Antenatal Care

→ Antenatal Care is the Care of the women during pregnancy. whose primary aim is to acheieve at end of pregnancy a healthy mother and a healthy baby.

Objectives

① To promote, protect and maintain the health of the mother during pregnancy.
② To detect "high risk" patients and give special care.
③ To foresee complication and prevent them.
④ To remove anxiety and dread associated with delievery.
⑤ To reduce maternal and infant mortality and morbidity.
⑥ To teach mother child care, nutrition, personal hygiene, and sanitation.
⑦ To sensitize mother about Family planning and MTP.
⑧ To attend to the under fiver accompanying mother.

The above objectives are acheieved by the following health services.

① Antenatal Visits.
② Prenatal advice
③ Specific health protection.
④ Mental Protection.
⑤ Family Planning.
⑥ Pediatric component.

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① Antenatal visits

⇒ Ideally the mother should attend the clinic-
once in a month till 7 months (28 weeks)
Twice in a month till 9-8 months (28-32 weeks,
once in a week from thereafter.

⇒ In India they dont follow the schedule due
low economic states, works - so in there
cases a minimum of 4 visits, covering the
entire period of pregnancy is advised-
1st Visit → within 12 weeks. for registration
and antenatal checkup.
2nd Visit → 14 to 26 weeks.
3rd Visit → 26 to 34 weeks.
4th visit → Between 36 weeks and term.

~~P~~e Antenatal checkup (In First Visit):

① History taking:
- Confirming pregnancy, Past history, Presting
complaint, Surgical history, obstetric history.
Personal history, Gynecological history etc.

② Physical examination:
- Pallor, Pulse, BP, Weight, odema, RR,
Breast examination.

③ Abdominal examination
① Fundal height - 12 weeks abdomen, 20 weeks at
umbilicus, 36 weeks - Xiphisternum.
② Fetal heart sounds ⇒ Starts @ 6 weeks in USG
and Heard around 6th month.
③ Fetal movements → 18 to 22 month.
④ Fetal parts ⑤ Fetal lie and presentation
⑥ Multiple pregnancy ⑦ Inspection of scar.

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④ Assessment of Gestational age
- First calculated with LMP and now it has been changed to USG which is gold standard.

⑤ Laboratory Investigation:

a) At Sub Centre
- Pregnancy detection test
- Hb, Urine test for albumin, Sugar
- Rapid malaria test

b) At PHC/CHC/FRU
- Blood group.
- VDRL/RPR.
- HIV testing.
- Rapid malaria test
- HBsAg

Risk approach

Maintainance of Records

Home Visits

② Prenatal advice

Mothers will be more receptive to advice than time.

① Diet → ↑ Calorie, ↑ Iron

② Personal hygiene → cleanliness, sleep, exercise, Constipation, ↓ Smoking and alcohol, Dental care, No sexual intercourse in third trimester

③ Drugs

④ Radiations → Xray → Neoplasms.

⑤ Warning Sign → Mother given advice that they should report if any symptoms
① Swelling of Feet ② Fits ③ Headache
④ Blurring of Vision ⑤ Bleeding or discharge per vagina ⑥ Unusual symptoms.

⑥ Child Care

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Specific Health Protection

(1) Anemia (2) other Nutritional Deficiency.
(3) Toxemia of pregnancy (4) Tetanus (5) Syphilis
(6) German measles (7) Rh status (8) HIV
(9) Hepatitis B (10) Prenatal screening.

Mental Preparation

→ It is not only about examinations and palpation, making mother prepare by giving sufficient time.
→ The mothercraft classes at MCH centre are useful.

Family planning

→ Advised for family planning and receptive than any other time.
→ If mother has 2 or more children advised for puerperal sterilization.

Pediatric component

→ Pediatrician should be in attendance at all antenatal clinics to pay attention to all expectant ~~mother~~ under-5 accompanying mothers.

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Low Birth Weight

→ It is the single most important determinant of its chances of survival, healthy growth and development.

→ Low Birth weight means birth weight of less than 2.5 kg; measurement taken preferably within first hour of life.

→ Apart from Birth weight, the babies can be classified as preterm (< 37 weeks), Term (37-42 weeks), postterm (> 42 weeks).

