

## Prenatal Examinations Guide

Produced by Sindh Education Foundation as part of "Nurture" Magazine (Issue 10: Nurturing your Child before Birth) under the RCC: ECD Programme which is supported by the Embassy of the Kingdom of the Netherlands and coordinated by the Aga Khan Foundation, Pakistan.



0-4 WEEKS

- Confirmation of pregnancy
- A general medical history and previous obstetrical history, if one
- A general physical exam
- Blood tests: hemoglobin and hematocrit, blood typing, rubella titer, hepatitis B screen (HIV screen, venereal disease screen, and sickle cell screen are optional)
- Possible blood test for genetic diseases if history warrants
- Urinalysis to test for infection, sugar, and protein
- Weight and blood pressure check
- Counseling on proper nutrition and avoiding environmental hazards
- An opportunity to discuss other relevant concerns



5-9 WEEKS

- Check-up for intra uterine pregnancy and cardiac flicker
- Ultrasound
- Nutritional counseling
- Weight and blood pressure check
- An opportunity to discuss other relevant concerns



10-14 WEEKS

- Examination of abdomen to feel the top of the uterus
- Examination of the size and height of uterus
- Weight and blood pressure check
- Discussion of tests if needed: ultrasound, chorionic villus sampling, amniocentesis, and prenatal screening for genetic problems
- An opportunity to discuss other relevant concerns



15-19 WEEKS

- Examination of the size and height of uterus
- Examination for swelling varicose veins, and rashes
- An opportunity to hear baby's heartbeat
- An Opportunity to possibly see the baby move and all the organs that are now developed on ultrasound, if indicated
- Weight and blood pressure check (expect a more rapid weight gain over the next three months)
- Urinalysis to test for infection, sugar, and protein
- An opportunity to discuss feeling baby move
- An opportunity to discuss other relevant concerns



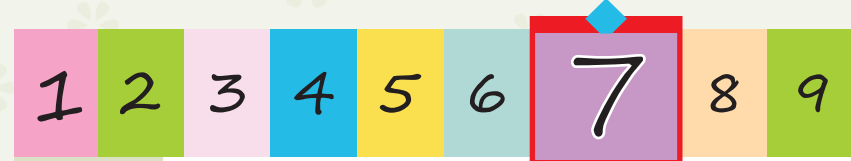
20-24 WEEKS

- Check-up for congenital malfunction
- Examination for the size and height of uterus
- An abdominal exam
- Examination of breasts and skin
- Examination for swelling of hands, legs, and enlargement of veins
- Weight and blood pressure
- Urinalysis to test for infection, sugar, and protein
- An opportunity to hear baby's heartbeat
- An opportunity to see baby on ultrasound, if indicated
- An assessment of fetal activity
- An opportunity to discuss other relevant concerns



25-28 WEEKS

- Examination of the size and height of uterus
- Weight and blood pressure check
- Urinalysis to test for infection, sugar, and protein
- Oral glucose tolerance test, screening for gestational glucose intolerance, if indicated
- Vaginal culture, screening test for beta strep infection, if indicated
- An opportunity to hear the baby's heart beat
- An opportunity to see the baby growing on ultrasound, if indicated
- An opportunity to discuss other relevant concerns



28-32 WEEKS

- Examination of the size and height of uterus
- Examination of your skin for rashes, enlarging veins, and swelling
- Weight and blood pressure check
- Urinalysis to test for infection, sugar, and protein
- Hemoglobin and hematocrit, if indicated
- Review of diet, an opportunity to discuss mother's weight, if necessary.
- An opportunity to hear baby's heartbeat
- An opportunity to see on ultrasound how baby has grown (if indicated)
- An opportunity to discuss other relevant concerns

During the seventh and eighth month of pregnancy, healthcare provider may call the mother twice a month for check up.



