Review Article

Indian Journal of Maternal-Fetal & Neonatal Medicine
Volume 11 Number 1, January - June 2024
DOI: http://dx.doi.org/10.21088/ijmfnm.2347.999X.11124.3

Day Care Obstetrics

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How to cite this article:
Priyanka Agrawal, Aakruti Ganla, Alka B. Patil. Day Care Obstetrics. Ind J of Matern-Fetal & Neonatal Med 2024;11(1):19–21.

Abstract

Day care Obstetrics is a recent concept. The pregnant woman is given inpatient care on an outpatient basis by a trained Obstetrician. This new model of care on an outpatient basis for the entire day by clinical and laboratory monitoring has been developed for high risk pregnancies like Grand multiparas, patients with comorbidities like Diabetes mellitus, Gestational Hypertension, women with history of still-birth, reduced fetal movement, anaemia or post-maturity. Day care Obstetrics unit is advantageous to women as she need not undergo hospitalisation.

Keywords: Daycare; Obstetrics; Outpatient.

INTRODUCTION

In response to concerns about the cost of antenatal admission as well as the impact that it has on the lives of women and their families, a new model of care, that of the antenatal assessment unit, has been developed for high risk pregnancies like Grand multiparas, patients with comorbidities like Gestational diabetes mellitus, Gestational hypertension, women with history of previous still-birth, reduced fetal movement, anemia or post-maturity.

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Received on: 19.04.2024

Accepted on: 06.07.2024

These can be aided with the help of frequent antenatal visits, close monitoring and investigations including blood and urine analysis, ultrasonography and Non-stress test.[2]

Evidence from observational studies shows that risk of hospitalization during pregnancy is greater for younger women and those without private health insurance, and that it varies for different ethnic groups, and in different geographical areas and healthcare settings.[3]

Day care units are usually staffed by one or two full time midwives or several nurses. A consultant, available registrar or resident physician gives medical care. Ultrasound and laboratory facilities are available. The day care unit typically provides a relaxed and less institutionalized environment than a typical inpatient unit, with families free to accompany the women throughout the day. Today antenatal day care units are widely recognized as an alternative for inpatient care for women with complicated pregnancy.[1]

Gestational Hypertension is the most frequent of hypertensive disorders of pregnancy. An initial

evaluation is done to determine whether or not they are at significant risk for a poor pregnancy outcome. If the BP is not in the severe range, the other components of the initial evaluation can be assessed on an out-patient basis. Another major risk factor is the gestational age at the onset of the disease, and the earlier the presentation, the greater the likelihood of complications and poor outcomes. From the fetal side, major risk factors for a poor outcome are the presence of FGR, oligohydramnios and abnormal uterine and umbilical Doppler assessment all of which can be done on outpatient basis.[3]

Antiphospholipid syndrome (APS) is a syndrome characterised by thrombosis or fetal loss in association with the presence of lupus anticoagulant or anticardiolipin antibodies. Important obstetric criteria include recurrent PL, fetal death, severe pre- eclampsia or placental insufficiency requiring delivery prior to 34 weeks' gestation. Women with APS should immediately report if they miss their periods. An early transvaginal sonography (TVS) should be conducted to confirm and date the intrauterine pregnancy. Anticoagulation should be started as soon as cardiac activity is noted. Calcium should be supplemented and daily exercise should be encouraged.

Visits to the antenatal care clinic should be at least every 2 weeks till 24 weeks and then weekly.

Specifically monitoring for pre-eclampsia, thrombosis and fetal well-being should be performed at every visit. Serial USGs every 3 weeks must be performed assessing fetal growth and looking for IUGR and oligohydramnios. Antenatal fetal surveillance in the form of daily fetal movement counts, weekly nonstress tests (NSTs) and amniotic fluid index (AFI) measurement should be initiated at 30-32 weeks or earlier.[3]

The American College of Obstetricians and Gynaecologists (ACOG) and the World Health

Organization (WHO) had defined postterm pregnancy as that lasts 42 weeks (294 days) or more from the first day of the last menstrual period (LMP).4 Antenatal surveillance for the same can be done on daycare basis in Obstetric Day Care Clinics in the form of Nonstress Tests (NST), sonography for the AFI and SDP assessment. Both the RCOG and ACOG recommend twice weekly NST and sonography for assessment of depth of amniotic fluid.[3]

Umbilical Doppler studies are often used to identify fetal compromise due to altered fetal circulation. Studies in prolonged pregnancy to show the use of Doppler to predict adverse fetal outcomes such as abnormal fetal heart rate tracing, meconium aspiration, need for operative delivery, neonatal encephalopathy have had contrasting outcomes.[5] ACOG recommends fetal surveillance at 41 or beyond weeks which should be done twice weekly with amniotic fluid volume assessment and NST.

Gestational Diabetes Mellitus patients can regularly have their blood sugar levels screened and vitals monitored. Moreover, due diligence when assessing the estimated fetal weight and liquor using ultrasonography will help determine control of diabetes and further management of the pregnancy.[3]

Anaemia in pregnancy can also be managed by dietary advice to pregnant women, mainly to maximise their iron intake and absorption, but dietary changes alone are not enough to correct iron-deficiency anaemia. The WHO, the United Nations Children's Fund and the Internaonal Nutritional Anaemia Consultative Group have issued guidelines that recommend iron supplementation to all pregnant women for at least 6 months. A full blood count is obtained at booking and repeated at 28 weeks. Routine screening with ferritin levels is also not recommended. However, it has been shown to be useful in centres with high-risk populations.

Non-anaemic women, who are at high risk of developing anaemia, should have their ferritin levels checked early in pregnancy, and should be offered oral supplements if levels are less than 30 µg/L.3

DISCUSSION

Day care obstetrics is a recent concept. The pregnant woman is given inpatient care on an outpatient basis for the entire day by clinical and laboratory monitoring by a trained Obstetrician.[1]

CONCLUSION

Admission to day care reduces the amount of time spent in the hospital and proportion of women induced for labor. Some evidence suggests that these antenatal day care units may help reduce the length of time spent in hospital for women with a complicated pregnancy. There is a reduction in overcrowding of the inpatient wards. Also the workload in major hospitals can be reduced. It

is also advantageous to the woman as she need not undergo hospitalization and be separated from her family. It also reduces the hospital costs significantly.

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