→ LBW is an infant with a birth weight of less than 2.5 kg regardless of gestational age. It includer two of following infants.

1) Preterm Babies
2) Small for Date babies

(1) Preterm Babies:

- When baby born alive before 37 weeks of pregnancy are completed.
- There babies are born too early, their intrauterine growth may be normal. There growth, height, weight normal for duration of gestation. and if given good neonatal care, they will catch up the growth by 2 to 3 years.

Incidences: 1 in 10 of world babies and the second leading cause for under 5 death and 1st in first month of life.

Causes:

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① Spontaneous → Multifactor, age, multiple pregnancy
② Initiated preterm birth → Infection, Nutritional, Lifestyle, Psychological, genetic.
(Induction of labor due to maternal or fetal indication.

Small for Date Babies

→ There are born at term or preterm. They weigh less than 10th percentile of the gestational age.
→ These babies are clearly the result of retarded intrauterine fetal growth.
→ There are multifactorial related with the mother, placenta and the baby.

Importance

→ ↑ risk of perinatal and infant mortality and morbidity.
→ Human wasting and suffering.
→ ↑ special care and Intensive care units.
→ Usually due to Nutritional status of the mother Inadequate parental care.

Prevention:

① Direct Intervention:
  ① Increasing food intake.
  ② Controlling infections.
  ③ Early detection and treatment of medical disorders.
② Indirect intervention
- Family planning, Sanitation, & Smoking.
- Increasing nutrition and health of young girls.

Treatment

2-2.5kg → Modern neonatal care (Hardly available)
2.2.5kg → ICU care for 2-3 days.

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Kangaroo mother care

It is a method of care for low birth babies. 4 essential components are.

① Skin to skin positioning of baby on mothers chest

② Adequate nutrition through breast feeding.

③ Ambulatory care or discharge from hospital.

④ Support for the mother and family in caring the baby.

The leading cause of death in low birth weight babies are

a) Atelectasis
b) Malformation
c) Pulmonary haemorrhage
d) Intraventricular bleeding
e) Pneumonia and other infection.

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Growth chart

Also called as "Road to health" chart

→ It is a visible display of child's physical growth and development which is designed primarily for the longitudinal follow up of a child, so that the changes can be interpreted.

→ It is important to note the weight for age chart the height is not taken into consideration. Because "weight" is the most sensitive measure and any deviation can be easily by the reference with reference curves.

→ A child can lose weight but not height.

① WHO child growth standards

→ Multicentric growth reference study was conducted which collected data (MGRS) where there was no environmental constraints to growth.

→ It was based on breastfeeding as the biological norm.

→ Measurements include weight/age, height/age and weight/height. Data on B.M.I was generated for children under 5 for the 1st time

→ Z score graph was plotted with NCHS/WHO reference which clearly showed a difference

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(2) Growth chart used in India

→ India has adapted the new WHO standards under Rural Health Mission and ICDS.

⇒ The standards are available for both boys and girls below 5 years of age.

⇒ A joint "mother and child protection card" which contains all the information about both of them.

⇒ X axis ⇒ Divided into 12 equal parts (months) for each year.

X axis ⇒ Weight in kg

⇒ Growth chart shows normal zone of weight for age, undernutrition (below -2SD) and severely underweight (below -3SD).

In some states the growth chart has weight for age zone and undernutrition zone of grade one, second, third and four.

→ It is the direction of growth that is more important than the position of dots on the line

→ Flattening or falling of the child's weight curve signals growth failure, which is the earliest sign of protein energy malnutrition and may precede clinical signs by weeks and months. Such child needs special care.

⇒ The objective in child care is to keep child in normal zone Uses ⇒⇒⇒

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Uses of growth chart

① For growth monitoring
② Diagnostic tool → "High risk" even before symptoms comes.
③ Planning and policy making by grading malnutrition,
④ Education tool to the mothers for the care of her and encourage child growth
⑤ Tool for action → Helps the health workers on the type of intervention that is needed.
⑥ Evaluation → For the effectiveness of corrective measures.
⑦ Tool for teaching → For the importance of feeding, the deleterious effects of diseases.

