- Syphilis must be screened for are early Transnet is beneficial to both mother and fetus .

- For clinical conditions :

– **Pre eclampsia:**

The mother blood press me should be outline mentored each visit and urine analysis for protein should be under taken for happing the overall pattern of the mother blood pressure status other clinical signs and symptoms such as headaches, visual disturbances, epigastrium pain, nausea and vomiting swelling and gross edema of the body . [2]

– **Routine analysis:**

This may also be helpful to detect glucose as am early indicator of gestational diabetes mellitus , blood and protein are indication for possible in factions and renal disfaction in the mother . protect is also associated with preeclampsia. [4]

– **Fetal growth and wellbeing:**

To assess the development of the clinically, Abdominal palpation for fetal presentation and many influence the paling and ligament of the delivery after(36) weeks the key determinant is whether it is a breech or cephalic presentation An oblique lie fetus lie directly across the abdomen him.

The occipital posterior (fetal head is occipital posterior, lateral or anterior).[2]

- Fetal lie presentation and engagement:

A Lange syphilis sandal height (SFH) raises the possibility of :

- Macrodome.
- Multiple pregnancy.
- Poly hydraminous .

- A small SFTI could represent :

- intrauterine growth restriction .
- oligohydramuios .

- Assess the lie by lateral palpation .

- Auscultation of fetal heart :

This help to confirm that the fetus and circulation is maintained may mother relieved and reassured to hear the fetal heart beat .

- Ultra sound assessment in the third trimester .
- Ultra sound scan after (21) weeks gestation for low risk cases .
- Umbilical and uterine artery Doppler sound .[4]

2.7 Classification of antenatal care :

- Midwifery – led care .
- Shared care .
- Community based care .
- hospital care .

Hospital , based care involves family care being provided for the mother within a hospital environment this of care caters for high risk mother , require specialist midwifery or medical management the mother may have structured care path ways are based or local and national endive diabetic mother .

Antependium hemorrhage or mother development pregnancy in diced hypertension.

2.8 Instructions to the pregnant woman

- Diet :

the daily requirements are :-

- Proteins : 60 gm .
- Calories : 2500 k cal
- Carbohydrates : 200-400 gm .
- Lipids : should be restricted .
- Vitamins :
- Vitamins A = 5000 IV .
- Vitamins B_1: (thiamine) = 1mg .
- Vitamins B_2: (riboflavin) = 1.5mg .
- Nicotinic acid = 15 mg .

- Ascorbic acid (VIT C) = 50 mg.
- Vitamins D = 400 IV .
- Folic acid = 0.5 mg .
- Minerals :
- Iron = 15 mg .
- Calcium = 1000 gm .

So the suggested daily diet should include :-

- One liter of milk or its derivatives .
- 1-2 eggs.
- Fresh vegetables and fruits .
- 2 pieces of red meat replaced once weekly sea fish and once by calf's liver.
- Cereals and bread are recommended also coffee and tea (should be restricted).

- Smoking :

Should be avoided as it may cause intrauterine growth retardation or premature labor .

- Rest and sleep :

2 hours in the midday and 8 hours at night .

- Exercises :

Violent exercises as diving water sports be avoided house works short of fatigue and walking are encouraged .[2]

- Clothing :

- Lighter and loser clothes of non-synthetic materials are more comfortable due to increased BMR and sweating.
- Clothes which hang from the shoulders are more comfortable than that requiring waste bands.
- Breast support is required .
- Avoid tight elastic hosiery or bands .[6]

- Shoes :

High heeled shoes should be discouraged as they increase lumbar lord sis , back strain and risk of falling .

- Bathing :

Shower bathing is preferable than table or sea bathing for fear of ascending infection , vaginal douching should be avoided .

- Teeth :

Regular cleansing consult the dentist when needed .

- Breasts:

To reduce the incidence of retracted and For cracked nipples postpartum the patient is instructed to massage them with a mixture of glycerin and alcohol during the last (6) weeks of pregnancy .[7]

- Traveling :

Long and tinning journey should be avoided particularly if the women is prone to abortion or preterm labor .

- Medications :

Not to be taken without obstetrician advice due to risk of teratogenicity .

- Exposure to infection :

Is to be avoided particularly those of documented teratogenicity .

- Exposure to irradiation :

Is to be avoided whether diagnostic or there peptic .

- The warning symptoms :

Which indicate immediate contact to the obstetrician are :

- Vaginal bleeding.
- gush of fluid per vaginum.
- Abdominal pain.
- persistent headache.
- Blurring of vision.
- edema of lower limbs of face.
- Persistent vomiting.

