



Antenatal care



Antenatal care

- ❏ Why do we do antenatal care?
- ❏ Which health professionals provide it?
- ❏ Where is antenatal care delivered



Booking antenatal visit

- ❏ Confirm pregnancy & establish accurate dates
- ❏ Early pregnancy problems
- ❏ Risk assessment
- ❏ Routine investigations
- ❏ Arrange referral to other professionals to be involved



Routine investigations

 Hb / Plt

 Blood group & antibody screen

 Urinalysis

 Hb electrophoresis

 Serology:

 Syphilis

 Rubella

 HIV & Hep B/C

 Ultrasound



Screening options

 **NTD**

 **Down syndrome**

 **Fetal anomaly**



Pregnancy advice

- ❖ **Problem-specific**
- ❖ **Diet, antenatal care, infection risks**
- ❖ **Prenatal/labour education**
- ❖ **Shared decision making**



Visit schedule

- 🍯 6-8 weeks: book GP
- 🍯 14 weeks GP
- 🍯 18 weeks hospital
- 🍯 4 weekly to 30 weeks
- 🍯 2 weekly to 36 weeks
- 🍯 Weekly until delivery



Antenatal visits

- ❖ Symptom check (e.g. fetal movements, bleeding)
- ❖ BP / urinalysis
- ❖ Fundal height measurement
- ❖ Fetal heart sounds
- ❖ Arrange/review blood & ultrasound investigations
- ❖ FBC, antibody screen 28 & 36 weeks
- ❖ Glucose challenge test 28-30 weeks
- ❖ Anti-D for Rh negative women 28 & 34 weeks





Fetal heart rate patterns

Danny Tucker



Normal CTG

❖ **Baseline rate 110-150bpm**

❖ **Baseline variability 5-15bpm**

❖ **Accelerations 15bpm for 15s**

❖ **No decelerations**

❖ **50-75% false positive**

4/4 = reassuring

3/4 = suspicious

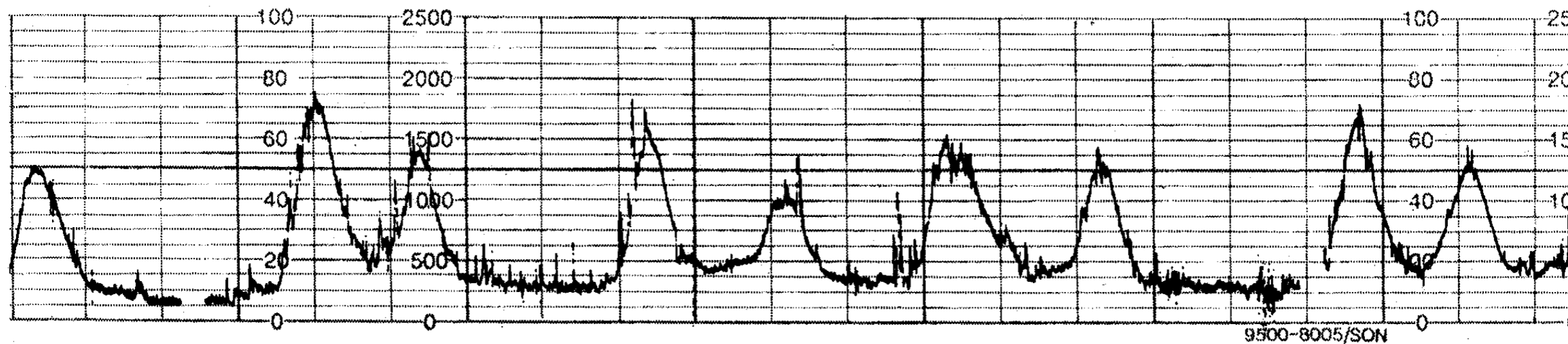
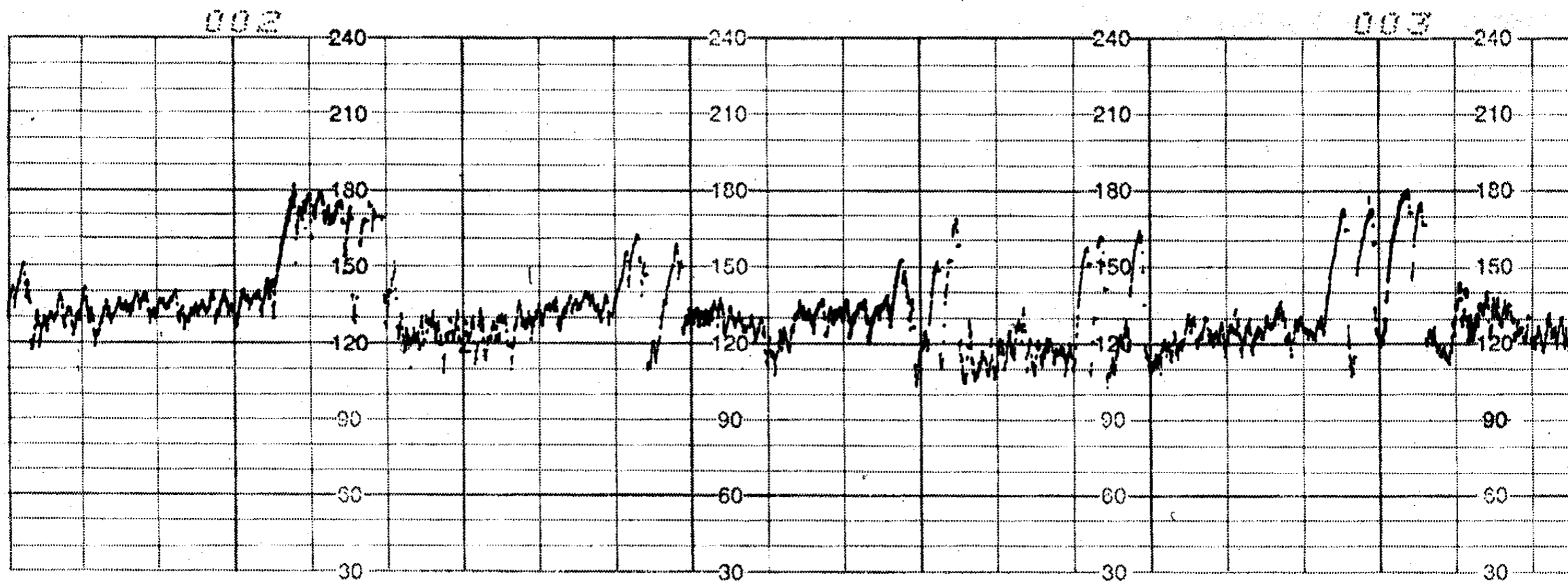
<3/4 = pathological

