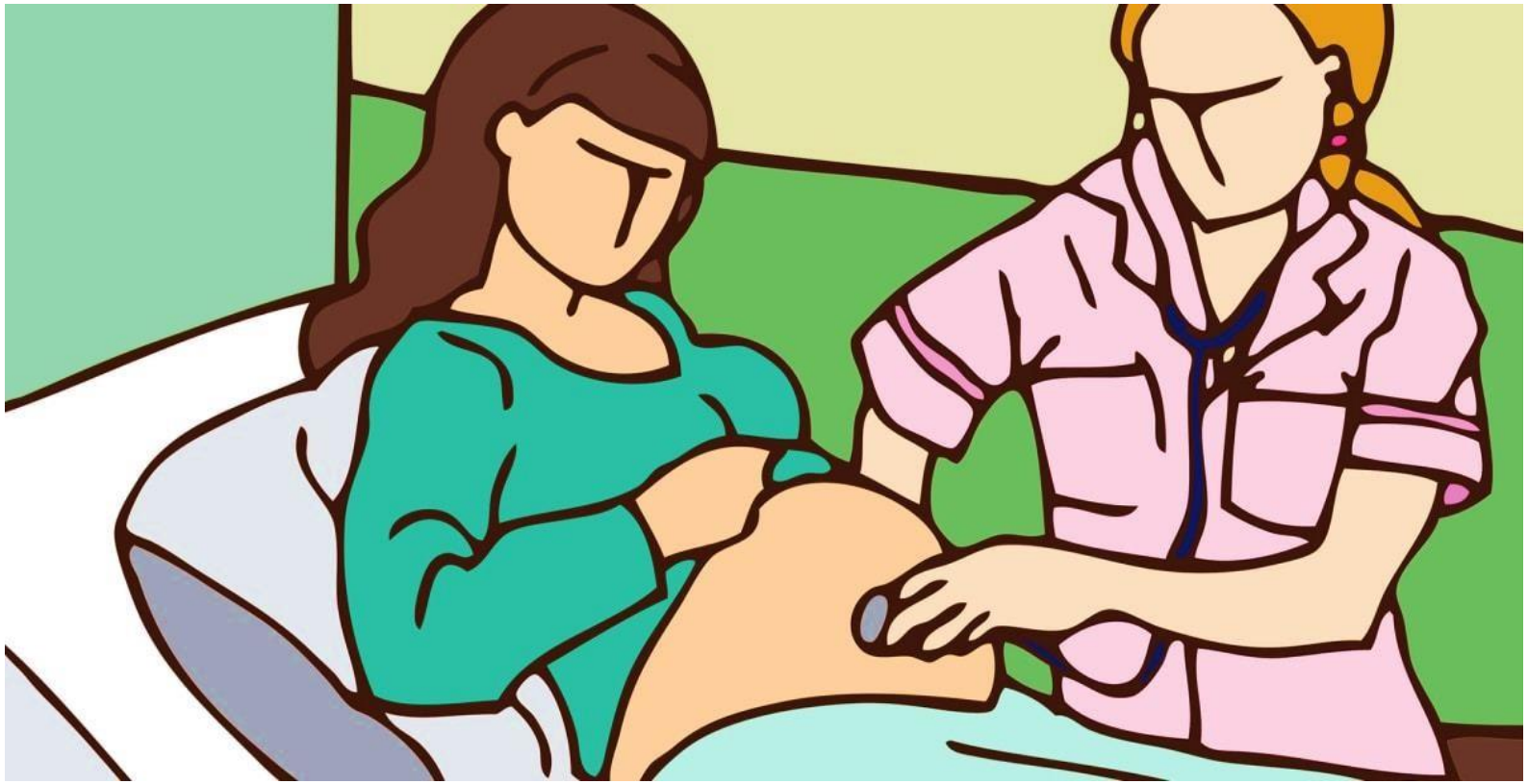
Lesson 4

Prenatal Care



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TOPICS

- Prenatal Care
- Minor Discomforts of Pregnancy
- Danger Signs of Pregnancy
- Nutrition During Pregnancy
- Clinic Visit

OVERVIEW:

Administrative Order 2008-0029

"Implementing Health Reforms for Rapid Reduction of Maternal and Neonatal

Mortality".

This policy issuance provides the strategy for rapidly reducing maternal and neonatal deaths through the provision of a package of maternal, newborn, child health and nutrition (MNCHN) services.

The goal of rapidly reducing maternal and neonatal mortality shall be achieved through effective population-wide provision and use of integrated MNCHN services as appropriate to any locality in the country.

