

ANTENATAL CARE ALGORITHM

PREGNANT WOMAN

INITIAL ASSESSMENT

- Complete medical & obstetric history
- Physical examination (BP, BMI, etc.)
- Laboratory test (Hb, blood type, HIV, Syphilis, urine)
- Ongoing monitoring at each visit

GREEN CODE (LOW RISK):

- No identified risk factors
- Healthy woman with normal pregnancy
- Maternal age 18-34 years
- Normal BMI (18.5-24.9)
- Gravida 2-4 with normal previous pregnancies
- Birth interval > 2 years
- No medical conditions
- No previous obstetric complications
- Normal current pregnancy progress
- Good general health

YELLOW CODE (Moderate):

- Previous C-section
- 2+consecutive miscarriages
- History of preterm delivery
- Mild-moderate HTN
- Moderate preeclampsia
- GDM (diet controlled)
- Moderate anemia
- Recurrent UTI
- Abnormal fetal position
- Suspected asthma/thyroid disorders
- Controlled epilepsy
- Substance abuse
- Grand multiparity
- Previous baby > 4Kg
- Short stature <145cm

RED CODE (High risk):

- Previous C-section (2+)
- Stillbirth/neonatal death history
- Antepartum hemorrhage
- Severe pre-eclampsia/Eclampsia
- Severe hypertension
- Multiple pregnancy
- Malpresentation at term
- Cardiac disease (class II-IV)
- Diabetes + complications
- Severe anemia (Hb<7g/dL)
- Active TB, severe renal disease
- Uncontrolled epilepsy, HIV/AIDS
- Post-term pregnancy

MANAGEMENT at HC

- ANC conducted by midwife
- Monitoring frequency: minimum 4 ANC contacts:
 - IFA / TT vaccination/ Nutrition counseling/ birth preparedness plan and danger sign education.

MANAGEMENT (Referral hospital + CEEmONC)

- Low + moderate risk
- Provide: detailed ultrasound/lab monitoring/ manage mild HTN, mild anemia/ previous c-section/ GDM screening
- Monitoring frequency ≥ 8 ANC

MANAGEMENT (Provincial hospital/National hospital):

- All high risk cases
- Specialist care/Multidisciplinary care
- Emergency C/S
- Blood transfusion
- ICU/NICU
- High risk monitoring

Notes:

- Dynamic Risk Assessment
- Risk status can change at any visit - reassess at each antenatal contact
- **Upgrade color code if new risk factors develop**
- If RED code patient is stabilized and discharged, reassign appropriate code
- Most severe risk factor determines the color code (e.g., if patient has both yellow and red factors, assign **RED**)
- **Record color code clearly on antenatal card**
- Document all risk factors identified
- Record all referrals made

Danger signs:

- Severe headache/blurred vision
- Vaginal bleeding
- Severe abdominal pain
- Reduced fetal movement
- Swelling face/hands
- Convulsion
- Fever

WHO CONTACT RECOMMENDATION:

1. <12weeks	5.34 weeks
2. 20 weeks	6.36 weeks
3.26 weeks	7.38 weeks
4.30 weeks	8.40 weeks