

MHC #3

* Antenatal Care

- Care of pregnant woman
- 1 visit → should be early

* What we check in ANC!

- Weight $15-25$ kg
- height > 150 cm
- Blood pressure $\frac{120}{80} \rightarrow$ systolic
 $\frac{80}{50} \rightarrow$ diastolic
- Blood Tests
CBC, TSH, Glu
- UltraSound
Baby size, growth abnormalities
- Placenta (if low → C-section)

* ANC vs F-ANC

- at least 8 visits
- at least 4 visits
- Higher mortality

* Pregnancy RF

- Age < 18 / > 35
- Height < 150 cm
- BMI < 18 / > 25
- low education & low income
- Any Medical problem
DM, Htn, Anemia,
- Any obstetric history
C-sections, vacuum forceps, stillbirth
- Pre or post partum hemorrhage
- others smoking, Alcohol,

* ANC in Europe include:

- Health pregnancy diet/exercise
- labor
- Relaxation techniques
- Pain-Relief
- Post-Partum
Breast-feeding
- Depression After Birth
- Refresher already had baby

* effectors of ANC arrive

- Distance
- Cost
- Cultur (female-female)
- Quality of service
- Physical availability staff

* Maternal Morbidity

- pregnancy → after by 42 days

Causes

- Medical problem DM, Htn,
- stillbirth abortion + premature
- Hemorrhage + Ectopic pregnancies + Pelvic tear + uterine rupture + Epi, obstructed labor

* M-morbidity Htn (hypertension)

- Chronic Htn
 $> 140/90$ before 20th week of gestation
- Pre-eclampsia
Htn + Proteinurea
After 20th week
- eclampsia
epileptic seizures

* Pre-eclampsia

- Pathogenesis: endothelial dysfunction → Vaso spasm → ↑ pressure

- Diagnosis: BP $> 140/90$

Prevalence

- 1/5 → all pregnancies
- 1/10 → 1st pregnancy
- 1/20-25 → Htn Women

RF

- * First pregnancy
- * Age < 18 / > 35
- * History of PE or Chronic Htn
- * Black race
- * DM
- * SLE
- * Renal dis.

*note: Teenage pregnancy dangerous
Htn
Proteinurea

*note: ANC → 197 Jordan
skilled ANC
↑↑↑ high
1990/84
2007/99
2023/97

*note: 8 visits
First $\frac{1}{3}$ - ①
second $\frac{1}{3}$ - ②
Third $\frac{1}{3}$ - ③

*note: low & middle income country → increased FANC