

Antenatal Care

Vandana Chauhan*
Ahmedabad Institute of Nursing Science, Lapkaman, Gujarat, India

ABSTRACT

This article emphasis on the importance of antenatal care during the pregnancy and which special care should be taken by mother during all the three trimester. Antenatal care is a kind of care the women get from health professionals during the pregnancy. It incorporates the clinical assessment of mother and fetus during the pregnancy. Antenatal care helps to prevent certain of the complications and also help for early diagnosis of some problems. It gives chance to recognize the whole process of pregnancy, birth and early parenting. By appropriate measures it helps to reduce the risk of stillbirths and prevent many of the deaths and diseases.

Keywords: antenatal care, delivery, labour, trimester, teratology

*Corresponding Author

E-mail: rathodvandanaa@gmail.com

INTRODUCTION

The World Health Organization has transported a new sequence of references to recover quality of antenatal care to decline the danger of stillbirths and pregnancy difficulties and spring women a positive pregnancy knowledge [1]. By pregnancy absorbed on positive a experience, these new guidelines seek to ensure not only a healthy pregnancy for mother and baby, but also an effective transition to positive labor and childbirth and finally to an optimistic knowledge of motherhood [2].

Pregnancy-related deaths and diseases remain unacceptably high. In 2015, an estimated 303 000 women died from pregnancy-related causes, 2.7 million babies died during the first 28 days of life and 2.6 million babies were stillborn [3]. While significant progress has been made over the past two decades, amplified admittance to, and use of, higher-quality fitness care during pregnancy and childbirth can avoid many of these deaths

and diseases, in addition to improve women and adolescent girls' experience of pregnancy and childbirth. Worldwide, however, only 64% of women find antenatal care four or more times during their pregnancy [4].

"More and better-quality contacts between all women and their health providers throughout pregnancy will facilitate the uptake of preventive measures, timely detection of risks, reduces complications and addresses health inequalities" [5].

Aims and objectives

Aims:

- To screen the high-risk cases.
- To prevent or to detect and treat at the earliest any complication.
- To confirm continued medical surveillance and prophylaxis [6].
- To educate the mother.
- To discuss about time, place and mode of delivery.
- To motivate the couple for family planning.



Objective

To ensure normal pregnancy with delivery of a healthy baby from a healthy mother and reduce maternal and infant morbidity and mortality.

Trimesters of Pregnancy

Antenatal care during the pregnancy is divided into three trimesters:

- (1) Care during first trimester (first 12 weeks of pregnancy)
- (2) Care during second trimester (13 to 28 weeks of pregnancy)
- (3) Care during third trimester (29 to 40 weeks of pregnancy)

CARE DURING FIRST TRIMESTERThe First Visit

As soon as the pregnancy confirm immediately consult for the first antenatal check-up. That includes:

- History taking
- Physical examination
- Obstetrical examination
- Routine investigation
- Special investigation
- Estimation of due date

Common Problems

The mother should be informed about the common problems or complains during the first trimester [7]. These includes:

- Morning sickness
- Nausea and vomiting
- Frequency of micturition
- Breast discomfort
- Fatigue

Nutritional Need

Having a balanced diet is always important in pregnancy for mother and the fetus.

- Have fruits and vegetables
- Low saturated fats
- Protein content
- Carbohydrate

Others

supplements of folic acid, iodine, iron, zinc and a type of omega 3 fatty acid, docosahexanoic acid (DHA), vitamin D.

Lifestyle Changes

A mother should follow certain healthy lifestyle changes for better outcome of the pregnancy [8].

- Avoid taking alcohol
- Smoking cessation
- Do exercises and yoga
- Avoid taking junk food and fast food
- Avoid long traveling
- Avoid intercourse
- Food hygiene and safe eating in pregnancy
- work related hazards
- Avoid heavy lifting and strenuous activity
- Avoid wearing tight clothes and high hills
- Increased need for rest and sleep

Drug Teratology and Radiation

A mother is informed to not to take any medication without doctor's prescription as they can cross the barrier and may adversely affect the fetus. Also avoid exposure to X-rays and other radiation.