MNCHN Strategy

The strategy aims to achieve the following intermediate results:

1. Every pregnancy is **wanted, planned** and **supported**;
2. Every pregnancy is **adequately managed** throughout its course;
3. Every delivery is **facility-based** and managed by **skilled birth**
    - **attendants/skilled health professionals**; and
4. Every mother and newborn pair **secures proper post-partum and newborn care** with smooth transitions to the women's health care package for the mother and child survival package for the newborn

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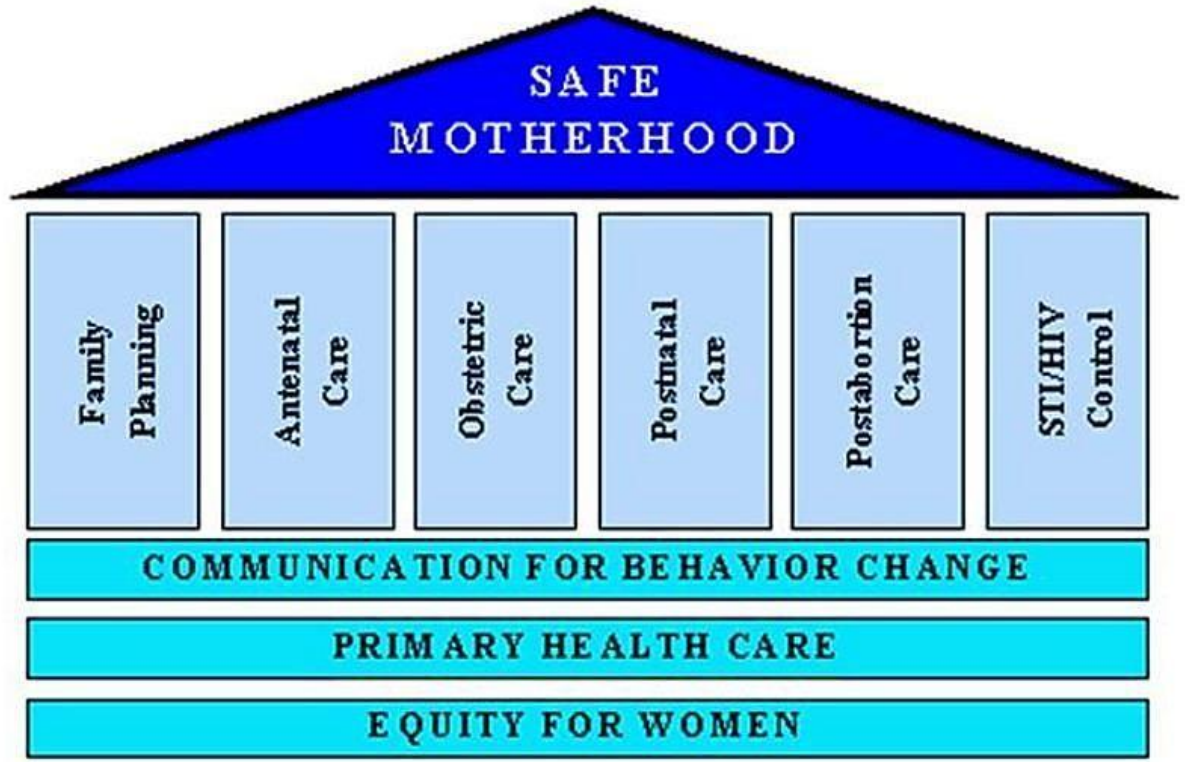
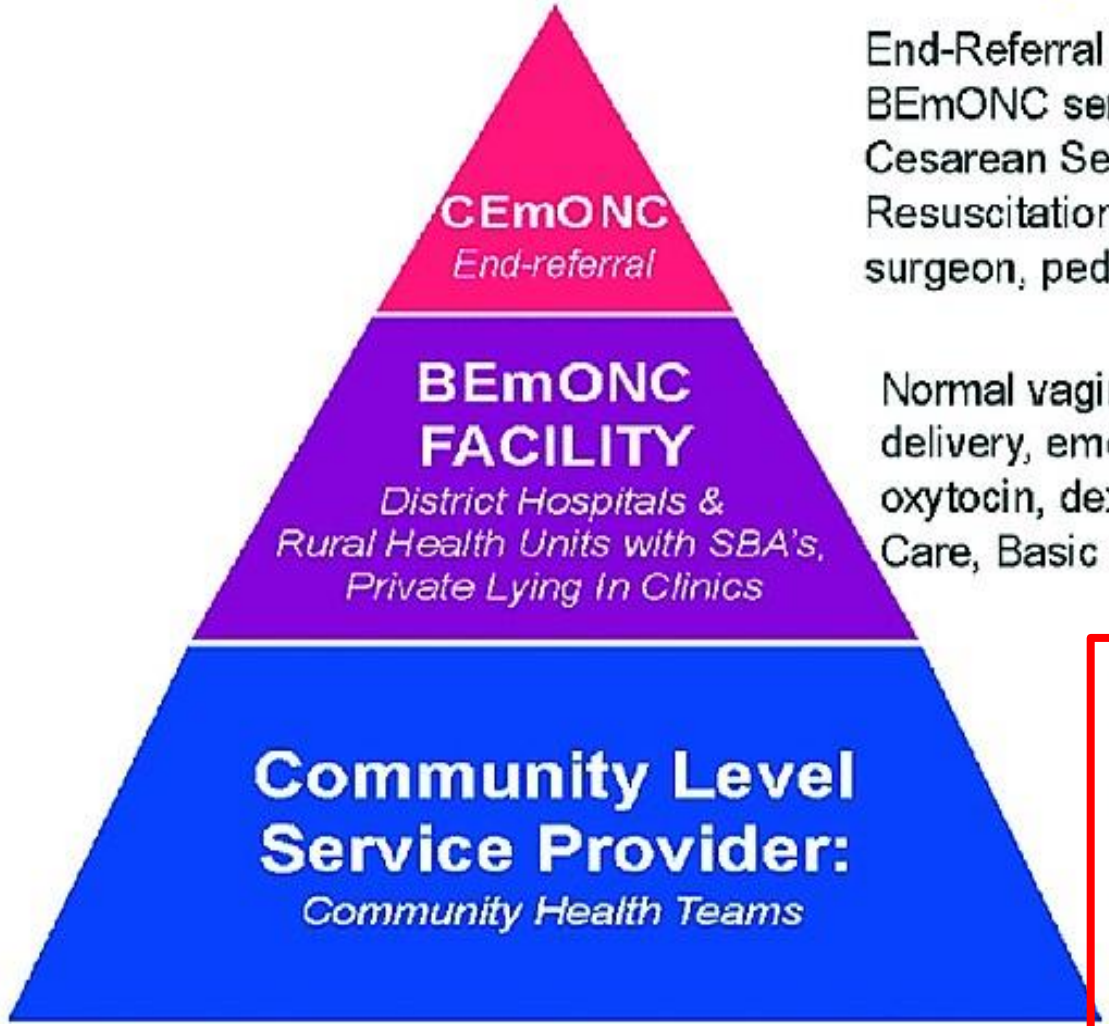
Six Pillars Model