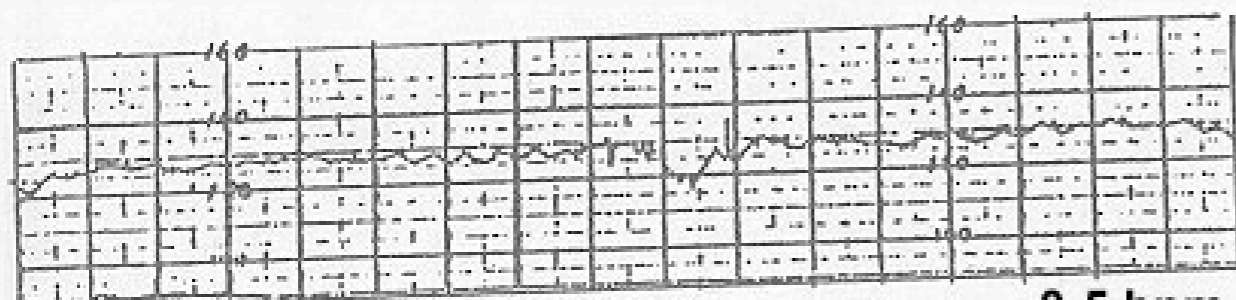


Interpretation

- Antenatal situation
- Labour progress & stage
- IOL/augmentation
- External or FSE
- Liquor
- Normal & abnormal features

