

## Prenatal

### WARNING SIGNS TO REPORT

- Bleeding
- Swelling in hands and face
- Swelling on feet or ankles – pressing with finger leaves depression – swelling does not disappear with a night's rest
- Sudden increase in weight
- Headache – continuous, especially if with swelling or severe headache
- Blurred vision
- Pain in pit of stomach or abdomen, back or legs
- Nausea/vomiting accompanied by pain in pit of stomach
- Vomiting day after day
- Chills and fever
- Baby stops moving – once it starts the movements are felt several times a day. If movements stop for a day, call the nurse.
- If you have been in contact with German Measles in the first three months of pregnancy
- Sudden gush or steady leak of water from the front passage (vagina)
- If it burns to pass your water (your urine)

## Brief Summary of Routine Prenatal Checks

(Please note that a summary of "Initial Prenatal exam" is not covered here)

### FOR EVERY PRENATAL VISIT, DO:

Measurements such as:

- weight
- BP
- urine dip for protein, glucose and note if evidence of UTI(leuks, rbc, nitrates – if evidence of such, always do a uricult)
- Calculate gestational age with gestational wheel
- fundal height
- fetal heart rate
- fetal position

Review of "warning" symptoms such as:

(It is not necessary to review discomforts of pregnancy i.e. constipation, fatigue, muscle cramps, haemorrhoids etc. but they can be addressed if the client has concerns about them.)

- persistent headache
- visual changes
- pedal/facial/hand edema
- fever
- dysuria/frequency
- hemoptysis
- calf pain or leg pain (burning heat)
- abdominal pain
- vaginal bleeding
- vaginal discharge that is different from usual (foul/yellow/green)
- vaginal fluid loss, i.e. amniotic fluid
- a change in the usual amount of fetal movement

Medications to Dispense:

- iron tablets - one tab OD to t.i.d. depending on hemoglobin
- prenatal vitamins - one tab OD

Subsequent Lab Investigation:

- monthly hemoglobin
- 50 gram glucose load at 24 - 28 weeks
- blood for Red Cross at 32 weeks (and CBC)



				Security Classification - Classification de sécurité
To < À		All Community Health Nurses		
		All Zone Nursing Offices		Our File - Notre référence
		Regional Nursing		
		Public Health Unit		
				Your File - Votre référence
From		Dr. Zeenat Patel, Regional Community Medicine Specialist		
De		Jill Williams, Regional Immunization Coordinator		Date
				March 22, 2012

Prenatal and Post-Partum Rubella Vaccination Recommendation

All women of reproductive age should have at least one documented dose of rubella vaccine (unless they are pregnant) **OR** serologic evidence of immunity. **A documented history of immunization is evidence of rubella immunity.**

With respect to rubella, this means one documented dose of MMR vaccine (with a second dose for measles and mumps protection). Serologic testing after immunization is unnecessary and it is not necessary to repeat immunization even if subsequent serologic tests are negative. In addition, serologic testing for rubella antibody is not necessary during prenatal care for those with documented evidence of serologic immunity or prior immunization. Pregnant women without a prior record of immunization who are tested and found to be non-immune serologically should be vaccinated with one dose of MMR vaccine in the immediate post-partum period, and before discharge from hospital. They do not need to be screened for rubella antibodies after immunization or in subsequent pregnancies.

Further information can be found in Chapter 3 of the FNIHB Immunization Protocol, within the Canadian Immunization Guide, *Part 4 (Active Immunizing Agents)* – page 298.

Please insert this memo into section 2.2 (*FNIH/MOHLTC Memos*) of the FNIHB Immunization Protocol.