**PREVENTIVE OBSTETRICS**

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**INTRODUCTION**

Preventive obstetrics is the concept of prevention or early detection of particular health deviations through routine periodic examinations and screenings. The concept of preventive obstetrics concerns with the concept of the health and well-being of the mother and her baby during antenatal, intra-natal and post-natal period. It aims to promote the well-being of mothers and babies and to support sound parenting and stable families. Nursing care centered on health promotion and health maintenance during pregnancy presents an excellent opportunity for nurses to teach expectant mothers about normal changes expected and alert them to a variety of risk factors.

**PREVENTIVE OBSTETRICS**

**Preventive:**

Preventive is the term used to prevention or declining the duration of an illness or disease

**Obstetric:**

The branch of medicine that deals with the care of woman during pregnancy, childbirth and recuperative period following delivery is known as obstetric.

Preventive obstetric is the term for prevention of the complication that may arise during antenatal, intra-natal, and post- natal period.

**Goal and Aim**

The goal of the preventive obstetrics is the delivery of a healthy infant by a healthy mother at the end of a healthy pregnancy. Pregnancy and child birth normal physiological process that change from conception to delivery. The nurse has a unique opportunity to reinforce the normal cycle of these processes and at the same time, assess client about the changes that are taking place and provide valuable guidance for clients about when to seek guidance from health care providers.

The aim of preventive obstetrics is to ensure that through the pregnancy and puerperium, the mother will have good health and that every pregnancy may culmination a healthy mother and a healthy baby.

Preventive obstetric measure can be categorized into three main stages. They are as follows: -

* Antenatal Nursing
* Intra-Natal Nursing
* Post-Natal Nursing

**Antenatal Nursing**

Antenatal nursing deals with care of women during the pregnancy. Antenatal care should begin right after conception up to the completion of pregnancy.

**Objectives of Antenatal Care**

* To promote, protect and maintain the health of the mother during pregnancy.
* To detect “high risk” cases and give them special attention.
* To foresee complications and prevent them.
* To remove anxiety and dread associated with delivery.
* To reduce maternal and infant mortality and morbidity
* To teach the mother elements of child care, nutrition, personal hygiene, and environmental sanitation.
* To sensitize the mother to the need for family planning, including advice to cases seeking medical termination of pregnancy.

**1.Pre conception Counseling and Care**

Preconception counseling is of much greater importance. Its objective is that couple should achieve the pregnancy with the best possible health for both mother and fetus.

**2.Essential Antenatal Care Services**

The essential components of services during pregnancy include are: -

* Registration of Pregnant Women
* Antenatal Visits and Antenatal Care
* Immunization Against Tetanus
* Iron and Folic Acid and Vitamin A and D Supplementation
* Health education / prenatal advice during Pregnancy.

**3.Specific Health Protection**

Specific protection for pregnant women’s health is an essential aspect of prenatal care. Anemia is known to be associated with high incidence of premature births, postpartum hemorrhage, and puerperal sepsis and thromboembolic phenomena in the mother. So mothers should be provided iron and folic acid supplementation.

**4.Preparing for Confinement**

The preparation for safe delivery is very important. It should be done well in advance to avoid any type of difficulty or emergency which might occur at the time of delivery. The health personnel discuss with the couple and may be other members of the family about the alternative suitable place for confinement which includes home, health Centre or hospital.

Preparation of the room or some place for confinement: -

* The room or some place in the room should be clean, ventilated and well lighted. It should be kept ready beforehand.

Preparation of the articles include:

* Washed and sun-dried sufficient old clothes.
* Washed and sun-dried bed sheet, blanket and mat.
* Stove/gas burner, match box.
* Large vessel with lid, bucket and a mug.
* A lantern and a torch
* A new razor blade, clean cotton
* A plastic sheet to be placed over the mattress to protect it from fluid and blood.
* Washed and sun-dried linens or towel to wrap the baby.
* Enema cane, two bowels and one kidney tray, torch, a pair of scissors.
* Clean gauze pieces, cord ligatures, mucus sucker and baby weighing spring balance.
* Drugs and antiseptic like injection methergine, methylated spirit.
* Hand washing articles.

These equipment’s and articles must be kept ready by the mother and family so that there is no problem at the time of delivery. The instructions must be given to another regarding these. Similarly, the trained dais and health workers should be ready with their delivery kit for conduct of delivery at home.

