

Antenatal care

Antenatal care, also known as prenatal care, is healthcare provided from the start of pregnancy until the day the baby is delivered. It should begin as soon as a woman finds out she is pregnant.

According to the World Health Organization (WHO), all pregnant women should have at least four routine antenatal visits. The first antenatal contact should be as early in pregnancy as possible. However, the WHO has updated its recommendations to a minimum of eight contacts to reduce perinatal mortality and to improve women's experience of care.

The recommended schedule for antenatal visits includes:

- The first visit before 4 months (before 16 weeks).
- The second visit at 6 months (24-28 weeks).
- The third visit at 8 months (30-32 weeks).
- The fourth visit at 9 months (36-38 weeks).

During these visits, healthcare providers assess the pregnant woman's health status, check for conditions such as anaemia, pre-eclampsia, and HIV, and provide preventive measures and health education.

Antenatal Care in Physiotherapy

1. Goals

- Promote maternal health and wellbeing.
- Prevent or manage pregnancy-related musculoskeletal discomforts.
- Educate the mother about posture, ergonomics, and exercises.
- Prepare the pelvic floor and abdominal muscles for delivery.
- Enhance cardiovascular fitness and circulation.
- Facilitate easier labor and quicker postnatal recovery.

2. Physiotherapy Assessment

- **Posture** (lordosis, weight distribution).
- **Musculoskeletal complaints** (back pain, pelvic girdle pain, sciatica, carpal tunnel syndrome).
- **Breathing pattern** and chest expansion.
- **Pelvic floor muscle strength.**
- **Edema** (ankle/leg swelling).

- **Daily activity limitations** (mobility, sleep, work activities).

3. Common Physiotherapy Interventions

(A) Exercise Therapy

- **Pelvic floor exercises (Kegels):** Prevent incontinence and strengthen muscles for labor.
- **Breathing exercises:** Improve relaxation, lung capacity, and stress control during labor.
- **Stretching:** Gentle stretches for back, hips, hamstrings to reduce stiffness.
- **Strengthening:** Core and lower limb muscles to support posture.
- **Aerobic exercises:** Walking, stationary cycling, water aerobics (low impact).

(B) Posture and Ergonomics

- Advice on sitting, standing, sleeping positions.
- Use of pillows for back and side-lying support.
- Lifting and bending techniques to avoid strain.

(C) Pain Relief Techniques

- Heat/cold packs for back or pelvic pain.
- Gentle mobilization for sacroiliac/pelvic dysfunction.
- Support belts or braces if needed.

(D) Relaxation and Labor Preparation

- Relaxation techniques (progressive relaxation, yoga-based methods).
- Antenatal classes: education about labor positions, breathing, pain relief strategies.
- Perineal massage guidance (from late pregnancy) to prevent trauma.

4. Conditions Physiotherapy Helps Manage in Pregnancy

- Low back pain and pelvic girdle pain.
- Sciatica due to postural changes.
- Carpal tunnel syndrome.
- Shortness of breath and rib cage stiffness.
- Varicose veins and edema.

- Stress and anxiety.
- Urinary incontinence.

5. Contraindications / Precautions

- High-risk pregnancy (placenta previa, preeclampsia, multiple pregnancy with complications).
- Vaginal bleeding.
- Premature labor risk.
- Severe anemia or cardiac conditions.
- Avoid exercises lying flat on the back after 20 weeks (due to vena cava compression).
- Avoid high-impact, contact, or strenuous activities.

6. Physiotherapist's Role

- Provide safe, individualized antenatal exercise programs.
- Educate mother and family about ergonomics and safe activities.
- Prepare mother physically and mentally for delivery.
- Coordinate with gynecologists, obstetricians, and midwives.