Pillars of Safe Motherhood

MNCHN Service Delivery Network

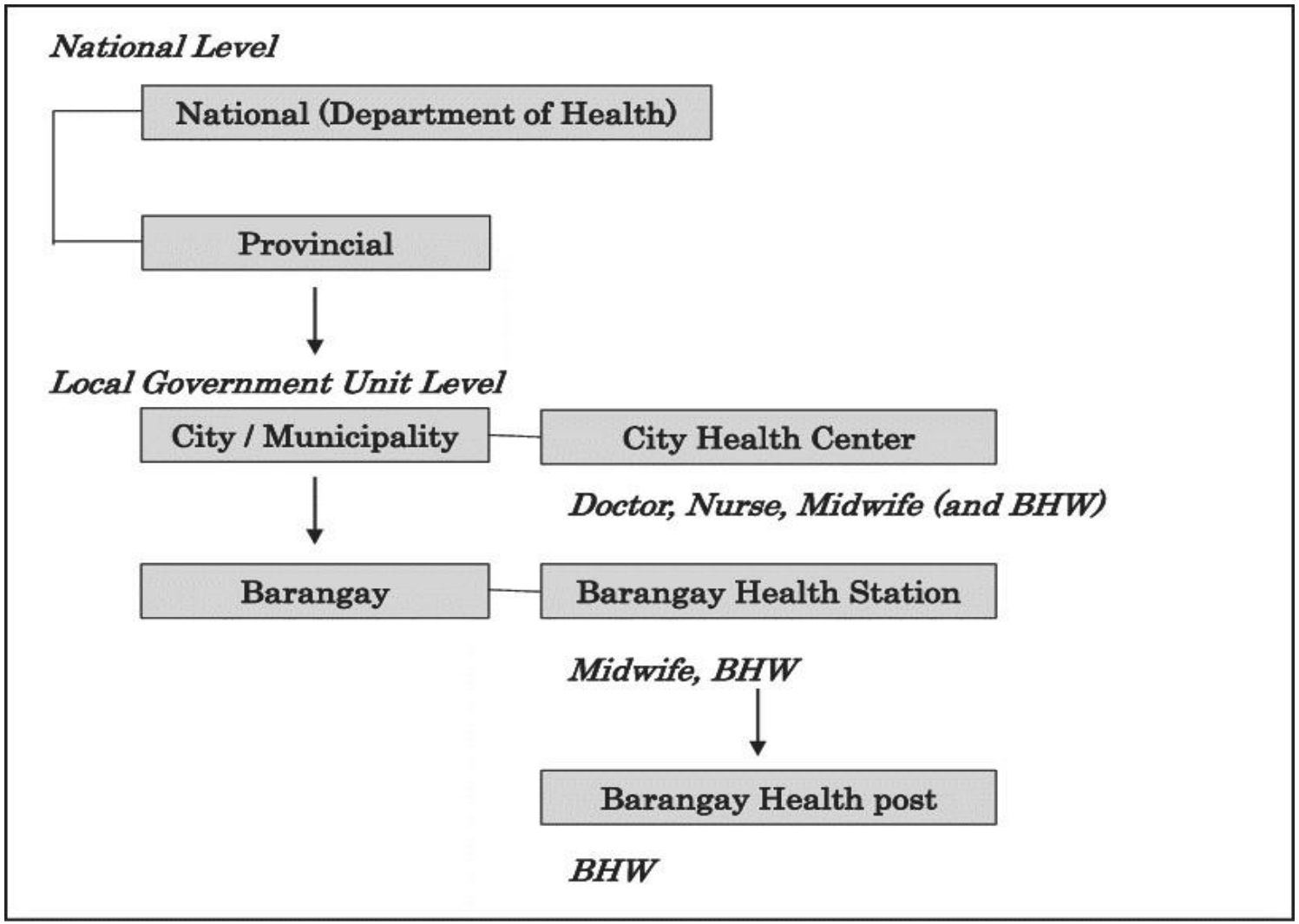


End-Referral facility (Provincial hospitals etc): BEmONC services + Blood transfusion, Cesarean Section and Advanced NB Resuscitation; Operates 24 hrs, with