

THE IMPORTANCE OF ANTE-NATAL CARE (ANC)

ANC is the visit of a pregnant woman from the day she presents herself to a medical clinic. It is a planned programme of observation, education and management of a pregnant woman to ensure safe delivery of a healthy baby to a healthy and happy mother.

These cares includes:

- Health education
- Nutrition
- Physical examination

WHEN TO BOOK FOR ANTE-NATAL

It's very much advisable for a woman to register for ante-natal immediately she is confirmed pregnant.

HOW OFTEN DO YOU GO FOR ANTE-NATAL?

1st -3months i.e. 12 weeks-----the pregnant woman is seen once in a month.

4-6months i.e. 14-26weeks-----she is seen every 2weeks or fortnight

7-9months i.e. 28weeks-40weeks -----She is seen every week till she delivers.

NB---If apart from the appointment date she has any complaint no matter how little, she should visit her Midwife or her Doctor.

AIMS OF ANTE-NATAL

- To monitor progress of pregnancy.
- To evaluate the physical, psychological, sociological effects of pregnancy on the woman and family.
- To develop a holistic approach to the woman's care that meets her individual needs.
- Health education enable them make informed choices about pregnancy and birth.
- To recognise complications of pregnancy, and put appropriate measures in place.
- To educate on planned parenthood programmes on individual basis.
- To prepare the woman to meet the demands of birth and making birth plan.
- To educate on breastfeeding and infant nutrition.

WHAT WE DO ON YOUR FIRST VISIT TO THE CLINIC?

REGISTRATION:

Questions such as names, sex, age, occupation, and address, and marital status, personal and family medical history are asked.

GENERAL EXAMINATION:

This is done to check for pallor i.e. Low blood level, height, weight, blood pressure and leg swelling.

ABDOMINAL EXAMINATION:

Palpate for baby 'size or estimated week (fundal height), the position i.e., presentation and foetal heartbeat.

LABORATORY INVESTIGATIONS.

PACKED CELL VOLUME (PCV): this is done to monitor the blood level of the mother throughout pregnancy. This is to prevent anaemia from haemodilation that is associated with pregnancy and anaemia from conditions like malaria in pregnancy.

URINALYSIS: This is done to know the functioning of kidneys because of the pressure of the pregnancy on the kidneys and to detect early pregnancy induced diabetes.

SCREENING FOR SYPHILIS (VDRL) This condition causes blindness, mental retardation and other congenital abnormality. This condition can be treated if detected early.

HIV SCREENING: It is a compulsory test for all pregnant women to undergo, in order to prevent mother to child transmission if HIV is detected early.

BLOOD GROUP (+GENOTYPE) Knowing the blood group/genotype of the pregnant woman helps to prevent a potentially foetal disease known as erythroblastosi. (Where there is massive destruction of the baby's blood)

Example: when the mother is RH-Negative and the baby's blood is RH-Positive (inheriting this type from the father), the mother may make anti-bodies that can cross over the placenta to the baby's blood system and attack the baby's red blood cell, should this happen with the first pregnancy, the woman within 72hours of delivery will be given an injection known as Rhogam.

HEPATITIS B VIRUS SCREENING

This is caused by a virus that attacks the liver, it is contracted through blood or body fluid, and it is also among the routine test to protect the child if detected early.

X-RAY PELVIMETRY

This is done to measure the inlet and outlet of the diameter of the pelvis radiologically-usually to assess whether there will be any difficulty during childbirth especially in women who are going to deliver per vaginal for the first time. This is usually done after the 36weeks i.e. 9months of gestation or pregnancy.

OBSTETRIC SCAN (USS)

It is the most objective way of assessing foetal viability and well being, position, congenital abnormalities, multiple pregnancy and placental position. It can be done at your first visit and subsequently according to your health care provider or obstetrician. It is neither harmful to the mother or the baby.

T.T (TETANUS TOXOID)

This is given to every pregnant woman to prevent the baby from having neonatal tetanus, a fatal infection of the spinal cord/brain systems that can kill the baby; it is given in 5 doses.

TT 1. 0.5Mls at first visit then

TT2 4weeks after TT1

TT3 is given at least 6months after TT2 or during subsequent pregnancies

TT4 is given at least 1year after TT3 and TT5 is given at least 1year after TT4. Completing these five doses religiously make the woman immune for life against tetanus disease.

SUBSEQUENT ANTE-NATAL VISIT

During this visits, the following are done

Any complaints that you have will be evaluated, noted or treated as appropriate.

The health care provider will perform a general examination on you to ensure that you are okay.

Test results will be interpreted and explained to you.

CONCLUSION

Please note that it is very important to attend every appointment date with your obstetrician or your midwife, so as to prevent eventuality and for you to have proper and adequate treatment for you and your unborn child.