



Government of Sierra Leone
Ministry of Health and Sanitation

Antenatal Checks

Why? When? What?



Why are Antenatal Checks Important?

Antenatal care (ANC) is an essential part of care for pregnant women and newborns with the sole aim of having a healthy mother and baby. The death of a pregnant woman can be avoided by identifying and managing risk conditions during this period. This can be done through:

- Focussed Comprehensive antenatal care (Tailored to needs of the client).
- Emphasizing the need for hospital delivery by a Skilled Birth Attendant during these visits.
- Comprehensive postnatal care for both mother and baby.
- Developing a birth preparedness/complication readiness plan, wherein anticipated risks are planned for.

ALL deliveries should be done in a health facility to ensure timely management and treatment when needed.

For every visit during ANC, 5 key essentials should be done;

- Welcome the women and or her family or spouse in a friendly manner.
- Educate and ask her and/or her family on danger signs and do a **quick check**.
- Educate and ask her and her family on the **importance of birth planning** and assist her to make one.
- Explain the importance of screening and prevention of Malaria, HIV, Syphilis, TB, Tetanus, STIs.
- Remind her about the **routine 4 ANC visit** schedule, follow up visits, danger signs and facility delivery.

QUICK CHECK

Assess each woman immediately on arrival whether she currently has or has had any danger sign including;

- Any bleeding.
- Convulsion or fit (now or at home).
- Restlessness, confused or unconscious.
- Severe abdominal pain.
- Cold Clammy Skin, rapid or feeble pulse (signs of shock).
- Blurred vision and severe headache.
- Swollen and painful leg/s.
- Chest pain.
- Fast or difficult breathing.

ENSURE IMMEDIATE ATTENTION IN THE EVENT OF ANY OF THE ABOVE SIGNS. RECORD THE INFORMATION ON THE WOMAN'S CARD, AND PASS THE INFORMATION TO THE IN-CHARGE OR DOCTOR FOR ACTION.

Physical and Obstetrics Examination

- Ensure all equipment are disinfected and functional, ready to use.
- Greet woman on arrival, explain procedure, ensure privacy and confidentiality.
- Wash hands before, between and after procedure.
- Observe general appearance and exclude signs of HIV/AIDS and TB.
- Check conjunctiva and palms for anaemia.
- Check for oedema of hands and face.
- Record findings on woman's card.

BIRTH AND EMERGENCY PREPAREDNESS

- Ask the pregnant woman when her baby is due
- Explain to her why birth at a health facility is recommended.
- Educate her and her family on the danger signs.
- Assist her to identify a decision - maker(s) in case of emergency and how to get support including transportation plan.
- Help her get a birth and support partner during delivery.
- Tell her the basic supplies during delivery and postnatal period and advise her to go to the facility.
- Explain to her and her family the importance of blood donor and help her identify blood donors.

Abdominal Examination

- Inspect the abdomen.
- Measure fundal height using tape measure (from 22 weeks onwards).
- Is the baby moving (from 20 weeks).
- Carry out fundal, lateral and pelvic palpation for presentation, lie and any abdominal mass.
- Count foetal heart beginning at 24 weeks) and record findings on card.



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ANC Checks

ANC 1 (<16 weeks/< 4 months)	ANC 2 (24-28 weeks or 6 months)	ANC 3 (30-32 weeks or 8 months)	ANC 4 (36 weeks or 9 months)
<ul style="list-style-type: none"> • Quick check. • Take history. • Screen for TB. • Take blood pressure. • Look for anaemia. • Do physical and obstetric exams. • Screen for syphilis. • Check for HIV status. • If living with HIV, refer to guidelines. • If status is unknown, counsel and offer HIV test. • Give TT, Iron and folate. • Give IPT as SP(Sulphadoxine-Pyrimethamine as DOT) if more than 16 weeks. • Provide LLIN and advice on use. • Tell her and her family about danger signs. • Advice on individual birth plan. • Counsel and educate on nutrition and breastfeeding. • Advice on the avoidance of harmful practices including smoking, alcohol intake and ingestion of harms and un-prescribed medications. • If teenager, counsel on institutional care, delivery and postnatal care with emphasis on FP. 	<ul style="list-style-type: none"> • Quick check. • Take blood pressure. • Test urine for protein. • Palpate uterus. • Check on individual birth plan. • Give first dose of SP as DOT. • Give Iron and folate. • Give Albendazole. • Counsel and educate on nutrition and breastfeeding. • If teenager, counsel on institutional care, delivery and postnatal. • Care with emphasis on FP. • Tell her and her family about danger signs. 	<ul style="list-style-type: none"> • Quick check. • Take blood pressure. • Test urine for protein. • Check on individual birth plan. • Give second dose of SP. • Give TT (If 4 weeks from 1st dose. • Palpate foetal presentation. • Listen for foetal heart sound. • Counsel and educate on nutrition, breastfeeding and family planning. • If teenager, counsel on institutional delivery and postnatal care with emphasis on FP. 	<ul style="list-style-type: none"> • Quick Check. • Screen for TB. • Take blood pressure. • Test urine for protein. • Update on individual birth plan. • Look for anaemia. • Repeat HIV testing if negative as recommended. • Check for foetal presentation and foetal heart rate. • Give Iron and folate. • Counsel and educate on nutrition, breast care and breastfeeding and FP. • If teenager, counsel on institutional care, delivery and postnatal care with emphasis on FP.

