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## Diagnosis in pregnancy & Prenatal & antenatal care

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A pregnant woman is shown from the waist down, wearing a blue dress with white polka dots. She has her hands resting on her belly. The background is a light blue gradient. The image is framed by a green border with a geometric pattern.

# Am i pregnant?

Early sign & symptoms of pregnancy

[www.medicalonline1.com](http://www.medicalonline1.com)

# DIAGNOSIS OF PREGNANCY

## SYMPTOMS AND SIGNS

- **Amenorrhoea:** differential diagnosis includes (disturbances in the hypothalamic-pituitary-ovarian axis or recent use of the contraceptive pills)
- Occasionally a women may continue to bleed in early pregnancy around the time of suppressed menstruation. This is usually called decidual bleeding and may, in theory, continue until about 12 weeks when the decidua capsularis fuses with the decidua vera



- Nausea or sickness

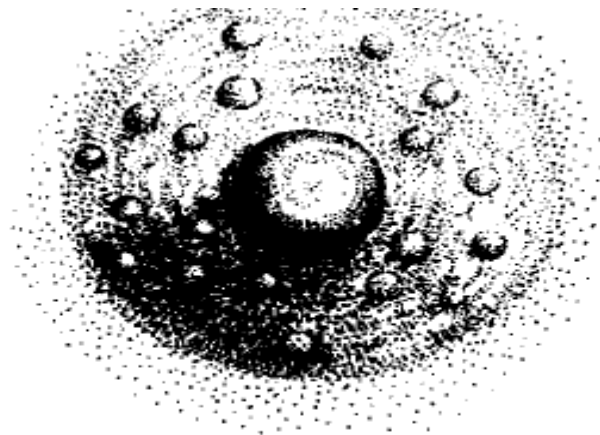
- Bladder symptoms

- Breast changes:

**6 weeks** : increased vascularity and a sensation of heaviness, almost of pain

**8 weeks**: the nipple and surrounding area — the primary areola — have become more pigmented.

**Montgomery's** tubercles — sebaceous glands which become more prominent as raised pink-red nodules on the areolc



The breast at 8 weeks

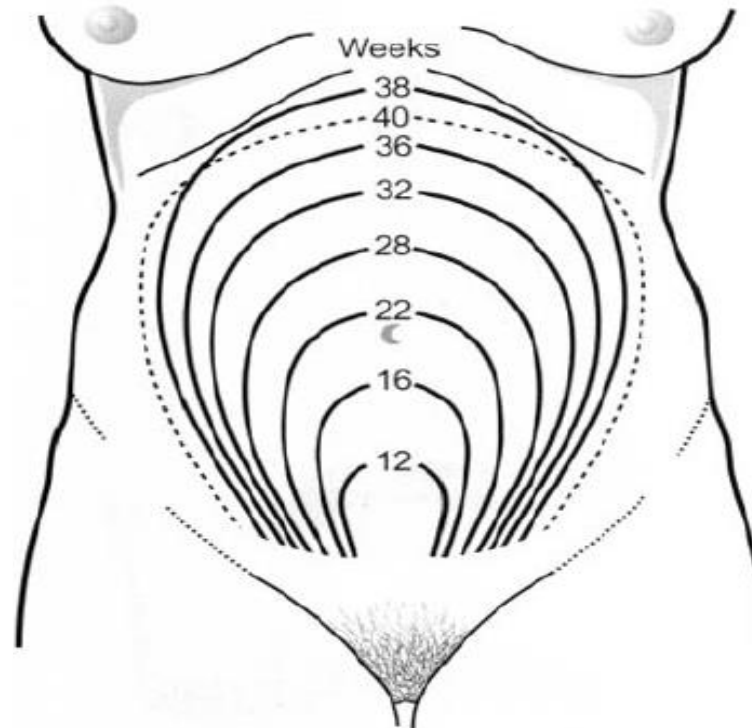
- **16 weeks:** a clear fluid (colostrum) is secreted and may be expressed
- **20 weeks:** the secondary areola — a mottled effect due to further pigmentation — has become prominent



**The breast at 16 weeks**

## ● Uterine changes

Cervical and uterine softening and a bluish discoloration of the cervix, due to increased vascularity, may be apparent but these signs are not invariable.

