### OBSTETRIC PATIENT CARE

Group:1

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#### **OBJECTIVES**

#### **General objectives**

- To Ensure safe Antenatal, Postnatal & New born care
- To Make the OT, Labour room and ward teams proficient in obstetric care
- To Guide the team in entry level accreditation

#### DISPLAY THE SCOPE OF OBSTETRIC SERVICES

• This is to clearly communicate the patient and the community what the hospital can and cannot provide for pregnant women during —

Antenatal

Intra-natal

And postnatal period

- To be displayed in OG OPD, Labour Room Entrance, Registration Counter, Emergency Department and patient waiting areas.
- Bilingual Displays (common language and local language)

## LIST OUT ALL THE SERVICES PROVIDED IN YOUR SCOPE BOARD

- Clinical services
- Diagnostic services
- Support services
- Qualified Obstetrician with name and Qualification

#### HIGH RISK OBSTETRIC CASE

- The Apex and labour room manual to define which are the high risk case which can be treated in the hospital.
- Staff have to be aware on the high risk pregnancy which can be handled in the hospital eg staff in registration desker team, labour room team, neonatal unit.
- If the hospital is not equipped to manage high risk pregnancy, then are they are made aware of the same and appropriate policy and process exist to stabilize the pregnant women and transfer out safely.

#### High risk pregnancy list

- Pregnancy Induced Hypertension (PIH) with BP 150/100 to 140/90 mm of Hg
- Moderate anaemia at term Hb 7.1 to 9gm
- Mothers with heart diseases without failure
- Previous caesarean section or other surgeries on the uterus like myomectomy
- Mothers with CPD/ contracted pelvis
- Bad obstetric history (No live child or recurrent abortions)
- Teenage pregnancies (<20years) and elderly primigravida (>35 years)
- Breech (particularly Primi), Transverse lie
- Twins, triplets
- GDM pregnancy(with diet management/Insulin)

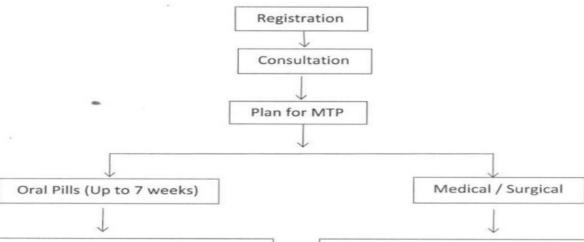
#### **LICENSURE**

- MTP license should be available
- PNDT license if ultrasound machine is available. Renewed appropriately
- Display of "No sex determination board" in the OG opd, entrance of hospital and radiology dept.
- Record and register needs to be maintained as per MTP ACT and all staff involved in such care have to aware of the procedure.
- Consent must be taken from all pregnant pts undergoing ultrasound that "No sex determination is done here"- Hospital will do this in a prescribed format which is stipulated by the govt.

#### **MTP Act**

- THE MEDICAL TERMINATION OF PREGNANCY (AMENDMENT) BILL, 2017
- A BILL further to amend the Medical Termination of Pregnancy Act, 1971. BE it enacted by Parliament in the Sixty-eighth Year of the Republic of India as follows:— 1.
- (1) This Act may be called the Medical Termination of Pregnancy (Amendment) Act, 2017.
- (2) It shall come into force on such date, as the Central Government may, by notification in the Official Gazette, appoint.

#### **Process Flow for MTP Patients**



- **Step 1**. Consent to be obtained by the primary consultant
- **Step 2**.Collect the MTP register from HCO/MD office and enter the patient details in the prescribed format .
- **Step 3**. Consent will be stored in the HCO / MD office in the sealed envelope with MTP serial Number.
- **Step 4**. All the documents will be stored in safe and secure place.

- **Step 1**. The treating consultant will obtain the consent.
- **Step 2**.Collect the MTP register from HCO / MD office and enter the patient details in the prescribed format .
- **Step 3**. The treating doctor will book the Operation theater with the MTP serial Number.
- **Step 4**. Patient Name will not be mentioned in the patient case sheet and other documents.
- **Step 5**. After the procedure within 3 hours the treating consultant have to complete all the necessary documentation as prescribed by law and discharge case sheet will be stored in HCO / MD office.

