Antenatal Care for Refugees

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Aims

By the end of this presentation you should:

- Describe the midwifes role in antenatal care
- State the pattern of routine antenatal care in refugees

Learning Outcomes

Identify the midwife's role and responsibilities in the provision of care during pregnancy.

- *Think about the midwife's role in the camp or a hotspot within the care received during pregnancy, what governs the midwife's responsibilities and sphere of practice?*
- *Is there anything the midwife cannot do?*
- *Where does the midwife's responsibility end and the woman's begin, is there a crossover?*

Explore refugee women and families experience of pregnancy.

- *Think about how women and their families feel during pregnancy. Are they pleased to be pregnant?*
- *What other feelings might they have during pregnancy?*
- *How will you know this? What factors might have an impact on their experience of pregnancy?*
- *How do refugee women feel about and adapt to pregnancy physically, socially and psychologically?*

Learning Outcomes

Demonstrate an understanding of the provision of normal midwifery care during the antenatal period.

- *What care is usually provided when a woman is pregnant in the camp or the hotspot?*
- *How often do they receive antenatal appointments and scans or other tests? What tests are they offered? What care do they get at each antenatal appointment & where is this care provided? Who provides the care they receive? The how, what, where, when and who provides care during the antenatal period. Models of care .*
- *Documents that shape the provision of antenatal care*

Demonstrate and utilise appropriate and effective interpersonal skills when dealing with refugee women, their families and other professionals.

- *What interpersonal skills do you need to use when interacting with refugee women, their families and other health professionals in the interprofessional team as a midwife?*
- *Think about verbal and non verbal communication and written forms of communication. What helps or hinders your interpersonal skills with other people? How will you know if your skills are effective?*

Standards and Essential Skills

1. Communication
2. Initial consultation between the woman and the midwife
4. Initiation and continuance of breastfeeding

6 C's

Compassion for Practice – The Vision and Strategy for Midwives (2012)

- Care
- Compassion
- Competence
- Communication
- Courage
- Commitment

Antenatal Care

- **Etymology:** < ante- *prefix* + Latin *nātāl-is* pertaining to birth, natal *adj.1* and *n.1*

1. "Happening or existing before birth.
2. Of, pertaining to, or concerned with the health and well-being of women during pregnancy."

(OED 2012)

Discuss

- What are the challenges for midwifery care during pregnancy for refugees?

Purpose of antenatal care

"Work with women to improve and maintain maternal and fetal health by monitoring the progress of pregnancy to confirm normality and detect any deviation early so that corrective care can be provided"

(Bharj & Henshaw, 2011, p. 416)

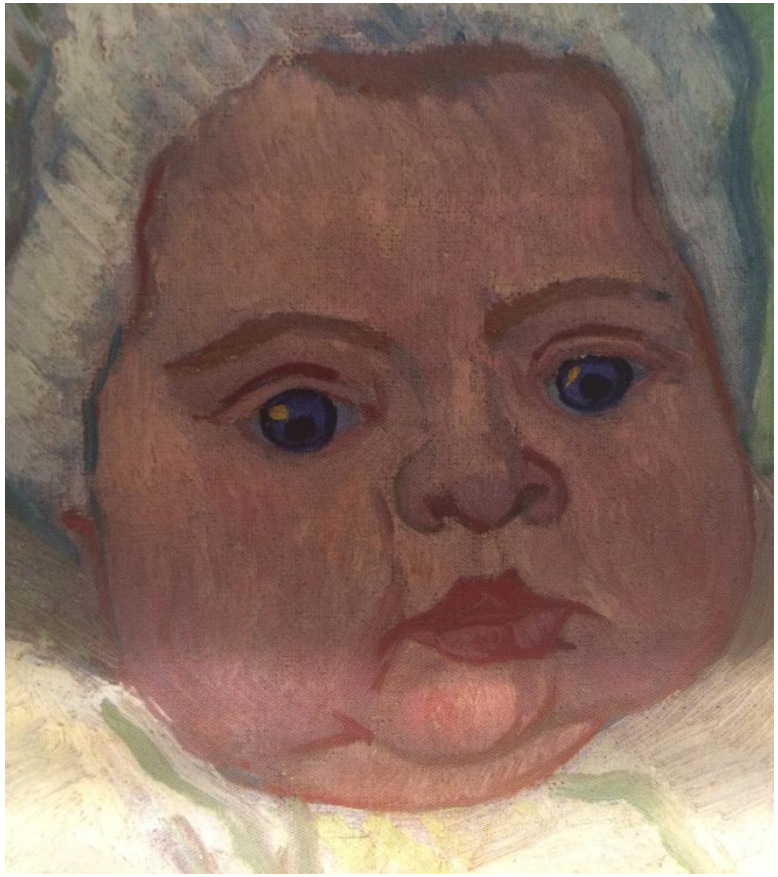
What do refugee women want from AN Care vs What do midwives want from AN care