2.9 Immunization :

Nature of vaccine	Name	Allowances
Live virus vaccine	Measles	Contraindicated
	Mumps	Contraindicated
	Rubella	Contraindicated
	Poliomyelitis	In risk of exposure only
	Yellow fever	Travel to endemic areas
Inactivated virus Vaccine	Influenza	Serious underlying disease
	Rabies	Same as non – pregnant
Inactivated bacterial Vaccine	Cholera	For international travels
	Typhoid fever	Travel to endemic areas
	Plague	Selective for exposed persons
	Meningococcal meningitis	Same as non- pregnant
Toxoid	Tetanus	Same as non – pregnant
	Diphtheria	
Immune globulins	Rabies	Post – exposure prophylaxis
	Tetanus	
	Vanicella	
	Measles	
	Hepatitis A	
	Hepatitis B	Post exposure prophylaxis give alone with hepatitis B vaccine initially then vaccine alone at land months

2.10 Minor complaints during pregnancy :[8]

- Gingivitis :

Increased vascularity and hypertrophy of the interdentally papillae it is improved usually after pregnancy termination .

- Seqelae :

- In creased tendency for bleeding .
- Retention of food debris predisposes to sepsis dental caris.

- Treatment :

- Proper dental hygiene .
- Cryosurgery for severe cases .

- Heartburn :

A common complaint caused by reflux of gastric contents into the lower esophagus due to mechanical relaxation of the cardiac sphincter caused by upward displacement and compression of the stomach by the pregnant uterus . Sometimes the Candia actually herniates through the diaphragm .[3]

- Treatment :

- More frequent but smaller meals .
- Avoidance of bending over or lying flat .
- Antacids containing aluminum hydroxide are preferable as they buffer the gastric content do not causes an acid rebound not absorbed so that alkalosis is un likely .

- Constipation :

Causes :

- Reduced intestinal motility due to steroid hormones .
- Increased fluid restoration from the Lange bowl .
- Reclosed exercise .
- Mechanical compression by the gravid uterus .

- Treatment :

- Evacuate the bowel at the same time every day .
- Increases fluid intake .
- Diet rich in green vegetables bran and fruits .
- Mild laxative as senna preparations , liquid paraffin interferes with absorption of fat soluble vitamins , so better to be avoided .

- Haemorrhoids :

Causes :

- Laxity of the rectal veins by progesterone effect .
- Pressure by the gravid uterus .
- Tendency to constipation .

Surgical and local injection treatment have to be avoided .

- Dysponea :

- It may occur early in pregnancy due hyperventilation caused by progesterone .
- Late in pregnancy it occurs due to pressure on the diaphragm by the pregnant uterus .

- Urinary symptoms : [2]

Frequency and stress incontinence may occur during pregnancy .

Causes :

- Increased intra – abdominal pressure .
- Pressure on the bladder by the enlarging uterus reducing its capacity .

- Leucorrhoea :

Increased vaginal discharge is a common complain during pregnancy due to excess oestrogen production . no treatment is needed except if there is assoiled infection . monomial infection is common .

- Paraethesia : [5]

Tingling sensation of the fingers and sometimes weakness of small muscles of the hand .

Causes :

- Odema of the carpal tunnel which may be relieved by diuretics .
- Brachial plexus traction due to dropping of the shoulders during pregnancy

2.11 Antenatal complication:

- Maternal complications :

- **Hyper emesis gravidarum :**

A small proportion of women (0.3 – 2 percent) who experience nausea and vomiting will develop a more serious condition know hyperemic gravidarum which requires urgent medical referral .

- **Prorates gravid arum (cholestasis of pregnancy) :**

Pruritus gravidarum is intense, itching that occurs without a rash and can affect up to 20 per cent of pregnant women. the itching may be Attributed to scabies pediculosis urticaria, a topic eczema, candidacies trichomonal infection or related to drug therapy .

Complication associated with abnormalities of the reproductive system. [8]

- **Developmental anomalies :**

The majority of the female reproductive system develops from the mullerian ducts the from during embryonic life, should one of the ducts fail to develop, aunicornuate uterus is likely to arise, which is a rare anomaly.

- **Abdominal pain in pregnancy:**

Common complaint in pregnancy and is experienced by most women at some stage .

- **Ovarian cysts :**

Are common in pregnancy but the incidence of malignancy is uncommon in women of child bearing age the most common types of pathological ovarian cyst are serous cysts and benign teatimes .[5]

- **Fibroids (leiomyomas):**

Fibroids are firm benign compact masses of smooth muscle and fibrous tissue that lie in the cavity of the uterus (sub mucous) within the uterine muscle.

