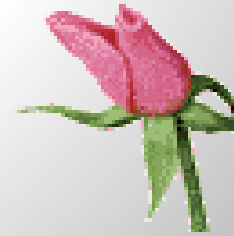
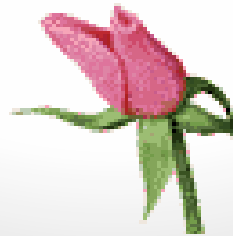
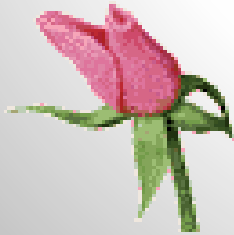


Ante Natal Care

**Prepared by Marium hussein
Obstetric & gynecological
nursing**



Objective

After this lecture the student must be able to •

Define the ante natal care

Important of ante natal care

How to take history

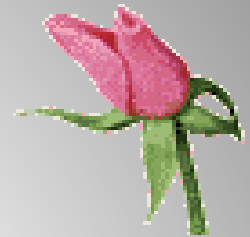
Examination of pregnant mother

Definition of Antenatal care

comprehensive health supervision of a pregnant woman before delivery

Or it is planned examination, observation and guidance given to the pregnant woman from conception till the time of labor.

Ante Natal care(ANC)



Aims

1/to promote and keep good physical and mental health during pregnancy

2/to ensure the delivery of mature alive healthy newborn

3/ to detect early , treat and control conditions medical and obstetrical that could endanger the health of mother and fetus

*4/to prepare the women for labour
lactation and subsequent care of her
baby*

*5/ for physical ,psychological and
educational aspects*

fall in love with...



```
graph TD; A[Assessment] --- B[History]; A --- C[Examination]; A --- D[Investigation];
```

Assessment

History

Examination

Investigation

Case history

🍏 *We should be patience, tactful and with simple languages*

It has 5 sites:

🍏 **Social**

🍏 **Family**

🍏 **Medical**

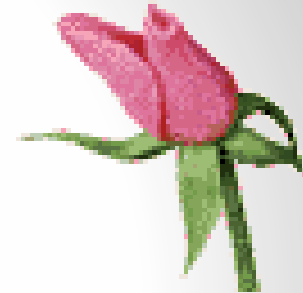
🍏 **Gynecological**

🍏 **obstetrical**

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Social history include:
name
address
age
marital status
length of married
occupation
level of education



blood grouping

Smoking or drinking alcohol

Income

Tripe

Husband

name.....age....education.....

occupation.....blood group....if smoking

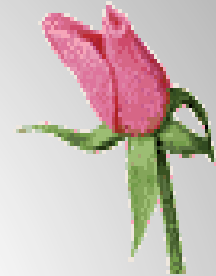
or drinking alcohol.....degree of

relation ship

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Family history include:



if there is TB ,psycatric illnesses,
congenital HD,DM,HTN, sickle
cell anemia or twine pregnancy

Medical history include;

- Past illnesses as rickets because it may lead to contracted pelvic
- TB in the spine
- Rheumatic fever because it may cause rheumatic heart disease
- Syphilis
- DM, HTN, chronic nephritis

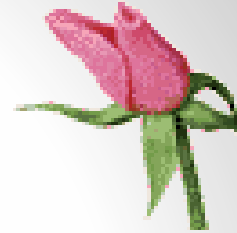
Sensitivity to any drug
History of hospitalization
Previous operations
History of blood transfusion

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Gynecological history

- Menerch
- Kata=length/duration
- If it combine with pain
- Gynecological problems
- History of contraceptive methods
- Vaginal discharges(color, odor, amount)



Obstetrical history include:

G P +

ASK ABOUT THE PREVIOUS PREGNANCY

The first pregnancy this include the condition in each trimister,abortion and age of the abortion, the cause, if evacuated or not,

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- Previous labor if mature or post mature or premature, if induced or spontaneously, if it is NVD or C/S or instrumental delivery, ask about postpartum complications
- Previous puerperium
- Previous babies W'T size alive or stillbirth (fresh or macerated)