- Facilitate the development of a partnership between the refugee woman and the professional's involved in her care (what about the family)
- Exchange information about all aspects of care with the refugee woman and her family, enabling them to make informed decisions about pregnancy birth and parenting (but ultimately whose decision is it?)
- Increase the refugee woman's understanding of public health issues in order to maintain and promote her health, and make positive lifestyle choices during childbirth and beyond
- Regularly monitor maternal and fetal health during pregnancy to confirm normality and to detect early any complications of pregnancy and refer women to appropriate healthcare professionals from the multidisciplinary team

What do refugee women want from AN Care vs What do midwives want from AN care

- Prepare the refugee woman and her family for the physical, psychological and emotional adaptation to pregnancy as well as for safe birth, where possible drawing up a birth plan to facilitate a fulfilling experience for them
- Afford opportunities for the refugee woman and her family to increase their knowledge of aspects essential for childbirth and for early parenthood
- Provide evidence based information for the refugee woman and her family, supporting them to make informed choice about methods of infant feeding
- Prepare for the period following birth, including family planning advice (Bharj & Henshaw, 2011, p. 416)

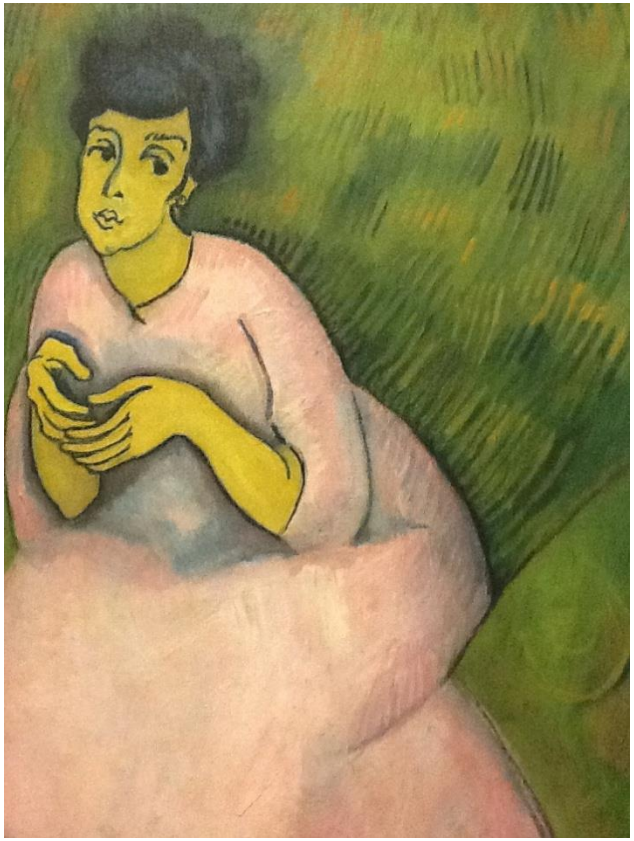
Overall Aim



The overall aim of care is to provide a service that will facilitate refugee women to achieve as safe and as satisfying a childbirth experience as possible, within the constraints of their personal circumstances.

