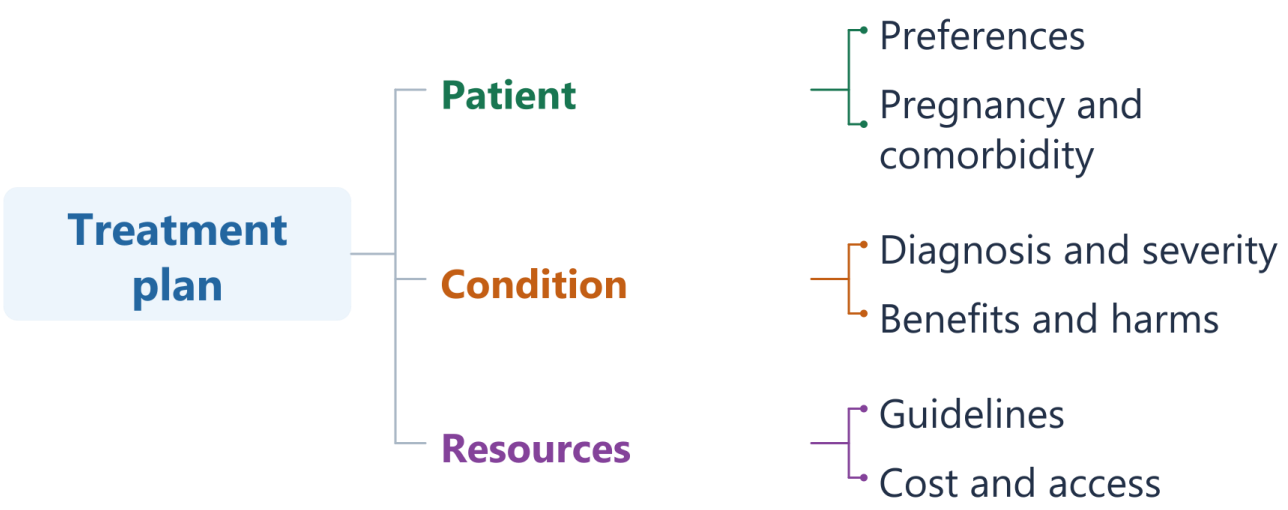
Obstetrics & Gynaecology - Topic 36 - Obstetrics & Gynecological skills-II

Planning Appropriate Treatment

Match the Plan to the Woman and the Condition



Begin with the Clinical Need

- A treatment plan should address the woman's main problem, immediate risks and long-term goals.
- Confirm the diagnosis or state the uncertainty before choosing a medicine, procedure or referral.
- Determine severity, pregnancy status, complications and the level of care needed.
- Treat an emergency promptly while arranging definitive assessment, rather than postponing care until every investigation is complete.

Consider the Whole Patient

- Ask about allergies, comorbidities, current medicines, previous treatment and the ability to follow the plan.
- Discuss fertility wishes, contraception, breastfeeding, work, caregiving and the effects of treatment on daily life.
- Assess language, literacy and the woman's preferred way of receiving information.
- Offer a choice between clinically suitable options and explain their benefits, adverse effects and likely time to improvement.

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Make Care Effective and Affordable

Use Resources Sensibly

- Cost-effective care produces worthwhile health benefits without avoidable expense or harm.
- The cheapest immediate option may be poor value if it repeatedly fails, causes complications or requires expensive travel.
- Request a test when it will answer a useful question or alter care, rather than ordering an identical panel for every patient.
- Use generic medicines of assured quality and the local essential-medicine list when suitable options are available.
- Avoid unnecessary antibiotics, repeated scans and procedures that do not improve the patient's outcome.
- Check the actual availability of medicines, blood, imaging, anaesthesia and referral transport before promising a treatment.

Account for Social and Financial Barriers

- Ask about travel cost, time away from work, safe transport and support at home without making assumptions about income.
- Combine necessary appointments when possible and offer a clear plan for collecting results.
- Use available public entitlements and referral networks, and involve the social worker or community health team when helpful.
- Choose an achievable follow-up plan and arrange active recall for serious abnormal results.
- Financial hardship must not become a reason to omit emergency stabilisation or essential care.

Apply Guidelines Thoughtfully

- Use current institutional and government protocols, then adapt them to contraindications, patient preferences and available expertise.
- Document why a justified departure from a protocol is necessary and discuss complex decisions with a senior clinician.
- Review whether the treatment works and change the plan when symptoms, results or circumstances change.

Clinical situation	Reasoned approach
Stable heavy menstrual bleeding	Assess anaemia, pregnancy risk and structural causes, then offer suitable medical options before unnecessary major surgery.

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Clinical situation	Reasoned approach
Symptomatic anaemia in pregnancy	Assess severity and cause, choose an effective replacement route and arrange review or urgent referral as required.
Vaginal discharge	Use examination and targeted tests or a national syndromic pathway rather than repeating broad antibiotics indefinitely.
Uncomplicated contraception request	Provide the chosen eligible method without unnecessary tests that create barriers.
Severe bleeding with shock	Prioritise resuscitation, blood and definitive care rather than a low-cost outpatient approach.

