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Pregnancy

Pre Pregnancy

- Diet
  - Reduce weight if obese
    - Maternal risks: spontaenous miscarriage, pre eclampsia, gestional DM, cardiac disease, increased rates for induced labour / C-Sections, PPH, mortality
    - Foetal risks: prematurity, abnormalities, still birth, neonatal death
  - Folic acid (0.4mg daily) before conception until 13 weeks
    - Prevention of neural tube defects and clefting
    - 5mg / day if past NTS, on antiepileptic, or diabetic
- Smoking
  - Stop!
  - Decreaes ovulations; Abnormal sperm; Increased risk of miscarriages and preterm labour; Long term effects
- Alcohol
  - Ideally stop
  - Mild drinking (1 or 2 units / week) has not been shown to affect the foetus but alcohol does cross the placenta
  - Foetal alcohol syndrome
- Pathology
  - Ensure rubella / chicken pox immune
  - Optimal control of chronic diseases esp. diabetes and hypothyroidism
  - Stop teratogens or seek expert advice e.g. paroxetine and lithium are assoicated with foetal heart defects in 1st trimester
  - Advice regarding vitamin D especially if limited daylight exposure

Physiological Changes

- Hormonal
  - Progesterone (synthesised by corpus luteum then placenta from day 35) decreases smooth muscle excitability and raises body temp
  - Oestrogen: increases breast and nipple growth, water retention and protein synthesis
  - Prolcatin secretion increases throughout term
- Blood changes
  - Plasma volume rises until 32 weeks (50% greater than on pregnant)
  - Increased red cell volume; Hb falls due to dilution (physiological anaemia)
  - Raised: WCC, platelets, ESR, cholesterol and fibrinogen
  - Lowered: albumin, gamma globulin, urea and creatinine
- Cardiovascular
  - Rise in cardiac output (25%) by increasing stroke volume and pulse rate
  - Peripheral resistance falls
  - BP initially falls, rising to normal by term
- Other changes
  - Tidal volume increases (as a result of progresterone)
  - O2 consumption increases (20%)
  - Breathlessness is common as maternal PaCO2 is set lower to allows foetus to offload CO2
  - Gut motility reduced: constipation, delayed gastric empyting, heartburn
  - Frequency of micturition increases: raiased GFR early, then bladder pressure from foetal head
- Minor symptoms of pregnancy
  - First 10 weeks: amenorrhoea, nausea, vomiting

Antenatal Care

- Aims of antenatal care
  - Detect any disease in mother
  - Reduced discomforts of pregnancy
  - Monitor and promote foetal wellbeing
  - Prepare mothers for birth
  - Monitor trends to prevent / detect early complications of pregnancy
- 12 Week Booking
  - Booking interview
    - Social history
    - Medical / surgical history
    - Obstetric history
    - Risk assessment
    - Patient choices
    - Plan / Advice
  - Booking bloods
    - FBC
    - Group, rhesus and antibody screen
    - Infectious diseases (rubella, syphilis, hep B, HIV)
- Screening
  - Down's screening @ 16 weeks
    - Currently quadruple test to give risk ratio; potential for amniocentesis if high risk
  - Dating scan @ 12 weeks can pick up major anomalies
  - 20 weeks - mid-trimester scan
- Antenatal Exam
  - Blood pressure
  - Urinalysis
  - Symphysis Fundal Height
  - Presentation of foetus from 36 weeks
- Patient held records
  - Improved communication between professionals
  - Care provided is open an honest
  - Includes women in their care
  - Provides information for women e.g. breastfeeding, vit K