OB/ surgeon, pedia, nurse, MW, med tech

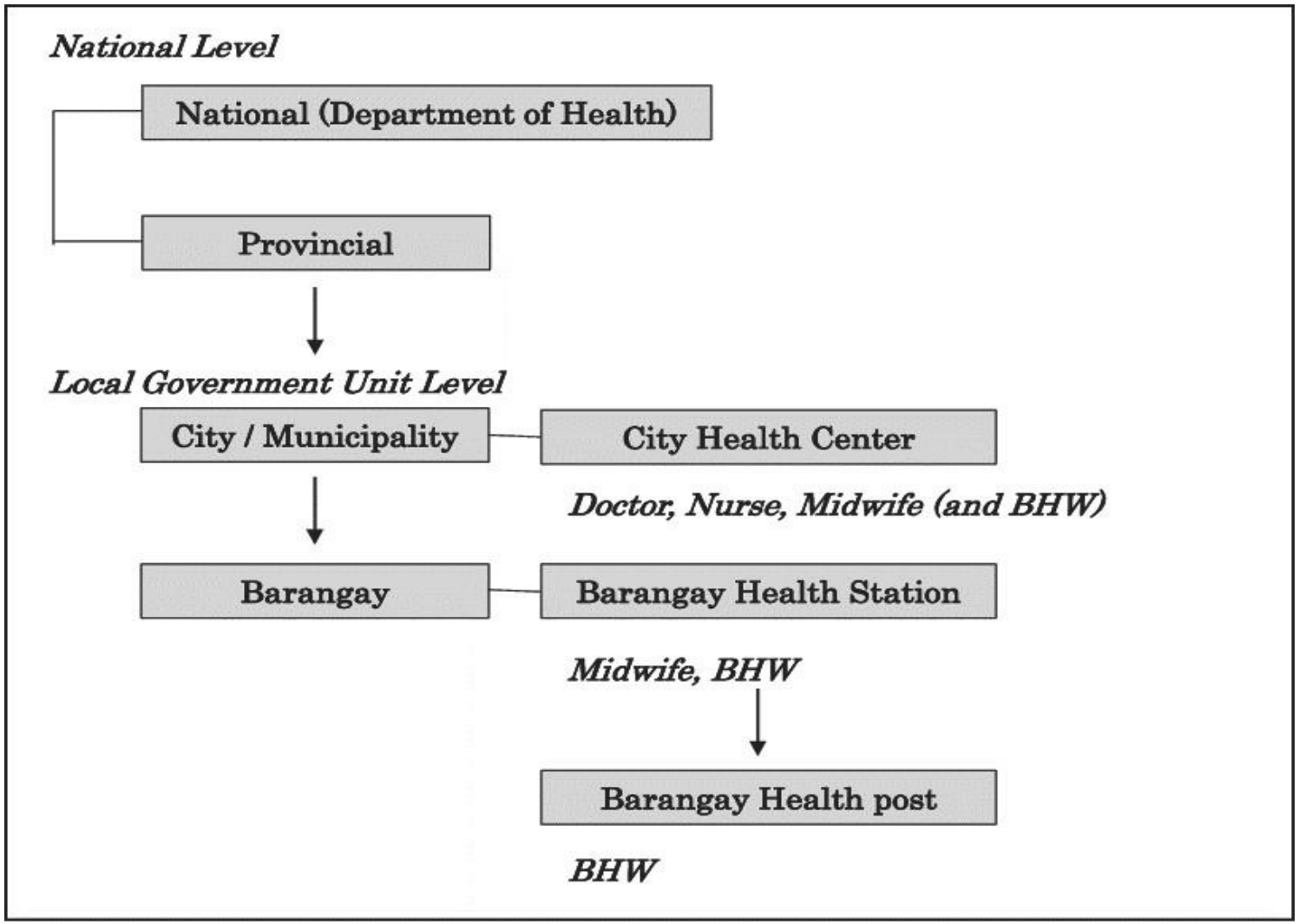
Normal vaginal delivery, imminent breech delivery, emergency drugs (antibiotics, $MgSO_4$, oxytocin, dexamethasone), Essential Newborn Care, Basic NB resuscitation, FP services