2.12 Symptoms and signs that must be where the high seek medical care :

- Hyperthermia .
- Tachypnea.
- Excessive vomiting or fatigue .
- Pillar.
- Decreased and absent of movement after (6) month fetus .
- Vaginal discharge yellow color .
- Jaundices or anemia.

2.13 Cases that must enter the hospital :

- Vaginal Bleeding.
- Eclampsia.
- Sever headache .
- disturbance vision.

2.14 Cases that must birth in the hospital :

- Multiple pregnancy.
- Age to mother (18-35) years.
- Mall congenital fetal .
- Low weight baby $\geq 2.5kg \leq 3.0kg$.
- Chronic disease (HIN , DM , Cardiac disease).
- Bleeding.
- Poising in pregnancy.[6]

Chapter [3]

Methodology

Chapter [3]

Material and Method

Introduction:

This chapter deals with the methodology of the present research. It intends to demonstrate the methods which are used in studying the problem and provides detailed description of the sample and tools through which the researcher collected data, and techniques utilized for data analysis. The data gathering tool is the teachers' questionnaire.

This study was conducted to evaluate mothers' satisfaction with their health care services in Atbara, Nile River State, at Atbara Teaching Hospital

3.1 Research Design:

A cross sectional, healthy facility based study was conducted to assess the quality of antenatal services in the Atbara hospital.

- Quantitative method: data collection by interviewing ANC clients, health providers .
- Quantitative method: data collection by observation during health providers examine the clients.

3.2 Study Area:

The study was conducted at antenatal care clinic in Atbara hospital during the period from to May -2017 the end of July-2017.

3.3 Study Setting:

The study was conduected in atbra hospital instiution provide specialized car to women with obstertric problems including antental car sereves

3.4 Study Population:

The selected group of the population is mothers who are in hospital in Atbara locality were chosen randomly to respond to the questionnaire.

3.4.1 Inclusion Criteria

All pregnant woman using ANS during data collection period and can give consent.

3.5 Sample Technique

Collected data from randomly sample.

3.5.1 Sample Size:

The 100 mothers who were chosen to respond to the questionnaire were chose purposively among the Assessment of Mothers Satisfaction Regard Antenatal Care Services.

3.6 Data of collection Tools:

Self-administer questionnaire ended question compose of (16) question.

3.7 Data Collection Technique

The information was completed from mothers interview, face to face and use for purpose of study only.

3.8 Data analysis:

The data was collected by use master sheet then analysis by using simple statistical technique then by using software computer program (SPSS) determ statistical measured used(frequency, percentage).P-value was consider significance if less than (0.05) then percentage in from of figure.

3.9 Ethical Consideration

Approve was taken from the faculty verbal consent was taken from participation after explanation the purpose of study and data should be confidutional.

Chapter [4]

Data Analysis

4.1 Introduction

This chapter deals with data analysis of results which were obtained through the mothers questionnaire. The data was analysed and results were tabulated. The study adopted the statistical approach in order to achieve the goals. The data analysis is processed by using (SPSS) programme.

4.2 Data Analysis:

Table (4-1): Distribution of study group according to the Age

age	Frequency	Percent
20-25	49	49.0
25-30	29	29.0
30-35	15	15.0
More than35	7	7.0
Total	100	100.0

Table (4-2): Distribution of study group according to the occupation

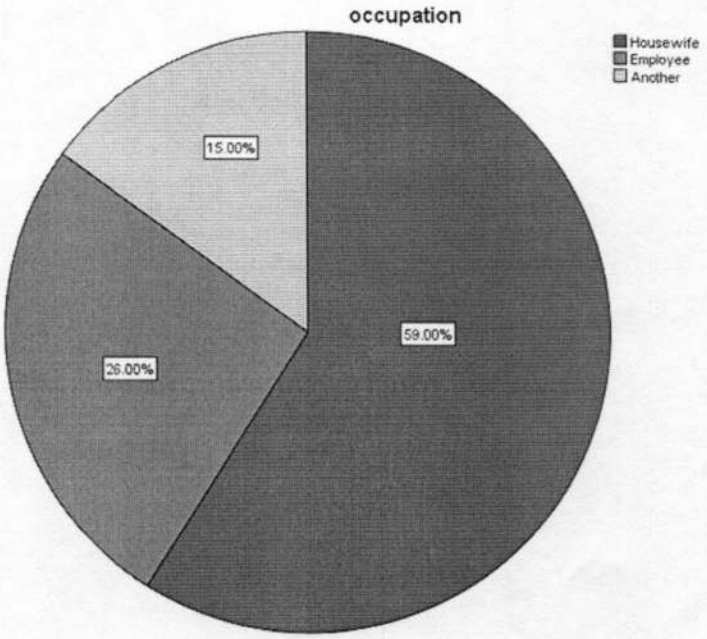

Table (4-3): Distribution of study group according to the Address

Address	Frequency	Percent
in Atbara	75	75.0
outside of the Atbara	25	25.0
Total	100	100.0

