STANDARD TREATMENT WORKFLOW (STW)

Ante-Natal Management of Normal Pregnancy

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Standard Treatment Workflow (STW) for

ANTE-NATAL MANAGEMENT OF NORMAL PREGNANCY

FIRST VISIT (PREFERABLY IN FIRST TRIMESTER) **INVESTIGATIONS ASK EXAMINE** DO · Height, weight **ESSENTIAL TESTS** · UPT if in doubt · Calculate BMI · Fill up MCH Hemoglobin · Parity & obstetric history · Pallor, Jaundice, Pedal edema protection card or · Urine R & M · Pulse, BP, RR, temperature Any complaints especially excessive . ANC card, make entry nausea & vomiting/ bleeding PV · Thyroid DESIRABLE TESTS on RCH portal & generate RCH H/o medical illness: diabetes Breast VDRL/RPR hypertension, cardiac problem, · Respiratory and CVS exam number (in public epilepsy or any other chronic illness ination HBsAc Consanguinity, multiple pregnancy · P/A examination, P/S and P/V WHO OGTT/ DIPSI test for diagnosis of Give filled MCH · H/o blood transfusion and H/o prior examination protection card & safe GDM # If woman presents with surgical intervention motherhood booklet bleeding per vaginum do P/A · Personal history : tobacco/ alcohol or residing in iodine deficiency prone to woman & P/S to confirm amount of intake Give Tab Folic Acid bleeding & rule out local causes. All such cases to be · Family history : diabetes, hypertension, **OPTIONAL TESTS*** daily genetic disorders/congenital Give first dose of Aneuploidy screen* by USG & double problems, multiple pregnancy, referred to CHC or higher tetanus toxoid infections including tuberculosis SECOND VISIT (SECOND TRIMESTER) INVESTIGATIONS **EXAMINE** DO **ASK** IEA tablet one (if Hh >11a%) or twice (if Hh