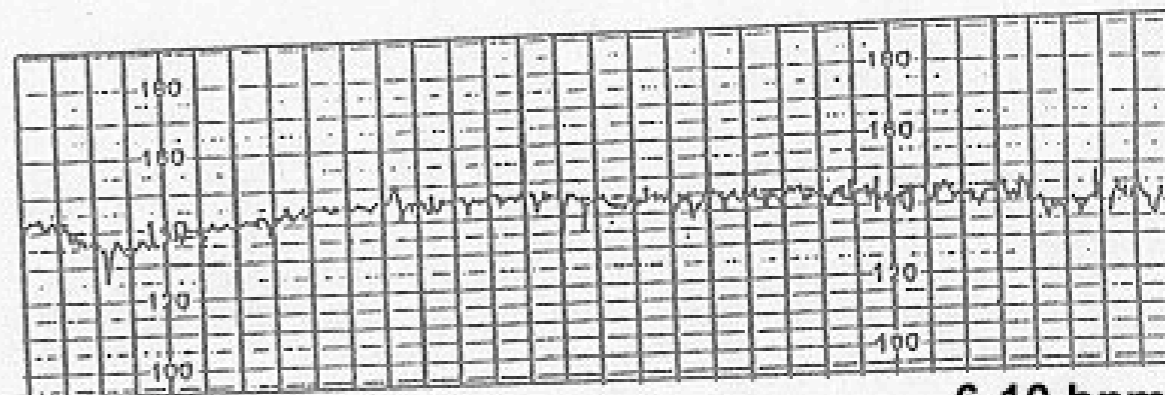






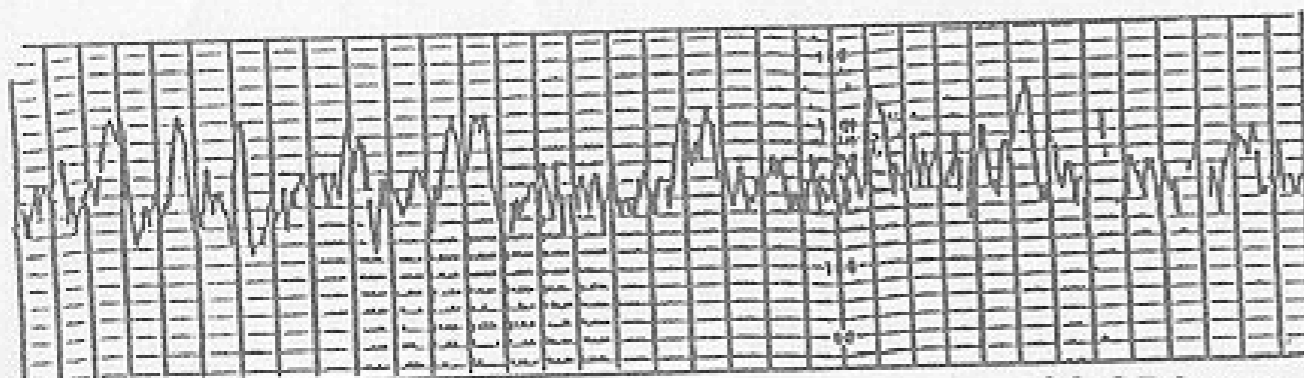
Silent

0-5 bpm



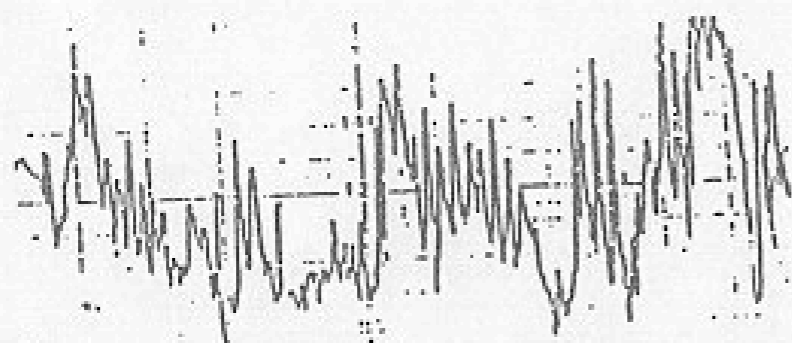
Reduced

6-10 bpm



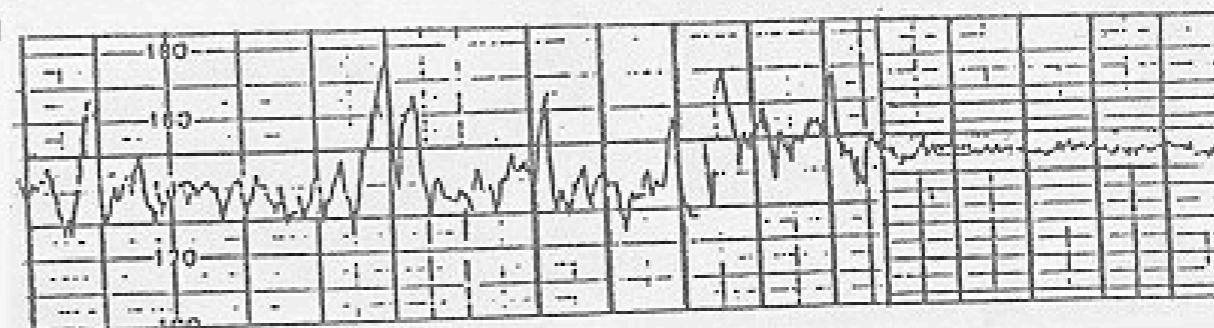
Normal

11-25 bpm



Saltatory

above 25 bpm



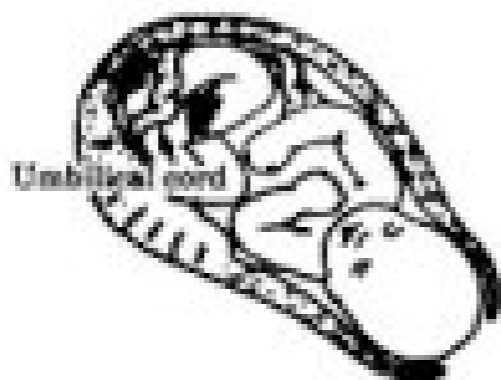
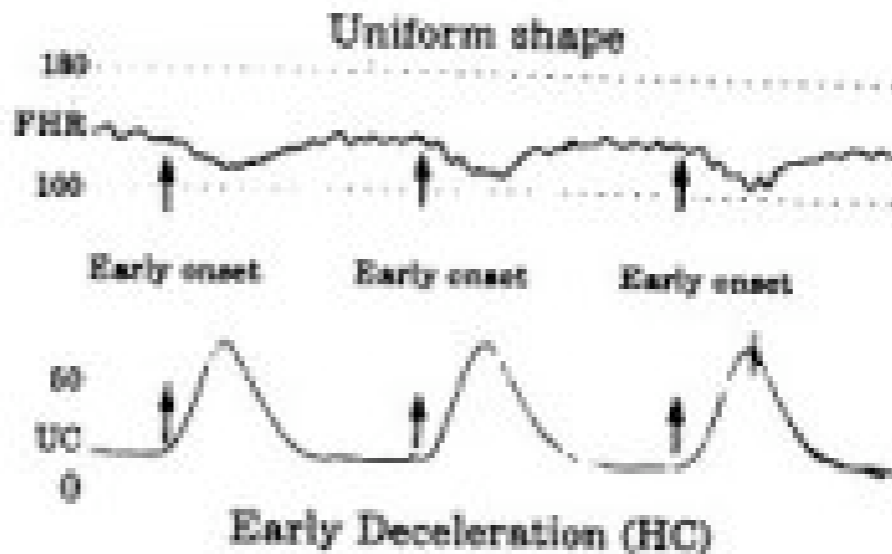
Normal