This overall aim contains two issues:

- Safety - monitoring of pregnancy with appropriate intervention when necessary.
- Satisfaction - psychosocial support for the woman and her family.



A study done in the late 1980's suggests that:

"…women who are unhappy antenatally are likely to continue to be unhappy during and after birth and their reports of their experiences are coloured accordingly."
Green et al 1998 p 220

The way we deliver antenatal care can make a difference to the refugee woman's experience of childbirth and adaptation to parenthood.

Evidence

- Contributes to improved maternal mortality & morbidity rates
- Can aid a reduction in health inequality gaps

(CMACE, 2011)

Listen to these differing perspectives on midwifery care

- http://www.healthtalk.org/peoples-experiences/pregnancy-children/pregnancy/maternity-care-and-antenatal-visits

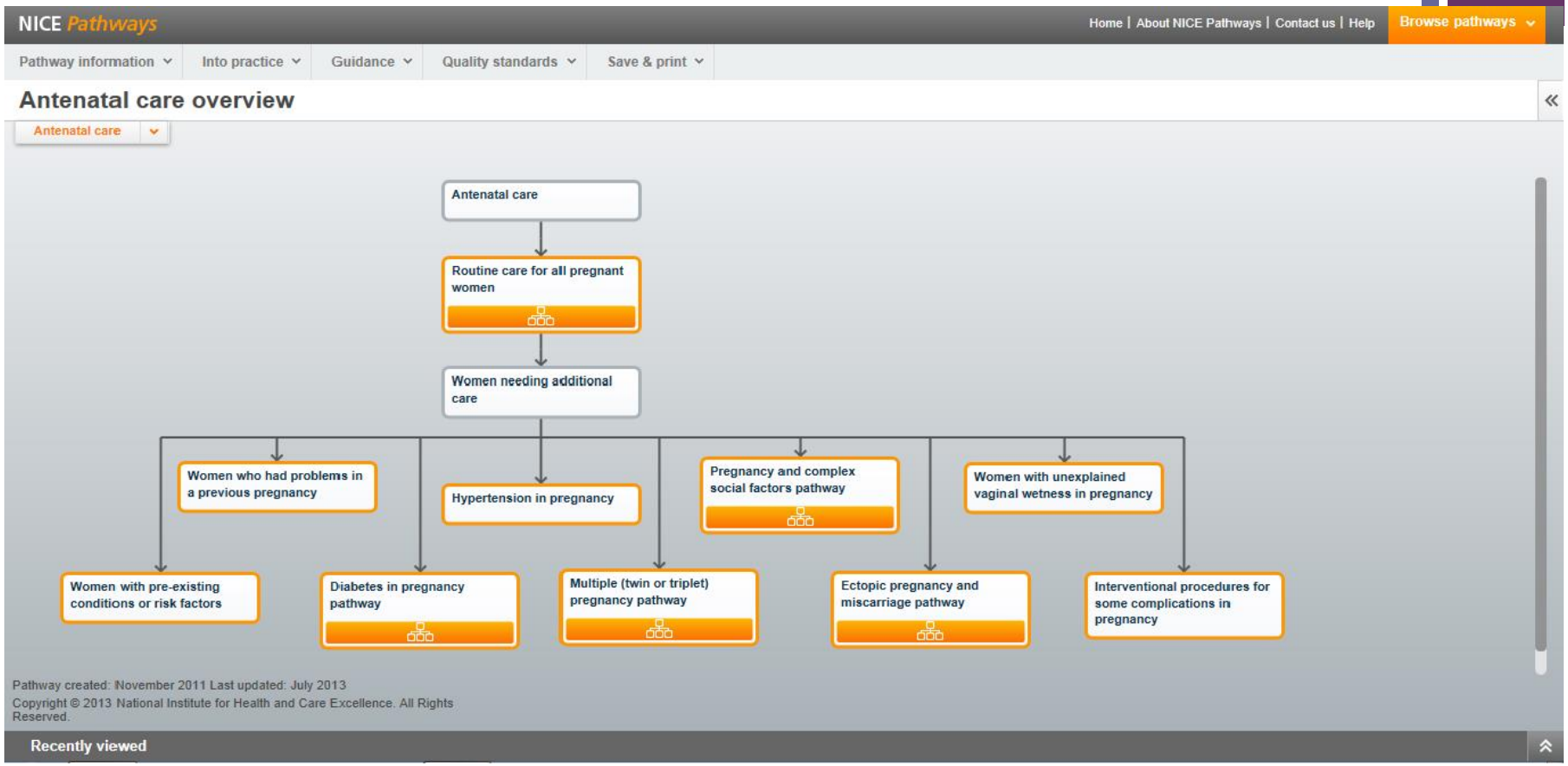
Objectives of Antenatal Care

- Being an advocate for the refugee woman& her family during her pregnancy, supporting her right to choose care that is appropriate for her own needs & those of her family
- Recognising complications of pregnancy & appropriately referring women (NMC 2004)
- Facilitating the woman & her family in their preparations to meet the demands of birth and parenthood.

NICE Guidelines

- NICE developed guidance to drive up clinical standards and to promote consistency across the NHS
- Guidance developed by ‘expert’ panel
- Evidence based
- Reviewed regularly
- See CG62 Antenatal Care: Routine care for the healthy pregnant woman http://www.nice.org.uk/nicemedia/live/11947/40110/40110.pdf

AN Care Pathway



http://pathways.nice.org.uk/pathways/antenatal-care [accessed 13/08/2013]

Gravidity & Parity

Gravidity

Gravid = "pregnant"

This number indicates the number of times a woman has been pregnant, regardless of outcome

Parity

Para = having given birth