Organising Maternal and Family Welfare Clinics

Set Up a Safe and Accessible Service

Define Staff, Space and Patient Flow

Staff, Patient Flow and Facilities

- Assign responsibility for registration, triage, examination, testing, counselling, dispensing and referral.
- Provide privacy for consultation and examination, accessible toilets, drinking water and a clean waiting area.

Equipment, Infection Prevention and Service Links

- Keep a functioning blood-pressure device, weighing scale, examination couch, fetal assessment equipment and emergency supplies ready.
- Arrange hand-hygiene facilities, safe waste disposal and cleaning or sterilisation of reusable equipment.
- A laboratory and pharmacy link should allow important results and medicines to reach the woman without unnecessary repeat visits.
- Maintain a clear referral directory, emergency contact system and transport plan.

Triage Before Routine Registration

- Ask immediately about bleeding, convulsions, severe pain, fever, breathlessness, severe headache and reduced fetal movements.
- Check an unwell patient's vital signs promptly and move her to clinical assessment instead of leaving her in the routine queue.
- A fast-track route should remain available even on a busy scheduled clinic day.
- Protect confidential records and avoid announcing sensitive diagnoses in a public waiting area.

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Antenatal Clinic

Register and Establish the Baseline

- Encourage early registration and establish pregnancy dates, obstetric history, medical risks and a reliable contact method.
- Review blood group and Rh status, haemoglobin, urine and infection screening, together with other tests required by the national pathway.
- Offer testing for HIV and syphilis with appropriate counselling and link positive results promptly to treatment.
- Assess blood pressure, weight, nutrition, anaemia, fetal growth and other findings appropriate to gestation.
- Document risk factors clearly, but reassess them because a previously low-risk pregnancy can develop complications.

Plan the Contact Schedule

- The WHO routine model uses at least eight contacts, with the first by 12 weeks and subsequent contacts around 20, 26, 30, 34, 36, 38 and 40 weeks.
- Additional visits are needed when disease, symptoms or fetal concerns require closer care.
- In India, PMSMA provides assured antenatal assessment in the second and third trimesters on the ninth of each month.
- The extended programme supports additional follow-up of high-risk pregnancies.
- A fixed programme clinic supplements regular care and must never delay assessment of a new danger symptom.

Deliver Preventive and Supportive Care

Preventive Treatment and Healthy Living

- Provide nutrition advice, prescribed iron–folic acid and calcium, immunisation and other prevention according to the current programme and clinical assessment.
- Explain how to take medicines, manage common adverse effects and return if treatment is not tolerated.
- Support tobacco and alcohol avoidance, safe activity, oral health and mental well-being.

Birth Planning, Warning Signs and Postnatal Choices

- Prepare a birth plan covering the delivery facility, transport, companion, finances and emergency contacts.
- Explain warning symptoms in simple words and ask the woman to repeat when and where she would seek help.
- Discuss feeding and postpartum contraception before delivery so decisions can be made without pressure during an emergency.

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Maternal and Family Welfare Clinics: Postnatal and Continuing Care

Schedule and Assess Both Mother and Baby

Timing of Postnatal Contacts

- Provide continuing maternal and newborn assessment during the first 24 hours after birth; after a home birth, arrange the first contact as early as possible within 24 hours.
- Arrange further contacts around 48–72 hours, 7–14 days and six weeks, with additional care when needed.

Maternal Recovery and Mental Health

- Check bleeding, temperature, blood pressure when indicated, pain, urination, bowel function and wound or perineal healing.
- Assess feeding, breast problems, emotional well-being, sleep and support at home.
- Ask sensitively about depression, anxiety, self-harm thoughts, violence and difficulty caring for the baby.

Newborn Assessment and Warning Signs

- Review the newborn's feeding, temperature, jaundice, activity, breathing, growth and immunisation needs through the appropriate child-care pathway.
- Teach the family that poor feeding, breathing difficulty, fever, hypothermia, marked jaundice or reduced activity needs prompt assessment.

Complete Ongoing Care

- Continue anaemia and other disease treatment, review medicines during breastfeeding and arrange necessary repeat investigations.
- Women with hypertensive disease, diabetes or major haemorrhage need specific follow-up beyond a routine six-week check.
- Discuss voluntary contraception, return to sexual activity, pelvic-floor recovery and future pregnancy planning.
- Document referrals and ensure serious maternal or neonatal concerns are actually reviewed.

Family Welfare Clinic

Offer Voluntary, Informed Choice

Reproductive Goals and Method Eligibility

- Ask whether the person wants to delay, space or avoid pregnancy and discuss suitable methods without setting a preferred family size.
- Explain effectiveness, reversibility, bleeding effects, side effects, return to fertility and protection from sexually transmitted infections.

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