

Natal care  
Delivery care  
Care of the newborn

### Specific Objectives

At the end of the lecture you will be able to

1. Identify the importance of natal period
2. Identify most common causes of mortality during this period.
3. Be familiar with the role of TBA, midwives and doctors in the prevention of complication that could be arise during this period.
4. Realize the importance of post natal examination.
5. Identify the examination time.
6. State what to check during the examination.
7. Define Emergency Obstetric Care (EmOC).
8. Realize the importance of EmOC.
9. Realize the importance of newborn care.
10. Enumerate important checking points.
11. Describe components of Apgar score, way and time of application.



Natal period is short duration, is dangerous without proper care, severe complication will be developed and leads to death of mother or newborn death. The most common problems are:

- Asphyxia leads brain damage and mental disability
- Infection such as Tetanus neonatorum
- Hypothermia
- Trauma
- Hemorrhage post partum hemorrhage (PPH)

### Natal care

Proper training of doctors, midwives & Traditional Birth attendants (TABs) in:

- Application of hygienic procedure during delivery, indication of referral, and application of simple first aid until reaching the hospital.

On discharge the mother should be supplied by a card to the PHCc contains information including

- ☑ mode of delivery,

- ☒ Complications,
- ☒ Birth weight,
- ☒ Sex,
- ☒ Gestational age
- ☒ Presence of congenital anomalies

### **Post natal care**

Duration: 6 weeks after delivery.

Objective: To detect & taking care of any complication arise during this period & results from child birth.

Examination: 1<sup>st</sup> exam. :1-2 wks after delivery. 2<sup>nd</sup> exam.: 4-6 wks after delivery.

### **What to check?**

- ☒ Size & position of uterus.
- ☒ Cervix, vagina.
- ☒ Care of breast for establishment of breast feeding.
- ☒ General urine examination.
- ☒ Hemoglobin for anemia.
- ☒ Post natal care

### **Others**

- ☒ Health education regarding pelvic floor exercise to prevent future incontinence.
- ☒ Arrangement for future attendance to the child health clinic.

Note: When a women is unable to leave home for certain reason. The PHCc should organize a home visits by health visitors or TBA.

### **Emergency Obstetric Care**

Most obstetric complications occur suddenly without warning. If women do not receive medical care at proper time they will probable suffer from disability or die.

- Direct obstetric deaths account for about 75 per cent of all maternal deaths in developing countries.
- Indirect obstetric deaths account for about 25 percent of all maternal deaths in developing countries

Where do maternal deaths take place today?

- 99 per cent of maternal deaths occur in the developing countries.
- Only 1 per cent occurs in developed countries.

Estimated average interval between onset of major obstetric complications and death, in the absence of medical interventions

Complication	Hours	Days
Haemorrhage		
- Postpartum	2	
- Antepartum	12	
Ruptured uterus		1
Eclampsia		2
Obstructed labour		3
Infection		6

Given all these, what can then be done to prevent maternal deaths and disabilities?

To avert death and disability...Health sectors should ensure that every pregnant woman has an access to...Emergency Obstetric Care (EMOC)

What is EMOC?

EMOC or emergency obstetric care refers to the functions necessary to save lives performed by health facility. They are called **Signal Functions** and these include:

1. Administer parenteral antibiotics
2. Administer parenteral oxytocic drugs
3. Administer parenteral anticonvulsants for pre-eclampsia and eclampsia
4. Perform manual removal of placenta
5. Perform removal of retained products
6. Perform assisted vaginal delivery
7. Perform basic neonatal resuscitation
8. Perform surgery
9. Perform blood transfusions

Signal functions used to identify basic and comprehensive emergency obstetric care services

Basic services	Comprehensive services
(1) Administer parenteral <sup>1</sup> antibiotics	Perform signal functions 1-7, plus:
(2) Administer uterotonic drugs <sup>2</sup> (i.e. parenteral oxytocin)	(8) Perform surgery (e.g. caesarean section)
(3) Administer parenteral anticonvulsants for pre-eclampsia and eclampsia (i.e. magnesium sulfate).	(9) Perform blood transfusion
(4) Manually remove the placenta	
(5) Remove retained products (e.g. manual vacuum extraction, dilation and curettage)	
(6) Perform assisted vaginal delivery (e.g. vacuum extraction, forceps delivery)	
(7) Perform basic neonatal resuscitation (e.g. with bag and mask)	
A basic emergency obstetric care facility is one in which all functions 1-7 are performed. A comprehensive emergency obstetric care facility is one in which all functions 1-9 are performed.	

### Examination of newborn

Directly after delivery and 48hr thereafter.

The 1<sup>st</sup> one includes

1. Encouraging BF within half an hour after delivery.
2. Cord care.
3. Eye care cleaning eyes & treat conjunctivitis if present.
4. Measurement of birth weight.
5. Checking for

- any congenital anomalies,
- birth injuries,
- disorder of respiration, and
- disorder of muscle tone.



6. Apgar score	(0)	(1)	(2)
A: appearance	blue all. body pale	body pink ext. blue	all pink
P: pulse	----	<100/min	>=100/min
G: nasal catheter response	----	some mov. of facial muc.	active crying
A: activity (muscle tone)	----	flexion of some limbs	active movement
R: respiration	apnea	gasping (slow, irregular)	regular/ normal crying

Range : 0-10

0-3: severe respiratory & cerebral depression

4-6: hypoxic

7-10: good

1,5,10 minutes

7. Some countries have a program to screen newborn infants for inborn errors of metabolism called phenylketonure (the heel prick test) where a sample of blood is taken from the heel of the neonate.

### Examination of newborn

#### 48 hours after

- ⇒ Examination of all systems by specialist pediatrician.
- ⇒ Encouraging exclusive breast feeding.
- ⇒ Starting immunization as early as possible.
- ⇒ 1<sup>st</sup> 24 hours after delivery:
  - BCG
  - Polio zero dose
  - HBV vaccine 1<sup>st</sup> dose

### Conclusion

Natal care is important since, natal period is short however it is highly dangerous to the mother and newborn. Post natal examination should be carried in order to detect any abnormalities as early as possible. newborn examination should be carried directly after delivery and 2<sup>nd</sup> examination should be carried out 48 hours later.

(3)

