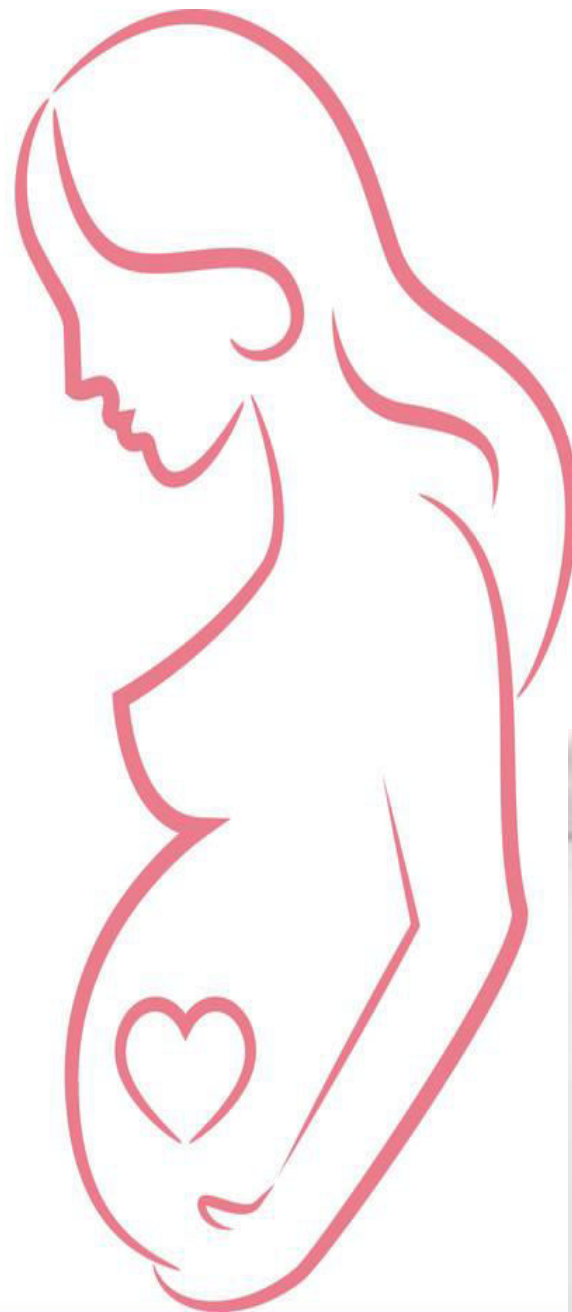


**SAFE MOTHER HOOD**

**"Safe motherhood" means maternal services provided to women during antenatal, delivery and post-partum periods**

**To improve the wellbeing of mothers through a comprehensive approach of providing preventive, promotive, curative and rehabilitative health care.**



# What is safe motherhood?

- It is a global effort to reduce illnesses and deaths among women and children specially in developing countries
- It was launched in 1987 and aimed to improve maternal health and cut maternal deaths to half by 2000

# SAFE MOTHERHOOD

- Safe motherhood is one of the important components of reproductive health.
- It ensures all the women receive the care they need to be safe and healthy throughout pregnancy and childbirth.

# OBJECTIVES

- An easy and increase access to family planning and maternal health care services.
- Improves the quality of maternal health care services.
- Awareness of people about the availability of best maternal health services.
- To ensure a normal pregnancy and delivery of a healthy baby from a healthy mother

# AIMS

- To improve wellbeing of mothers through a comprehensive approach of providing preventive, promotive, curative and rehabilitative health care
- Improve quality and increased access to family planning and maternal health services
- Educate couples to ensure they have the best chances for a wanted and safe pregnancy

# **PILLARS OF SAFE MOTHERHOOD**



## Safe motherhood

Family planning

Antenatal Care

Obstetric care

Postnatal care

Abortion care

STD/HIV control

Communication for behaviour change

Primary Health Care

Equity for Women

## **"SIX PILLARS" OF SAFE MOTHERHOOD**



**"Safe motherhood" means maternal services provided to women during antenatal, delivery and post-partum periods**

NATIONAL **SAFE**  
**MOTHERHOOD**  
DAY



**ANTENATAL CARE**

# PRECONCEPTION CARE

- Preconception care refers to mental and physical preparation of both parents for pregnancy and child bearing in order to improve the outcome of pregnancy.

## PREGNANCY TRACKING

birth rate \* population / 1000

- Pregnancy tracking is done to ensure complete antenatal registration. And estimates the number of live birth in a specific area

# ANTENATAL CARE

- Systemic supervision [examination and advice] provided to a woman during pregnancy/antenatal period .

# AIMS

1. To screen the high risk cases
2. To prevent or detect and treat the earliest of any complication.
3. To ensure continued risk assessment and provide ongoing primary preventive health care.
4. To educate the mother about physiology of pregnancy and labor.
5. To discuss the couple about date. Time and place of delivery.
6. To motivate the couple about need of family planning.
7. Appropriate advice to the couple seeking medical termination of pregnancy.