## OBSTETRIC PATIENT CARE- ANTENATAL, MATERNAL NUTRITION

- All antenatal mothers have to be registered as per **national guidelines**. This requires minimum 4 antenatal checkups
- First antenatal checkup as soon as the periods are missed or within, second at 4-6 month of pregnancy, third check at 7-8 month of pregnancy and the 4<sup>th</sup> at 9<sup>th</sup> month of pregnancy. The same shall be documented.
- Immunization as per national guidelines Ensure 2 doses of TT at least 28 days apart. Influenza vaccine is recommended from 26 weeks onwards, in case of pandemic we need to give early.
- Post natal vaccine- Rubella, hepB, varicella, influenza, Hpv vaccines
- Initial assessment includes-vital signs and nutritional assessment, checked and documented in every visit ie BP, pulse, respiration and anthropometric measure weight to ascertain normal weight gain
- Ensure common investigation like Hb, urine and abdominal check and documented at every visit.
- Ensure that pregnant women are prescribed folic acid and iron and the same is documented at the visit. The compliance status is also documented
- Mother is educated on nutritional requirement, antenatal exercises, the minor and major complications during pregnancy- printed brochures can be used for teaching purpose
- Fetal monitoring is documented at every visit

#### **OBSTETRIC PATIENT CARE- POSTNATAL CARE**

Staff has to be aware and implement the following Post-natal care:

- All staff are aware- Breast feeding within one hour of birth
- Birth registration is done as per the government guidelines
- Immunization of the newborn is done as per the National Immunization schedule At birth, BCG, OPV-0 Dose, Hepatitis B-0 Dose
- Family planning advice on temporary/permanent methods to be given to the eligible couple and the same is documented.

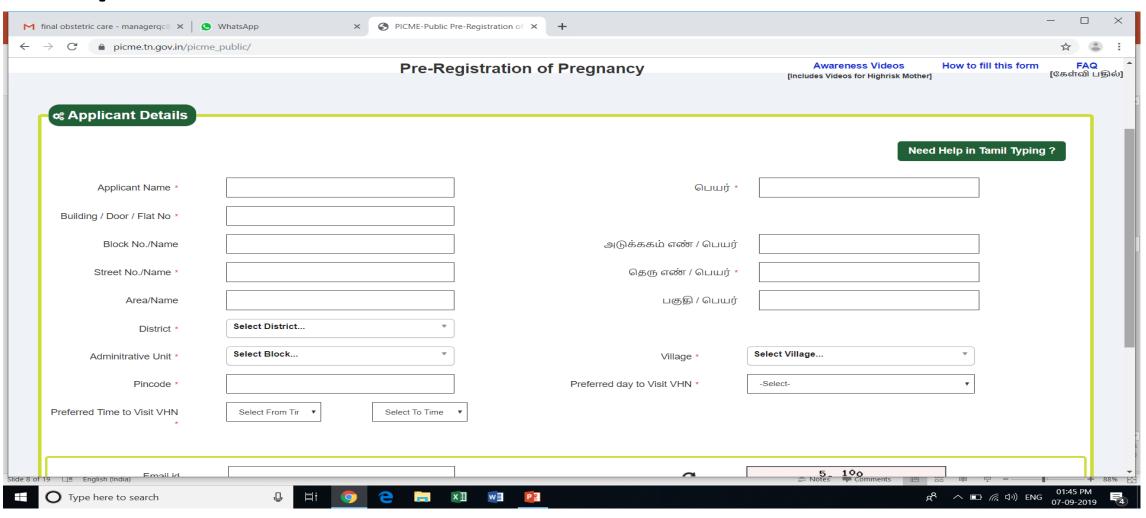
#### **Intra natal Care**

- a) Initial Assessment (History, Physical Examinations and Investigations)
- b) Mechanism of Normal labour Instrument Delivery
- c) Preparing the patient for LSCS
- d) Malpresentations
- e) Cephalo pelvic disproportion

#### **NEONATAL CARE**

- All equipment needed for Newborn care to be made available at the delivery suite. E.g. Warmer, Baby emergency resuscitation kit and drugs, weighing scale, suction device, oxygen etc.
- Calibration of equipment like phototherapy units and weighing scale to be done periodically.
- Staff are trained in resuscitation of newborns.
- Immunization services should be available as per guideline.
- Sick newborn care should be available with adequate trained pediatricians and nursing staff, staff are trained in neonatal resuscitation.
- Child abduction prevention measures should be in place. Staff should be trained and mock drills to be done.

# PRE REGISTRATION OF PREGNANCY- The hospital to ensure that every patient has a picme number and the hospital too makes a note of the same



Thank you!