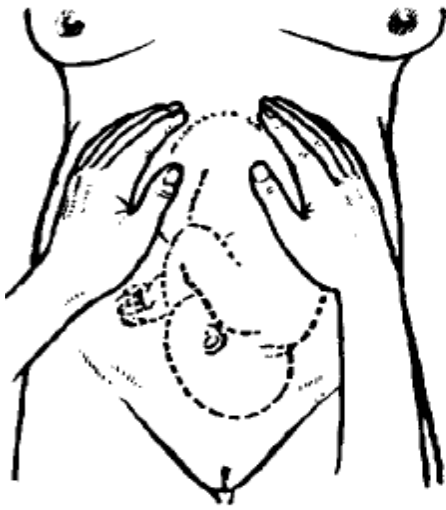


- AWARENESS OF FETAL MOVEMENT ('QUICKENING')
- PALPABLE UTERINE CONTRACTIONS
- AUSCULTATION OF THE FETAL HEART: The fetal heart may be heard with a fetal stethoscope (Pinard) pressed on the abdomen, over the back of the fetus, from about 24-26 weeks
- .



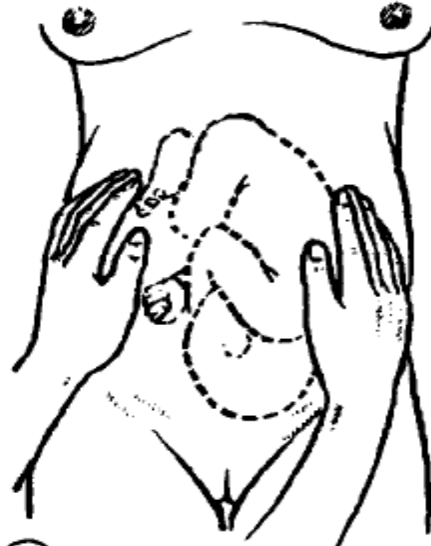


## ● PALPABLE FETAL PARTS



①

1. The fundus is palpated and its contents (here the breech) identified.



②

2. The hands palpate the contours of the uterus, identifying the back and the limbs.



③

3. The head should be palpated, and it should be noted whether it is mobile or fixed in the pelvic brim.

## ● SKIN CHANGES

## PREGNANCY TESTS

1. DETECTION OF HCG
2. ULTRASOUND



# Preconception Care

# PRE-PREGNANCY CARE

- pre-pregnancy advice and counselling should cover:
  - a) General health, medical and family history
  - b) Obstetric history
  - c) Advice on lifestyle: take folic acid, avoid smoking , alcohol, drug abuse
  - d) Discontinuation of hormonal contraception
  - e) Baseline observations of maternal weight, blood-pressure and rubella and HIV status

# ***ANTENATAL CARE***





# Antenatal care

## PURPOSE

1. To maintain the best possible state of health of mother and fetus by screening for problems, actual and potential, as early as possible, and instituting appropriate management.
2. Any screening test generates anxiety and those for congenital abnormality and those for infectious disease, such as HIV,

## Objectives

1. To promote, protect and maintain health of the mother

2. To detect 'at risk' cases and provide necessary care

3. To provide advise on self care during pregnancy

4. To educate women on warning signals, child care, family planning

5. To prepare the woman for labour and lactation

6. To allay anxiety associated with pregnancy and childbirth

7. To provide early diagnosis and treatment

8. To plan for "Birth" and emergencies /

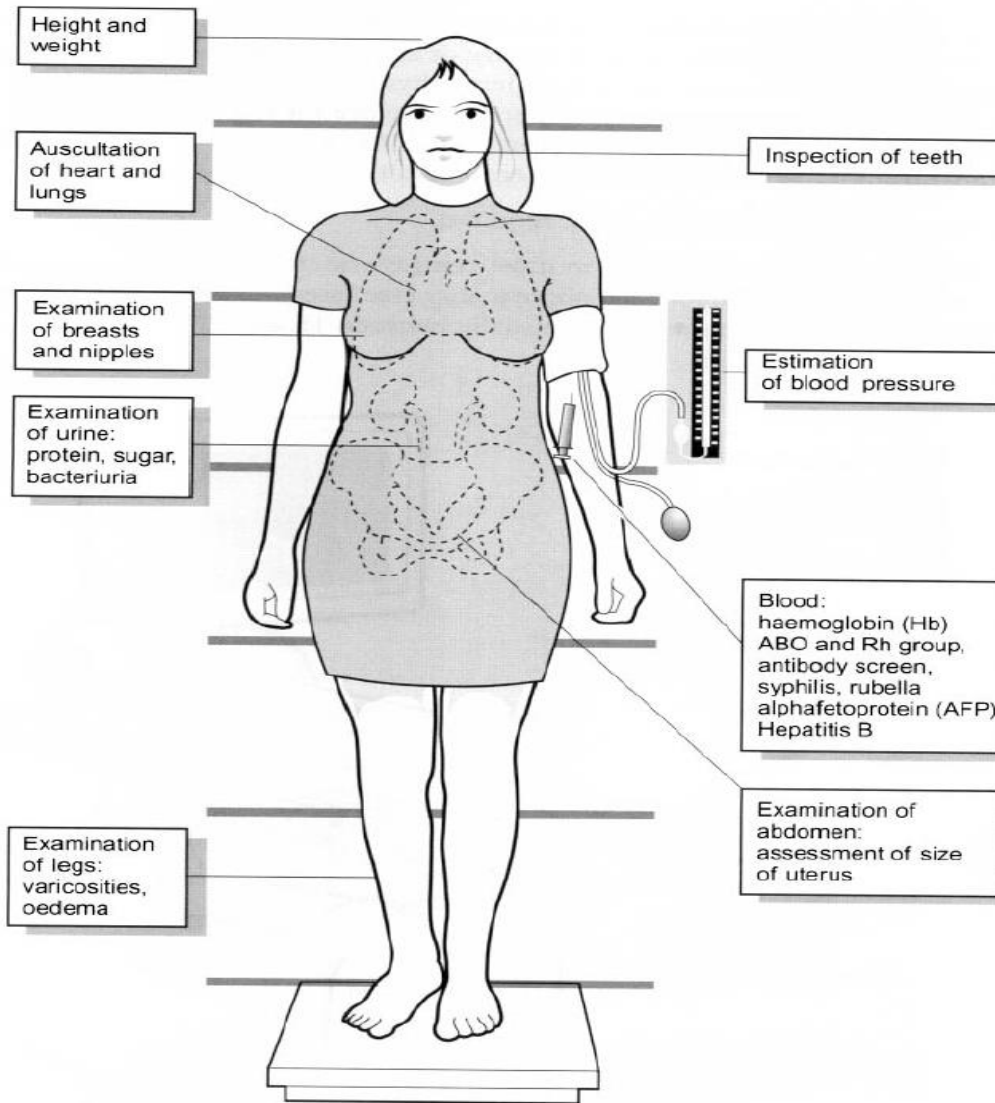
9. To provide care to any child accompanying the mother

