

Having a healthy and happy pregnancy.

Dr. Rishma Dhillon Pai

Consultant Gynecologist: Jaslok & Lilavati Hospitals, Mumbai

The moment a woman is pregnant, she starts dreaming of a beautiful bonny baby in her arms. Her whole family is excited with the thought of the new member coming into their lives.

However, between the beginning of pregnancy and delivery of a healthy baby there can be many problems and women have to take care to ensure a safe pregnancy and delivery.

Even before pregnancy the woman should have basic tests to check her sugar, thyroid levels, rule out thalassemia and ensure the womb is normal with a sonography. Folic acid supplementation should be started before pregnancy and continued for the first three months of pregnancy -this greatly reduces the incidence of neurological problems in the child.

The rate of miscarriage in the first three months is high and the woman should get regular check ups done to ensure that their early pregnancy is uneventful.

A woman with history of miscarriages in the past must have immunological, genetic tests and tests for hormones done to look for a cause for the abortions. In certain cases, hormone treatment, blood thinning drugs such as heparin etc may be given. Some women have a weak cervix (mouth of the womb) and need a stitch to be taken in order to carry the pregnancy to nine months. This is a simple short procedure and gives good results.

Many women have bleeding during pregnancy. This should be immediately shown to the gynecologist and a sonography done as it could be a sign of threatened or missed or incomplete abortion and appropriate treatment has to be done.

Blood pressure needs to be checked throughout pregnancy even if it was normal at the beginning, because after the fifth month of pregnancy a woman can develop pregnancy induced hypertension (PIH). This is characterized by high BP, swelling on the body and proteins being present in the urine on testing. This can be a dangerous condition and if unchecked can lead to convulsions, severe bleeding inside the womb (abruption), in the liver or brain which can result in death of the baby and mother. Rest, salt

restriction, monitoring BP and medication can help but the main treatment is to deliver the baby, following which the BP usually improves.

Gestational diabetes (diabetes during pregnancy) is another problem unique to pregnancy where an otherwise young and healthy woman suddenly develops diabetes in the latter half of pregnancy; hence sugar testing has to be done at least twice during pregnancy. Diabetes in pregnancy can cause damage to the baby and can result in sudden explained death of the baby in the ninth month. If the woman is an uncontrolled diabetic before pregnancy, then the baby may even develop abnormalities and defects.

Two other major and dangerous problems in pregnancy are placenta previa and abruptio placentae.

In placenta previa, the placenta lies low down and the patient can bleed heavily during pregnancy. Sometimes these women have to be delivered by caesarean section as the passage is blocked by the placenta.

Abruptio placentae is a condition where there is bleeding inside the womb. This can be dangerous to the baby and even to the mother, if severe. It is often associated with high BP. In this case the mother has to be delivered immediately irrespective of which month the pregnancy is in.

Calcium and Iron supplements must be taken throughout pregnancy. 2 – 3 injections of tetanus are required during pregnancy. Sonography to confirm that the baby is normal is done usually around 18 weeks of pregnancy. If the pregnancy is normal, the woman can continue her normal activities and do some exercise such as walking or attend prenatal classes.

Depending on the health of the mother and baby, the doctor decides whether to deliver the woman by a normal delivery or a caesarean section. Certain cases like a breech baby (baby is upside down) in a first time pregnant lady or a transverse lie or woman with a narrow pelvis, will definitely have a caesarean section. Sometimes the patient is normal but during labour problems develop such as non-progress of labour, or the baby passes stools inside the womb or baby's heart beat starts falling- in these cases an emergency caesarean may be necessary.

If everything is normal and there are no high risk factors, then the woman can deliver vaginally safely.

Following delivery the woman is encouraged to breast feed her baby. The post partum (post delivery) period should also be carefully monitored to make sure there is no bleeding or infection. The woman is normally sent home from hospital 2 – 3 days after a normal delivery and 4 – 5 days after a caesarean section.

Regular antenatal checks with the gynecologist are necessary for a healthy pregnancy. A well monitored delivery and post delivery care ensures a healthy baby to a healthy mother.