Table (4-4): Distribution of study group according to the education level

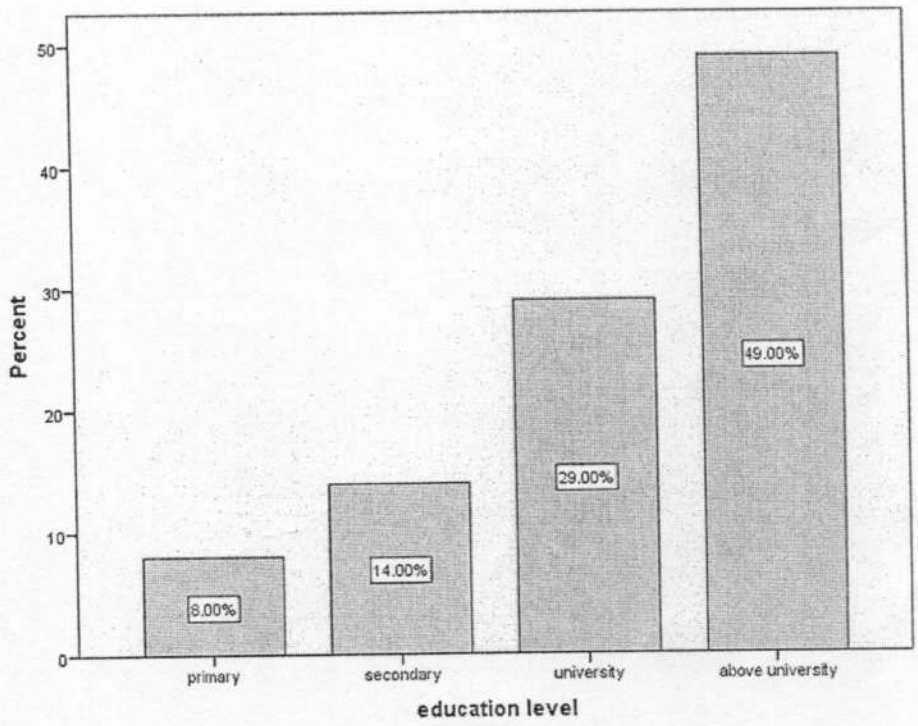
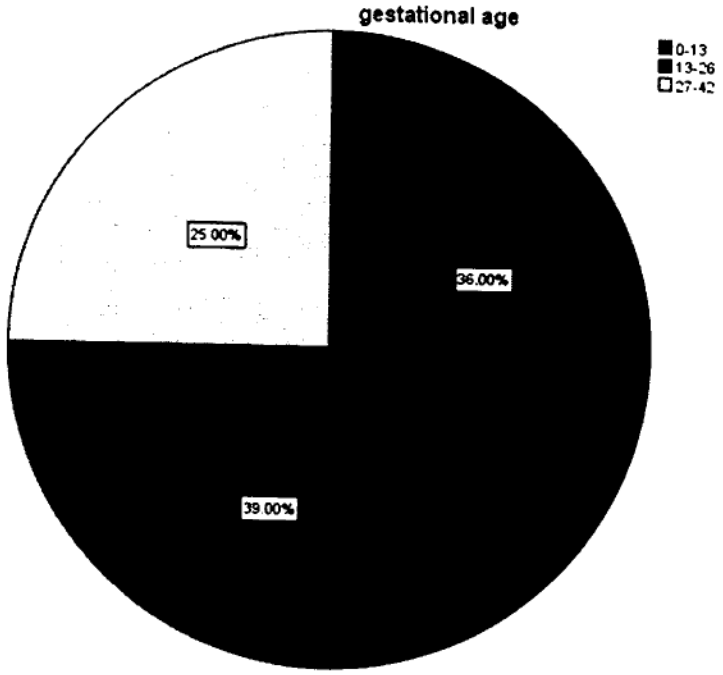
Table (4-5): Distribution of study group according to the gestational age