



AIMS (CONT'D)

- To discuss with the couple about the place, time and mode of the delivery, provisionally and care of the newborn
- To motivate the couple about the need of family planning
- To advice the mother about breast-feeding, post-natal care and immunization



OBJECTIVES

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



Antenatal Visits

- Ideally 13 visits

- ✓ 7 in first 7 months
- ✓ 2 in 8th month
- ✓ 4 in 9th month

- Minimum 4 visits

- ✓ I : As soon as the pregnancy is suspected
(For registration & first check-up)
- ✓ II : 26 weeks
- ✓ III: 32 weeks
- ✓ IV : 36 weeks

(At least one visit at home by health worker)



सत्यमेव जयते



IMPORTANCE OF PRENATAL CARE

- To confirm pregnancy & assess the period of gestation.
- To prevent maternal & neo natal tetanus.
- To facilitate health education regarding diet, rest, avoidance of unnecessary travel & preparation for delivery.

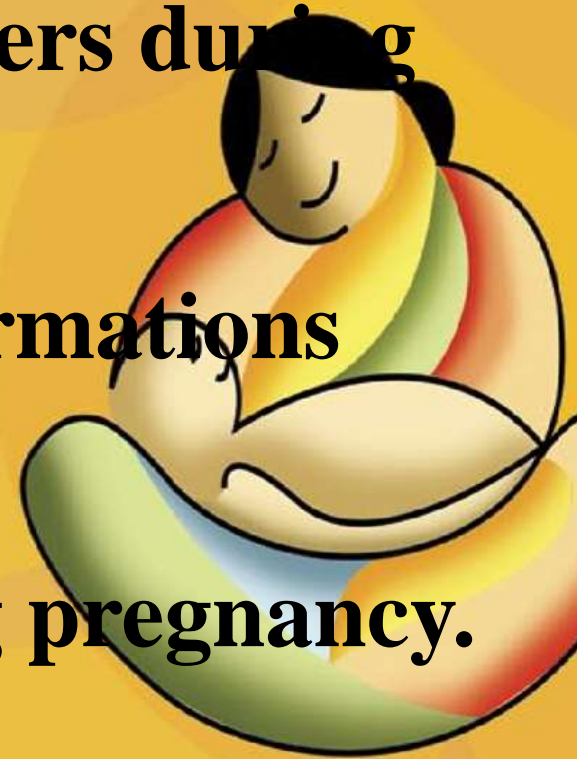


COMPONENTS OF PRENATAL CARE

- Identification of pregnant women's & importance of early registration.
- Diagnosis of pregnancy.
- Clinical assessment.
- Advice during AN visit.
- Nutrition.
- Management of minor ailments.
- Risk assessment & appropriate management.



- **Complications & management.**
- **Complications of late pregnancy.**
- **Management of medical disorders during pregnancy.**
- **Screening for congenital malformations during pregnancy.**
- **Management of Anemia during pregnancy.**



IDENTIFICATION / REGISTRATION

12 wks..

- Early identification helps,
- Assessing the health status of the mother.
- Obtain baseline information of the mother.
- Screen for factors, referral to FRU.
- Recall LMP easily.
- Do MTP if required.(< 10 wks.)
- Counsel on hygiene diet , rest.
- Build up rapport with pregnant women.



सत्यमेव जयते



WITHIN 20 WKS

- **Screen & treat anemia.**
- **Initiate prophylaxis against anemia.**
- **Screen risk factors & medical conditions.**
- **Develop individualized birth plan.**
- **Immunize with tetanus toxoid.**
- **Investigate – Hb, blood group, urine examination, VDRL, Blood grouping.**



28-32 Wks

- Aimed at the following. Detect:
- PIH.
- Multiple gestation.
- Anemia.
- Develop individualized birth plan.
- Give TT.
- Assess IUGR.
- Repeat HB estimation.



36 Wks.

- **PIH.**
- **Detect the following.**
- **Identify foetal & presentation.**
- **Rule out CPD in primi gravida.**



ROLE OF NURSE IN PRENATAL CARE

1. REGISTRATION-

The nurse has to do registration of the prenatal mother. so that to assess the following condition-

- To assess the health status
- To identify and manage high risk cases
- To estimate EDD more accurately
- To give the first dose of TT (after 12 weeks)
- To help the woman for an early and safe abortion (MTP) if it is required by her
- To start the regular dose of folic acid during the first trimester



2. PRENATAL SERVICES FOR MOTHERS

- Health history
- Physical examination
- Laboratory Examination
 - Urine/Stool/Blood(Count)/Hb/Serological/Blood group(Rh also)
 - Pap test(if facilities)/ Chest X-Ray and Gonorrhoea test(if needed)
- High risk approach
- IFA and necessary medications
- TT Immunization
- Health education
- Home visit
- Referral(if needed)



