antenatal care
The aims of antenatal care are:
• to prevent, detect and manage those factors that adversely affect the health of mother and baby;
• to provide advice, reassurance, education and support for the woman and her family;
• to deal with the ‘minor ailments’ of pregnancy;
• to provide general health screening.
involved as many as 15 visits to a doctor or a midwife.

- In the UK, maternity care for an individual woman is provided by a community-based team of midwives and GPs, a hospital consultant team, or a combination of the two.

- Ultrasound scanning is usually performed in a maternity unit, whatever kind of care is accessed. Dating and detailed scans will be organized for a woman whether she is community or consultant booked.

- Women should be able to access maternity care easily and should be seen in an environment that allows the confidential and safe discussion of difficult issues such as domestic violence, sexual abuse, psychiatric illness and substance misuse.
Advice, reassurance and education

Pregnant may need explanation and reassurance to help her cope with a wide variety of symptoms, including nausea, heartburn, constipation, shortness of breath, dizziness, swelling, backache, abdominal discomfort and headaches.
Information regarding smoking, alcohol consumption and the use of drugs during pregnancy (both legal and illegal) is extremely important.
Parentcraft is the term used to describe formal group education of issues relating to pregnancy, labour and delivery and care of the newborn.
Common issues requiring advice and education during pregnancy
• Food hygiene, dietary advice, vitamin supplementation.
• The risks of smoking during pregnancy, smoking cessation, nicotine replacement therapy.
• Alcohol consumption.
• Use of medications.
• Recreational drug misuse.
• Exercise and sexual intercourse.
• Mental health issues.
• Foreign travel, DVT prophylaxis.
• Maternity rights and benefits.
• Female genital mutilation and domestic violence.
• Screening for fetal problems (Down’s syndrome, anomalies, haemoglobinopathies).
• Screening for maternal conditions (diabetes, hypertensive disorders, UTI, anaemia).
• Management of prolonged pregnancy.
• Place of birth and labour.
• Pain relief in labour.
• Breastfeeding and vitamin K prophylaxis.
• Care of the new baby and newborn screening.
Accessing antenatal care: the ‘booking visit’

This initial contact with a health care professional should be an easy process which can occur in a variety of settings. At this point, or shortly afterwards, the community midwife will take a detailed history, examine the woman and perform a series of routine investigations (with the woman’s consent) in order that appropriate care can be offered. This is known as ‘the booking visit’.
Confirmation of the pregnancy

The symptoms of pregnancy (breast tenderness, nausea, amenorrhoea, urinary frequency) combined with a positive urinary or serum pregnancy test are usually sufficient confirmation of a pregnancy. All pregnant women should be offered a ‘dating scan’, which both confirms the pregnancy and accurately dates it.
Dating the pregnancy

Setting a reliable ‘expected date of delivery’ (EDD) is an important function of antenatal care. This method assumes a 28-day menstrual cycle, ovulation on day 14 of this cycle, and an accurate recollection by the woman of her LMP. In reality, the timing of ovulation is variable within a cycle and most women do not have a period every 28 days. Furthermore, many studies have shown poor recollection of the LMP.
Benefits of a dating scan

- Accurate dating in women with irregular menstrual cycles or poor recollection of LMP
- Reduced incidence of induction of labour for prolonged pregnancy
- Maximizing the potential for serum screening to detect fetal abnormalities.
- Early detection of multiple pregnancies.
- Detection of otherwise asymptomatic failed intrauterine pregnancies.
Crown-rump length = 30mm
Monochorionic diamnionic twin pregnancy at 8 weeks' gestation. Note the thin amnion encircling each embryo, resulting in a thin dividing membrane (blue arrow).
A. Dichorionic diamnionc twin pregnancy at 6 weeks' gestation. Note the thick dividing chorion (yellow arrow). One of the yolk sacs is indicated (blue arrow).
The nuchal translucency (NT) measurement is the maximum thickness of the subcutaneous translucent area between the skin and soft tissue overlying the fetal spine at the back of the neck. Calipers are placed on the inner borders of the nuchal space, at its widest portion, perpendicular to the long axis of the fetus. In this normal fetus at 12 weeks' gestation, the measurement is 2.0 mm.
The transthalamic view is a transverse (axial) image obtained at the level of the thalami ($T$) and cavum septum pellucidum (bounded by arrows). The biparietal diameter ($BPD$) and head circumference ($HC$) are measured in this view.