

INODAYA Hospitals - Kakinada

Documentation
code:INH/DM/Obg/COP.Doc.N
0-24

Policy on Antenatal services

Prepared Date: 11/11/2025

Reference: COP.10.d.NABH Standards – 6th Edition

Issue date: 11/11/2025

Issue no:1

Review NO:0

Review Date: 10/11/2026

1.0 POLICY:

The policy defines the various services and guidelines pertaining to the provision of Antenatal services at INODAYA Hospital – Kakinada.

2.0 PURPOSE:

An effective ANC depends on competent health care providers, functioning health system with Women and their families are equipped with appropriate information and advice for a healthy pregnancy, safe child birth and adequate postnatal recovery. Antenatal services entail the holistic assessment of mother and fetus during pregnancy for the purpose of obtaining the best possible outcome for both the mother and the child.

3.0 SCOPE:

Patient requiring obstetric services at INODAYA Hospital - Kakinada

4.0 RESPONSIBILITY:

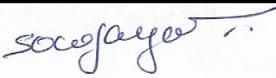
It includes Doctors, medical staff and paramedical staff related to providing obstetric services across INODAYA Hospital - Kakinada

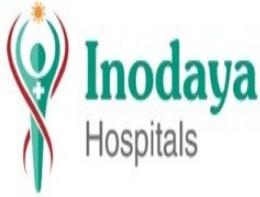
5.0 DISTRIBUTION:

Department of Obstetrics and Gynecology & other allied areas of INODAYA Hospital - Kakinada

6.0 PROCESS DETAILS:

6.1 DESCRIPTION OF THE PROCESS:

Prepared by: 	Verified by: 	Approved by: 
Dr.K.Satya Sowjanya	Dr.Gowtham Krishna	Mrs. Lakshmi Lavanya
Consultant Gynec & Obstetrics	Medical Director	Chief Executive Officer



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OBJECTIVES OF ANC :

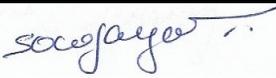
- To promote, protect and maintain the health of the mother during pregnancy
- To detect high risk cases and give them special attention
- To take decision regarding timing and mode of delivery
- To ensure the baby has a good start in life
- To teach the mothers elements of child care
- To reduce maternal and infant mortality and morbidity and to provide opportunities for health education of both parents with respect to their children's well being.

ANTENATAL SERVICES:

- Ensure early registration and see to it that the first check-up is conducted within 12 weeks (first three months of pregnancy).
- Track every pregnancy for conducting at least four antenatal check-ups (including the first visit for registration), keeping in mind all the essential components listed under
- Administer two doses of TT injection.
- Focus on calcium & vitamins

1. INITIAL ASSESSMENT:

- Age of mother
- < 18yrs, > Height/ Stature
- 35 yrs at 1st Pregnancy <145cm or< Booking Weight
- 5ft in height <45kg or > Parity - 1st preg
- 90kg > Birth interval
- 4[grandmultip] < Proteinuria
- SFH inconsistent with dates

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- Abnormal lie/Presentation identification
- Multiple gestation
- 2yrs since the last birth

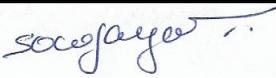
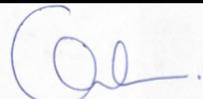
2. IMMUNIZATION

Pregnant Women	
Early in Pregnancy	TT – 1
4 weeks after TT – 1	TT – 2
Pregnant within 3 years of last pregnancy with both doses of TT	TT booster

3. DIET COUNCELLING

HEALTH PROMOTIONAL SERVICES

- ✓ Health Education: - The content would include educating the women on the value of rest and recreation, discouraging smoking and alcohol ingestion, allaying anxiety, infant feeding, contraception techniques.
- ✓ Nutrition education - aimed at encouraging the mother to take an adequate diet based as far as possible on locally available food which are cheap- eg;
- ✓ Education on sinister signs and symptoms in pregnancy.
- ✓ Education on improved personal hygiene and environmental sanitation.
- ✓ Help the woman to plan and prepare for birth (birth preparedness/micro birth plan).
- ✓ Th is should include deciding on the place of delivery and the presence of an attendant at the time of the delivery.

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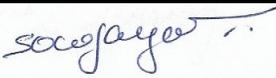
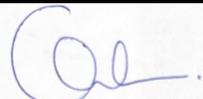
- ✓ Advantages of institutional deliveries and risks involved in home deliveries.
- ✓ Advise the woman on where to go if an emergency arises, and how to arrange for transportation, money and blood donors in case of an emergency.
- ✓ Educate the woman and her family members on signs of labour and danger signs of obstetric complications.
- ✓ Emphasise the importance of seeking ANC and PNC.
- ✓ Advise on diet (nutrition) and rest.
- ✓ Inform the woman about breastfeeding, including exclusive breastfeeding.
- ✓ Provide information on sex during pregnancy.
- ✓ Warn against domestic violence (explain the consequences of violence on a pregnant woman and her foetus).
- ✓ Promote family planning.
- ✓ Inform the woman about the Janani Suraksha Yojana (JSY)/any other incentives offered by the state.

