

In this Topic Area you have covered:

1. The purpose and importance of antenatal clinic
2. Screening and diagnostic tests
3. The purpose and importance of antenatal (parenting) classes
4. The choices available for delivery
5. The role of the birth partner in supporting the mother through pregnancy and birth
6. The methods of pain relief when in labour
7. The signs that labour has started
8. The three stages of labour and their physiological changes
9. The methods of assisted birth

Stage 1:

Labour starts and the neck of the uterus opens

Contractions

Dilation of the cervix

Transition (7-10 cm dilated):

body releases adrenalin

Contractions become very intense

Stage 2:

Contraction increase in strength

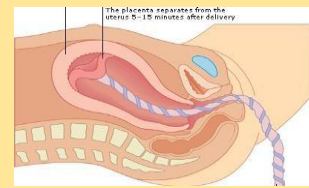
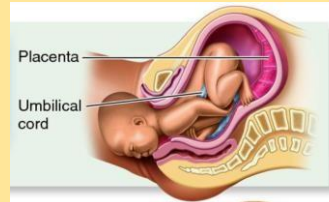
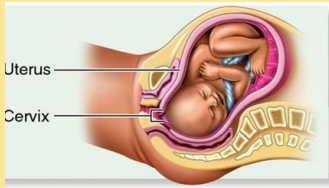
The baby is delivered

Skin to Skin

Cord clamped

Stage 3:

Delivery of the placenta and the membranes



Assisted Births use:

Forceps

Ventouse

Caesarean Section

Episiotomy



TA2: Antenatal care and preparation for birth

Roles of Health Professionals

The General Practitioner (GP) A doctor who is the first port of call in for a patient if they think they are pregnant.

- Will book appointments for midwife and specialist doctors for scans and check-ups
- Answer any initial questions
- Discuss any specific issues e.g. medical conditions
- Treat the mother for any non-pregnancy related medical problems
- Respond to any emergency concerns e.g. abdominal pain.
- Provide postnatal medical care including contraception

Midwife: specialising in pregnancy, childbirth, postpartum, women's sexual and reproductive health and new-born care and up to 28 days after the birth.

- Provides full antenatal care: parenting classes; clinical examinations; screening.
- Identifying high-risk pregnancies.
- Monitoring women and supporting them during labour and birth
- Teaching new mothers how to feed, care for and bathe their babies.

The Obstetrician: A doctor specialising in complex pregnancies

- Supports the mother if they have pre-existing medical condition that will complicate the pregnancy or birth
- Support the midwife if the baby becomes stressed during labour



Births

Hospital

Home

Equipment is available in an emergency
Trained staff are always present
Special monitoring equipment is there to check baby

Familiar surroundings therefore the mother is more relaxed
Privacy during the birth
No transport is needed

Pain Relief

Entonox: mix of oxygen and nitrous oxide

Pethidine: Injection in the bottom

Epidural: Anaesthetic in the back

TENS: Transcutaneous Electrical Nerve Stimulation

Massage

Water birth

Antenatal Classes

- Prepare both parents for labour and parenthood
- Provides advice on feeding and caring for a baby
- Promotes a healthy lifestyle and diet

Routine Monitoring Checks

Reason

Weight

A gain 10-12.5kg during pregnancy is normal, any more could be a sign of **pre-eclampsia** or **gestational diabetes**

Blood Pressure

checked at each appointment to see if it is too high as it could be a sign of **pre-eclampsia**.

Urine test

look for: **ketones** as could be a sign of *dehydration*; **glucose** a sign of *pregnancy diabetes*; **protein** a sign of *Pre Eclampsia* or *bladder infection*

Examination of the Uterus

Carried out from 28 weeks: Feeling the sides and top of the woman's abdomen and using a tape measure to measure the size of the uterus To monitor the baby's growth

Baby's heartbeat

This is to make sure that the unborn baby is alive and the heartbeat is normal

Blood Tests

- mothers level of Haemoglobin (the protein in red blood cells)
- mothers blood group (A,B,O,AB)
- contains rhesus factor, to make antibodies for the unborn baby
- iron level in the mothers blood, for anaemia
- infectious diseases hepatitis B, HIV or
- genetic syndromes e.g. Down Syndrome
- gestational diabetes which causes complications in pregnancy

Screening Tests

Ultrasound scan (The Dating Scan) 10-14 weeks measuring the baby's size to work out the estimated day of delivery the 'Due Date'

- **Ultra Sound Anomaly Scan 18-21 weeks** looking for Anencephaly; Spina Bifida; Cleft Lip; genetic disorders e.g. Edwards syndrome
- **Nuchal Fold Translucency Scan** measures the amount of fluid under the skin at the back of the baby's neck for Downs Syndrome
- **Triple Test blood test** measures 3 substances in the blood alpha-fetoprotein, human chorionic gonadotropin and unconjugated estriol. For Down's Syndrome and spina bifida

Specialised Diagnostics Tests

- **Chorionic Villus Sampling (CVS)** genetic conditions e.g. cystic fibrosis, sickle cell anaemia, muscular dystrophy
- **Amniocentesis** Chromosomal conditions e.g. Downs Syndrome, Edwards Syndrome
- **Non-Invasive Prenatal Testing (NIPT)** blood tests looking for foetal DNA looking for chromosomal abnormalities. For Down's syndrome, Edwards Syndrome