# Antenatal care comprises

- Registration of pregnancy
- History taking
- Antenatal examination **general / obstetric**
- Laboratory investigations/treatments
- Health education

# Antenatal visits schedule

## **IDEALLY**

First 28 weeks- once a month

Up to 36 weeks – twice a month

There after weekly till delivery

**MINIMUM** – 4 antenatal visits

1<sup>st</sup> visit around 16 weeks

2<sup>nd</sup> visit between 24 and 28 weeks

3<sup>rd</sup> visit at 32 weeks

4<sup>th</sup> visit at 36 week

# First visit should be

- As early in pregnancy as possible
- Concluded of
  1. **HISTORY TAKING**: Detailed history
  2. **EXAMINATION** : consisting of
    - a. General physical examination
    - b. Systemic examination
    - c. Obstetric examination.

3. **INVESTIGATION:** routine investigations

Blood analysis, blood grouping /Rh factors, urine analysis, hepatitis B surface antigen, ultrasonography

4. **SUPPLEMENTATION:** folic acid, iron and calcium supplements.

5. **HOME ADVICE:** Proper diet, proper rest, regular antenatal visits.

# HISTORY

- Particulars of the patient
  1. Name
  2. Age
  3. Gravida/para
  4. Address
  5. Date of first examination
- Drug history
- Chief complaints with duration
- Past history

- Obstetric history
- Menstrual history
- Family history
- Drug history
- History of immunization
- Socio economic history
- History of contraception
- History of allergy

# GENERAL PHYSICAL EXAMINATION

**PALLOR:** examine conjunctiva, tongue, oral mucosa, palms, nails

**PULSE**

**BLOOD PRESSURE**

**RESPIRATORY RATE :** 18-20 breaths /Mn

**EDEMA :**

**WEIGHT**

**BREAST EXAMINATION**

# ALARMING BLOOD PRESSURE

- Two consecutive B.P reading with systolic B.P 140 or above OR diastolic 90 OR above.
- Check urine for presence of albumin
- PREECLAMPSIA: hypertension and albumin urea
- IMMINENT ECLAMPSIA : Diastolic B.P > 110
- ECLAMPSIA: hypertension, albumin urea and convulsions



- REGULAR WEIGHT MONITORING at each visit: 11 kg total weight gain in entire pregnancy.
- After first trimester : 2 kg /month

# ABDOMINAL EXAMINATION

- Measurement of fundal height
- Fetal heart sounds
- Fetal movements
- Fetal parts
- Multiple pregnancies
- Fetal lie /presentation
- Presence of fetal scar or other relevant finding.

## SECOND VISIT [24-28 weeks]

- All necessary examinations done in first visits
- Fetal heart sound measurement
- Detect for multiple pregnancy

# THIRD VISIT [32 weeks]

Specially Screen for

1. preeclampsia
2. Anemia
3. IUGR
4. Multiple pregnancy

# FOURTH VISIT [ 36 weeks]

Identification of

1. Fetal lie
2. Presentation
3. Position
4. Birth plan

# SUPPLEMENTARY MEDICATIONS

- Supplementary iron is indicated for all pregnant women 20 weeks onwards
- Calcium supplements after first trimester
- Proper diet
- Good hygienic condition
- Walk
- No heavy work