*If die the age when it die and the cause of death
Also ask about lactation and breast feeding and
each baby weaning*

The present pregnancy

*Ask about LNMP, and calculate the EDD
and GA*

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First visit

- With call the booking visit
- It should be early in pregnancy (at 6 weeks)
- **The care include:**
- Take the case history and record it
- Carry general examination from head to toes

- **head** :facial appearance give general impression for physical and mental health
- **Hair** ,the general cleanse and dandruff
- **Eyes**: check for conjunctive if pale may indicate anemia also check sclera for presence of jaundice
- **Ears** if complain of pain or discharge

- **Nose:** if she complain of congestion or nasal discharge
- **Mouth:** pallor gum or lips may indicate low Hb ,dry lips may indicate dehydration, if the tongue is coated may indicate constipation, check teeth for dental caries
- **Neck:** check for swelling glands ,extended jugular vein, thyroid enlargement

- **Breast** we check if they are symmetrical, enlarge, shape of nipple either protruding ,flat, inverted or bibetted and the sign of pregnancy
- **Abdomen** in this stage check for the physical condition
- **Vulva** ask about vaginal discharge the color ,odor and amount and if there is edema or varicose veins

sign of pregnancy 1-darkness of primary areola 2-formation of secondary areola 3- presence of Montgomery tubercles



- **Lower limbs** : examine the deformity as pending tibia may indicate contracted pelvic check the size of the fetes because very small fetes may indicate contracted pelvic check for pitting edema in 3 sites (uncle, dorsal, pre tibia) also check for presence of varicose veins

- **Pelvic examination** this is done by obstetrician it done to detect early any abnormality and if possible to treat it and pelvic capacity may be check it is confirm by X.Rays
- **Urine analysis** general or at least for sugar, acetone, bile, and protein

- **Weight:** the women should be weight in the first visit to determine her normal weight and we should compare with it in the subsequent visits the gain during all pregnancy is about 12.5kg

- **Blood pressure** should be estimated at first visit to find out the usual level because in pregnancy there is tendency to be lower than normal due to progesterone effect
- **Blood test** for Hb blood grouping & Rh factor, HIV, HbsAg, syphilis because it can cause abortion, IUFD, fetal anomalies .

Subsequent visits

- **Physical examination** from head to toe as in the first visit and abdominal examination
- **Inspection** to the 1/shape of the abdomen either oval or round. 2/size 3/previous scars 4/umbelical condition either protruded or flat 5/sign of pregnancy (darken Lenya Negara and stray gravid arum)

Lenya Negara and stray gravid



Cont

- **Superficial palpation** to palpate abdominal wall for tenderness ,rigidity or masses
- **Deep palpation** for liver, spleen, and kidney

Obestetric examination

- **Fundal height** it is to measure the pregnancy clinically
- **Fundal grip** palpation to check what equipped the fundal to see if it is head or breech (normally is the breech) if breech it is wide ,irreguler,soft,donot move freely if it is head it is round ,small, regular, hard and move freely