3. MAINTENANCE OF RECORDS

- Antenatal Card
- Antenatal register



4. ANTENATAL CHECKUP

HISTORY

- (I) To diagnose pregnancy
- (ii) To identify any complications during previous pregnancies
- (Iii) To identify any medical/obstetric condition(s) that may complicate this pregnancy



• **Calculation of EDD**

- Ask for the first day of the last menstrual cycle (LMP)
- Ask for the date when the foetal movements were first felt(quickening)
- Also assess the fundal height to estimate the gestational age
- Ask for any test done to confirm pregnancy

EDD= LMP + 9 months + 7 days



सत्यमेव जयते



Age of the woman

- Complications when <16 years/ >40 year

Order of the pregnancy

- Primigravida and multipara are at risk

Birth interval

- Ideally should be >3 years



5. Symptoms during the present pregnancy

- Symptoms indicating discomfort
 - nausea and vomiting
 - heartburn
 - constipation
 - frequency of urination



- Symptoms indicating that a complication may be arising
 - fever
 - vaginal discharge/bleeding
 - palpitations
 - breathlessness at rest
 - generalized swelling of the body; puffiness of the face
 - oligouria
 - decreased or absent foetal movements



6. Previous pregnancies/Obstetric history

- Number of earlier pregnancies/abortions/deliveries
- Number of premature birth(s)/stillbirth(s)/neonatal deaths
- Hypertensive disorders of pregnancy (history of convulsions)
- Prolonged/obstructed labour
- Malpresentation



सत्यमेव जयते



CONT...

- APH/PPH
- Modes of deliveries(normal/assisted/caesarean section)
- Birth weight of the previous baby
- Any surgery on the reproductive tract
- Iso-immunization (Rh-ve) in the previous pregnancy
(Any costly inj. Given to her within 72 hours of her previous delivery)



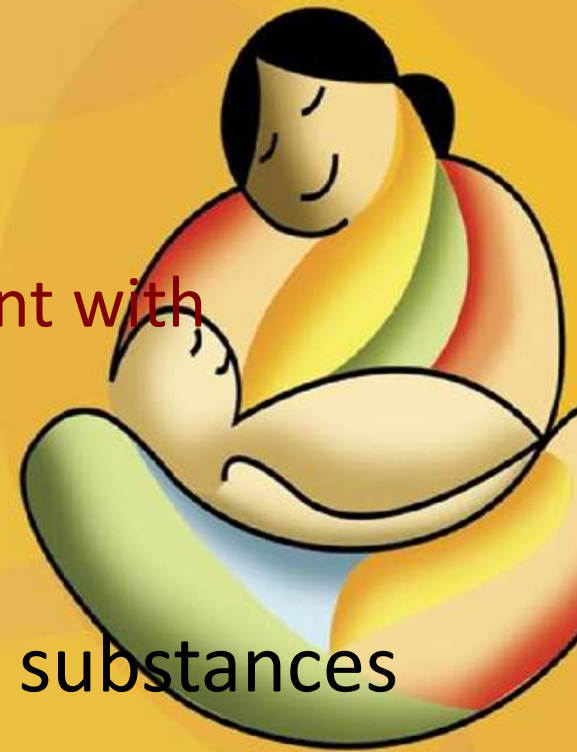
7. History of any systemic illness

- Hypertension
- Diabetes
- Heart Disease
- Tuberculosis
- Renal Disease
- Convulsions
- Asthma
- Rashes
- Jaundice



CONT..

- Family history of systemic illness
 - Above illnesses
 - Thalassemia
 - Delivery of twins or delivery of an infant with congenital malformation
- History of drug intake or allergies
- History of intake of habit-forming substances (tobacco, alcohol)



8. Investigation

The nurse should undergo following investigation-

- CBC
- Blood grouping & Rh typing
- Urine R/E
- RBS
- VDRL
- HBS Ag
- Ultrasound





Ultrasound

early pregnancy (preferably at 10-13 weeks) to:

- Determine gestational age
- Detect multiple pregnancies
- Help with later screening for Down's syndrome



सत्यमेव जयते



9. Ultrasound (cont'd)

At 11-14 weeks:

offer nuchal translucency screening for Down's syndrome, with other tests if available.

At 18-20 weeks:

offer screening with ultrasound for congenital anomalies.

At 36 weeks:

for foetal maturity, placenta praevia.



10. Antenatal Advice

1. DIET

Diet should be:

