Maternal And Child Health. (MHC) 3

Antenatal Care:

-Plays an important role in **identifying** danger signs or **predicting** complications around delivery by screening for risk factors and arranging for appropriate delivery care when indicated.

Antenatal Checks & Tests:

-Weight & height to calculate BMI.
-Urine tests. (including protein and albumin) done multiple times.
-Blood pressure tests.
-blood tests.
-**ultrasound scan.**

Uses of Ultrasound:

-to check size and position of the baby.
-to detect abnormalities and make sure that the baby is growing normally.
-to check the position of the placenta (for example, if it's low in late pregnancy a caesarean section may be advised).

According to JPFHS 2017-2018:

-Almost all of the women who received ANC for their most recent birth had had key ANC services performed, including having their Blood pressure, blood sample, weight measured. (each one 97%).
urine sample taken (96%).
(these are percentages of women having these procedures performed).

Note: (ANC) in Jordan (2012 JPFHS).
-according to AGE: *Less than 20 (98.3%) *20-34 (99.4%). *35-49 (98.3%).
-education: *educated (84.5%). *Not educated (56%). -income: *Low (66.4%) *High (87.2%).

Pregnancy Risk Factors That Should Be Considered in ANC:		
1-Age (under 18 or above 35**) .**	**5-Income**	9-General condition of a women before pregnancy (**Hb level, nutritional, BP**)
2-Height (less than 150 cm**). (and being under or over weight).**	**6-Parity (Primigravida, more than 6 pregnancies).**	
3-Residency.	**7-Past medical history (diabetes, cardiac problem, renal disease..)**	**10- Social history (**Smoking, alcohol, drug therapy, workload, economic status**).**
4-Education.	**8-Past obstetric history (prev. caesarean section, vacuum, forceps delivery).**	
-Previous perinatal death, stillbirth. **-Previous Post partum haemorrhage (PPH).** **-Previous ante partum haemorrhage (AP)**		

Antenatal Care Visits:

Focused ANC (FANC):

Introduced by the WHO in 2002.
Aims at delivering *reduced but goal oriented clinical visits* at which essential interventions should be provided to pregnant women at specified intervals.
-With this model,
Healthy women with no underlying pregnancy complications should be scheduled a minimum of 4 of ANC visits.
more than four *in the case of danger signs or pregnancy-related illnesses.*

It is crucial to

initiate the care during the first trimester of pregnancy (up to 12 weeks of gestation).

Schedule the **second visit** 24 to 28 weeks of gestation.

And the **Third Visit** at 32 weeks.

And the **Fourth Visit** between 36 and 38 weeks of gestation.

Number of Antenatal Care Visits and Timing of First Visits by Nationality:

(Percent of women age 15-49 who had a live birth in the five years preceding the survey who had):
7+ ANC Visits: *Jordanian 82% Syrian 62% Other 74%*
First ANC visit before 4th month of pregnancy: *Jordanian 85% Syrian 83% Other 80%*

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According to JPFHS 2017,

Almost all ever-married women (98%) age 15-49 received at least one antenatal care (ANC) visit from a skilled provider (doctor or nurse/midwife).

-About 9 in 10 (92%) women age 19-49 made 4+ ANC visits and 79% had the recommended 7+ visits.

Teenage Pregnancy (Adolescents Pregnancy):

Note: -Children born to a very young mothers are at increased risk of sickness and death.

-Teenage mothers are more likely to experience adverse pregnancy outcomes and are more constrained in their ability to pursue educational opportunities than young women who delay childbearing.

-5% of women age 15-19 in Jordan have begun childbearing:

3% have had a live birth, 2% pregnant with their 1st child at the time of interview.

The proportion of women age 15-19 who have begun childbearing:

Decreases rapidly with INCREASING LEVEL OF EDUCATION:

more than 1 in 4 women age 15-19 with elementary education (27%) have begun childbearing.

Only 8% women who attained preparatory education.

Only 4% of those who attained secondary education.

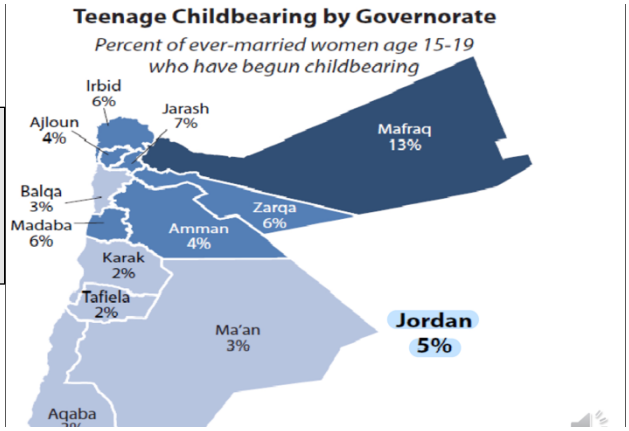
Rises rapidly with AGE:

From 5% among women with age 17 to 11% among those whose age is 19.

Decreases with WEALTH:

13% of women age 15-19 and women from the lowest wealth quintile have begun childbearing compared with 4% of those in the middle quintile.