Sleeping

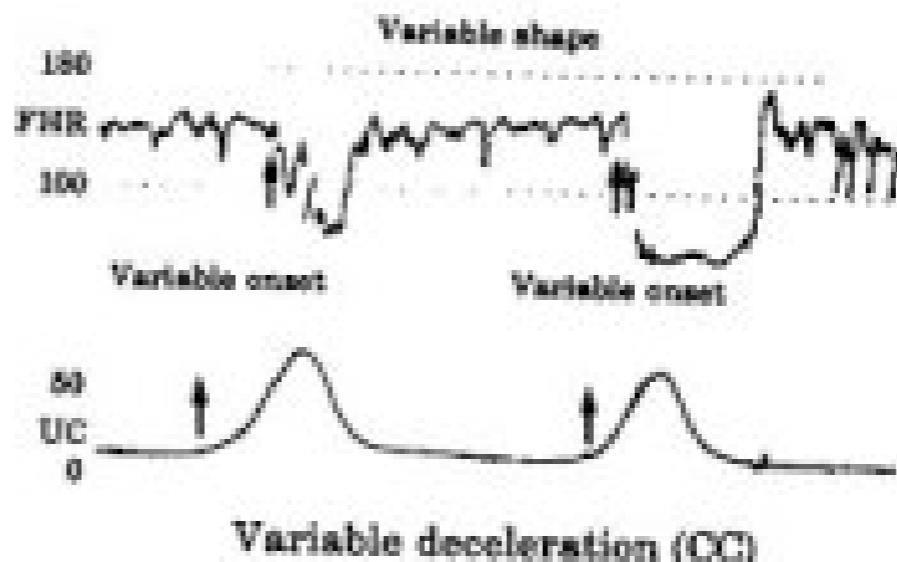
Fig. 4 - Classification of baseline variability