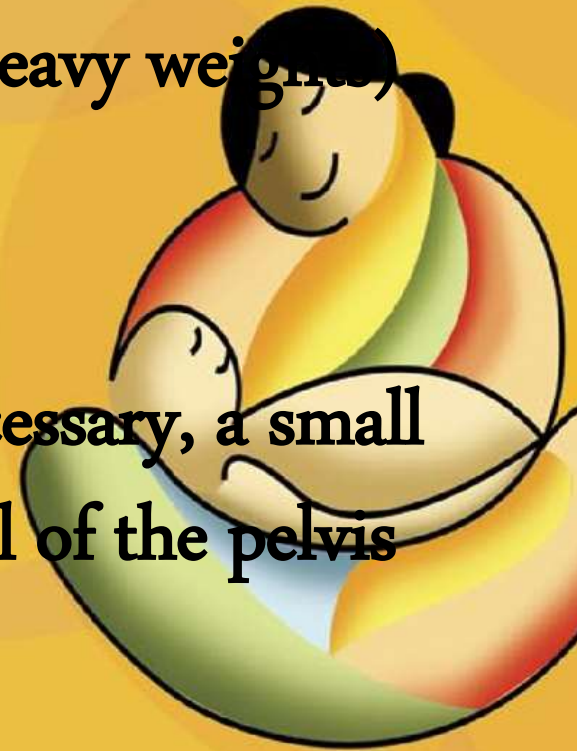
- 1. Nutritious**
- 2. Balanced**
- 3. Light**
- 4. Easily digestible**
- 5. Rich in protein, mineral and vitamin with woman's choice**
- 6. Iron & folic acid supplementation.**



11.REST & SLEEP

- Night 8 hours ,Day 2 hours (Lt side)
- Avoid heavy work (especially lifting heavy weights)
- Avoid the supine position

(especially in late pregnancy, if it is necessary, a small pillow under the lower back at the level of the pelvis should be used)



12. BOWEL

- Regular bowel movement may be facilitated by regulation of diet, taking plenty fluid, vegetable and milk

13. ABSISTENCE

- Should be avoided in
- 1st trimester
- last 6 weeks



14. TRAVELLING

Should be avoided in

- 1st trimester
- last 6 weeks

Air travelling is contraindicated in

- Placenta praevia
- Preeclampsia
- Severe anemia



15. IMMUNIZATION

Indicated-

- TT
- HAV
- HBV
- Rabies

Contraindicated-

- Live virus vaccine (rubella measles, mumps, Varicella)



16. PERSONAL HYGIENE

- The nurse should advise the mother regarding the personal hygiene and its importance

17. RADIATION

- The nurse should advise the mother to avoid the X-rays.



17. DRUGS

- Sedative , Anticoagulant, Antithyrodism, Hormones& Antibiotics Should Be Avoided

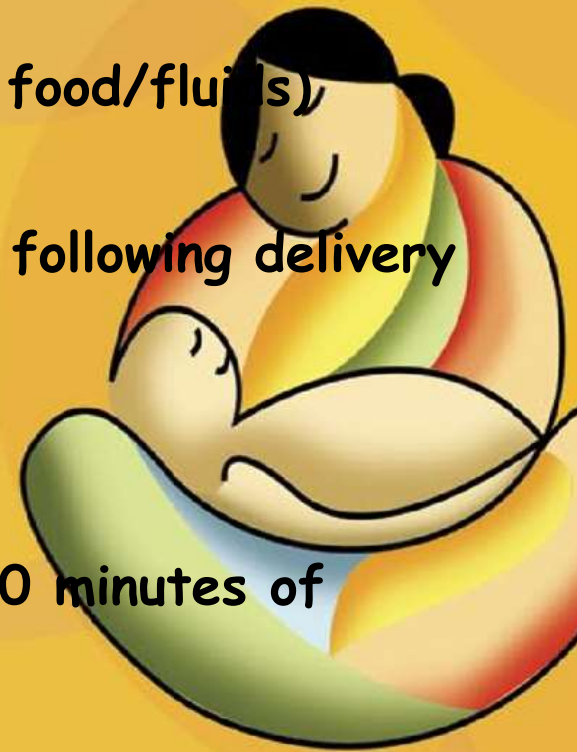
18. OCCUPATIONAL HAZARDS

Lead, mercury, X ray s& ethylene oxide.



18. DANGER/WARNING SIGNS

- High fever with/without abd. pain, feels too weak to get out of bed
- Fast/difficult breathing
- Decreased or absent foetal movements
- Excessive vomiting (woman is unable to take food/fluids)
- Any bleeding P/V during pregnancy
- Heavy (>500 ml) vaginal bleeding during and following delivery
- Severe headache with blurred vision
- Convulsions or loss of consciousness
- Labour lasting longer than 12 hours
- Failure of the placenta to come out within 30 minutes of delivery
- Preterm labour
- Premature or prelabour rupture of membranes (PROM)
- Continuous severe abdominal pain



19. Health education

The nurse should the mother regarding-

- Breast feeding
- Nutrition
- Family planning
- Postnatal exercises
- Child care
- Dental care



CONT..

- Clothing, shoes and belt
- Care of breast
- Smoking and alcohol
- Birth plan
- Mental preparation
- Diet
- Sleep and rest
- To avoid stressor
- Minor ailments.



SUMMARIZATION



DEFINITION OF PRENATAL CARE



IMPORTANCE OF PRENATAL CARE



OBJECTIVES OF PRENATAL CARE



ROLE OF NURSE IN PRENATAL CARE



salsa'07 creation

Thank You!



Happy St Patrick's Day!



सत्यमेव जयते