This refers to the number of times that a woman has given birth to a child, live or stillborn, excluding abortions

(Viccers, 2003, p256-7)

The ‘Plus’ Factor

Gravidity and parity are written as:

G # P # (The hashes are where the numbers are written in)

You will also see these written with the addition of a plus sign, this indicates any miscarriages/abortions prior to 24 weeks.

e.g. G2 P1+1

Holistic Antenatal assessment

- Blood pressure
- Urinalysis
- Abdominal examination
- Evaluation of fetal wellbeing- growth and movements
- Evaluation of maternal psychological well being
- Discussion and information giving
- Professional relationship

Topics for Discussion

- Diet and supplementation
- Lifestyle considerations
- Substance misuse
- Pregnancy care services available and place of birth
- Maternity benefits
- Antenatal screening tests
- Fetal development
- Infant feeding
- Mental health issues
- Domestic violence
- Antenatal classes
- Discuss with <25 year olds Chlamydia infection issues
- Place of birth

Schedule of pregnant refugee Care

- Booking Appointment
- 16 weeks
- 25 weeks*
- 28 weeks
- 31 weeks*
- 34 weeks
- 36 weeks
- 38 weeks
- 40 weeks *
- 41 weeks

*Primigravida only

First Contact

- Folic acid supplements
- Food hygiene, including how to reduce the risk of a food-acquired infection
- Lifestyle, including smoking cessation, recreational drug use and alcohol consumption
- All antenatal screening, including risks, benefits and limitations of the screening tests. (NICE, 2008, p. 13)

Booking Appointment

- As already identified history taking is important and this is the first time refuge women may have contact with a health professional

16 weeks

- Checks and tests
  - Review, discuss and record the results of screening tests.
  - Measure blood pressure and test urine for proteinuria.
  - Investigate a haemoglobin level below 11 g/100ml (110g/L) and consider iron supplements.