Pregnancy tracking, birth planning, home visits & follow-up, nutrition package incldg breastfeeding support; IEC on facility delivery & family planning; communication activities targeted to mothers and their families

Health Care Delivery System (Philippines)



Health Care Delivery System (Philippines)



Barangay Health Center

Clinic visit means a consultation with a healthcare provider for women's health.

It aims to:
1. Ensure that all pregnant and postpartum women and newborns in the community, particularly the poor and disadvantaged, are adequately served;
2. Lead the effort in convincing mothers to shift from home birth to facility-based delivery

Community Health Team

Clinic Visit Based on RAM

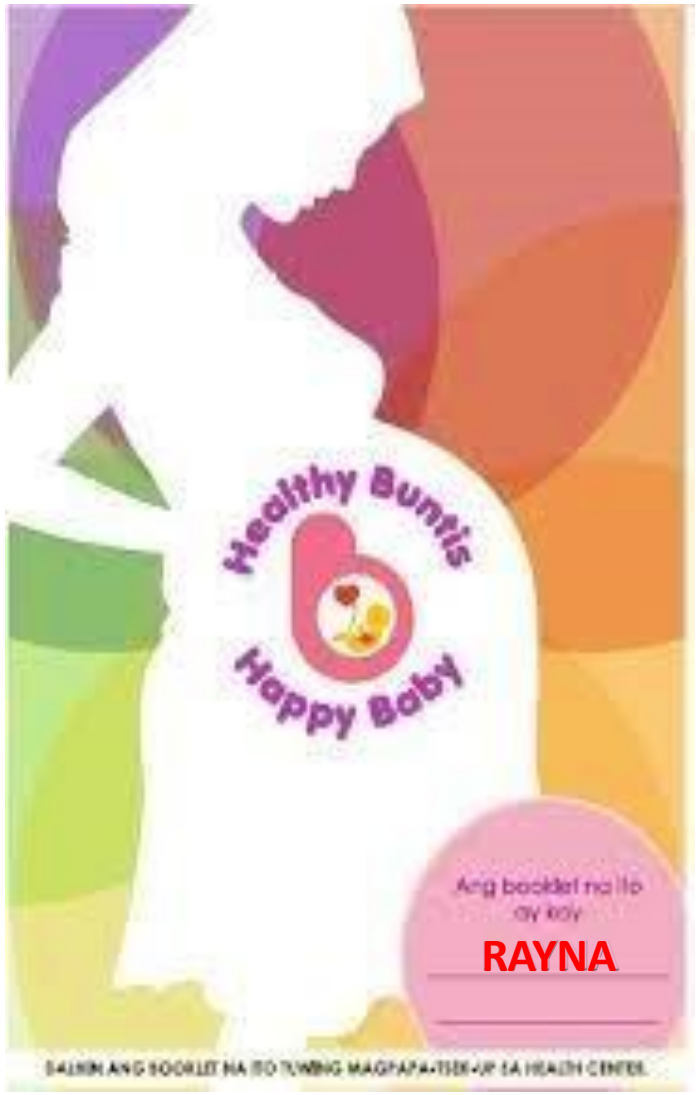
Upon arrival of woman to health facility:

1. Perform a Quick Check to assess for emergency signs.

EMERGENCY SIGNS:

- Unconscious/ Convulsing
- Bleeding
- Severe abdominal pain
- Looks very ill
- Headache and visual disturbance
- Severe difficulty of breathing
- Fever
- Severe vomiting

DO NOT make a very sick woman wait, attend to her quickly.



2.**Make the woman comfortable.**

Greet her, make sure she is comfortable and ask how she is feeling. If first visit, register the woman and issue a Mother and Child Book.

Health Record During Pregnancy

This pregnancy is special, so I will make sure that I get the best care for me and my unborn child.