Fundal grip

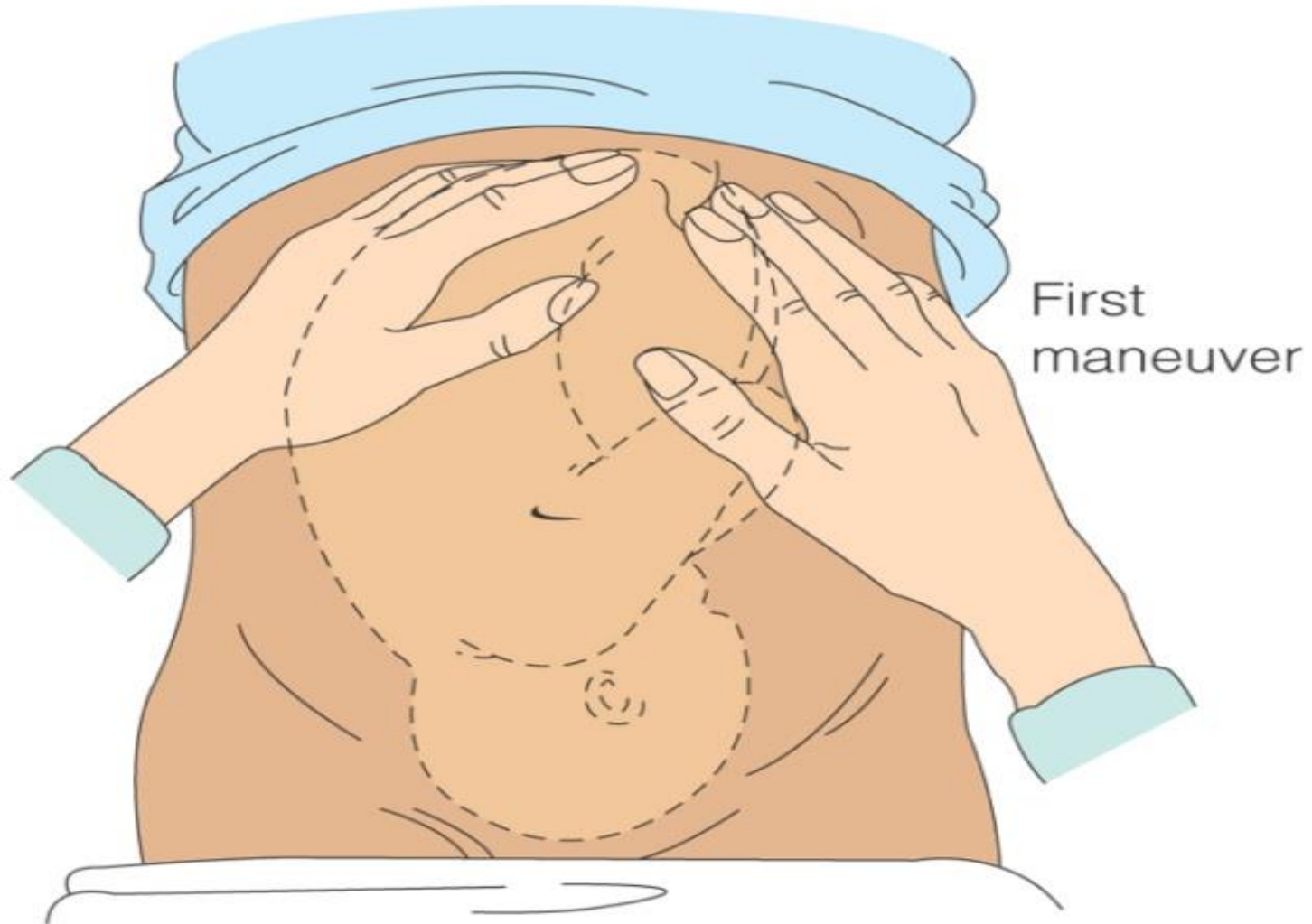




Funds height



Pelvic grip

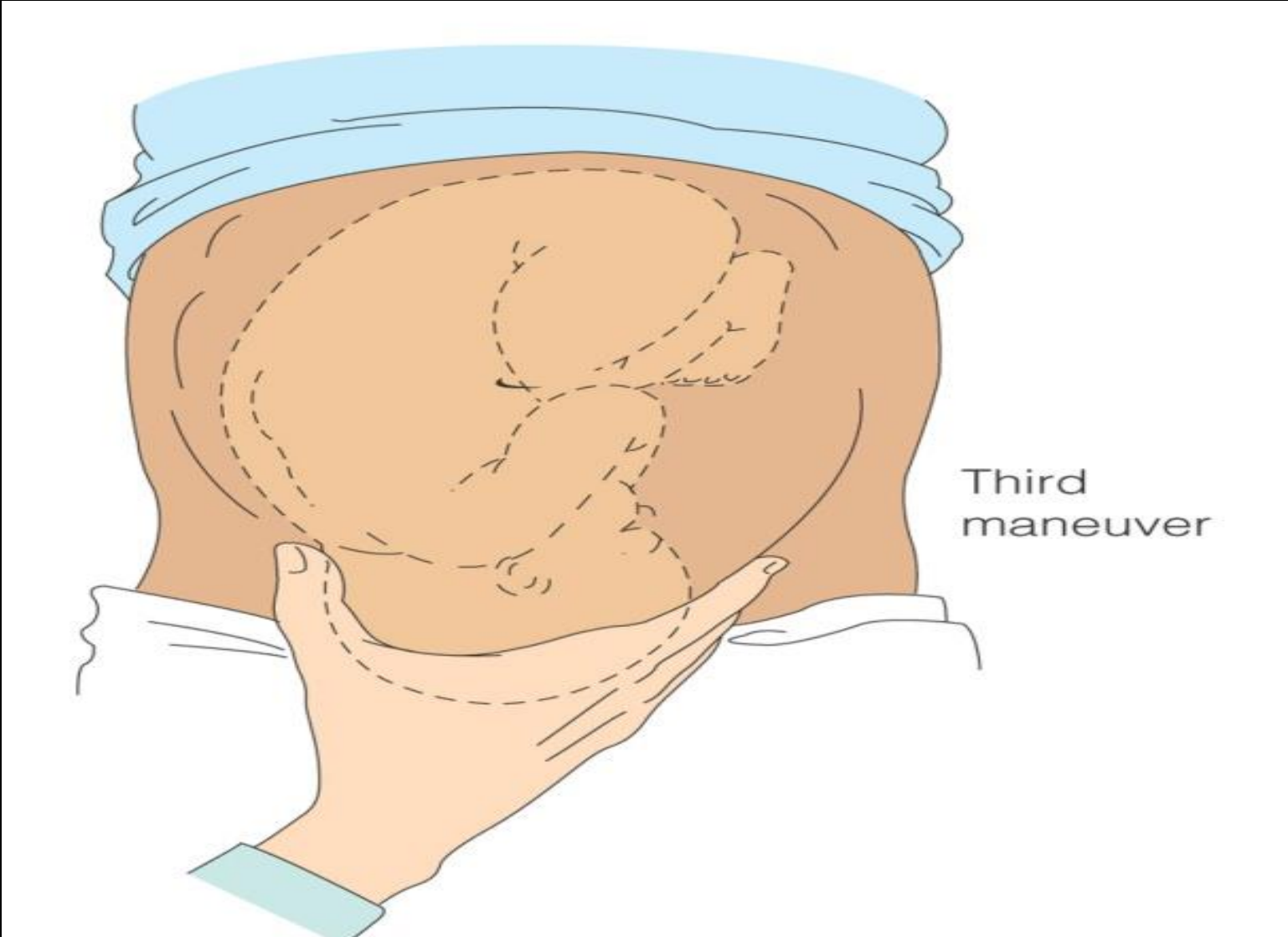


- **Lateral grip** to locate the back
,lie(longitudinal, transverse and oblique)
and to determine the position (certain area
of cephalic to certain area of maternal
pelvic) and to listen to FHS .the back is
broad ,one chain, regular, hard and little
bit curve