- Give specific information on:
  - The routine anomaly scan. (NICE, 2008, p. 17)

25 weeks (for nulliparous women)

- Checks and tests
  - Measure blood pressure and test urine for proteinuria.
  - Measure and plot symphysis–fundal height.

    (NICE, 2008, p. 18)

28 weeks

- Checks and tests
  - Measure blood pressure and test urine for proteinuria.
  - Offer a second screening for anaemia and atypical red-cell alloantibodies.
  - Investigate a haemoglobin level below 10.5 g/100 ml (105g/L) and consider iron supplements.
  - Offer anti-D prophylaxis to women who are rhesus D-negative.
  - Measure and plot symphysis–fundal height. (NICE, 2008, p. 18)

31 weeks (for nulliparous women)

- Checks and tests
  - Review, discuss and record the results of screening tests undertaken at 28 weeks.
  - Measure blood pressure and test urine for proteinuria.
  - Measure and plot symphysis–fundal height.

    (NICE, 2008, p. 19)

34 weeks

- Checks and tests
  - Review, discuss and record the results of screening tests undertaken at 28 weeks.
  - Measure blood pressure and test urine for proteinuria.
  - Offer a second dose of anti-D prophylaxis to women who are rhesus D-negative.
  - Measure and plot symphysis–fundal height.

- Give specific information on:
  - Preparation for labour and birth, including the birth plan, recognising active labour and coping with pain. (NICE, 2008, p. 19)

36 weeks

- Checks and tests
  - Measure blood pressure and test urine for proteinuria.
  - Measure and plot symphysis–fundal height.
  - Check the position of the baby. If breech, offer external cephalic version.

- Give specific information (at or before 36 weeks) on:
  - breastfeeding: technique and good management practices, such as detailed in the UNICEF Baby Friendly Initiative (www.babyfriendly.org.uk)
  - care of the new baby, vitamin K prophylaxis and newborn screening tests
  - postnatal self-care, awareness of 'baby blues' and postnatal depression. (NICE, 2008, p. 20)

38 weeks

- Checks and tests
  - Measure blood pressure and test urine for proteinuria.
  - Measure and plot symphysis–fundal height.

- Give specific information on:
  - options for management of prolonged pregnancy

  (NICE, 2008, p. 20)

40 weeks
(for nulliparous women)

- Checks and tests
  - Measure blood pressure and test urine for proteinuria.
  - Measure and plot symphysis–fundal height.
  - Further discussion of management of prolonged pregnancy (NICE, 2008, p. 21)

41 weeks

- Checks and tests
  - For women who have not given birth by 41 weeks:
    - offer a membrane sweep
    - offer induction of labour
  - Measure blood pressure and test urine for proteinuria
  - Measure and plot symphysis–fundal height.

    (NICE, 2008, p. 21)

Antenatal interventions NOT routinely recommended

- Repeated maternal weighing.
- Breast or pelvic examination.
- Iron or vitamin A supplements.
- Routine screening for chlamydia, cytomegalovirus, hepatitis C virus, group B streptococcus, toxoplasmosis, bacterial vaginosis.
- Routine Doppler ultrasound in low-risk pregnancies.
- Ultrasound estimation of fetal size for suspected large-for-gestational-age unborn babies.

- Routine screening for preterm labour Routine screening for cardiac anomalies using nuchal translucency.
- Gestational diabetes screening using fasting plasma glucose, random blood glucose, glucose challenge test or urinalysis for glucose.
- Routine fetal-movement counting.
- Routine auscultation of the fetal heart.
- Routine antenatal electronic cardiotocography.
- Routine ultrasound scanning after 24 weeks.

(NICE, 2008, p.22)

Documentation

NMC (2010) Record keeping guidance

You should record details of any assessments and reviews undertaken, and provide clear evidence of the arrangements you have made for future and ongoing care. This should also include details of information given about care and treatment.

Tasks

- Download and read the NICE guidance on antenatal care
- Download the NMC Record keeping Guidance

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