

ANC

ANC-Anti Natal Care i.e., care of a woman during pregnancy

- Objectives of ANC

1. To promote, protect & maintain the health of the mother

2. To detect high risk & prevent complications

3. To remove anxiety related to delivery & to sensitize mother for the need of family planning

4. To reduce maternal & infant

mortality & morbidity S. To attend under S children accompanying mother

- Antenatal visits
- Ideally-13-14 visits
- 1st-7th month = once a month = 7 visits
- 8th month = 2 visits = twice a month
- 9th month onwards = 4 times a month = 4 visits
- Minimum-4 visits during entire pregnancy
- 1st visit within 12 weeks (during registration)
- 2nd visit = between 14 to 26

weeks

- 3rd visit = between 28 to 34 weeks
- 4th visit = 36 weeks to term
- Registration of pregnancy within 12 weeks and is a responsibility of ANMm

SERVICES DURING ANTENATAL CHECKUP

- 1. History taking
- Complication during previous pregnancy
- Date of 1st day of last menstrual period (LMP) History of any current systemic

illness

- Family history of hypertension, diabetes, thalassemia or twin pregnancy

- History of drug allergies & habit-forming drugs

- 2. Physical examination

- .Pallor = Indicates anemia

- Site-Conjunctiva, nails, tongue & palms are examined

- ii.Oedema = Oedema in association with high BP & proteinuria may result in Pre-eclampsia

- Site Oedema of face, hands, abdominal wall & vulva are

abnormal

iii. Blood pressure = Oedema in association with high BP & proteinuria may result in Pre-eclampsia

- Site Oedema of face, hands, abdominal wall & vulva are abnormal

- Ir. Weight gain =

- 12 kg during pregnancy (poor/under privileged Indian woman - 6.5kg)

- 1st trimester - 2 kg

- 2nd trimester - 5kg

- 3rd trimester - 5kg.

- Low weight

gain-IUGR/LBW

- Excessive weight gain ($> 3\text{kg/month}$)-
Twin pregnancy/Diabetes

3. Abdominal examination

- Fundal height > 12 weeks- at pubic symphysis, 24 weeks- at umbilicus, 36 weeks- at xiphisternu Fetal heart sound- Heard after 6 weeks (through USG- $120-140/\text{min}$)

iii. Fetal movements- Felt after 18 weeks

iv. Fetal lie & presentation- Relevant after 32 weeks

v. Inspection of abnormal

scar

- 4. Assessment of gestational age - Ultrasound & from Date of Last Menstrual Period (LMP)
- 5. Counseling - Information of Janani Suraksha Yojna is given & Mother (with 2 or more children) is motivated for sterilization
- 6. Laboratory investigations - i. At the Subcentres
 - a. Pregnancy test (NISHCHAY kit)
 - b. Hemoglobin examination
 - c. Urine test for albumin &

sugar

- d. Rapid malaria testii .
- A+ PHC/CHC
- a. Blood grouping including Rh facto
- rb . VDRL
- C. HIV testing
- d. Blood sugar testing • e. HBsAg

RISK APPROACH IN ANC High risk pregnancy involves-

- 1. Elderly primi & Short statured primi
- 2. Elderly grand multipara
- 3. H/O3 or more spontaneous

consecutive abortions

- 4. H/O previous still birth / Intra uterine death
- 5. .H/O previous caesarian section
- 6. Malpresentation- breech/transverse lie
- 7. Twins
- 8. Anemia
- 9. Pre-eclampsia & Eclampsia
- 10. Pregnancy along with cardiovascular disease/ diabetes/TB/HIV

MAINTAINENCE OF CARD - MCP

- Mother and child protection

card

- Contains Registration number
 - Should be handed over to woman
 - Instructed to bring during all visits & carry during delivery
 - Information in the card should be recorded in antenatal register
- Prenatal advice

PRENATAL ADVICE 1. Personal habits

- Light household work is advised
- Constipation is avoided
- Smoking (LBW) & Alcohol (developmental delay) is

avoided

- Sexual intercourse restricted during last trimester

2. Drugs-Streptomycin causes 8th nerve damage (Deafness) & Tetracycline affects growth of bones & formation of teeth

3. Radiation- Abdominal X ray during pregn

4. Warning signs during pregnancy

- Swelling of feet
- Fits, Blurring of vision, Bleeding or discharge per vagina

SPECIFIC HEALTH PROTECTION 1. Iron & Folic acid supplementation for

Anemia

- 60 mg elemental iron & 500 mcg folic acid / Daily (Red color tablets)
- Starting from 4th month of pregnancy & continued throughout her pregnancy (min 180 days)
- To be continued for 180 days of postpartum period Iron is never given together with Calcium 2. Nutritional deficiencies
- Additional calorie required during pregnancy is +350 Kcal/day (no extra calories required in 1st Trimester) 3. Immunization with Td
- 2 doses of Td 1 month/ 4 weeks apart (as soon as possible) if delayed than anytime in pregnancy, irrespective of