Here are some important information regarding my health:

Age (yrs. old): _____

Weight (kgs.): _____

Height (cms.): _____

Body mass index: _____

Last menstrual period: _____

Expected date of delivery: _____

Age of pregnancy: _____

This is my _____ pregnancy
(number)

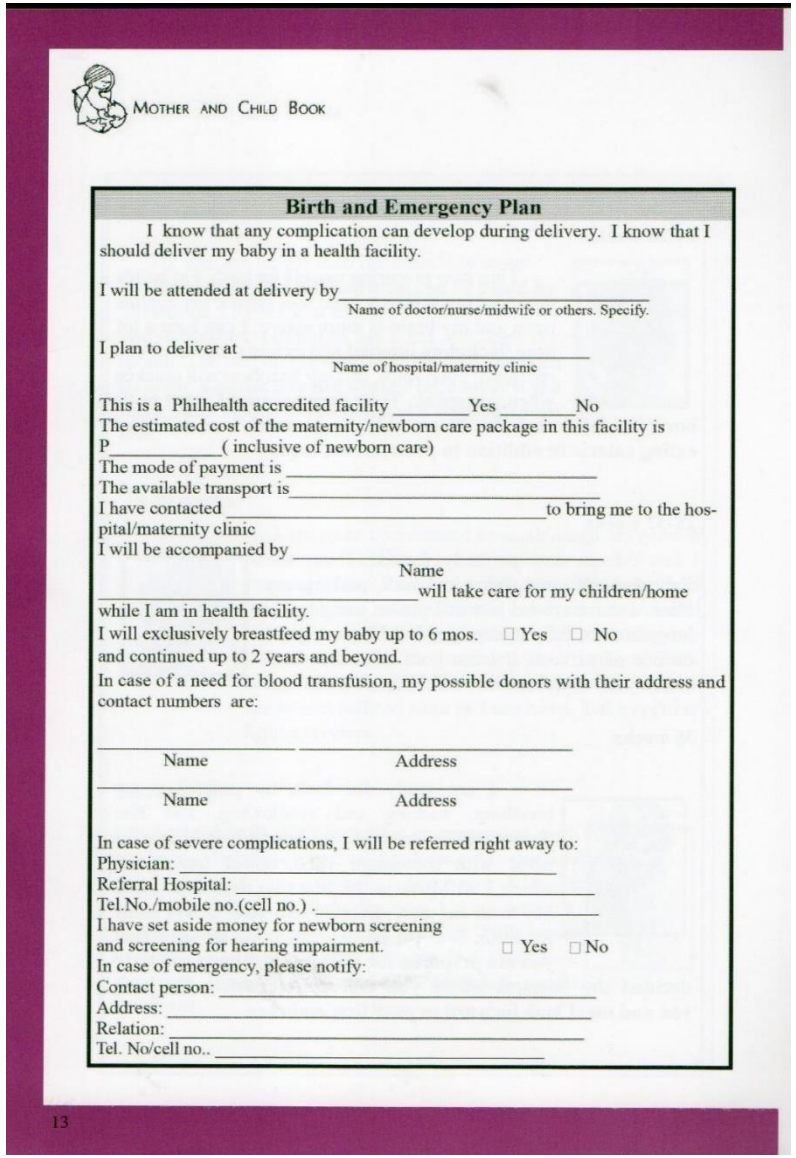
Previous Pregnancies

Type of Delivery	Pregnancy Number and Date of Delivery					
	1	2	3	4	5	6
Normal (N) or Caesarean Section (CS)						
Miscarriage (Y/N)						
Stillbirth (Y/N)						
Assisted delivery (forcep, etc.) Specify						
Twins/Multiple Births						
Bleeding during Pregnancy or after delivery (Y/N)						
Child still alive						

*Y=Yes
N=No

Present Pregnancy

Trimester / Month	1st			2nd			3rd		
	1st	2nd	3rd	4th	5th	6th	7th	8th	9th
Date of Visit									
Weight in kg.									
Blood pressure									
Temperature (°C)									
Height of Abdomen (in cms.)									
Fetal Heartbeat (per minute)									
Vaginal Bleeding (Y/N)									
Urinary Tract Infection (Y/N)									
Pallor or anemia (Y/N)									
Abnormal presentation (Y/N) (not head presentation)									
Swelling of face and hands (Y/N)									
Vaginal Infection (Y/N)									
Lab. Test results (e.g. Hgb, urine, RPR (rapid plasma reagin), blood film for malaria parasites, Hep B screening)									
REMARKS:									



MOTHER AND CHILD BOOK

Birth and Emergency Plan

I know that any complication can develop during delivery. I know that I should deliver my baby in a health facility.

I will be attended at delivery by_____
Name of doctor/nurse/midwife or others. Specify.

