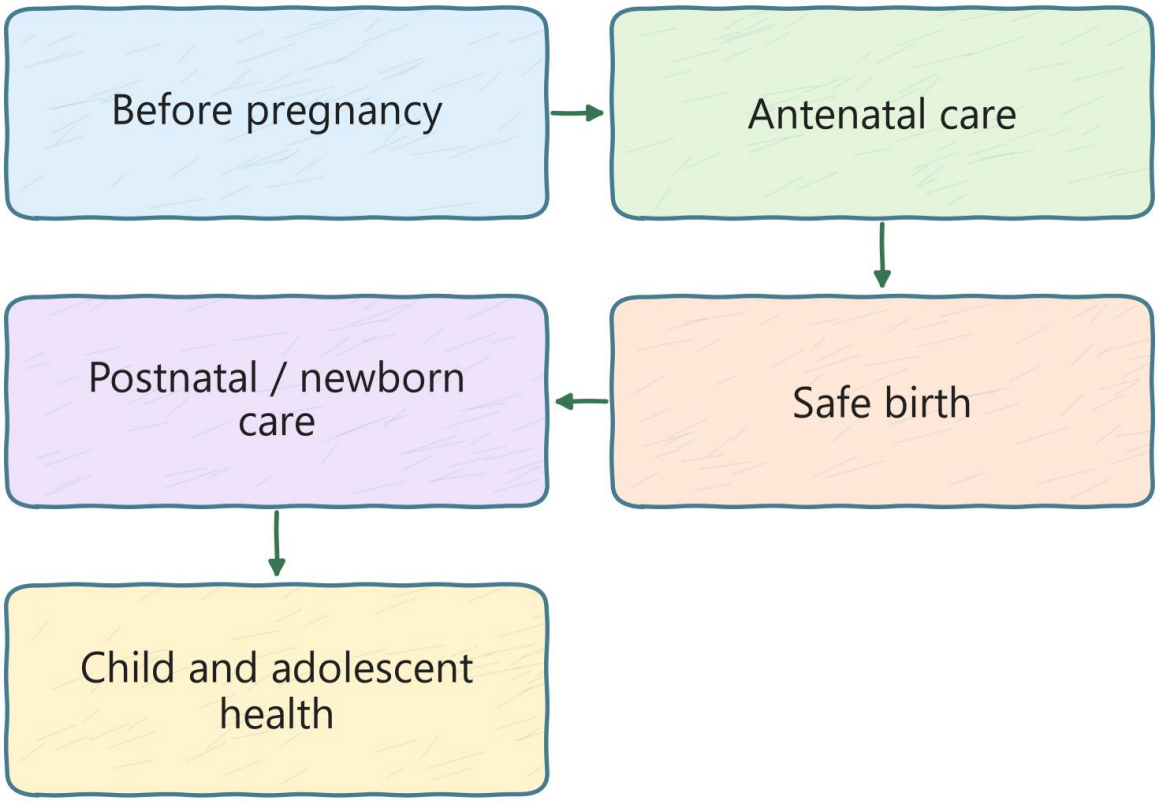
Community Health Nursing II — Unit 2: Reproductive, maternal, newborn, child and adolescent health

Reproductive, Maternal, Newborn, Child and Adolescent Health

Overview

- Reproductive, maternal, newborn, child and adolescent health links care across the life course rather than treating each stage as an isolated service.
- Good adolescent health supports safer future pregnancy, while quality pregnancy and newborn care improves child survival and development.
- Community services combine prevention, early recognition, basic care, referral and continuing support for the family.
- Respect, informed choice, privacy and freedom from discrimination are essential at every stage.



Continuum of maternal and child care

Present Situation in India

- India has improved institutional delivery, immunisation access and survival, but important differences remain between states and population groups.
- The national maternal mortality ratio for 2022 to 2024 was **87 maternal deaths per 100,000 live births**, compared with 88 in 2021 to 2023.

