

G	Greet her in a friendly manner
A	Ask her if she has any problems and has she made an individual birth plan
T	Tell her about danger signs (see back)
H	Help her make an individual birth plan
E	Explain about malaria, intermittent preventive treatment, insecticide-treated bed nets, tuberculosis (TB) and safer sex
R	Remind her about dangers signs, individual birth plan and 4 ANC visit schedule (< 16 weeks; 16–28; 28–32; 32–40)

REMEMBER TO ASK ABOUT HER INDIVIDUAL BIRTH PLAN

- Does your client know when her baby is due?
- Has she identified a skilled birth attendant?
- Has she identified a health facility for delivery/emergency?
- Can she list danger signs in pregnancy and delivery?
- Has she identified a decision-maker in case of emergency?
- Does she know how to get money in case of emergency?
- Does she have a transport plan in case of emergency?
- Does she have a support person for the birth?
- Has she collected the basic supplies for the birth?
- Has she identified a blood donor?

BEFORE THE WOMAN LEAVES YOUR CLINIC, STOP AND ASK HER IF SHE:

- Has a supply of iron and folate tablets
- Has taken her SP and has had her tetanus toxoid injection
- Has a birth plan
- Has a method of postpartum family planning in mind
- Has an ITN
- Knows her appointment for the next ANC visit, 2nd dose of SP and TT
- Knows to return for postpartum care within 3 days of birth
- Knows the signs and symptoms of TB and has been screened if indicated
- Knows her HIV status

You have now prepared your client!

1st VISIT (<16 weeks)

- Quick check
- Take history
- Screen for TB
- Take blood pressure
- Test urine for glucose
- Look for anaemia
 - If signs of anaemia, check HB
- Do physical and obstetric exam
- Screen for syphilis
- Check for HIV status
 - If living with HIV, refer to local management guidelines
 - If status unknown, offer PITC
- Give tetanus toxoid, iron and folate
- Counsel on importance of ITN use
- Tell her about danger signs
- Advise on individual birth plan
- Counsel and educate on nutrition, breastfeeding and sleeping under ITN

3rd VISIT (28–32 weeks)*

- Quick check
- Take blood pressure
- Test urine for protein
- Check on individual birth plan
- Give second dose of SP
- Give iron and folate if more than 4 weeks from 1st dose
- Give tetanus toxoid if more than 4 weeks from 1st dose
- Palpate foetal presentation
- Listen to foetal heart sound
- Counsel and educate on nutrition, breastfeeding, sleeping under ITN and family planning

2nd VISIT (16–28 weeks)*

- Quick check
- Take blood pressure
- Test urine for protein
- Palpate uterus
- Check on individual birth plan
- Give 1st dose of IPTp/SP
- Give iron and folate
- Give 2nd dose of tetanus toxoid if more than 4 weeks after first dose
- Counsel and educate on nutrition, breastfeeding and sleeping under ITN

4th VISIT (32–40 weeks)*

- Quick check
- Screen for TB
- Take blood pressure
- Test urine for protein
- Update on individual birth plan
- Look for anaemia
 - If signs of anaemia, check HB
- Repeat HIV testing if negative before
- Check foetal presentation and foetal heart rate
- Give 3rd dose of IPTp according to national guidelines if more than 4 weeks since last dose
- Give iron and folate
- Counsel and educate on nutrition, breastfeeding, sleeping under ITN and family planning

*** Note: Ensure all tests/screenings from previous visit(s) have been completed. If not, conduct them now.**

QUICK CHECK

Assess each woman immediately on arrival as follows:

- Ask the pregnant woman upon her arrival whether she currently has or has had any of the following danger signs:
 - Vaginal bleeding
 - Severe difficulty breathing
 - Fever
 - Severe headaches and blurred vision
 - Convulsions
 - Severe abdominal pain
- Ensure **immediate** attention in the event of any of the above signs
- Record the information on woman's clinical history

PHYSICAL EXAM

- Ensure privacy and confidentiality
- Observe woman's general appearance and exclude signs of HIV/AIDS and TB
- Wash and dry hands
- Take height, weight, blood pressure, pulse, temperature
- Check conjunctiva and palms for anaemia
- Check for oedema of hands and face
- Examine breasts

ABDOMINAL EXAMINATION

- Inspect the abdomen
- Measure fundal height using a tape measure (from 22 weeks onwards)
- Is the baby moving (from 20 weeks)?
- Carry out fundal, lateral and pelvic palpation to detect size of uterus, foetal lie and presentation
- Count foetal heart beats (beginning at 24 weeks)

**Ensure that any abnormal findings
are followed up.**

FAMILY PLANNING

- Healthy spacing: couples should wait 2 years after delivery before they become pregnant for the healthiest outcome
- Fertility can return before menses; most methods of family planning are safe while breastfeeding
- Use of family planning permits the mother to breastfeed her baby for a full 2 years
- Lactational Amenorrhoea Method (LAM)
 - Exclusive breastfeeding
 - Amenorrhoea
 - Infant <6 months
- Immediate postpartum methods such as IUCD or tubal ligation: safe, effective and can receive just after birth

HISTORY

- Personal information
- Obstetric information
- Medical/surgical history
- Family and social history

HIV

- Assess for common and serious opportunistic infections
- Refer to HIV/PMTCT management guidelines

TUBERCULOSIS

- Suspect if mother has cough, weight loss, night sweats, fevers
- Listen to breath sounds and obtain sputum specimen

MALARIA

- Ensure mother has ITN and give IPTp (SP) from 16 weeks
- Use RDTs/microscopy to confirm diagnosis

EDUCATE ON DANGER SIGNS

In Pregnancy

- Vaginal bleeding
- Convulsions
- Severe headaches with blurred vision
- Fever and too weak to get out of bed
- Severe abdominal pain
- Fast or difficult breathing

In Labour

Same as the signs in pregnancy plus:

- Labour pains for >12 hours
- Waters break and not in labour after 6 hours
- Heavy bleeding after delivery (pad/cloth soaked in less than five minutes)
- Placenta not expelled 1 hour after birth