A. Head compression



B. Umbilical cord compression



C. Uteroplacental insufficiency

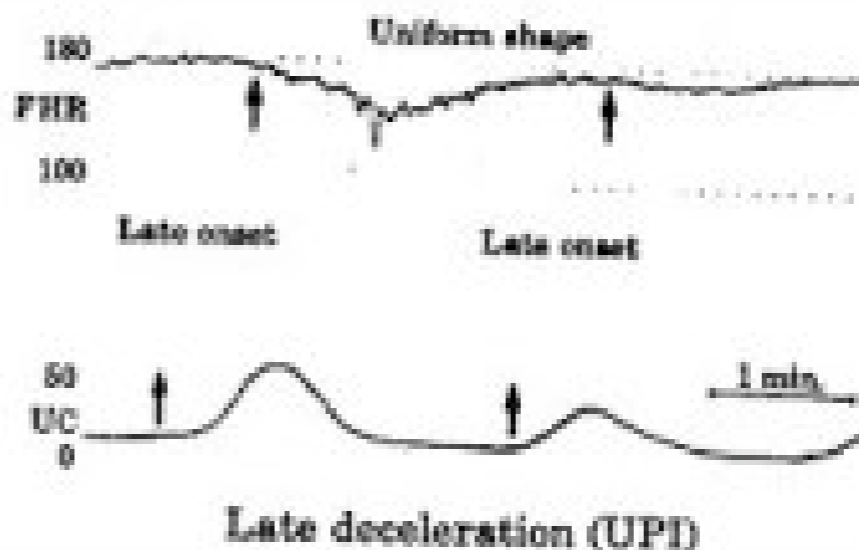
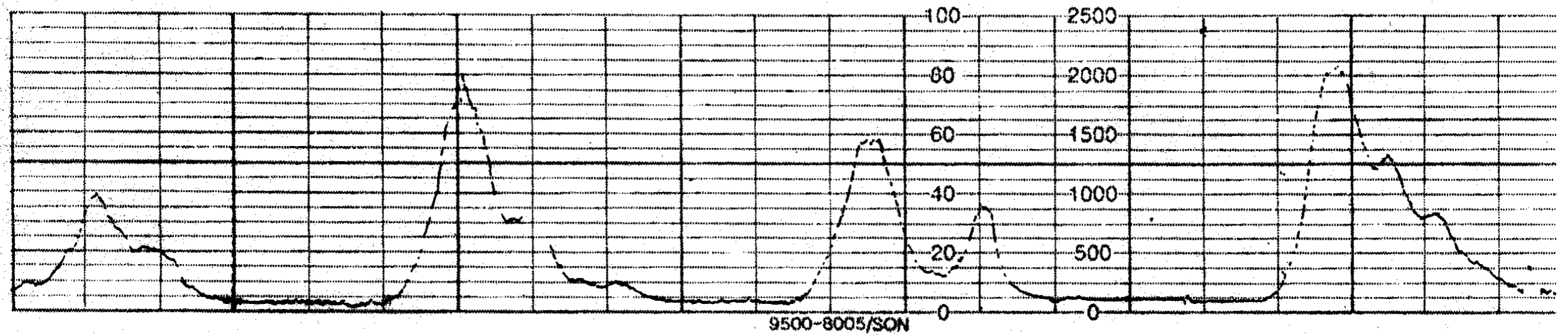
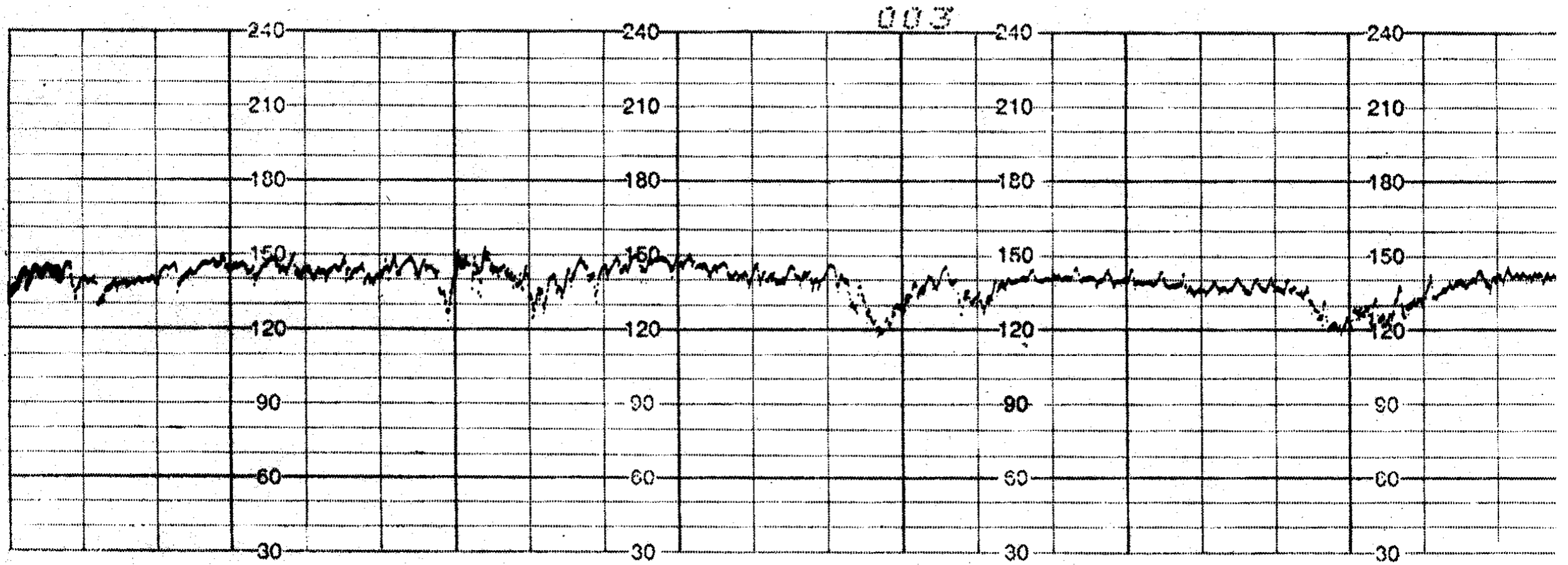
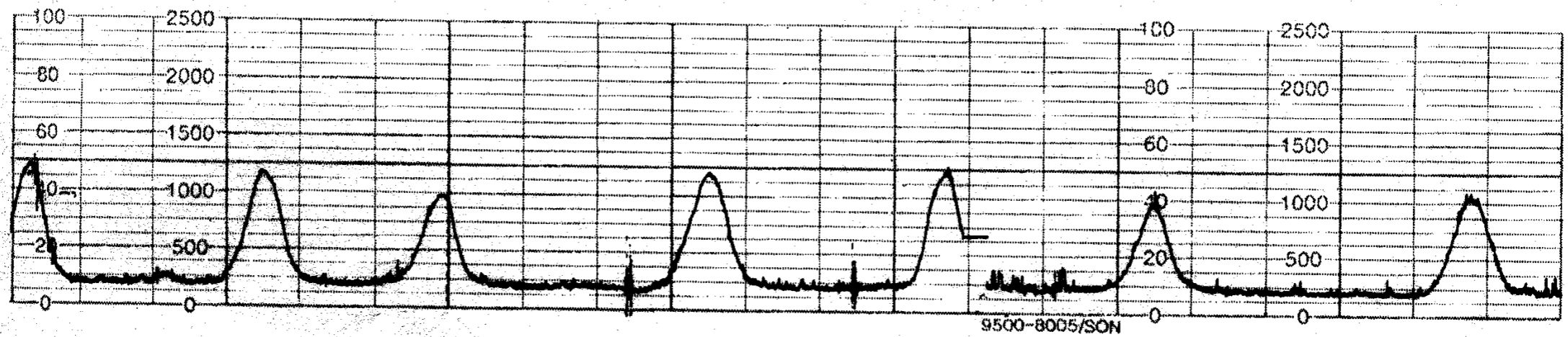
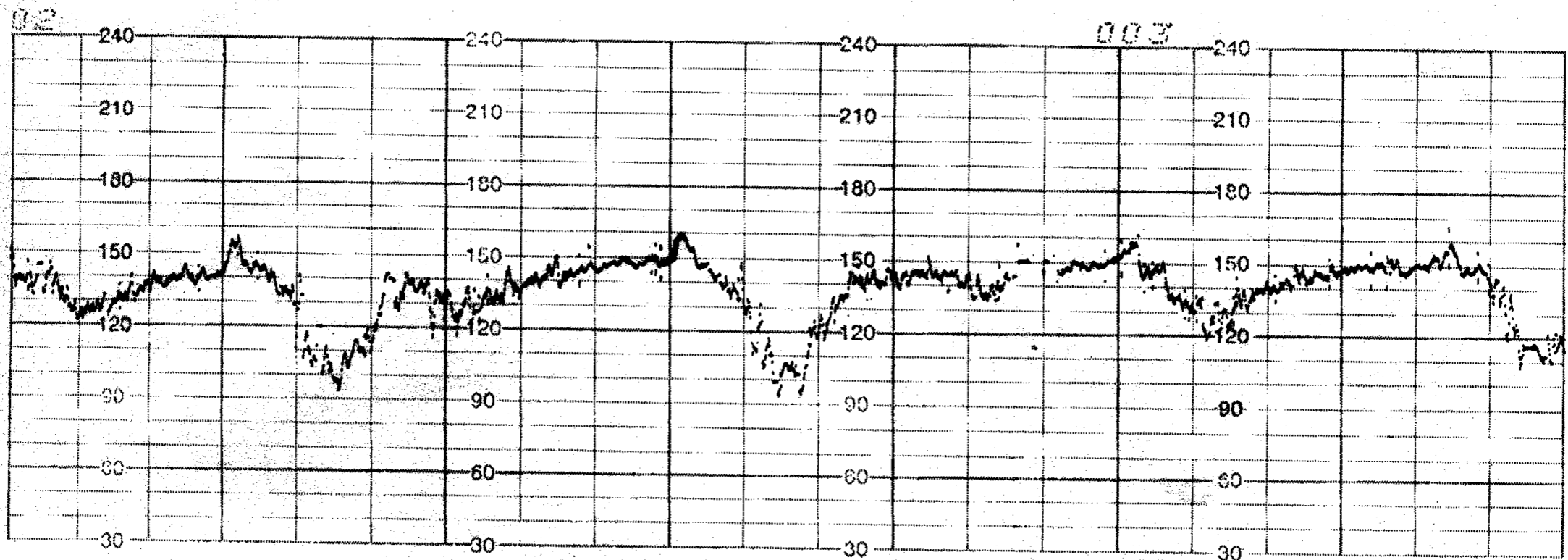