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- In 2024, infant mortality was **24 deaths before one year of age per 1,000 live births**, while under-five mortality was 28 per 1,000 live births.
- These dated estimates describe national trends and should be interpreted alongside local coverage, quality and inequalities.
- A national average can conceal higher risk among remote, poor, migrant and otherwise underserved populations.
- Haemorrhage, hypertensive disorders, infection, anaemia, prematurity and neonatal illness remain important care priorities.
- Quality, timely referral and follow-up are as important as recording that a service contact occurred.

Continuum of Care

1. Care Across Life Stages

- Link preconception and adolescent care with pregnancy, birth, the postnatal period, infancy and childhood.

2. Care Across Service Levels

- Connect home and community activities with primary, referral and specialist facilities.

3. Care Across Disciplines

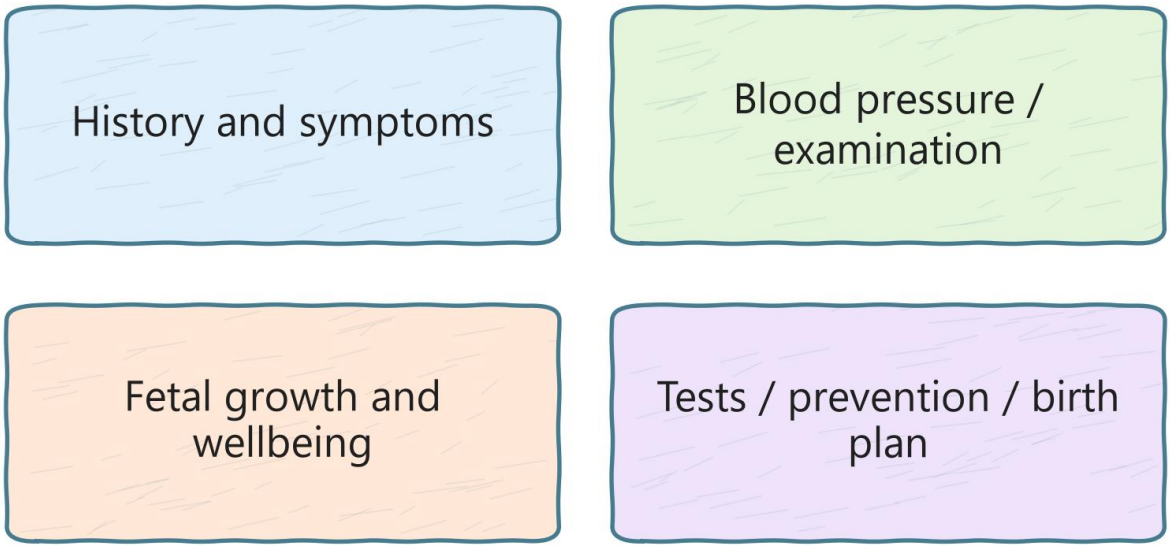
- Coordinate health, nutrition, sanitation, education, social protection and safeguarding services.

Antenatal Care

Definition

- **Antenatal care**, or ANC, is planned care during pregnancy to support the woman and fetus and identify complications early.

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Antenatal review domains

Objectives

- Confirm pregnancy and gestation, assess health and risk, provide preventive care and prepare for birth and emergencies.
- Encourage the woman to seek help between scheduled visits whenever a new concern or danger sign appears.

Registration and Visits

- Register pregnancy as early as possible, preferably in the first trimester, and issue or update the Mother and Child Protection card.
- Indian programme monitoring includes a minimum of four antenatal check-ups, while the international eight-contact model provides more frequent planned contact.
- The four Indian programme visit windows are **within 12 weeks**, **14 to 26 weeks**, **28 to 34 weeks** and **36 weeks to term**.
- The eight-contact model schedules contact by 12 weeks and then at approximately 20, 26, 30, 34, 36, 38 and 40 weeks.
- A contact includes assessment, preventive care, counselling and a plan for concerns rather than simply recording attendance.
- These are different service frameworks and should not be confused with a maximum number of visits.
- Additional visits and specialist review are required for high-risk pregnancy or new symptoms.

History

- Record the last menstrual period, cycle pattern, previous pregnancies, births, losses, operations and complications.
- Review medical illness, medicines, allergies, infections, immunisation, substance use, mental health and social support.

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- Ask privately about violence or coercion and assess barriers to nutrition, transport and care.
- Record the estimated date of delivery using reliable menstrual information and ultrasound dating when available and indicated.

