

PREVENTIVE MEDICINE IN OBSTETRICS, PAEDIATRICS AND GERIATRICS



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INTRANATAL CARE



- INTRODUCTION
- AIMS
- DOMICILIARY CARE
- INSTITUTIONAL CARE
- ROOMING IN



- Child birth has associated complications.
- **Septicemia** may result from unskilled and septic manipulations, and **tetanus neonatorum** from the use of unsterilized instruments.
- The need for effective Intranatal care is indispensable, even if the delivery is going to be normal one. **The emphasis is on cleanliness.**

INTRANATAL CARE



FIVE CLEANS

- I. CLEAN HANDS AND FINGERNAILS
- II. CLEAN SURFACE FOR DELIVERY
- III. CLEAN BLADE TO CUT THE CORD
- IV. CLEAN TIE FOR THE CORD
- V. CLEAN BIRTH CANAL

AIMS OF GOOD INTRANATAL CARE



- ❖ Thorough asepsis
- ❖ Delivery with minimum injury to the infant and mother
- ❖ Readiness to deal with complications: Prolonged labor, Ante partum hemorrhage, Convulsions, Malpresentations, Prolapse of the cord
- ❖ Care of the baby at delivery: Resuscitation, care of the cord, care of the eyes

DOMICILIARY CARE



Mothers with normal obstetric history may be advised to have their confinement in their own home, provided the home conditions are satisfactory.

In such cases the delivery may be conducted by a trained DAI.

This is known as “*Domiciliary midwifery service*”.



- Advantages;
 - mother delivers in familial surroundings of her home
 - lower chances of cross infection at home than in hospital
 - mother is able to keep an eye upon her children and domestic affairs.



- Disadvantages;
 - Less medical and nursing supervision than in the hospital
 - The mother may have less rest
 - She may resume her domestic duties too soon
 - Diet maybe neglected

DANGER SIGNS



- The female health worker who is the pivot of domiciliary care, should be adequately trained to recognize the **“danger signals”** during labor and seek immediate help in transferring the mother to the nearest primary health centre or hospital.

DANGER SIGNS



- Sluggish pains or no pains after rupture of membranes
- Good pains for an hour after rupture of membranes, but no progress
- Prolapse of the cord or hand
- Meconium stained liquor or a slow irregular or excessive fast fetal heart
- Excessive “**show**” or bleeding during labor
- A placenta not separated with half an hour after delivery
- Post-partum hemorrhage or collapse
- A temperature of 38 deg C or over during labor.

INSTITUTIONAL CARE



- About 1 % of deliveries tend to be abnormal and 4 % difficult requiring the services of a Doctor.
- Institutional care is recommended for all high risk patients and where home conditions are unstable.
- The mother is allowed to rest in bed on first day after delivery. From the next day she is allowed to be up and about.

ROOMING IN



- Keeping the baby's cart by the side of the mother's bed
- Opportunity for the mother to know her baby
- Better chance for breast feeding
- Also allays the fear in the mother's mind that the baby is misplaced in the nursery
- Builds up her self confidence



POSTNATAL CARE



- Care of the mother and the newborn after delivery is known as postnatal or postpartal care
 - ✓ Care of the mother: which is primarily the responsibility of the obstetrician
 - ✓ Care of the new born: which is the combined responsibility of the obstetrician and the paediatrician. The combined area of responsibility is also known as “Perinatology”.

CARE OF THE MOTHER



Objectives:

1. To prevent the complications of post- partal period
2. To provide care for the rapid restoration of the mother to optimum health
3. To check adequacy of breast feeding
4. To provide family planning services
5. To provide basic health education to mother /family

COMPLICATIONS



- ✓ Puerperal sepsis
- ✓ Thrombophlebitis
- ✓ Secondary hemorrhage
- ✓ UTI, mastitis

RESTORATION OF MOTHER TO OPTIMUM HEALTH



- The women can recuperate physically and emotionally from her experience of delivery.
- The broad areas of this care fall into three divisions:
 - Physical
 - Psychological
 - Social

PHYSICAL COMPONENT



1. POSTNATAL EXAMINATIONS
2. ANEMIA
3. NUTRITION
4. POSTNATAL EXERCISES

(1) *Postnatal examinations* : Soon after delivery, the health check-ups must be frequent, i.e., twice a day during the first 3 days, and subsequently once a day till the umbilical cord drops off.

At the end of 6 weeks, an examination is necessary to check-up involution of uterus which should be complete by then. Further visits should be done once a month during the first 6 months, and thereafter once in 2 or 3 months till the end of one year. In rural areas only limited postnatal care is possible.

The common conditions found on examination during the late postnatal period are subinvolution of uterus, retroverted uterus, prolapse of uterus and cervicitis. Postnatal examination offers an opportunity to detect and correct these defects.

BREAST FEEDING



For the first 6 months only breast milk is required to be given. Studies have shown that women secretes about 400 to 600 ml of milk during the first year. At the age of six months breast milk should be supplemented by additional food rich in protein and other nutrients. These are called supplementary food which should be introduced in very small amount gradually.

Output of breast milk at different stages of lactation

| Months of lactation | Number examined | Per day mean-output of breast milk (ml) |
|---------------------|-----------------|---|
| 0-2 | 20 | 530 |
| 3-4 | 18 | 640 |
| 5-6 | 14 | 730 |
| 7-8 | 14 | 660 |
| 9-10 | 17 | 600 |
| 11-12 | 30 | 525 |
| 13-15 | 11 | 515 |
| 16-18 | 29 | 440 |
| 19-24 | 14 | 400 |
| 25-36 | 12 | 425 |
| 37-38 | 4 | 345 |

FAMILY PLANNING



- Postpartum sterilization is generally recommended on the 2nd day after delivery
- IUCD
- Non hormonal contraception

BASIC HEALTH EDUCATION



- Personal and environmental hygiene
- Feeding for mother and infant
- Pregnancy spacing
- Importance of health check up
- Birth registration