I plan to deliver at _____
Name of hospital/maternity clinic

This is a Philhealth accredited facility _____Yes _____No
The estimated cost of the maternity/newborn care package in this facility is P_____(inclusive of newborn care)
The mode of payment is _____
The available transport is_____
I have contacted _____to bring me to the hospital/maternity clinic
I will be accompanied by _____
Name
_____will take care for my children/home while I am in health facility.
I will exclusively breastfeed my baby up to 6 mos. ☐ Yes ☐ No
and continued up to 2 years and beyond.
In case of a need for blood transfusion, my possible donors with their address and contact numbers are:

_____ _____
Name Address
_____ _____
Name Address

In case of severe complications, I will be referred right away to:
Physician: _____
Referral Hospital: _____
Tel.No./mobile no.(cell no.) . _____
I have set aside money for newborn screening and screening for hearing impairment. ☐ Yes ☐ No
In case of emergency, please notify:
Contact person: _____
Address: _____
Relation: _____
Tel. No/cell no.. _____

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3.Assess the pregnant woman.

Use the chart “Assess the Pregnant Woman” during prenatal visits.

During the first prenatal visit, discuss and prepare a birth plan with emergency preparedness measures, and review on succeeding visits.

Modify the birth plan if any complications arise.

Encourage all pregnant women to deliver in the health care facility

4. Get baseline laboratory information of the woman on the first or following the first visit.

Hgb, blood type, urinalysis

If not available refer to the nearest RHU or hospitals for the tests.

5.Check for gestational diabetes.

A. If the woman is positive for:

Family history of diabetes
Woman is 25 years and older
Obese
She is at low risk for diabetes, refer for glucose screening between the 24th and 28th month of pregnancy.

B. If the woman is positive for:

Family history of diabetes
History of overweight/obesity
Obese
Has polyhydramios or large fetus, fetal abnormality, has recurrent vaginal infections, and history of unexplained fetal death.
She is at high risk for diabetes, refer for glucose screening as soon as possible.

6.Check for pallor or anemia.

Ask about getting tired easily or shortness of breath during routine work.

On first clinic visit, determine hemoglobin and blood type. The normal hgb cut-off level for a pregnant woman is 11 g/dl.

On subsequent visits:

Look for conjunctival pallor

Look for palmar pallor. If pallor: Is it severe pallor? Some pallor?

Count number of breaths in one minute.

7.Check for hypertension/ pre-eclampsia.

Measure BP in sitting position

If diastolic BP is 90 mmHg or higher repeat measurement after 1 hour rest.

If diastolic is still 90 mmHg or higher as the woman if she has:

- Severe headache
- Blurred vision
- Epigastric pain

Check for urine for protein

8. Check for fever, burning sensation on urination and abnormal vaginal discharge.

- Episodes of fever or chills
- Take temperature
- Pain or burning sensation on urination
- Presence of abnormal vaginal discharge, itching at the vulva
- If the partner has urinary problem

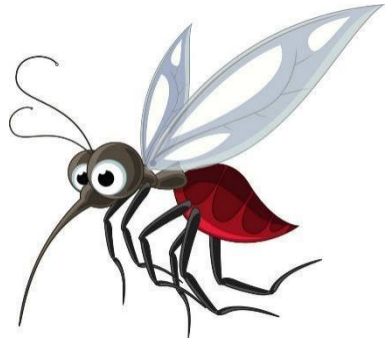
10.Treat for intestinal parasites

- Give mebendazole 500 mg tablet, 1 tablet, single dose anytime from 4-9 months of pregnancy and if none was given in the past 6 months.

DO NOT give mebendazole in the first 1-3 months of pregnancy.
It might cause congenital problems in the baby.

11.Prevent anemia and neural tube defects with iron and folate supplementation

- Give iron/folate, 60 mg/400 ug tablet, 1 tablet daily to last until next schedule return visit.
- For best prevention, it is best to give iron and folate supplementation before pregnancy.



12.Give preventive intermittent treatment for falciparum malaria.

- Give sulfadoxine-pyrimethamine to women from malaria endemic areas who are in the first or second pregnancy, 500 mg – 25 mg tablet, 3 tablets at the beginning of the 2nd and 3rd trimesters.
- Encourage sleeping under a bed net, preferably insecticide treated.

Give preventive intermittent treatment for malaria only to women in endemic areas.

13.Give vitamin A.

- Vitamin A 10,000 IU, twice a week starting on the 4th month of pregnancy
- If woman is taking multivitamins,

forgo vitamin A supplementation.

DO NOT give vitamin A supplementation before the 4th month of pregnancy. It might cause congenital problems in the baby.

14.Provide health information, advice and counsel on danger signals and three delays.