It has been described as a "passport of child's health care"

Alternative methods of growth monitoring

Height for age
Weight for height → without knowing age.
Arm circumference

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School Health Service:

School Health is an important branch of community Health. It is the economical and powerful means of serving the community and more importantly the future generations.

Historical developement

⇒ Thought started in 1906. Bhore committee says they are not existent, practically, During Five year plans they given many school health and school feeding programmes. ⇒ It must be stated that even after the providance it is difficult to attain perfection due to shortage of resources and the inefficient facilities.

Health Problems of school child

⇒ Based on docal health problem of the school child, culture, community. available resources in money, material, manpower. The main emphasis will fall under this

① Malnutrition
② Infectious disease
③ Intertinal pajarites.
④ Disease of skin, eye, ear.
⑤ Dental caries.

objectives of School health service

① Promotion of Positive health.

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② Prevention of diseases
③ Early diagnosis & treatment - follow up
④ Awakening health consciousness in children.
⑤ Provisions of healthful environment.

Aspects of School Health Service
① Health appraisal of school children and school personnel
a) Medical examination Periodically
b) School Personnel
c) Daily morning Inspection of symptoms.
② Remedial measures should meet and with the examination alone and treatment should be given.
→ Special clinic should be there for the each schools.
③ Prevention of communicable diseases
→ Through immunization.
④ Healthful school environment -
① location ② Site ③ Structure ④ Classroom
⑤ Furniture ⑥ Doors and windows
⑦ Colour ⑧ Lighting ⑨ water Supply
⑩ Eating facilities ⑪ Lavatory.
⑤ Nutritional services:
→ Mid day school meal Scheme - 1961
→ Applied Nutrition Programme → UNICEF
→ Specific nutrients:

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(6) Rural and urban community health.
- Rural urban differences in health problems.
- Medical care delivery systems in rural and urban areas.
(7) Mental health
- No distinction between mental illness and physical illness.
- Curative, preventive, rehabilitative and promotive aspects of mental health.
(8) Dental health.
- Dental caries should be inspected.
(9) Eye health problems
- Early detection of eye problems and its corrections and deficiencies.
(10) Health education
(11) Education of handicapped children
(12) School health services ⇒ Maintaining about the child.
School health administration
The health of the school children is the responsibility of parents, teachers and health administrators.
- Primary health centre
- School health service.

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Juvenile delinquency

The children act, 1960, in India defines
"Deliquent → child who has committed crime
an offence"

Juvenile → A Boy who has not attained the
age of 16 years and girl has not attained
age of 18 years.

→ In a broad sense "Juvenile crime" is not
only meaning it embraces all deviations
from normal youthful behaviour, and
habitually disobedient, who comes out
from home and mix with immoral people
and has antiproxial practices.

Incidence: In U.S. 2% of child attend juvenile
courts. In India also it is increasing
due to changes in cultural pattern
of people, urbanization and industrialization
→ Age is usually 15 and above
→ 4 to 5 times greater in boys than
girls.

Causes:

① Biological Causes
- Hereditary defects and feeble minded
- Physical defects and glandular imbal
→ Chromosome anamoly of extra Y chro
XXY in men has found to be
associated.

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(2) Social causes
- Broken homes → Eg. death of parents, separation, step mother, disturbed home condition.
→ Poverty, alcoholism, parent neglet, too many children etc.

(3) Other causes
- Absence of recreation facilities.
- Sex thrilling. Urbanization and Industrialization, cinema, TV, slum dwelling.

Preventive measures:

(1) Improvement of family life:
→ Well adjusted family, parenthood.

(2) Schooling.
→ Healthy teacher pupil relationship.
→ School teacher plays an important role in identifying it earlier.

(3) Social welfare services
→ Parental counselling.
→ Child guidance. Educational facility.

Battered Baby syndrome
→ A clinical condition in young children usually under 3 years of age, who have recieved non-accidental wholly inexcusable violence or injury. on one or more occasions, including minimal and severe fatal trauma.
→ It is usually by an hand of adult who in a position of trust, generally

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a parent, guardian or foster parent

→ In addition to deprivation of nutrition care and affection in circumstances which indicate the deprivation is not accidental.

→ Major risk factor is mental and neurological complication like mental retardation and cerebral palsy.

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