**5.Psychological preparation of the mother**

It becomes equally important for the health care professionals as well as family to fear the mother psychologically for delivery especially if she is prim gravida.

**6.Family Planning**

Family planning is related to every phase of the maternity cycle. Educational andmotivational efforts must be initiated during the antenatal period. If the mother has had two or more children, she should be motivated for puerperal sterilization. The mother should be educated and motivated for small family norm and spacing of children.

**7.Education for Self – Care**

As per Orem, self-care is important aspect of care. So in prenatal period educate women about the importance of self-care.

**8.Blopd Investigations**

These include hemoglobin estimation and a complete blood picture if indicated. Blood group determination and antibody screen is also performed to identify rhesus negative women who will need prophylaxis against rhesus iso immunization.

**INTRANATAL NURSING**

Childbirth is a normal physiological process, but complications may arise. Septicemia may result from unskilled and septic manipulations, and tetanus neonatorum from the use of unsterilized instruments. The need for effective intranatal care is therefore indispensable, even if the delivery is going to be a normal one.

**Objectives of Intranatal Care**

* To delivery baby with minimum injury with least injury to mother as well as newborn.
* To be alert to handle complications like precipitate labor, prolonged labor, hemorrhage, convulsions, malpresentations, prolapse of the cord etc.
* To provide basic care to the baby after delivery like resuscitation, cord care, warmth,etc.
* To prevent infection.

**1.Domiciliary Care**

Women with good obstetric history may be recommended to have their confinement in their own houses, provided the circumstances are satisfactory. In such cases, the delivery may  by managed by Health Worker Female or trained Dai. This is known as “domiciliary midwifery service”.

Advantages of the domiciliary midwifery service

* The mother delivers in the homely enviorment and this may help to alleviate the anxiety associated with delivery in a hospital.

**2. Complications and obstetrical emergency during intranatal period**

 Prolonged Labour: The prolonged labor may occur due to fault in power, fault in passage and fault in passenger etc. so the preventive measures should be done before the delivery.

Preventive Measures

* Antenatal and early intranatal detection of the factors likely to produce prolonged labor and then to institute its appropriate management.
* Use partograph to record fetal, maternal and labor condition and maintain it meticulously which help in early detection
* Selective and judicious augmentation of labour can be employed by low rupture of the membranes followed by the oxytocin drip.
* Keep vigilant during labour and appropriate management should promptly be instituted

**Preventive Measures**

* Periodic and careful antenatal visits.
* Early detection of factors affecting labour, such as passage or passenger during antenatal or early intranatal period to place an appropriate method of delivery.
* Careful observation of contraction and keep record meticulously in partograph

Obstructed Labour: The obstructed labour may be due to contracted pelvis, cephalopelvic disproportion, congenital malformation of the fetus etc.

**POSTNATAL NURSING**

Postnatal nursing deals with the care of mother and newborn during post-natal period.

**Objectives of postnatal care**

* To prevent complications of the post-partal period.
* To restore, promote and maintain health of the mother and baby.
* To promote breast feeding.
* To establish good nutritious of the baby.
* To check the adequacy of breast feeding.
* To prevent infection and identify any health problem/disorder in the baby.
* To support and strengthen the parent’s confidence and their role within their family and cultural environment.
* To provide services for family planning.
* To provide basic health education to mother and family on various aspects of mother and child care.

**1. Complications of the postnatal period**

Certain complications may arise during the postnatal period which is be recognize dearly and dealt with promptly. These are as follows:

*Puerperal sepsis*

This is infection of the genital tract within 3 weeks after delivery. This is accompanied by rise in temperature and pulse rate, foul smelling lochia, pain and tenderness in lower abdomen, etcThis is particularly important in domiciliary midwifery service.

Prevention

Puerperal sepsis is to a great extent preventable. Certain measure should be taken under before, during and following labour.

*Thrombo – phlebitis*

This is an infection of the veins of the legs, frequently associated with varicose veins. The leg may become tender, pale and swollen. So the mother should be encouraged to do the leg exercise to increase the muscle tone.

*Deep vein Thrombosis*

It is the thrombosis of deep vein of calf, thigh or pelvis, clot formation in the absence of infection.

Prevention

The three important factors i. e. trauma, sepsis and anemia should be prevented and to be treated effectively after detection. Dehydration during delivery should

be promptlycorrected. Leg exercise and early ambulation are encouraged especially following operativedelivery.