Standard Treatment Workflow (STW) for ANTE-NATAL MANAGEMENT OF NORMAL PREGNANCY

- Any complaints especially excessive nausae & vomiting / Bleeding PV + I/O medical illness : diabetes, hypertension, cardiac problem, epilepsy or any other chronic illness consanguintify, multiple pregnancy - I/O blood transfusion and I/O prior - I/O blood tr		KADLI IN FIR	A I I KIMIESIEK	1		
- Age - MP - Parity & obstetric history - Parity & obstetric history - Any complaints sepecially excessive nausea & vomiting/ bleeding PV - H/o medical films: sidebeding PV - H/o medical films: diabetes, - Respiratory and CVS exam- inflex problem, epilepsy or any other chronic films - Consanguinity, multiple pregnancy - H/O bloed transfusion and H/o prior - Personal history: tobacco/ alcohol intake - Personal history: tobacco/ alcohol intake - Parity history: diabetes, thypertension, general consensus with - Personal history: tobacco/ alcohol intake - Personal history: tobacco/ alcohol intake - Parity history: diabetes, thypertension, general consensus with - Personal history: tobacco/ alcohol intake - Parity history: diabetes, thypertension, general consensus with - Personal history: tobacco/ alcohol intake - Parity history: diabetes, thypertension, general consensus with - Parity history: diabetes, thypertension, general consensus with - Parity history: diabetes, thypertension, general consensus with - Personal history: tobacco/ alcohol intake - Parity history: diabetes, thypertension, general consensus with - Dealor - Personal history: diabetes, thypertension, general consensus with - Dealor - Personal history: diabetes, thypertension, general consensus with - Dealor - Personal history: diabetes, thypertension, general consensus with - Dealor - Personal history: diabetes, thypertension, general consensus with - Dealor - Personal history: diabetes thypertension, general consensus with - Dealor - Personal history: diabetes thypertension, general consensus with - Dealor - Personal history: diabetes thypertension, general consensus with - Dealor - Personal history: diabetes thypertension, general consensus with - Dealor - Personal history: diabetes thypertension, general consensus with - Dealor - Personal history: diabetes thypertension, general consensus with - Dealor - Personal history: diabetes thypertension, general consensus with - Dealor - Personal history: diabetes thypertension, general consensus with -	EXAMINE			TOTAL PROPERTY.		
ASK Any complaints since last visit Quickening and/ or fetal movements at >28 weeks gestation ASK Omega Pallor - Pedra edema - Pulse, BP in sitting position - PiA - examination for fundal height - Same as above - ADA STRABLE FHS - Abbornal laginal discharge - Palpistations - PiA - Same as above - ADA STRABLE FHS - Abbornal laginal discharge - Palpistations, easy fatigability and breathlessness at rest and/ or on mild exertion. - Generalized swelling of the body/ puffiness of the face - Vaginal bleeding - Decreased or absent fetal movements at >28 weeks gestation - Leaking of water plane for the side of the plane of	Calculate BMI Pallor, Jaundice, Pedal Pulse, BP, RR, temperat Thyroid Breast Respiratory and CVS exination P/A examination F/A examination Bleeding per vaginum & P/S to confirm amour bleeding & rule out loca causes. All such cases te referred to CHC or high	dema Idema Ide		UPT if in doubt Fill up MCH protection card or ANC card, make e on RCH portal & generate RCH number (in public sector) - Give filled MCH protection card & motherhood bool to woman - Give Tab Folic Acidally - Give first dose of		
ESENTIAL TESTS - Any complaints since last visit - Qualcyming and/ or fetal movements - Adherence to medications - Adherence to medications - Adherence to medications ASK Same as above - Auscultate FHS - Adherence of Measurement of adobominal girth and Symphysiofundal Height - Aging Danger SIGNALS FOR PATIENT TO REPORT TO HEALTH FACILITY - Fever - Persistent vomiting - Adhormal vaginal discharge - Palpitations, easy fatigability and breathlessness at rest and/ or on mild exertion Ceneralized swelling of the body/ puffiness of the face - Vaginal bleeding - Decreased or absent fetal movements at > 28 weeks gestation - Leaking of watery fluid per vaginnum (PV) - Severe headache/ blurring of vision/ convulsion - Adhormal valing of the body for twice (if Hb > 1g/8) or twice (if Hb or twice and twice and twice (if Hb or	SECOND VIS	IT (SECOND T	TRIMESTER)			
THIRD (28 – 34 WEEKS) AND FOURTH VISIT (36 - 40 WEEKS) ASK Same as above Auscultate FHS Measurement of abdominal girth and Symphysiofundal Height DANGER SIGNALS FOR PATIENT TO REPORT TO HEALTH FACILITY Fever Persistent vomiting Abnormal vaginal discharge Abnormal vaginal discharge Applications, easy fatigability and breathlessness at rest and/or on mild exertion. Generalized swelling of the body/ puffiness of the face Vaginal bleeding Decreased or absent fetal movements at > 28 weeks gestation Leaking of watery fluid per vaginum (P/V) Severe headache/ blurring of vision/ convulsion THIRD (28 – 34 WEEKS) AND FOURTH VISIT (36 - 40 WEEKS) DO Continue IFA and calcium tablets and ensure compliance In fon compliant or Hb < 99% give parenteral iron sucrose therapy (not > 200m at one time & not > 3 times a week) and refer patient with Hb < 79% to higher centre Refer to higher centre if any discrepancy between fundal height and period of gestation - Past H/o PPH Age > 35 years or < 19 years or parity > 4 Malnourished (BMI < 18.5 kg/m ² or > 30 kg/m ²) Hemoglobin < 74 APH Discrepancy between fundal height and period of gestation > 4 weeks CDM/ over DM High risk pregnancy I High risk pregnancy to be decided to the proposition of t	ENTIAL TESTS moglobin ne albumin IRABLE TESTS G (Level II between 18-20 wee Informations) 10 OGTT/ DIPSI test if >24weel psed after 1st test 10NAL TESTS* adruple test as per availability	IFA tablet one Ig%) daily wi Calcium carbo 250 mcg table Calcium Carbo together Single dose of Ensure compliteretment pravailability IFA tablet one IfA tablet one Signed one Signed one IfA tablet one Signed one Signed one Single dose of Ensure compliteretment Discuss birth p Cive second de		IFA tablet one (if Hb >1)(- Ilg%) daily with water Calcium carbonate 500 250 mcg tablet twice d. Calcium Carbonate and together Single dose of Albenda: Ensure compliance for i treatment Discuss birth preparedr Cive second dose Tetan Cive second dose Tetan	Hb>Tg%) or twice (if Hb water or lemon juice e 500 mg with vitamin D vice daily with meals. e.e and IFA not to be given endazole 400mg e for investigations and	