32-36 WEEKS

- Check-up for placental localization
- Examination of the size and height of uterus
- Examination of your skin for rashes, enlarging veins, and swelling
- Weight and blood pressure check
- Urinalysis to test for infection, sugar, and protein
- Hemoglobin and hematocrit, if indicated
- Review of your diet, an opportunity to discuss mother's weight, if necessary
- An opportunity to hear baby's heartbeat
- An opportunity to see on ultrasound how baby has grown (if indicated)
- An opportunity to discuss other relevant concerns

During the seventh and eighth month of pregnancy, the healthcare provider may call the mother twice in a month for check up.



36-40 WEEKS

- Examination of the size and height of uterus
- Palpation of your uterus to determine position of baby
- An internal exam, if indicated
- Weight and blood pressure check
- An ultrasound exam if needed to determine the size and position of your baby
- Urinalysis to test for infection, sugar, and protein,
- An opportunity to discuss when to call your practitioner if labor begins
- An opportunity to discuss the difference between Braxton-Hicks contractions and the "real" ones
- An opportunity to discuss signs that labor has begun
- An opportunity to discuss when to go to the hospital or birth center
- An opportunity to discuss your birth plan, including labor assistants, avoiding episiotomy, or special birth requests
- An opportunity to discuss other concerns

## Pregnancy Myths Busted

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### Myth: 'Don't exercise, it will adversely affect your baby'

**Fact: Like most myths, this one has some basis in fact. It is meant to protect the newly pregnant women from injury as some are more prone to injury than others. Light exercises such as walking, yoga and stretching could be chosen. While activities involving physical labor like weight lifting, moves causing jerks to the body etc., ought to be strictly avoided. Remember to always consult your care provider or midwife prior to starting any regimen.**

### Myth: Eating ghee will help during child birth!

**Fact: Science hasn't yet proved that there exists a connection between the digestion canal and the delivery canal. A natural lubricant in the birth canal does the job of slipping the baby out easily. A mother-to-be must go for healthier food plans rather than consuming foods that merely increase body fat.**

### Myth: Having coconut water will make your baby fair

**Fact: Yet another myth believed very much. The complexion of a baby has got more to do with the parent's genes than with having coconut water! Can we explain the dark complexion of the people in Africa who have an abundant coconut plantation and yet they all have a dark complexion.**

### Myth: Don't raise your arms above your head, you can tangle the umbilical cord by doing so

**Fact: This myth have often been heard from grandmothers who ask the mothers-to-be not to raise their hands as this would cause the umbilical cord to go around the baby's neck and strangle her/him. Nevertheless, some pregnant women may find it beneficial to abstain to cause less stress, hence more rest and possibly a healthier baby.**

### Myth: Eat as much as you like, your food is supporting two people now

**Fact: You will surely hear this advice during pregnancy. In reality you should eat as much as you like and whatever you feel like having. Eating for two will only result in poor health for you and do nothing for the well being of the baby. Moreover, eating the right food at the right time is better than over-eating.**

### Myth: Don't exercise, it will adversely affect your baby

**Fact: Like most myths, this one has some basis in fact. It is meant to protect the newly pregnant women from injury as some are more prone to injury than others. Light exercises such as walking, yoga and stretching could be chosen. While activities involving physical labor like weight lifting, moves causing jerks to the body etc., ought to be strictly avoided. Remember to always consult your care provider or midwife prior to starting any regimen.**

### Myth: The shape and fullness of your face during pregnancy can indicate your baby's sex

**Fact: Every woman gains weight differently during pregnancy, and every woman experiences different skin changes. If people tell you that because your face is round and rosy you're having a girl, they might be right — but it's just as likely that they're wrong! In fact there has been, till date no other method found for determining the sex of the baby you are carrying, except for an ultrasound and even that could be mistaken.**

### Myth: Natural birth is better than a Caesarean section

**Fact: Most mothers would probably like to have a natural birth but if this is not possible, Caesarean should not be viewed as a failure. While recovery after an operation is much slower, the best way of birth is the safest way for the baby and mother.**

### Myth: Breastfeeding helps you to lose weight

**Fact: Contrary to popular belief, breastfeeding doesn't necessarily help new mothers to shed weight any faster.**

These and many more myths have been around for centuries. After you have heard them all, for medical advice pertaining to pregnancy you should always consult your doctor first.