*Postpartum Hemorrhage*

 Postpartum hemorrhage refers to excessive vaginal bleeding after baby is born up to 6 weeks of delivery. It may occur at any time that is during third stage of labour, within 24 hours or after 24 hours of labour.

Preventive measures of PPH

Management consists of three components: Massaging the uterus, administering oxytocin & controlled cord traction.

*Inversion of the uterus*

The uterus is said to be inverted if it rums inside – out partially or completely during delivery of the placenta.

Preventive measures

* Don’t employ any method to expel the placenta when the uterus is relaxed.
* Avoid pulling cord simultaneously with fundal pressure.
* Attempt proper technique to deliver the placenta and of manual removal of placenta.
* Pay vigilant observation for separation of placenta.

**Urinary tract infection and incontinence of urine**

It is one of the common causes of puerperal pyrexia.

**2. Restoration of mother to optimum health**

The second objective of postnatal care is to provide care whereby the woman can recuperate from her previous experience of delivery.

**3. Breast – feeding**

Breast feeding should be started immediately after delivery as it the main source of nourishment for baby.

**4. Family Planning**

Couples should be motivated for family planning as it is of utmost importance.

**5. Health Education to Mother and Family**

Health education during the postnatal period should cover the following areas:

* Hygiene- personal and environmental
* Breast Care
* Breast Feeding of infant.
* Care of the Newborn baby
* Care of the umbilical cord
* Bathing the baby
* Nutritious diet for the mother
* Postnatal Exercise
* Rest, sleep and activity
* Pregnancy spacing
* Health checkup for mother and baby
* Prevention of infection in the baby
* Birth registration

**Role of midwife in preventive obstetrics**

Midwife plays an important role in preventive obstetrics.

The responsibilities of the midwives in preventive obstetrics are pointed out in the below:

1. Give the necessary supervision, care and advice to women during pregnancy, labor and the postpartum period.
2. Provide full antenatal care, including screening test in the hospital, community and the home.
3. Provide counselling and advice before and after screening and tests.
4. Conduct deliveries on her own and care for the newborn infant.
5. Manage complications in pregnancy and childbirth, in accordance with the principles of basic emergency obstetric care.
6. Identify high risk pregnancies and making referrals to doctors and other medical specialists.
7. Provide support and advice following events such as miscarriage, termination, stillbirth, neonatal abnormality and neonatal death.
8. Provide primary care to women of productive age, in accordance with the Basic Package of health Services.
9. Supervise the provision of primary health care within the community by female health workers.
10. Counsel and educate women, the family and the community, in relevant areas of health and provide a programme of parenthood preparation and a complete preparation for childbirth including advice on hygiene and nutrition.
11. Give support and advice on the daily care of the baby, including breastfeeding, bathing and making up feeds.
12. Provide all non-surgical methods of family planning, and counselling for surgical methods.
13. Follow established health center policies, procedures and objectives; continuous quality improvement initiatives; safety, environmental, and infection prevention standards.
14. Decreased risk of needing a caesarean and reduced rates of labor induction and augmentation.
15. Help to decrease infant mortality rates and preterm birth and take all initiatives which are necessary in case of need and carry out where necessary immediate resuscitation.
16. Help to decrease maternal mortality rate and pregnancy related sufferings.

**CONCLUSION**

Preventive obstetrics is the concept of prevention or early detection of particular health deviations through routine periodic examinations and screenings. The goal of the preventive obstetrics is the delivery of a healthy infant by a healthy mother at the end of a healthy pregnancy. The aim of preventive obstetrics is to ensure that through the pregnancy and puerperium, the mother will have good health and that every pregnancy may culmination a healthy mother and a healthy baby. Preventive obstetric measures. Preventive obstetric measure can be categorized into three main stages. They are as follows: -

* Antenatal Nursing
* Intra-Natal Nursing
* Post-Natal Nursing

A midwife is responsible for providing care to women and baby during the antenatal, intranatal and postnatal periods time to time. Midwives provide high quality, culturally sensitive care during labor. They conduct a clean, safe delivery; give care to the newborn, and manage / refers emergencies effectively to prevent maternal and neonatal mortality and morbidity.

Research is important in obstetric, gynecological nursing and women’s health in infinite ways. It may come as a surprise to some that this is not a new phenomenon brought about by the recent focus on evidence- based research and practice.

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