

4th ABUJA PERINATAL SYMPOSIUM

Let The Newborns Breathe!

OVERVIEW OF STANDARD ANTENATAL PRACTICES TO PREVENT NEONATAL MORBIDITY

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Case scenario

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- Mrs. U. A., 28 year old G3P1 (1A) at EGA of 32 weeks presented with 12 hours history of drainage of fluid per vaginum.
- 1) What are the neonatal complications you would anticipate?
 - 2) How do you prevent or manage those complications?



- Antenatal care (ANC) provides a platform for important health-care functions, including health promotion, screening and diagnosis, and disease prevention.
- Implementation of timely and appropriate evidence-based practices in ANC save lives.
- ANC also provides the opportunity to communicate with and support women, families and communities at a critical time in the course of a woman's life.



- ANC is the care provided by skilled health-care professionals to pregnant women and adolescent girls in order to ensure the best health conditions for both mother and baby during pregnancy.
- Antenatal care models with a minimum of eight contacts have been found to reduce perinatal mortality and improve women's experience of care

AIM of ANC

- To achieve a healthy mother and healthy baby at the end of pregnancy.
- However, preconception care has a critical role in achieving healthy mother and baby (and this remains alien in our society).

Components of ANC

- Risk identification
- Prevention and management of pregnancy-related or concurrent diseases
- Health education and health promotion



- Detailed history: Parity, LMP, complaints, past obstetric history, medical and surgical history, drug and allergy history
- Detailed clinical examination: general and systemic
- Routine ANC investigations +/- others as indicated
- Appropriate interventions, health education and promotions



- Mrs. A.S., 34-year-old G5P2+2 (2 alive) presented at antenatal booking clinic. She had two miscarriages between the first and last pregnancies.
- What relevant history should be taken from this patient? Parity, LMP, EGA, history of the past miscarriages (EGA, Cause, Mgt.-medical vs surgical, complications), any intervention during last pregnancy, mode of delivery and any complication, past medical and surgical history, food and allergy history etc.

Clinical Examination

- General: Fever, Pallor, Jaundice, Pedal edema, Weight,
- Systemic Exam:
 - CVS: PR, BP, HS
 - Resp Sys.: RR, BS +/-added sound
 - Abd./Obst. Exam.: Prev. scar, Tenderness, Liver, Spleen, Kidney, SFH, Lie, Presentation, FHR

Investigations

- PCV
- Blood group and rhesus factor
- Genotype
- Serology tests – HIV 1&2, HBsAg, HCV, VDRL
- Urinalysis
- Obstetric USS (at least one before 24W) – dating, number of fetus, lie, presentation, EFW, placenta, LV, anomaly
- Others e.g. OGTT, FBPP, fetal doppler, CTG, vaginal swab, urine MCS, etc

Risk Identification And Management

Classification of patients into:

- Low-risk obstetric population:
- High-risk obstetric population e.g. APH, twin gestation, previous CS, previous stillbirth, GDM, Preeclampsia/Eclampsia, SCD, Cardiac disease, Asthma, Hypo-/hyperthyroidism, etc.

Management

- Preemptive information to patient regarding their condition
- Adequate balance diets
- Folic acid supplementation (0.4mg/day)
- Iron supplementation (30-60mg of elemental iron per day)
- Tetanus toxoid immunoprophylaxis
- IPTp-SP (at least 3 doses for all pregnant women)



- Anti “D” immunoprophylaxis (for rhesus –ve mothers)
- Low dose aspirin (75-150mg daily) for those at risk of PIH
- Calcium supplementation (1.5–2.0 g oral elemental Ca^{2+}) in those with low dietary calcium intake (hypocalcemia) to prevent PIH
- Stop smoking and alcohol intake



- Hepatitis B immunoglobulin and vaccine for babies of HBsAg +ve mothers at birth
- PEP for babies of HIV +ve mothers
- Treatment of abnormal vaginal discharge: chlamydia, gonorrhea, bacteria vaginosis (to prevent preterm birth, ophthalmia neonatorum, neonatal sepsis)
- Treatment of asymptomatic bacteriuria to prevent persistent bacteriuria, preterm birth and low birth weight

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To report danger signs immediately e.g.

- Vaginal bleeding
- Reduce perception of fetal movements
- Blurred vision
- Drainage of fluid PV.