CARE DURING THE SECOND TRIMESTER

During the second trimester, prenatal maintenance comprises routine lab tests and dimensions of your baby's development. You might consider prenatal testing, too.

The health care provider will check your blood pressure and weight at every visit. Share any concerns you might have [9].

Important care includes:

- Tracking baby's growth: By determining the distance from the pubic bone to the top of your uterus, your health care provider can gauge your baby's growth. This dimension in centimeters often equals the number of weeks of your pregnancy to date.
- Listening to baby's heartbeat: At second trimester visits, you might listen to your baby's heartbeat using a

Antenatal Care Chauhan

Doppler instrument. The Doppler instrument notices motion and transports it as sound, which permits you to "hear" the baby's heartbeat.

 Assessing fetal movement: Tell your health care worker when you begin noticing flutters or kicks. This usually happens by about 20 weeks – or perhaps earlier if you have been pregnant before.

CARE DURING THE THIRD TRIMESTER

During this period the baby increasingly matures as well as gains weight. At 34 weeks of pregnancy the baby weighs around 2 kilograms and their chances of survival are very good. The lungs are much more mature and able to cope with life outside the uterus. The baby's fingernails have now reached their fingertips and the toenails are better developed.

Antenatal Visits

From 29 weeks until 36 weeks you will have antenatal visits every 2 to 3 weeks and then weekly from 36 weeks until the birth.

Parenteral Classes

Most women who appear preparation for parenthood classes do so during the last trimester. This is a good chance to discover more information and valuable tips for coping with the birth and parenthood. It also helps provides social connections with other couples having babies at the same time as you are.

Test for Group B strep

Screening for group B streptococcus during third trimester because they may be carried in the intestine or lower genital tract and the baby will be affected during vaginal delivery.

Provide Pregnancy Counseling

Inform the mother about signs of preterm labor and preeclampsia and review other warning signs (such as vaginal bleeding or decreased fetal movement

Answer the Labor and Delivery Ouestions

Mother should be informed about all the labor and any other doubts regarding the delivery. Following points should be informed.

- Prepare the mother for child birth
- Labor process
- Birth partners
- Choose birth place for her choice
- Prepare and keep ready the delivery bag
- Transportation facility
- Financial facility
- Special exercises for last three months

Discuss the Postpartum Consideration

Inform the mother about most common needs and problems during postpartum period.

- Breast feeding
- New born care
- Family planning methods
- Postpartum depression

CONCLUSION

The article concludes that routine assessment of the pregnant women at a regular antenatal visits helps to identify healthy or warning signs and symptoms and possible preventive actions. It also helps for the identification of healthy growing fetus or any abnormality.

By this way pregnant women can be provided information about care during pregnancy and enable them to make informed decision about their care.

REFERENCES

[1] A. Jecob. *A Comprehensive Textbook* of Midwifery and Gynaecology. 2nd Edn. New Delhi: Jaypee Brothers; 2008, 561–623p.



- [2] "A Textbook of Obstetrics for Nurses and Midwives [Pregnancy and Child Birthj] Published by Japee Brothers, 55–63p.
- [3] D.C. Dutta. *Textbook of Gynecology*. 4th Edn., New Delhi: Hiralal Konar, 2000, 85–92p.
- [4] D.C. Dutta. *Textbook of Obsteitrics*. 4th Edn., New Delhi: Hiralal Konar, 2000, 95–104p.
- [5] Howkins, Bourne. *Shaw's Textbook of Gynaecology*. 14th Edn., Elsevier, 295p.

- [6] K.A. Rao. *Textbook of Gynecology*. 1st Edn., New Delhi, India: 2008, Elsevier; 2008, 164–70p.
- [7] Myles. *Textbook for Midwives*. D.M. Fraser (ed.), 14th Edn., India: Elsevier, 251–74p.
- [8] P. Vee. A Textbook of Midwifery and Gynecological Nursing. India: S.Vikas & Company Medical Publishers; 2016, 130–4p.
- [9] A. Jecob. *A Comprehensive Textbook* of Midwifery. 2nd Edn., New Delhi: Jaypee Brothers; 2008, 122–7p.