Examination

General Examination

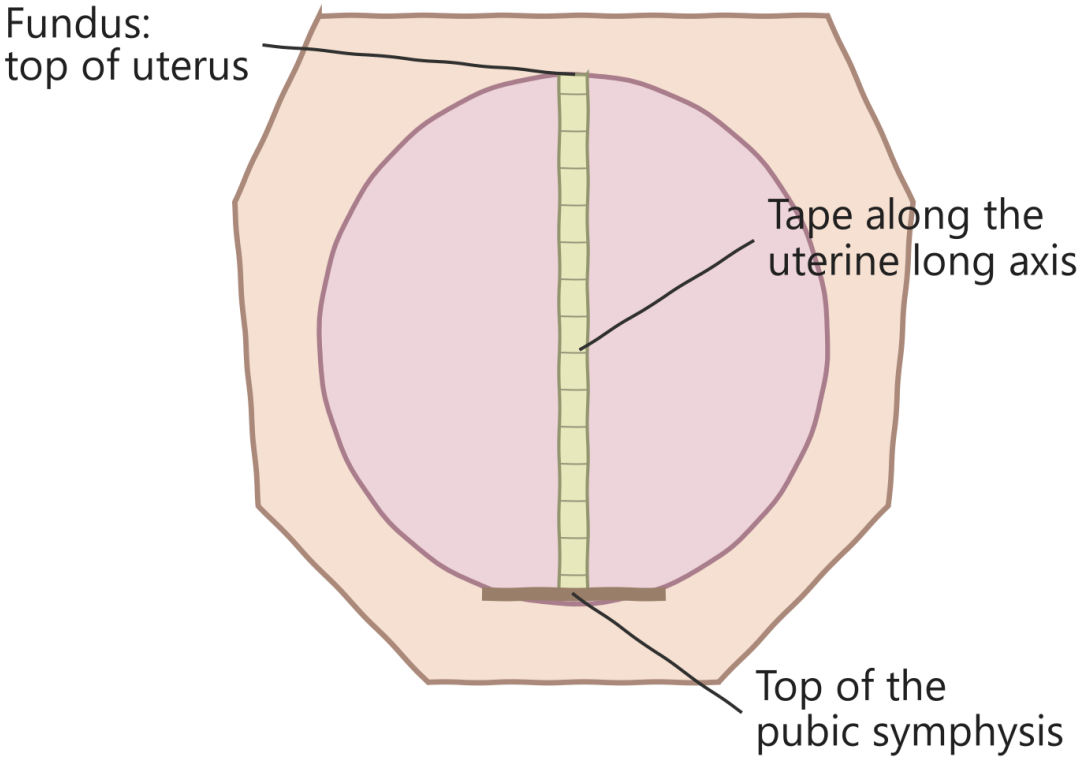
- Measure blood pressure, weight and relevant vital signs and assess pallor, oedema and signs of medical illness.
- Evaluate nutrition, oral health and symptoms that suggest cardiac, respiratory or thyroid disease.
- Oedema alone does not diagnose pre-eclampsia and should be interpreted with blood pressure and other findings.

Obstetric Examination

- Assess uterine size, fetal growth, lie and presentation at the appropriate gestation using trained techniques.
- Listen to the fetal heart when gestational age and equipment permit and record findings clearly.
- Ask about fetal movements after they are established and investigate a clear reduction promptly.
- Vaginal examination is performed only when indicated, with consent, privacy and appropriate infection prevention.

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Pregnant abdomen: schematic front view



Record the measurement and interpret growth using the antenatal protocol

Landmarks for symphysis–fundal height

Investigations

- Arrange haemoglobin, blood group and Rh type, urine testing and infection screening according to the antenatal protocol.
- Screen for HIV and syphilis with appropriate counselling, consent and confidential linkage to treatment.
- Assess gestational diabetes and thyroid function according to the national and local screening pathway.
- Ultrasound helps with dating, viability, anatomy, growth or placental assessment when indicated and must not be used for prohibited sex selection.
- Record results and ensure that abnormal findings lead to action rather than remaining only in the card.

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