Figure 24-3 FHR deceleration patterns and implied etiology according





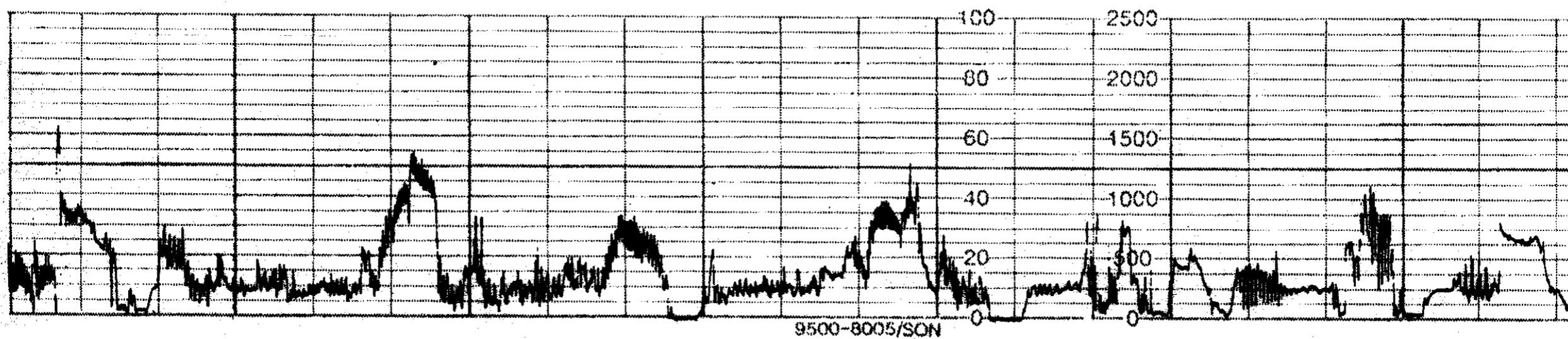
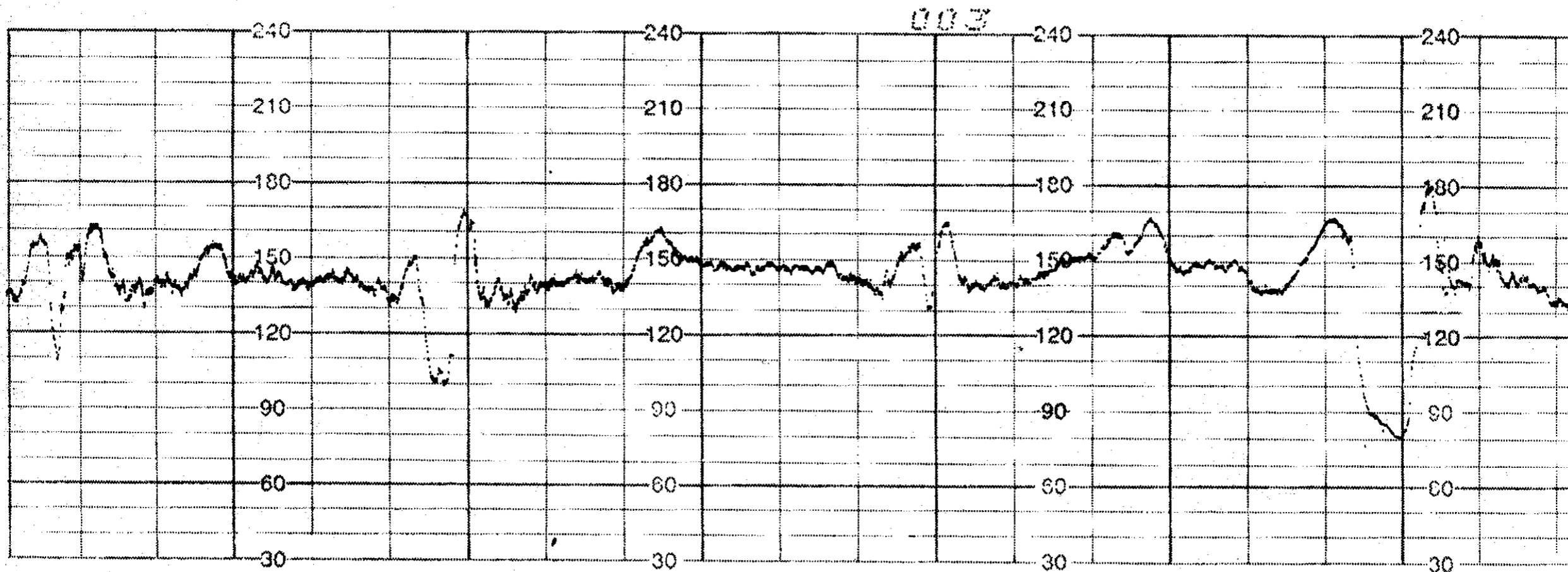
Late decelerations