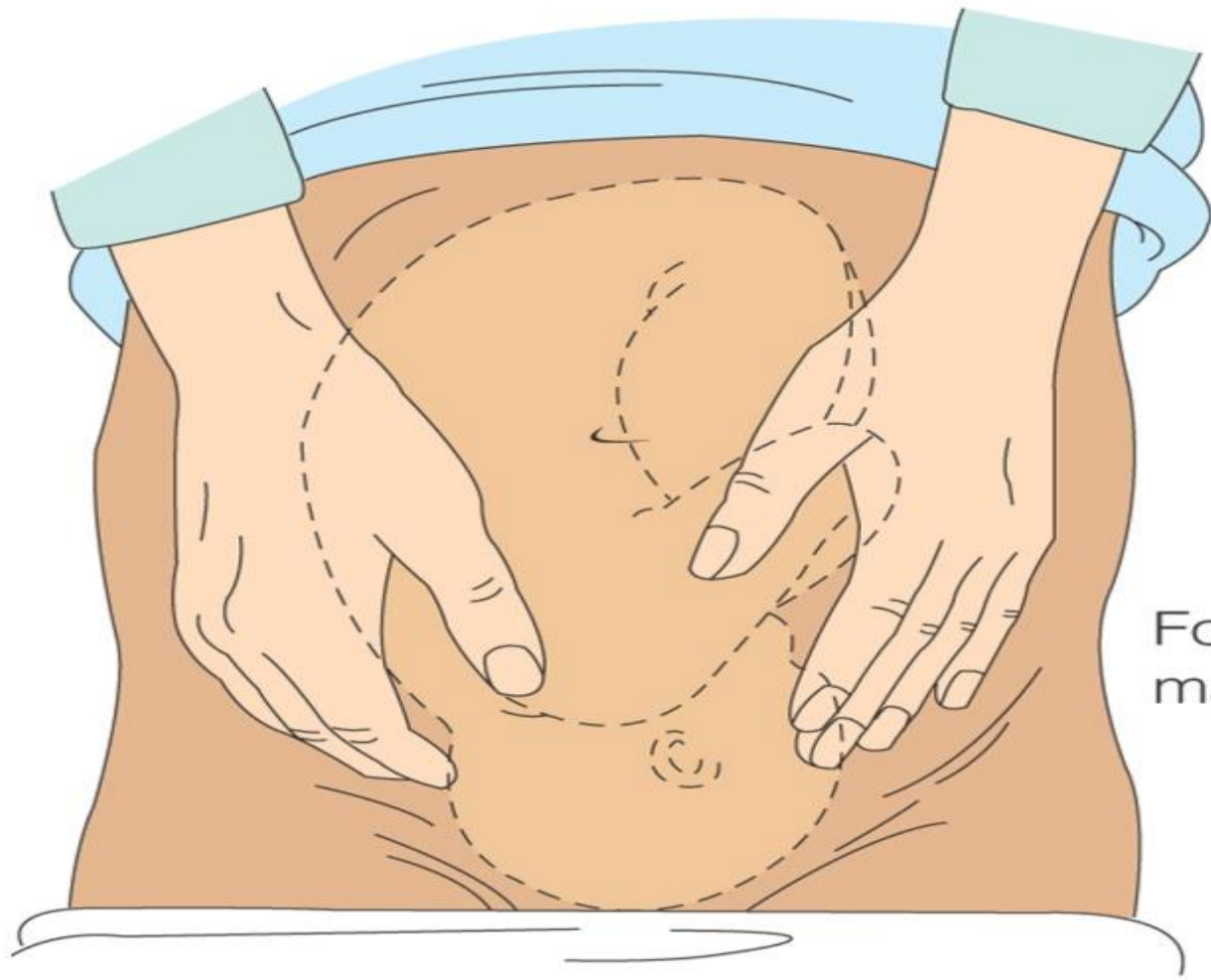


Second
maneuver

- **First pelvic** grip to know the presentation normally it is cephalic and when doing it face the mother
- **Second pelvic** grip to know the engagement of the presenting part (when doing it face the mother legs)



Third
maneuver



Fourth
maneuver

- Ask about vaginal discharges
- Do urine general
- Check the weight
- Check blood pressure
- Do routine hemoglobin in the first visit and 28 weeks of pregnancy and 36 weeks to make sure her HB is ready for delivery
- Give mother advice according to her needs