Same as above Auscultate FHS Auscultate FHS Auscultate FHS Auscultate FHS Auscultate FHS Orino all burnin Optional USG for fetal growth and liquor DANGER SIGNALS FOR PATIENT TO REPORT TO HEALTH FACILITY FACILITY FACILITY Abnormal vaginal discharge Abnormal vaginal discharge Abnormal vaginal discharge Applications, easy fatigability and breathlessness at rest and/or ormild exertion. Generalized swelling of the body/ puffiness of the face Vaginal bleeding Decreased or absent fetal movements at > 28 weeks gestation Leaking of watery fluid per vaginum (P/V) Severe headache/ blurring of vision/ convulsion INVESTIGATIONS - Continue IFA and calcium tablets and ensure compliance - (fon ocompliant or Hb < 99% give parenteral iron sucrose therapy (not > 200m at one time & not > 3 times a week) and refer patient with Hb < 79% to higher centre - Refer to higher centre if any discrepancy between fundal height and period of gestation - Past H/o PPH - Age > 35 years or <19 years or parity > 4 - Malnourished (BMI < 18.5 k g/m ² or > 30 kg/m²) - Hemoglobin < Arrow Ho medical illness, previous caesarean section, past obstetric mishap or congenital malformation - Past H/o PPH - Age > 35 years or <19 years or parity > 4 - Malnourished (BMI < 18.5 k g/m² or > 30 kg/m²) - Hemoglobin < Arrow Hom centre if any discrepancy between fundal height and period of gestation > 4 weeks - High risk pregnancy to be district.	THIRD (28 – 34 WEEKS) <i>I</i>	AND FOURTH	VISIT (36 - 40	WEEKS)		
FACILITY - Rever - Persistent vomiting - Abnormal vaginal discharge - Palpitations, easy fatigability and breathlessness at rest and/or on mild exertion. - Generalized swelling of the body/ puffiness of the face - Vaginal bleeding - Decreased or absent fetal movements at > 28 weeks gestation - Leaking of watery fluid per vaginum (P/V) - Severe headache/ blurring of vision/ convulsion - Any H/o medical illness, previous caesarean section, past obstetric mishap or congenital malformation - Past H/o PPH - Age > 55 years or < 19 years or parity > 4 - Malnourished (BMI < 18.5 kg/m ² or > 30 kg/m ²) - Hemoglobin < 79/6 - BP > 140/90mm Hg on 2 occasions 6 hours apart - APH - Discrepancy between fundal height and period of gestation > 4 weeks - CDM/ over DM - Multiple pregnancy - High risk pregnancy to be diversed at distinguished a	emoglobin ine albumin abtional USG for fetal cowth and liquor R	non compliant at one time & no entre tefer to higher o	t or Hb < 9g% giv ot > 3 times a wee	s and ensure compliance e parenteral iron sucrose t ek) and refer patient with	Hb < 7g% to higher	
Generalized swelling of the body/ puffiness of the face Vaginal bleeding Decreased or absent fetal movements at > 28 weeks gestation Leaking of watery fluid per vaginum (P/V) Severe headache/ blurring of vision/ convulsion Multiple pregnancy diplored at distinct to be	FACILITY - Fever - Persistent vomiting - Abnormal vaginal discharge - Palpitations, easy fatigability and breathlessness at rest and/or on		Any H/o medical illness, previous caesarean section, past obstetric mishap or congenital malformation Past H/o PPH Age > 35 years or < 19 years or parity > 4 Malnourished (BMI < 18.5 kg/m ² or > 30 kg/m ²)			
micturition Malpresentation at term hospital/medical college Previous uterine surgery Preferably to have antenatal	at > 28 weeks gestation (V) nvulsion	BP > 140/ APH Discrepa GDM/ ove Multiple Malprese	/90mm Hg on 2 on ncy between fun ert DM pregnancy entation at term	dal height and period of g * High risk delivered	pregnancy to be l at district	
COUNSELLING AT Timing and place of next ANC visit base Rest, nutrition, balanced diet and exerc Counselling for HIV testing Danger signs Institutional delivery Birth preparedness			d on presence or absence of risk factor ise	d on presence or absence of risk factor iDEN Facility for c Support per Birth Facility for c Support per Birth compa	d on presence or absence of risk factor ise IDENTIFICATION OF THE FOI Facility for delivery Support persons Birk companion Means of transport in emergency	

ASSESSMENT OF FUNDAL HEIGHT & ITS CORRELATION WITH **GESTATIONAL AGE**

At 12 th week : Just palpable above the symphysis pubis

At 16 $^{\rm th}$ week : At lower one-third of the distance between the symphysis pubis and umbilicus

At 20th week: At two-thirds of the distance between symphysis pubis and umbilicus

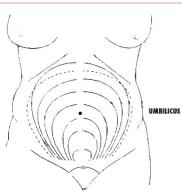
At 24th week: At the level of umbilicus

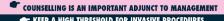
At 28th week: At lower one-third of the distance between the umbilicus and xiphisternum

At 32 nd week: At two-thirds of the distance between the umbilious and xiphisternum

At 36th week: At the level of xiphisternum

At 40th week : Sinks back to the level of the 32 $\,^{\rm nd}$ week, but the flanks are full, unlike that in the 32 $\,^{\rm nd}$ week





This STW has been prepared by national experts of India with feasibility considerations for various levels of healthcare system in the country. These broad guidelines are advisory, and are based on expert opinions and available scientific evidence. There may be variations in the management of an individual patient based on his/her specific condition, as decided by the treating physician. There will be no indemnity for direct or indirect consequences, Kindly visit our web potral facilizations.reg in from one information.

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