Variable decelerations

- ❏ Inconsistent in shape and timing
- ❏ Cord compression
- ❏ Oligohydramnios
- ❏ Uncomplicated good outcomes
- ❏ Prolonged, recurrent with other FHR abnormalities -> acidosis





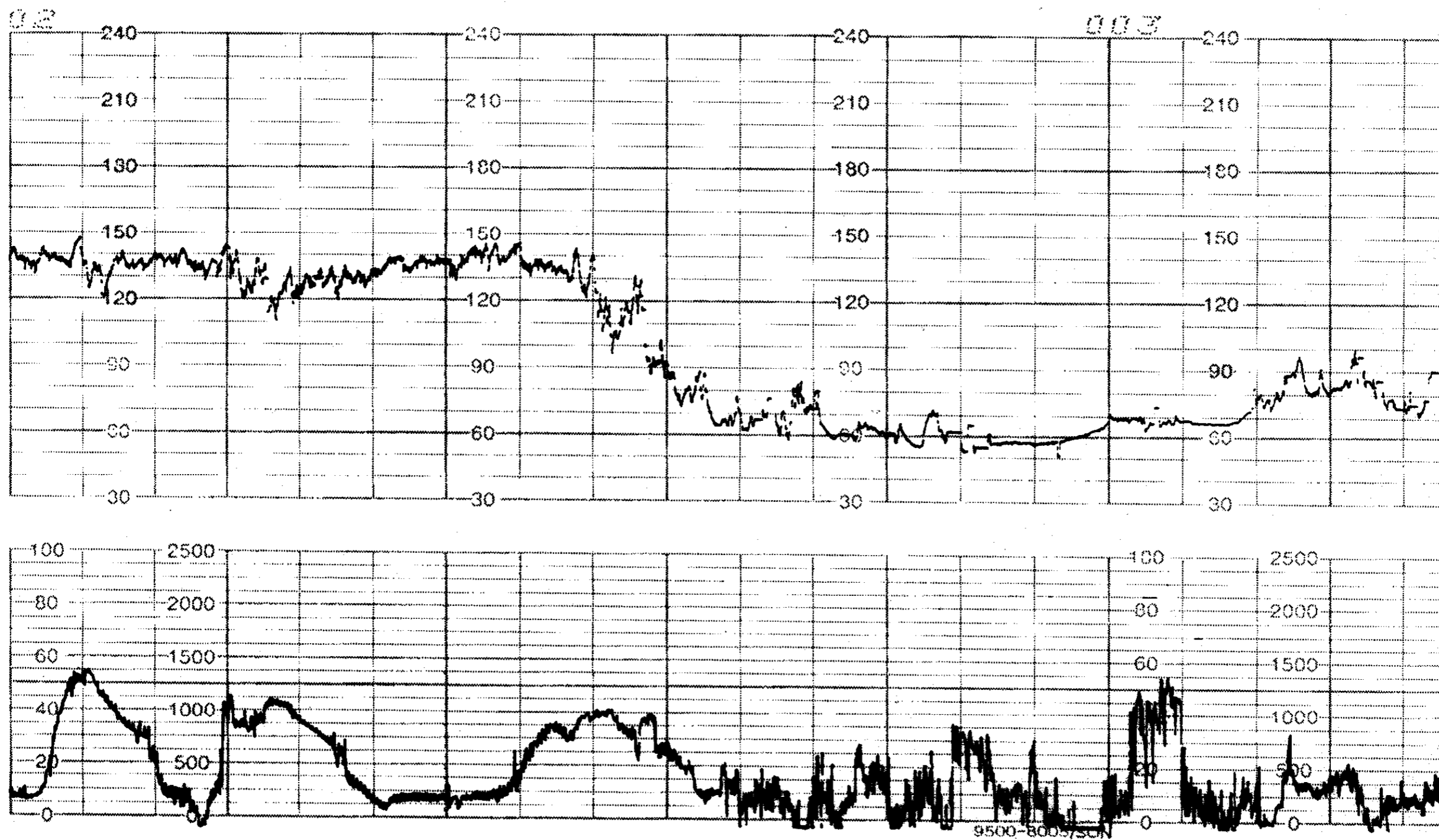


Fig. 6 Prolonged deceleration.