At every ANC contact,

- Listen to patient complaint and take history
- Check WT., BP, BP, pallor, jaundice and edema
- Check SFH (small, large or appropriate for gestation)
- Check fetal lie and presentation (esp. From 32weeks gestation)
- Do urinalysis plus other tests as indicated
- Iron and folic acid supplementation
- Emphasize adequate balanced diets



Multidisciplinary care approach for high-risk obstetric population

- Cardiologist: HTN, PET, cardiac diseases (HF, cardiomyopathy) etc.
- Endocrinologist: GDM, hypo-/hyperthyroidism
- Nephrologist: AKI, CKD
- Haematologist: SCD, VTE,
- Psychiatrist: Epilepsy, BAD, Depression, Anxiety disorder etc.
- Nutritionist/Dietitian
- Neonatologist / Paediatrician etc.



- Management of patient with co-morbidities with other Specialists optimizes the fetomaternal outcomes.
- Optimal blood sugar control is necessary to prevent neonatal risks associated with persistent hyperglycemia in pregnancy.
- Good BP control is critical to preventing complications of severe preeclampsia / eclampsia.

Fetal / Neonatal Complications

- Fetal growth restriction
- Neurodevelopmental impairment
- Stillbirth
- Congenital anomaly
- Neonatal sepsis
- Problems of prematurity e.g RDS, NEC, hypothermia, etc.



- Roles of antenatal corticosteroid in management of preterm contraction / preterm labour:

Prevention of

- RDS
- ICH
- NEC

When and how do you give it?



- Does tocolysis has role in prevention of neonatal morbidity?



Who is Limi Children Hospital? _____

The Limi Children's hospital is a is an arm of the Limi Hospital Group located at **No. 39 Ademola Adetokunbo Crescent, Wuse 2, Abuja**, A designated specialty hospital for pediatrics, neonatology and general medical care for children.

Under the auspices/system of the **>40yr old Limi Hospitals** founded in 1982.

The Limi Children's Hospital was commissioned by the Honorable Minister of the FCT in October 2017 amidst glowing commendations and accolades for the vision and contribution to healthcare delivery

World class Healthcare, All Day, Everyday



"...A healthy child is a happy child"



What are the Limi Children Hospital's services?



The Limi Hospitals
Reversing Medical Tourism

We provide **24/7 world-class healthcare solutions** for patients, hospitals, and their doctors in:

- General Paediatrics
- Paediatric Haematology
- Paediatric Dermatology
- Paediatric Neurology
- Paediatric Cardiology
- Paediatric Endocrinology
- Paediatric Gastroenterology
- Paediatric Otorhinolaryngology (ENT)
- Emergency Medicine
- Child and Adolescent Psychiatry



OUR SERVICES

- ◆ General Pediatrics
- ◆ Pediatric Cardiology
- ◆ Pediatric Endocrinology
- ◆ Pediatric Neurology
- ◆ Radio-diagnostics
- ◆ Infectious Diseases
- ◆ Neonatology & Neonatal ICU Care
- ◆ Pediatric Hematology
- ◆ Pediatric Dermatology
- ◆ Child & Adolescent Psychiatry
- ◆ Emergency Services
- ◆ Online Consultation



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f @ @limichildrenshospital



How to refer patients to Consider The Limi Children Hospital?

1. Give a standard referral letter & preferably attach any available results
2. **Call:** 08090599994, 09081841655
3. **WhatsApp:** 09024294618
4. **Email:** Limichilrenhospital@gmail.com
5. **Visit:** **No. 39 Ademola Adetokunbo Crescent, Wuse 2, Abuja,**
6. Kindly indicate Doctor's name, & email/phone number especially if you wish to receive a medical report afterwards.



 **Limi Children's Hospital**

We accept referrals of neonates from any delivery facility in Abuja.

Transport incubator and ambulance available pickup.

OUR SERVICES

- | | |
|------------------------|---|
| ➤ Neonatology | ➤ Paediatric Cardiology |
| ➤ Paediatric Surgery | ➤ Emergency Paediatrics |
| ➤ General Paediatrics | ➤ Paediatric Endocrinology |
| ➤ Ambulance Services | ➤ Neonatal Intensive Care - Unit (NICU) |
| ➤ Paediatric Neurology | |

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