

Section 2: Routine Care

2.1 Antenatal care

Clinical situation

Woman seeking health care when she is pregnant.

Positive pregnancy experience

Reviews have shown that what women want and expect from ANC is to have a "positive pregnancy experience". Evidence shows that women from high-, medium- and low-resource settings value having a positive pregnancy experience, the components of which include

- the provision of effective clinical practices (interventions and tests, including nutritional supplements),
- relevant and timely information (including dietary and nutritional advice) and
- psychosocial and emotional support, by knowledgeable, supportive and respectful health-care practitioners, to optimize maternal and newborn health.

WHO defines positive pregnancy experience as:

- maintaining physical and sociocultural normality
- maintaining a healthy pregnancy for mother and baby (including preventing and treating risks, illness and death)
- having an effective transition to positive labour and birth, and
- achieving positive motherhood (including maternal self-esteem, competence and autonomy)

The healthcare worker providing antenatal care must therefore make all efforts to provide such a positive pregnancy experience.

Who model of antenatal care

The 2016 WHO ANC model recommends a minimum of eight ANC contacts. More antenatal contacts may be needed when complications arise or are suspected in the woman or the fetus. The schedule of ANC contacts is given below.

2016 WHO ANC model	
First trimester	
Contact 1	Up to 12 weeks
Second trimester	
Contact 2	20 weeks
Contact 3	26 weeks
Second trimester	
Contact 4	30 weeks
Contact 5	34 weeks
Contact 6	36 weeks
Contact 7	38 weeks
Contact 8	40 weeks
Return for delivery at 41 weeks if not given birth	

Rapid assessment and immediate management

Always perform a rapid assessment and manage any problems as detailed in this section. If the woman has no emergency or priority signs and has come for antenatal care, use subsequent sections for further care.

Perform a rapid physical evaluation of the woman's general condition, level of consciousness, presence of anxiety and/or confusion, blood loss, colour, temperature. (see box)

- Remember ABCDE (airway, breathing, circulation, Disability, Exposure)
- The aim of the ABCDE approach is to provide life saving treatment and begin the initial triage process. (assessment and treatment) This is a standarized approach to all emergencies.

Recommendation

WHO recommends that each pregnant woman carries her own case notes during pregnancy to improve continuity, quality of care and her pregnancy experience.

Initial 1st line management: ABCDE Approach

Remember: Always check for signs of trauma, and if present, maintain spinal precautions.

ABCDE Approach

For major external hemorrhage, control bleeding first!

A – Airway
Check for and correct any obstruction to movement of air into the lungs. Provide cervical spine immobilization if needed (trauma only).

B – Breathing
Ensure adequate movement of air into the lungs. Provide oxygen if needed.

C – Circulation
Evaluate whether there is adequate perfusion to deliver oxygen to the tissues; check for signs of life-threatening bleeding.

D – Disability
Assess and protect brain and spine functions. Provide glucose if needed.

E – Exposure
Identify all injuries and any environmental threats and avoid hypothermia.

Remember:

- Ask for help early.
- Identify life-threatening conditions and address them immediately before moving on to the next step.
- Gather a SAMPLE history immediately following the ABCDE approach.
- Perform a secondary exam and consider disposition.
- The ABCDE approach should be repeated whenever a patient's condition changes.
- If you have intervened in any of the ABCDE categories, monitor closely and consider HANDOVER/TRANSFER to a higher level of care.
- Use the **WHO Medical or Trauma Resuscitation Algorithm** to guide ABCDE management.

Patient disposition (Admission, Discharge or Referral)

Admit
- Critical Care Unit
- Operating theatre
- Ward

OPD

Discharge

Transfer/Refer

1. Assess risk and benefit of referral.
2. Notify receiving facility of referral. Write name of notified health worker and receiving unit on referral form.
3. Notify Emergency Medical Services (EMS; ambulance team) and provide details of case e.g. oxygen, IV fluids, medications necessary during transport.
4. EMS number to call: _____
5. Perform the pre-transport checklist.
6. Do formal hand over of patient and accompanying documentation to ambulance team.

- Prior caesarean section, forceps, or vacuum
- Prior third- or fourth-degree tear
- Heavy bleeding during or after delivery
- Convulsions
- Stillbirth or newborn death within first 24 hours of life. Any newborn death within the first 28 days.

- Do you have any other diseases such as diabetes, chronic hypertension, kidney, autoimmune disease? Are you on any medication?
- Do you use tobacco, alcohol, or any drugs? Are you exposed to other people's tobacco smoke at home?
- Are you related to your partner (consanguinity)?
- Ask for symptoms that may suggest anaemia.
  - Do you tire easily?
  - Are you breathless (short of breath) during routine household work?
- Check for risk factors for pre-eclampsia
  - previous pre-eclampsia with severe features,
  - diabetes,
  - chronic hypertension,
  - obesity,
  - renal disease,
  - autoimmune disease and
  - multiple pregnancies.

Examples

Some examples of conditions during pregnancy that may indicate underlying IPV

- Traumatic injury, particularly if repeated and with vague or implausible explanations
- Intrusive partner or husband present at consultations
- Adverse reproductive outcomes, including multiple unintended pregnancies and/or terminations, delay in seeking ANC, adverse birth outcomes
- Repeated STIs
- Unexplained or repeated genitourinary symptoms
- Symptoms of depression and anxiety
- Alcohol and other substance use
- Self-harm, suicidality, symptoms of depression and anxiety

Index

A
Abdominal pain, 142
Anaemia, 87
Antenatal care, 23
Assisted vaginal birth, 211

B
Breech presentation, 198

C
Caesarean section, 205
Cardiac problems, 176
Clinical principles, 12
Convulsions, 95

D
Documentation procedures, 34

E
Emergency management, 152
Essential newborn care, 49
Ethical considerations in maternal care, 18

F
Fetal compromise, 121

H
HIV, 132
Hypertension, 94
Hyperglycemia, 110

I
Induction of labour, 190
Infections (maternal), 88
Intrapartum care, 45

L
Labour complications, 186
Labour management, 48
Later pregnancy bleeding, 73

M
Malaria, 102
Malpositions, 175
Maternal mental health, 115
Maternal sepsis, 89
Mental health conditions, 116

N
Newborn complications, 220
Normal childbirth, 46

O
Obstetric emergencies, 159
Obstetric triage, 140
Overdistended uterus, 177

P
Pain management during labour, 230
Pain management for procedures, 235
Postpartum bleeding, 78
Postpartum care, 60
Prelabour rupture of membranes, 162
Pregnancy beyond 40 weeks, 184
Pregnancy with additional needs, 29
Preterm labour, 169
Prolonged labour, 188
Prolapsed cord, 145

R
Referrals and transfer, 155
Respiratory problems, 174
Respectful maternal care, 19
Routine antenatal care, 22

S
Scarred uterus pregnancy, 166
Shoulder dystocia, 210

T
Talking with women and families, 30
Tuberculosis, 105
Triage and initial assessment, 139

V
Vaginal bleeding (early pregnancy), 70
Vaginal bleeding (labour), 75
Vaginal bleeding (postpartum), 80

W
Workplace and administrative procedures, 35