## BOOKING VISIT

A detailed history is required:

1. MENSTRUAL HISTORY
2. MEDICAL HISTORY
3. FAMILY HISTORY
4. SOCIAL HISTORY
5. OBSTETRIC HISTORY
6. CONTRACEPTIVE HISTORY
7. RISK FACTORS : Any factor from the above list liable to increase maternal or fetal morbidity should be highlighted in the case record

# THE FIRST EXAMINATION



- An ultrasound scan has become routine in most centres and may be done as part of a first trimester screening programme for fetal abnormality, or at the first visit, or as part of an anomaly screening programme later (usually between 18 and 20 weeks).

**The advantages of routine early scanning are:**

- Confirmation of continuing pregnancy.
- Exclusion, or identification, of multiple pregnancy.
- Accurate identification of gestational age (upon which many obstetrical assessments and decisions are based).
- Recognition of major fetal anomalies.



## GENERAL RECOMMENDATIONS AT THE BOOKING VISIT

1. PRE-NATAL DIAGNOSIS
2. DIET, SMOKING AND ALCOHOL: A combined preparation containing 100 milligrams elemental iron and 300-350 micrograms of folic acid daily will prevent most cases of iron deficiency or megaloblastic anaemia.
3. :EXERCISE AND WORK: Most mothers should be encouraged to see pregnancy as a healthy state and, within reason, normal activity both domestic and recreational, may be continued

- **COITUS**

- **DRUGS:** The mother should be advised to avoid any form of medication unless authorised by her doctor.

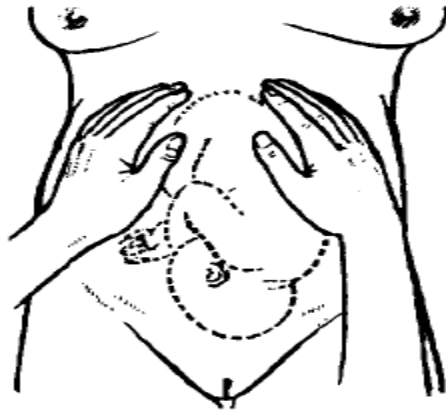
- **TEETH:** There is no objection to the use of local anaesthesia for dental treatment.

- **BOWEL ACTION:** Constipation is common in pregnancy and should not be a cause for concern. A diet high in fibre and fruit helps and mild laxatives may be taken if required.

