Prevention and Recognition of Obstetric Fistula Training Package

Module 4: Essential Components of Antenatal Care and Emergency Obstetric Care









Spectrum of Maternal Health Care Services

- Focused Antenatal Care
- Basic and Comprehensive Emergency Obstetric Care (including skilled attendance at each birth)
- Postpartum Care
- Family Planning
- Postabortion Care
- Care for Sexually Transmitted Infections (including HIV)

Purpose of antenatal care

- To provide health education on key issues
- To provide evidence based interventions and care which can prevent and treat complications of pregnancy
- To encourage skilled attendance at delivery
- To discuss plans for emergency transport and funds in the case of an emergency and to identify the nearest site of Emergency Obstetric Care
- To provide a link between women and the health care system



WHO recommends a minimum of four ANC visits

- First visit: On confirmation of pregnancy
- Second visit: 20-28 weeks
- Third visit: 34-36 weeks
- Fourth visit: before expected date of delivery or when the pregnant woman feels she needs to consult health worker



Leading causes of maternal mortality

- Hemorrhage
- Infection
- Eclampsia
- Prolonged and obstructed labor
- Unsafe abortion
- Other indirect causes:
 - HIV/AIDS, malaria and TB, heart disease, anemia



Evidence-based focused ANC

- Measurement of weight/body mass index (BMI) and assessment of nutritional status
- Detection of pre-existing conditions which may complicate pregnancy
- Monitoring blood pressure and signs and symptoms of pre-eclampsia/eclampsia
- Tetanus toxoid immunization



Evidence-based focused ANC (cont'd)

- Prevention and treatment of anemia
 - Iron/folate supplementation for at least 6 months of pregnancy and 2 months postpartum
 - De-worming medication in areas where parasites are common
- Promotion of active management of the third stage of labor for the prevention of postpartum hemorrhage
- Prevention of malaria in pregnancy
 - Intermittent preventive treatment (IPT) for malaria
 - Insecticide treated bednets (ITNs)



Evidence-based focused ANC (cont'd)

- Recognition and treatment of sexually transmitted infections (STIs)
- "Opt out" counseling and testing for HIV and education and clinical services for the prevention of maternal to child transmission (PMTCT) including use of condoms during pregnancy in discordant couples
- Confirmation of fetal position by 36 weeks of pregnancy
- Urinalysis for proteinuria in third trimester if signs of pre-eclampsia
- Birth Preparedness and Complication Readiness

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Skilled birth attendant (SBA)

- "Trained health provider who has completed a set course of study in handling obstetric emergencies and is registered or legally licensed to practice"
- Includes doctors, nurses, midwives, and other health workers who:
 - Can diagnose and manage complications during pregnancy and childbirth,
 - Can assist in normal deliveries, and
 - Are linked to a referral system for further care when necessary
- Skilled attendance at birth reduces the risk of maternal mortality by <u>13-33%</u>



Safe Motherhood IAG. 2000 and WHO 1999.

Emergency obstetric care (EmOC)

- Many women "at risk" never develop complications and a significant number of women who are "low risk" do
- A woman can move from low to high risk (or vice versa) throughout pregnancy and postpartum
- Services need to be available as close as possible to where women live



Emergency obstetric care (cont'd)

- <u>40%</u> of all pregnant women have some complication
- Up to <u>15%</u> need emergency obstetric care to manage life threatening complications to the mother or child
- WHO estimates that between <u>10-15%</u> of women will need a caesarian section to safely deliver their infants



Core skill	Obstetric First Aid Skilled attendance	BEmOC	CEmOC
Normal pregnancy and childbirth			
Administration of antibiotics for infection			
Administration of anti- hypertensive and anticonvulsant medication			
Essential newborn care			
Manual removal of placenta			
Assisted vaginal delivery			
Advanced surgical skills			
Blood transfusion			

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Essential newborn care	X	X	X
Manual removal of placenta		Х	X
Assisted vaginal delivery		Х	X
Advanced surgical skills			
Blood transfusion			

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Assisted vaginal delivery		X	X
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Blood transfusion			

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Assisted vaginal delivery		X	X
Advanced surgical skills			X
Blood transfusion			X

International goals for EmOC

- Skilled attendance at every birth
- At least 4 Basic EmOC sites (within 4 hours) and 1 Comprehensive site (within 12 hours) for every 500,000 population
- At least 15% of births should take place in a health facility
- Case fatality in health facilities should be <1%

UNICEF/WHO/UNFPA. Guidelines for Monitoring the Availability and Use of Obstetric Services. 1997.



Safe and healthy pregnancy and birth

- Most women (85%) have healthy and safe pregnancies and birth
- EVERY woman should have antenatal care and should deliver with a skilled birth attendant
- Many women with "high risk" conditions can have normal deliveries
- Some women who are "low risk" will have emergencies that cannot be predicted or prevented

Birth preparedness: preparing for normal birth

- Skilled attendant at every birth
- Deciding on place of delivery
- Availability of essential clean items for mother and baby at the time of birth



Complication readiness: preparing for complications

- Recognition of warning signs of complications in pregnancy or childbirth
- Designated decision maker(s)
- Access to emergency funds
- Rapid referral and transport to Emergency Obstetric Care site



Key warning signs of complications in pregnancy or postpartum

- Swelling of hands and face
- Pale conjunctiva, tongue, palms and nail beds
- Persistent vomiting
- Jaundice
- Bleeding from the vagina
- Severe headache, blurred vision, seizures, loss of consciousness
- Rupture of membranes or foul smelling discharge
- Persistent lower abdominal pain
- Diminished/loss of fetal movement
- Fever