Prolonged deceleration

- ❖ Maternal position - wedge
- ❖ IV fluids if dry/hypotensive
- ❖ VE to exclude cord prolapse & assess proximity to delivery
- ❖ 3+3+3+3

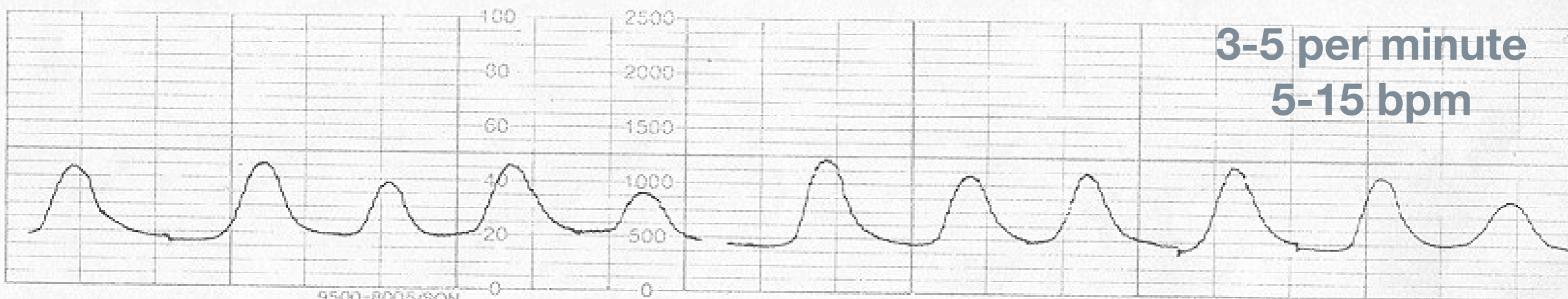
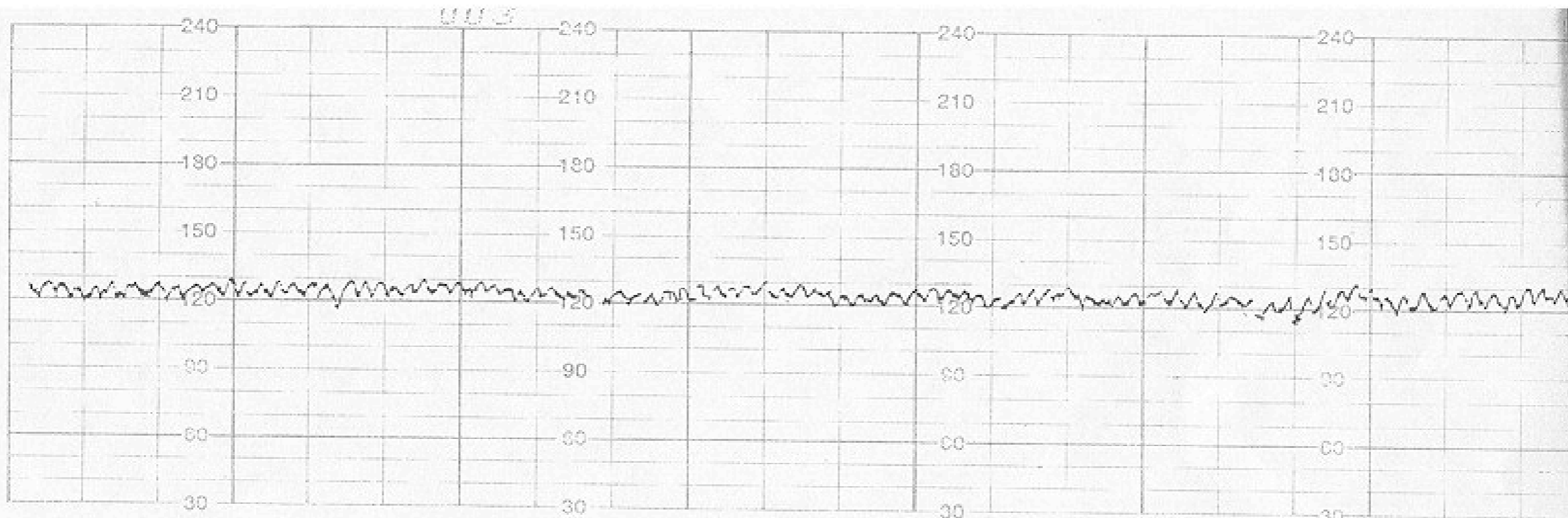


Baseline rate abnormalities

- ❏ **Baseline bradycardia**
- ❏ **Baseline tachycardia**
- ❏ **If uncomplicated and mild, usually normal outcome**



Sinusoidal CTG



3-5 per minute
5-15 bpm

Documentation

 ID data

 Date/time

 Significant events

 File