## SUBSEQUENT ANTENATAL EXAMINATIONS

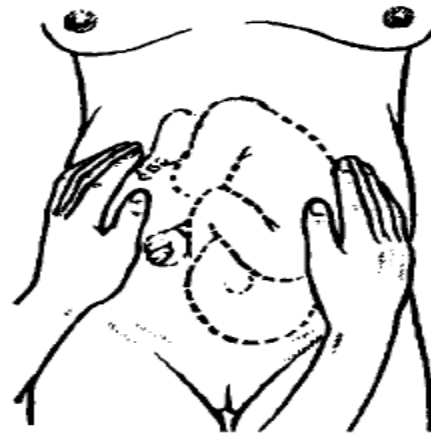
- The traditional pattern, monthly examination until 28 weeks, then fortnightly until 38 weeks and weekly thereafter
- In parous, healthy women, a less intensive pattern of antenatal care is appropriate.
- **BLOOD PRESSURE**
- **URINE**
- **HAEMOGLOBIN**
- **RHESUS TESTING** : Rhesus negative women are identified at the booking visit. A screening test for other red cell antibodies is also carried out. This should be repeated regularly throughout the pregnancy

# ABDOMINAL EXAMINATION



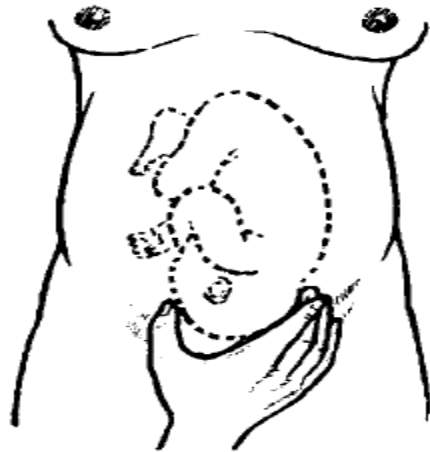
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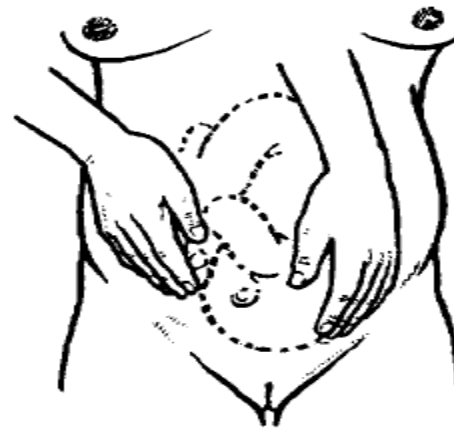
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The hands palpate the contours of the uterus, identifying the back and the limbs.



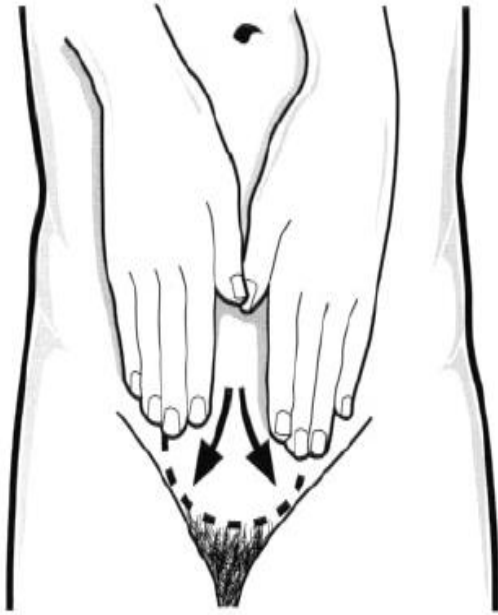
③

The head should be palpated, and note made of whether it is mobile or fixed in the brim. This technique is more commonly used by obstetricians in determining the safety of assisted vaginal delivery, than by midwives.



④

The examiner faces the patient's feet and gently pushes two fingers towards the pelvis. This is the best method of palpating the fetal head and determining whether it is fixed or mobile.



This presenting part is 'fixed'



This presenting part is 'mobile'



# PHYSIOTHERAPY IN THE ANTENATAL PERIOD

## ○ ANTENATAL PREPARATION

1. **EARLY PREGNANCY SESSION:** The physiotherapy input will include

**Back care.** Postural and weight changes, bending and lifting, sitting and working positions.

**Pelvic floor.** Raise awareness of the pelvic floor by explaining its role and teaching correct method of contracting this muscle group.

**Circulation.** Changes within the cardio-vascular system will be explained. General advice will be given and exercises to stimulate circulation in the lower limbs will be demonstrated

- **Exercise:** Specific exercises to help maintain abdominal muscle strength, in particular Trans versus Abdominis to maintain lumbo-pelvic stability and pelvic tilting which may also relieve backache.
- **Relaxation:** The physiotherapist can support the pregnant woman by enabling her to understand the causes and effects of stress, how to recognise it in themselves and learning to control and manage it.

## 2. PREPARATION FOR LABOUR

The physiotherapy and parenthood education departments generally offer a series of between five and eight sessions. These classes will include the anatomy and physiology of labour; coping techniques such as

relaxation, massage, breathing and positioning to encourage progress and reduce the pain of labour.



**THANK YOU FOR LISTENING**



**ANY QUESTIONS?**