# **OBSTETRIC ABDOMINAL EXAMINATION**

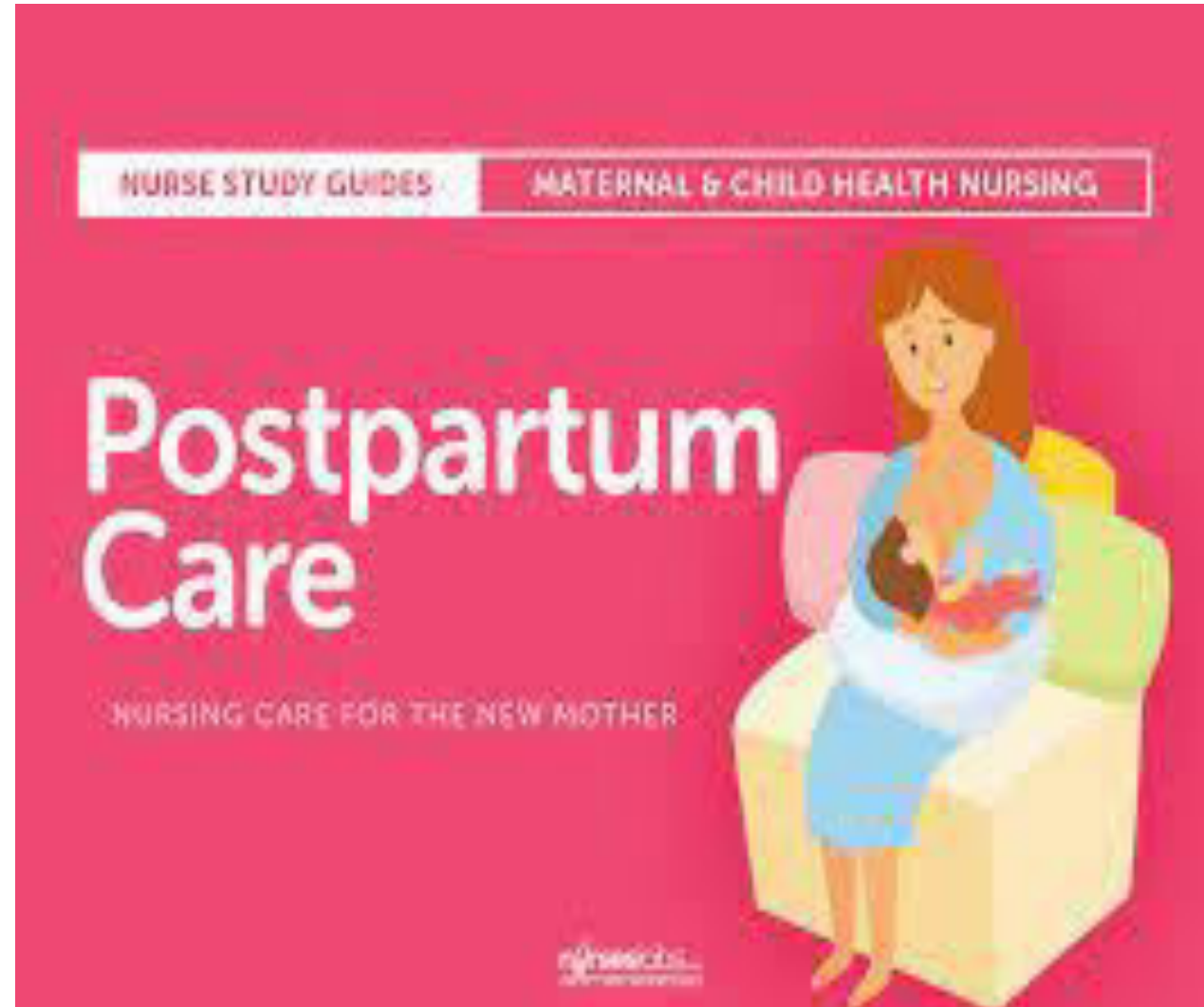
**POST NATAL CARE**

**DR SHAHNAZ**



# POST NATAL CARE

- The post natal care is also called post partum care
- Extends from end of labor until genital tract returns to normal
- that is about 42 days



# POST NATAL CARE

Care of the mother and newborn after delivery

It is the responsibility of obstetrician and pediatrician which is called perinatology.

# AIMS

- Support the mother and family
- Prevention ,early diagnosis and treatment of post partum complications
- Referral
- Counseling
- Also includes neonatal care
- Encourage breast feeding
- Education on nutrition and supplementation
- Counselling contraception and resumption of sexual life
- Immunization of infant



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# RATIONALE

- Increase the awareness of warning signals and appropriate interventions at all level
- About 2/3 maternal deaths occur in post natal period

# NEEDS OF WOMEN AND NEWBORNS

- Health care for suspected or occurring complications like PPH/PUERPERAL PYREXIA
- Time to care for newborn especially if bottle feeding
- Help with domestic tasks
- Information about breast feeding

# NEEDS OF SPECIAL GROUPS

- Special groups needs special attention these are
  1. Women staying in remote areas
  2. Urban poor
  3. Single mothers
  4. immigrants
  5. Illegal immigrants

# Frequency of post natal care

- Day 1
- Day 2
- Day 3
- Day 4
- Day 6
- Day 10
- Day 20



# PLACES FOR POST NATAL CARE

- Hospitals
- Maternity homes
- Homes clinics



# Mother examination in every visit

## EXAMINATION OF

vital signs

breast

abdomen/fundal height

perineum [episiotomy healing/stitches]

# ASSESSMENT OF BABY

Check for

- Body weight
- Body temperature
- Skin
- Eyes
- Umbilical cord
- feeding



# FEEDING TO THE BABY

- Breast feeding for two years
- Exclusive breast feeding for six months
- No bottle feeding
- Complementary feeding after six months

# FAMILY PLANNING

1. Post partum family planning should be discussed on second day of delivery
2. IUCD and conventional contraception should be done during lactation period.

# POST NATAL DEPRESSION/PSYCHOSIS

- It affects 1-2/1000 women and appears as depression, mania or schizophrenia.
- Usually begins at 5-15 days after delivery as confusion, restlessness, sadness, anxiety
- There is rapid development of delusions like baby is dead /deformed
- Hallucination with deepening melancholia
- Treatment must be given along with psychotherapy

# IMMUNIZATION OF WOMEN

- Along with 3<sup>rd</sup> dose of TT inj
- If she is Rh negative and baby is Rh positive then within 24 hours 300 mg of Rh immunoglobulin should be given within 24-48 hours of delivery.

**THNK U**