First Visit

- Nutrition and preventing anemia
- Preventing Tetanus
- Preventing Malaria
- Discomforts of pregnancy
- Emergency signs of pregnancy
- Follow-up visits and when and where to go during emergencies
- Newborn screening
- Education and counseling on family planning

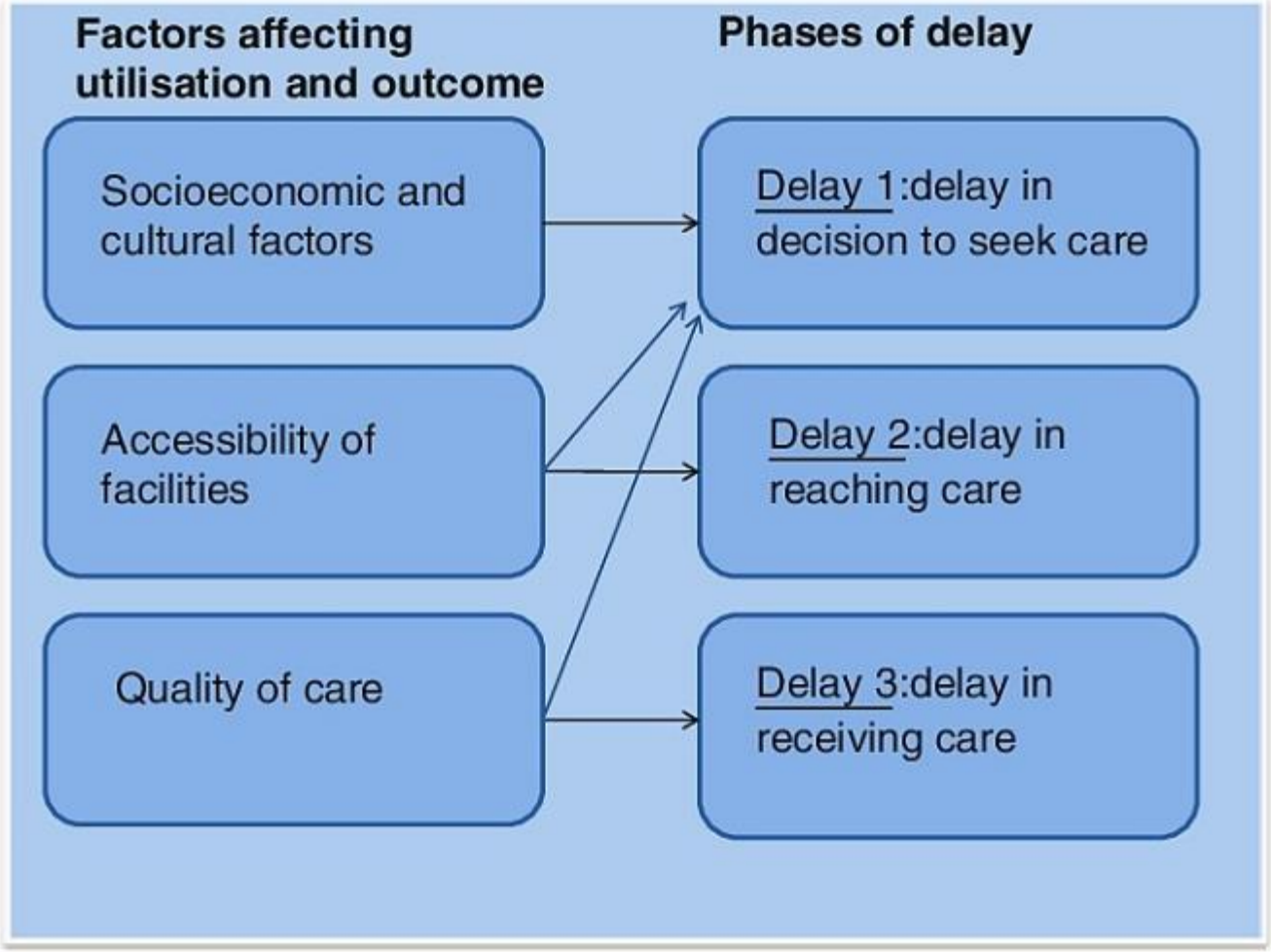
Second Visit

- Self care during pregnancy
- Advantages of health facility delivery
- Preparation for obstetric events

Third trimester

- Breast milk and breastfeeding
- Family planning
- Clean and safe delivery by a skilled professional
- Newborn screening
- Education and counseling on family planning

Three Delays Model



15. Encourage the woman to come back for return visits.

- Schedule the date and note it down in the Mother and Child Book.
- Encourage the woman to bring her partner or a family member to at least one visit.
- After the 8th month, see woman every 2 weeks until she delivers.
- Pregnant women who do not come for prenatal care should be visited at home.

All pregnant women should have at least 4 routine antenatal visits.

Encourage women to come for the first prenatal visit as early In pregnancy as possible before 4 months.

Pregnant women who do not come for prenatal care should be visited at home.