

Parenthood Preparation, Antenatal and Maintenance

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Parenthood Preparation

During the third trimester, couples usually begin “nest-building” activities, such as planning the infant’s sleeping arrangements, buying clothes, choosing names for the infant and “ensuring safe passage ” by learning about birth



Couples are interesting in attending prenatal classes preparation for childbirth classes



The second step in preparing for parenthood is role-playing, or fantasizing about what it will be like to be parent



Women spend time with other pregnant women or mothers of young children to learn how to be a mother



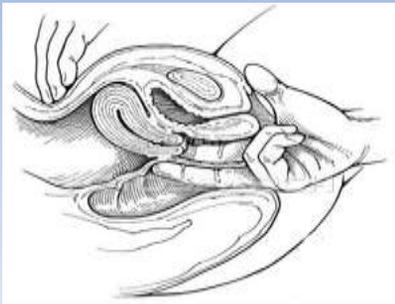
Health Assessment During Pregnancy

Prenatal care is important because lack of it is associated with the birth of preterm infants and various complications for the woman. The major causes of woman death during pregnancy are: ectopic pregnancy, hypertension, hemorrhage, embolism, infection and anesthesia related complications (intrapartum cardiac arrest)

Screening for danger signs

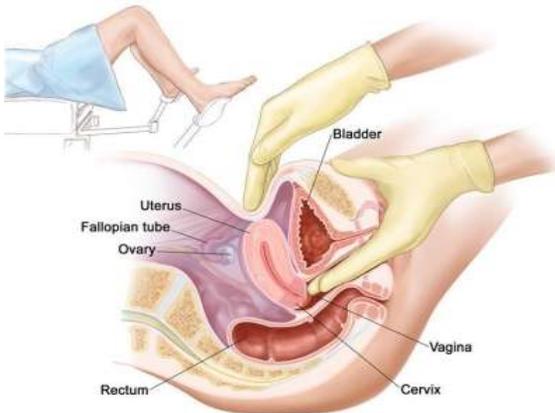


The First Visit



The first visit

- Extensive health history
- A complete physical examination
- Pelvic examination
- Blood and Urine laboratory work
- Health education



The Initial Interview



The Initial Interview

- Ask deeply about history and diseases in a past
- Ask about present feelings and disorders
- Interview in a private and quiet place
- Be certain to ask what name a woman wants you to use when addressing her in a prenatal setting
- Make certain that the woman knows your name and understand your role

Health History

- Establishing rapport
- Gaining information about the woman's physical and psychosocial health
- Obtaining a basis for anticipatory guidance for the pregnancy

Family profile

- Social history or family setting history
- Marital status
- Financial situation
- History of past illness
- Allergy on the any drugs
- History of the family illness
- Bad habits
- Day history and Gynecologic history

Obstetric History

- Was it planned?
- Did she take any medication? If yes – which one?
- Did she have some scar after surgery?
- What was the type of birth?
- What was type of anesthesia?
- Did she have complication ?
- What was the Apgar score?
- Was at need any special care for the baby?
- Did she receive prenatal care? If yes – when she started?
- What was the duration of pregnancy?
- What was the duration of labor?

Physical Examination

If a woman voids for a clean-catch urine before the exam, this can reduce bladder size and make the pelvic examination more comfortable, allow easier identification of pelvic organs, as well as providing a urine specimen for laboratory testing

Physical Examination

- Urine test for bacteria, protein, glucose, ketones
- Weight and height
- Blood pressure, pulse and respiratory rate
- General appearance (hygiene, signs for abuse)
If woman has bandage we should ask her to take off it, it could hide some important findings, such as melanoma or skin cancer

- Hair growth speed up during pregnancy, like a result of high metabolic rate
- Can be reports about spots before there eyes or diplopia (double vision) – this condition caused by swollen optic disk, should be report immediately
- Nasal congestion, like a result of high level of estrogen
- From nasal conditions can be blocked ears
- Swollen gingiva
- Neck can be a bit bigger in size , caused by tyreoid hypertrophy
- Heart rate increased from 70-80
- Hemorrhoids are a normal discomfort of pregnancy
- Erythema and itching like a result of high level of estrogen

Instrumental Examination



Heart Sounds

Fetal heart sounds (120 – 160 per min) hearing in a Doppler at 10 – 12 weeks and 18-20 weeks with a normal stethoscope or fetoscope



Pelvic Examination



For Pelvic Examination We Need

- A Speculum
- A spatula for cervical scrapping
- A clean examining glove
- Lubricant
- A glass slide or liquid collection for the Pap smear
- A culture tube
- Two or three sterile cotton-tipped applicators or cytobrushes
- A good light
- A stool at correct sitting height

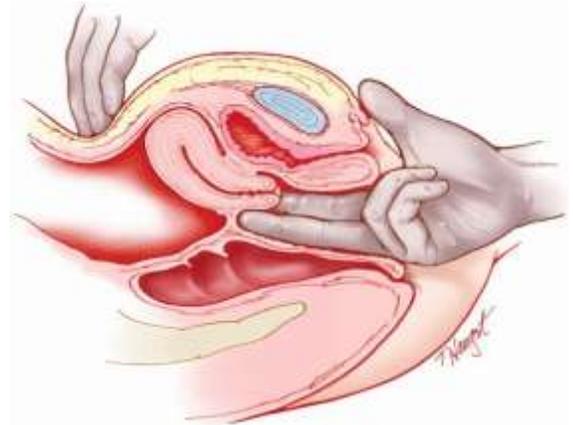
Before the examination the woman should void to reduce her bladder size and then lie in a lithotomy position



Pap Smear

A Pap smear is taken for early detection of cervical cancer and diagnosis of precancerous and cancerous conditions of the vulva and vagina; it also reveals inflammatory and infectious diseases

Before the speculum is removed, a culture for gonorrhea, chlamydia or B streptococcus may be taken



Blood Studies

- A complete blood count, including hemoglobin or hematocrit and red cell index
- Women are advised to have a blood sample taken for genetic screen
- A serologic test for syphilis
- Blood typing
- Maternal serum for AFP (Alfa fetoprotein) . This level will be increased if a neural tube or abdominal defect is present in the fetus

Blood Studies

- An Indirect Combs test (determination if Rh antibodies are present in an Rh-negative woman). This test is usually repeated at 28 weeks of pregnancy
- Antibody titles for Rubella and Hepatitis B (HBsAg)
- HIV screening. All women can be asked for early screening for this infection
- 50 – g oral 1 – hour glucose loading or tolerance test toward , if the woman has previously unexplained fetal loss, family history of diabetes, previously pregnancy with gestation period more long than 40 weeks

Tuberculosis Screening and Ultrasonography



