



MaraStich Hospital
P.O. Box 448-40700
Oloonkolin – Kilgoris Narok
Tel. 0710457655

Contact person: David Muthengi
[www.facebook.com/Mara Hospital](http://www.facebook.com/MaraHospital)
<https://marahospital.com/>
Email: marastichhospital@gmail.com

Focused antenatal care (ANC): The four-visit ANC model outlined in WHO clinical Guidelines.

	First visit 8-12 weeks	Second visit 24-26 weeks	Third visit 32 weeks	Fourth visit 36-38 weeks
	Confirm pregnancy and EDD, classify women for basic ANC (four visits) or more specialized care. Screen, treat and give preventive measures. Develop a birth and emergency plan. Advise and counsel.	Assess maternal and fetal well-being. Exclude PIH and anaemia. Give preventive measures. Review and modify birth and emergency plan. Advise and counsel.	Assess maternal and fetal well-being. Exclude PIH, anaemia, multiple pregnancies. Give preventive measures. Review and modify birth and emergency plan. Advise and counsel.	Assess maternal and fetal well-being. Exclude PIH, anaemia, multiple pregnancy, malpresentation. Give preventive measures. Review and modify birth and emergency plan. Advise and counsel.

Activities

Rapid assessment and management for emergency signs, give appropriate treatment, and refer to hospital if needed

History (ask, check records)	Assess significant symptoms. Take psychosocial, medical and obstetric history. Confirm pregnancy and calculate EDD. Classify all women (in some cases after test results)	Assess significant symptoms. Check record for previous complications and treatments during the pregnancy. Re-classification if needed	Assess significant symptoms. Check record for previous complications and treatments during the pregnancy. Re-classification if needed	Assess significant symptoms. Check record for previous complications and treatments during the pregnancy. Re-classification if needed
Examination (look, listen, feel)	Complete general, and obstetrical examination, BP and Gender-based violence (FGM) examination	Anaemia, BP, fetal growth, and movements	Anaemia, BP, fetal growth, multiple pregnancy	Anaemia, BP, fetal growth and movements, multiple pregnancy, malpresentation
Screening and tests	Haemoglobin Syphilis HIV Proteinuria Blood/Rh group* Bacteriuria* Gestational diabetes mellitus (GDM)	Bacteriuria* Gestational diabetes mellitus (GDM)	Bacteriuria* Gestational diabetes mellitus (GDM)	Bacteriuria* Gestational diabetes mellitus (GDM)
Treatments	Syphilis ARV if eligible Treat bacteriuria if indicated*	Anthelminthic**, ARV if eligible Treat bacteriuria if indicated*	ARV if eligible Treat bacteriuria if indicated*	ARV if eligible If breech, ECV or referral for ECV Treat bacteriuria if indicated*
Preventive measures	Tetanus toxoid Iron and folate+	Tetanus toxoid, Iron and folate IPTp ARV	Iron and folate IPTp ARV	Iron and folate ARV
Health education, advice, and counselling	Self-care, alcohol and tobacco use, nutrition, safe sex, rest, sleeping under ITN, FGM complications, birth and emergency plan	Birth and emergency plan, reinforcement of previous advice	Birth and emergency plan, infant feeding, postpartum/postnatal care, pregnancy spacing, reinforcement of previous advice	Birth and emergency plan, infant feeding, postpartum/postnatal care, pregnancy spacing, reinforcement of previous advice

Record all findings on a home-based record and/or an ANC record and plan for follow-up

Acronyms: (EDD=estimated date of delivery; BP=blood pressure; PIH=pregnancy induced hypertension; ARV=antiretroviral drugs for HIV/AIDS; ECV= external cephalic version; IPTp=intermittent preventive treatment for malaria during pregnancy; ITN=insecticide treated bednet)

*Additional intervention for use in referral centres but not recommended as routine for resource-limited settings

** Should not be given in first trimester, but if first visit occurs after 16 weeks, it can be given at first visit

+Should also be prescribed as treatment if anaemia is diagnosed