For a woman to decide to get prenatal care when she finds out she’s pregnant, she has to see value in the prenatal visits. This is especially true for women who were not brought up in an environment where preventive health care is the norm. As a home visitor, you must 1) help the woman understand why it is important to get prenatal care and what the purpose of each test and procedure is and 2) help her understand why it is important to comply with the instructions given to her by the health care provider. The following information can help you.

**Prenatal Care – The Initial Visit**

This visit should be done as early in the pregnancy as possible. Even if the mother is in the last trimester and has not gotten prenatal care, she should be encouraged to seek care. During the first visit, the mom can expect:

- **A blood or urine test** to confirm the pregnancy if needed.
- **Calculation of estimated due date** (EDC). This date is calculated by adding seven days to the first date of the last menstrual period and counting back three months. Many mothers do not know the exact date of their last menstrual period. The due date can be estimated by other means such as the size of the uterus by measurement or by doing an ultrasound examination. In this exam, sound waves are sent into the body and bounce back to a machine giving pictures of structures in the body such as the developing fetus.

- **Requests for lots of medical and health history information including:**
  - **Mother’s Health History**: To determine if she has any prior conditions or diseases such as diabetes or anemia that will affect her health or the health of her baby.
  - **Mother’s Obstetrical and Gynecologic History**: To determine whether there are any problems such as a prior miscarriage that will interfere with her ability to have a healthy baby and carry it to term.
  - **Father’s Health History**: To determine whether the father has any health problems that can have a negative affect on the baby.
  - **Family Health History**: To determine whether there are any genetic diseases, birth defects or conditions such as Down’s syndrome or sickle cell anemia in this family.

- **Questions** about her diet, lifestyle, and socioeconomic status:
  - **Social Data**: Questions are asked about who is in the family, who is the chief support person, sources of income, and other questions to identify any special needs this woman and her family have such as lack of adequate financial resources. Although the question of domestic violence may not be asked directly, the person obtaining the history should be alert for signs and provide an atmosphere where fears and concerns can be discussed.
  - **Nutritional History**: To determine what information the mother needs and what resources she has to assure that she will have a healthy diet while pregnant.
  - **Lifestyle Questions**: To determine whether the mother and those around her engage in behaviors that put her or her baby at risk such as smoking or using drugs.
A complete physical examination. This exam helps identify any health problems that could have a negative impact on the pregnancy. If a problem is identified, steps can be taken to eliminate the problem or make it less threatening to the mother’s or baby’s health. Key elements of the exam include:

- **Obtaining vital signs** --- pulse, respiration, and blood pressure. Blood pressure is monitored throughout the pregnancy to watch for signs of pregnancy-induced hypertension, which can be dangerous.
- **Taking weight and height measurements.** In addition, measurement of the height of the top part of the uterus, known as the fundus, is also done to get baseline readings.
- **Doing a pelvic exam.** Specimens are collected to check for sexually transmitted diseases such as gonorrhea and chlamydia. If these or others are found, treatment can be given immediately. The size of the mother’s pelvis is also estimated. This is especially important in teens whose bones have not fully grown and mother’s who have had a large baby in the past.

**Assessment of the baby:** If the mother is beyond 12 to 14 weeks, the heartbeat is checked. If the mother is in the third trimester the baby’s parts are felt through the abdomen to determine his or her position. If there are any questions about the baby’s well being, an ultrasound may be done at that time or at a later visit.

**Blood tests:** Blood is drawn to check for anemia, blood type including Rh factor, syphilis, and, in some health care settings, HIV. Depending on how far the pregnancy is, tests may also be done to screen for diabetes (24 to 28 weeks). Another common blood test, done at 16 to 18 weeks is called AFP. It screens to baby for birth defects such as Down’s syndrome and a number of serious structural defects called open neuro tube defects.

**Urine test:** Urine is checked to screen for glucose (sugar seen with diabetes), protein (seen with hypertensive diseases of pregnancy), ketones (seen with poor nutrition) and to check for urinary tract infections.

**Prenatal Care – Follow-Up Visits**

The usual pattern for follow up visits is:

- Once a month until the seventh or eight month
- Every two weeks till the ninth month
- Weekly until delivery unless there are problems and a need for more frequent visits.
- Getting to the health care provider, missing work, bringing other children or dealing with child care, and long waits for short visits in an unfriendly, rushed, and impersonal setting all work against keeping appointments. The woman must see the value in the visit to overcome these barriers. Here is what a woman can expect to happen during follow-up visits:

- **Urine test:** The mother is asked to provide a urine specimen, which can be difficult especially with an enlarged uterus. Urine screening is done to watch for diabetes, hypertensive diseases of pregnancy, inadequate nutrition, and urinary track infection,
- **Weight:** Very few women like to step on a scale in a public place and see that they are gaining weight even if they know it is related to the growing baby. This is especially unpleasant if the health care provider is critical of too much weight gain or not enough weight gain. A rapid weight gain toward the end of the pregnancy with swelling of the face, hands and feet can indicate hypertensive diseases of pregnancy.
Job Aid #2: The Prenatal Visit

- **Blood pressure check.** This check is important to rule out pregnancy-induced hypertension, which can have life-threatening consequences. If the mother does not understand the reason this is done, she may not value this test.

- **Measurement of the size of the uterus:** If the uterus is not growing appropriately it can mean the placenta is not functioning and the baby may be in danger of not getting enough nutrition. Even more importantly, the baby may not be getting enough oxygen, which can cause brain damage or death.

- **Assessment of the baby’s heartbeat:** This is usually the most reassuring part of the visit. However, when the mother feels the baby moving, she may have less concern about the baby’s well being and not need to hear the heartbeat for reassurance.

- (In the ninth month only) **weekly pelvic exams.** These exams are done to determine whether the woman’s body is getting ready for delivery.

Some blood tests are repeated at the end of the pregnancy.

All prenatal visits should have an educational component appropriate to the time in the pregnancy and the woman’s specific needs. The visit may be valued more, if the woman comes away with new information, booklets and other reading material, and has an opportunity to ask questions and interact with other pregnant women.