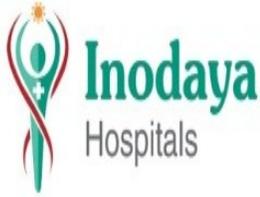
4. FREQUENCY OF VISITS

- Ensure that every pregnant woman makes at least four visits for ANC, including the first visit/registration.
- It should be emphasized that this is only a minimum requirement and that more visits may be necessary, depending on the woman's condition and needs.

Suggested schedule for antenatal visits

- ✓ 1. 8- 14 WEEKS- Visit
- ✓ 2. 20-24 WEEKS- Visit
- ✓ 3. 36-38 Weeks –Visit
- ✓ 4. 41-42 Weeks – Visit
- ✓ As per world health organization

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Note: If any abnormality according to the Doctors advise should visit.

5. ANTENATAL CARD

NAME OF THE PERSON:..... AGE/SEX:.....

UMR NO:....., DATE:.....

HUSBAND NAME:.....

ADDRESS FOR COMMUNICATION:.....

MOBILE NO:1. 2.....

PREGNENCY RECORD: BLOOD GROUP:..... RH TYPING.....DATE.....

LMP..... EDD:..... PRESENT WEEK:.....

NO.OF PREGENCIES:..... LIVE..... DEAD:.....

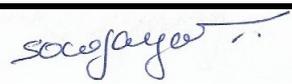
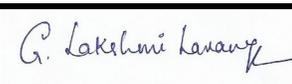
FEMALE/ MALE : 1..... AGE.....

2. AGE:.....

LAST DELIVERY DATE:..... GRAVIDA:.....

ANY ALLERGIES:.....

CHECK UP DETAILS:

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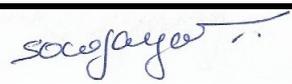
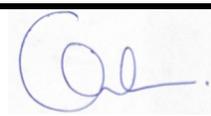
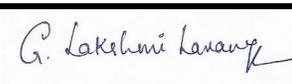
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	1 ST MONT H	2 ND MONT H	3 RD MONT H	4 TH MONT H	5 TH MONT H	6 TH MONT H	7 TH MONT H	8 TH MONT H	9 TH MONT H
DATE OF VISIT									
BP mmof hg									
TEMP									
PULSE/MT									
RR/MT									
WT									
PALLOR									
OEDEMA									

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JAUNDICE									
FUNDAL HT WEEKS/ CM									
LIE/ PRESENTATION OF FETUS									
FEETAL MOVEMENTS	Normal/ Reduced/ Absent	Normal/ Reduced/ Absent	Normal/ Reduced/ Absent	Normal/ Reduced/ Absent	Normal/ Reduced/ Absent	Normal/ Reduced/ Absent	Normal/ Reduced/ Absent	Normal/ Reduced/ Absent	Normal/ Reduced/ Absent
FEETAL HEART RATE/mt									
P/V EXAM									
TT INJECTION	Take two T.T. Injections. T.T.1 when pregnancy is confirmed and T.T.2 after 1 month. (Fill in the date) *Give one dose of T.T. if previously vaccinated within 3 years								

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IRON/ FOLIC ACID									
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OBSTRETIC COMPLICATIONS IN PREVIOUS HYSTORY:

- A. APH PPH B.ECLAMPS C.PIH D.NAEMIA E.
- F. OBSTRUCTED LABOUR G.LSCS H. CONGENITAL ANAMILY IN CHILD
- I.OTHERS

PAST HISTORY:

- TUBERCULOSIS HYPERTENSION HEART DISEASE DIABETICS
- HTN ASTHMA OTHERS

EXAMINATION :

HEART:..... Lungs:.....

BREAST:.....

ESSENTIAL INVETIGATIONS:

DATE					
------	--	--	--	--	--

Prepared by: <i>Satya Sowjanya</i>	Verified by: <i>Gowtham Krishna</i>	Approved by: <i>Lakshmi Lavanya</i>
Dr.K.Satya Sowjanya	Dr.Gowtham Krishna	Mrs. Lakshmi Lavanya
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HB						
BLOOD SUGAR						
URINE ALBUMIN						
URINE SUGAR						
URINE PRGANCY TEST						
HIV SCREENING						
HbsAg						
SYPHILLIS						
ULTRASONOGRA PHY						

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GESTATIONAL DIABETIS						
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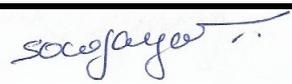
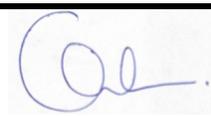
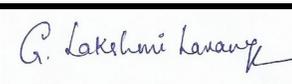
OPTINAL INVENTIGATIONS: IF ANY:

TREATMENT

S.NO	NAME OF THE DRUG	DOSE	ROUTE

NAME OF THE CONSULTANT:..... SIGN:.....

DATE:..... TIME:.....

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