Notice how childbearing is more common among women in **Mafraq** governorate (13%) and **Syrian** women (28%).



Antenatal Classes in Europe:

Topics covered by antenatal classes are:

-Health in pregnancy including a healthy diet, exercising to keep fit and active during pregnancy.

-Providing info. about the different types of labour and interventions , what happens during labour and birth, how to cope with labour and teaching them relaxation techniques.

-Health after birth and refreshing classes for those who've already had a baby.

-Caring for the baby including breast feeding.

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Access to ANC services:

As outlined by the WHO, access to ANC services consists of several elements, including distance and/or time to a facility, the physical availability of services, cultural and social factors that may impede access, economic and other costs associated with use of services, and the quality of the services offered.

Pregnancy Complications	
Anemia ***Hb < 10.*** ***(On the top of the list!!)***	***-Feel tired of weak, faint.*** ***-Shortness of breath.*** ***-Look Pale.***
Gestational Diabetes. ***(High sugar level during pregnancy).***	***Usually, no symptoms. Sometimes, extreme thirst, hunger, or fatigue.*** ***Screening test shows high blood sugars levels.***
High Blood Pressure ***(Pregnancy related).***	***High BP with no signs or symptoms of preeclampsia.*** ***(starts after 20 weeks of pregnancy and goes away after birth)***
Preeclampsia ***Also called Toxemia.***	***High blood pressure, swelling of hands and face, proteinuria, stomach pain, headaches, dizziness and blurred vision.***
Preterm labour ***(labour before 37 weeks of pregnancy).***	***Increased vaginal discharge, Pelvic pressure and cramping, back pain radiating to the abdomen, contractions.***
Miscarriage: ***Pregnancy loss from natural causes before 20 weeks.*** ***Often occurs before a woman even knows she's pregnant.*** ***20% of pregnancies end in miscarriage***	***Vaginal spotting or bleeding**** ***Cramping or abdominal pain.*** ***Fluid or tissue passing from vagina.*** ****Spotting early in pregnancy doesn't mean miscarriage is certain.*** ***Still, contact your doctor right away if you have any bleeding.***

Maternal Morbidity:

1st definition*: Any departure, subjective or objective, from a state of physiological or psychological maternal well-being; during pregnancy, childbirth and the postpartum period up to 42 days of delivery, related to changes taking place in these periods.*

2nd definition*: The WHO Maternal Morbidity Working Group defines maternal morbidity as "any health condition attributed to and/or aggravated by pregnancy and childbirth that has a negative impact on the woman's wellbeing".*

Most frequently reported maternal morbidities (from the most to the least common) (WHO, 2003)

1-Hypertensive disorders.
2-Stillbirth.
3-Abortion.
4-Hemorrhage.
5-Preterm delivery.
6-Anemia in pregnancy.
7-Diabetes in pregnancy.
8-Ectopic pregnancy .
9-Perineal tears.
10-Uterine rupture.
11-Depression.
12-Obstructive labour.
13-Postpartum sepsis.

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Hypertensive Disorders of pregnancy:

Chronic hypertension: blood pressure exceeding 140/90 mm Hg BEFORE pregnancy or BEFORE 20 weeks' gestation.
(Here, blood pressure elevations usually represent chronic hypertension).
So, it's not caused by pregnancy AND it doesn't go away after pregnancy.

Preeclampsia: a multi-system, pregnancy specific disorder that is characterized by the development of hypertension and proteinuria (elevated levels of protein in the urine) after 20 weeks of gestation.
Can be thought of as a disorder of endothelial function with VASOSPASM. (fetal ischemia).
-Altered maternal immune response to fetal/placental tissue may contribute to its development.
Causes problems with kidneys and other organs.

LEADING CAUSE of maternal, perinatal (from the 20th week of gestation to the 4th week after birth) and foetal/ neonatal mortality and morbidity.
-Clinically, PE presents as new hypertension in a previously normotensive woman, with systolic and diastolic blood pressure readings of ≥140 and ≥90 mmHg, respectively, on 2 separate occasions that are at least 6 hours apart, together with proteinuria that develops after 20 weeks of gestation.

-Occurs in 5% of all pregnancies, 10% of first pregnancies, 20-25% of women with a history of chronic hypertension.

-it can evolve into eclampsia which is a severe complication characterized by new-onset of epileptic seizures (generalized convulsions), due to angiospasms in the brain and brain edema.

Risk Factors:	***Medical Risk Factors:***
Maternal risk factors include: *First pregnancy.* *New partner/ Paternity.* *Age (younger than 18 or older than 35 years)* *History of preeclampsia* *Family history of PE in 1st degree relative.* *Black Race.*	*Chronic hypertension.* *Secondary causes of chronic hypertension such as hypercortisolism, hyperaldosteronism, pheochromocytoma, or renal artery stenosis.* *Preexisting diabetes (type 1 or type 2) especially with micro vascular disease.* *Renal disease.* *Systemic lupus erythematosus.* *Obesity.*

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