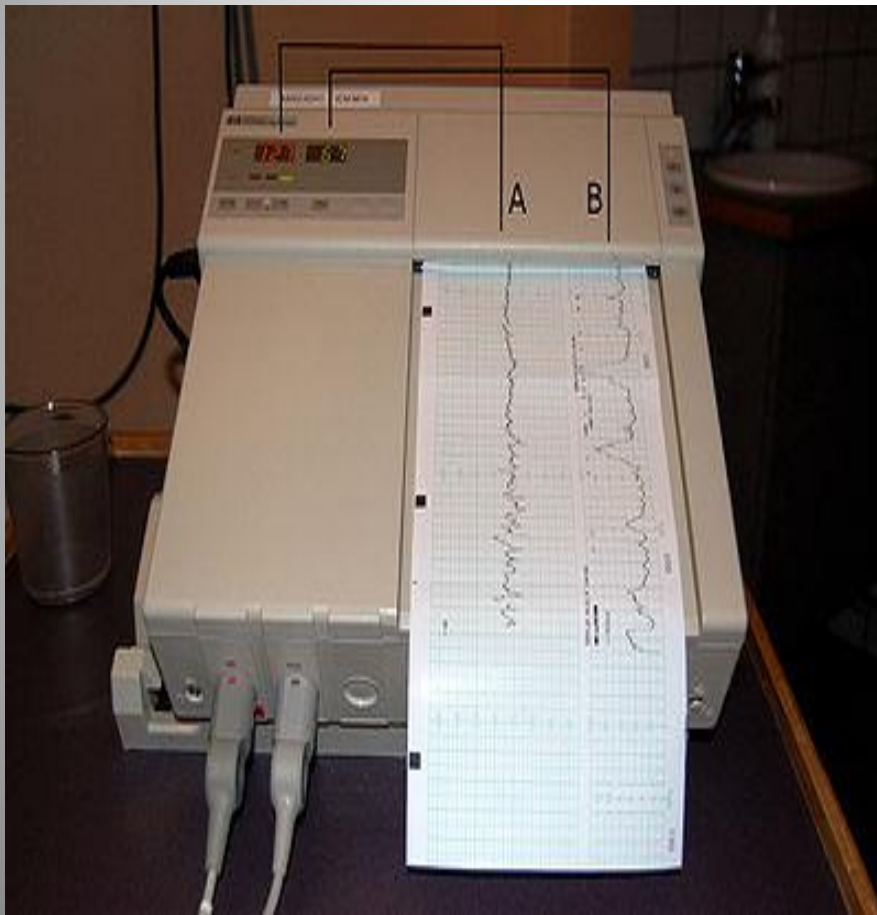
Ante natal care visits to ante natal care clinic

- Every 4 weeks till 28 weeks of pregnancy
- Every 2 weeks till 36 weeks
- Then weekly till delivery
- There is new one which is 4 visits during all pregnancy

Doppler and Fetoscope (Pinard's stethoscope) for measuring fetal heart rate and



CTG



Cardiotocography (**CTG**) is •
a technical means of
recording the **fetal**
heartbeat and the uterine
contractions during
pregnancy. The machine
used to perform the
monitoring is called a
cardiotocograph, more
commonly known as an
electronic **fetal** monitor
(EFM). ... **CTG** monitoring is
widely used to assess **fetal**
wellbeing

Calculation Of expected date of delivery

Pregnancy(280days or40weeks) •

Naegele rule •

LMP+7days +9calender months or •

LMP+7DAYS – 3 calendar month •

GA •

Fundal level

Oversized uterus

- 1-miss-calculation •
- Hydramnion •
- Twins •
- Vesicular mole •
- Hydrocephalus •
- Large fetus •
- Associated fibroid •

Undersized uterus

- Mis-calculation •
- Oligohydramnion •
- Transverse lie •
- Missed abortion •
- Anencephaly •
- Small size of the fetus i.e IUGR •

Case Study

Miss mona a 28 years old lady who is amenorrhea for the last

five months came to health center for antenatal health

services for the 1st time.

1. What are the basic assessments and investigations will

be done for W/o Mona ?

2. What are the important advices that you give for her

THANKS •

