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

Fistula C

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>



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)

- 40% 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 10-15% 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			

Core skill	Obstetric First Aid Skilled attendance	BEmOC	CEmOC
Normal pregnancy and childbirth	X	X	X
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Core skill	Obstetric First Aid Skilled attendance	BEmOC	CEmOC
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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%



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

