

ACTIVE LEARNING TEMPLATE: *System Disorder*

STUDENT NAME _____

DISORDER/DISEASE PROCESS **antepartum**

REVIEW MODULE CHAPTER _____

Alterations in Health (Diagnosis)

Diagnosis of Medical Conditions for antepartum can be done by :
The biophysical profile (BPP).
Non stress test (NST).
Doppler ultrasound.

Pathophysiology Related to Client Problem

Hemorrhage
Diabetes melitus
Placenta praevia
Bleeding

Health Promotion and Disease Prevention

All women need to be assessed individually, taking into account not only the amount of blood loss but also any relevant current or past medical and obstetric history. Maternal corticosteroids is advised to any mother at risk of preterm birth, who is between 24+0 and 35+6 weeks of gestation.

ASSESSMENT

Risk Factors

Bleeding, which may be accompanied by pain.
May lead to miscarriage.
Uterine rupture
Anaemia
Fetal hypoxia

Expected Findings

Uterine contractions may be provoked.
The mother may show signs of hypovolaemic shock.
There may be malpresentation or failure of the fetal head to engage, with placenta praevia.
There may be associated signs of fetal distress.

Laboratory Tests

Gentle palpation of the abdomen to determine the gestational age of the fetus, presentation and position.
Arrange urgent ultrasound to exclude placenta praevia; ultrasound cannot exclude placental abruption, which is a clinical diagnosis.

Diagnostic Procedures

Fetal heart rate observing and ultrasound are the essential strategies our doctors use to get an exact measure of how well a pregnancy is continuing for mother and child.
Clotting studies, if platelet count is abnormal, as coagulopathy is common and should be anticipated and fetal monitoring are also curusial,

SAFETY CONSIDERATIONS

All women need to be assessed individually, taking into account not only the amount of blood loss but also any relevant current or past medical and obstetric history. If delivery of the foetus has to take place, the mother has to be in a stable condition to ensure their safety.

PATIENT-CENTERED CARE

Nursing Care

The nurse ensures that the mothers life is the priority and any decision regarding delivery should wait until the mothers condition is stable. fetal monitoring.

Medications

The main modes used to manage antepartum are effective communication between clinical staff, resuscitation, monitoring and close diagnosis of the underlying cause. The bleeding will be managed by delivery of the fetus.

Client Education

when ever bleeding occurs, a rhesus-negative mother should have a Kleihauer test and take prophylactic anti-D immunoglobulin.

Therapeutic Procedures

The main therapeutic procedures is resuscitation and management of obstetric hemorrhage and hypovolemic shock. Identification and management of possible causes of the antepartum is also effective in its control.

Interprofessional Care

The management of antepartum is effective communication between clinical staff, monitoring and close diagnosis of the possible cause. The bleeding is managed by delivery of the fetus. This requires active participation of the parties involved.

Complications

separation from family and home is a common stresser to the mother. The mother may face mental health issues. social stigma. Access to proper health care maybe a challenge.