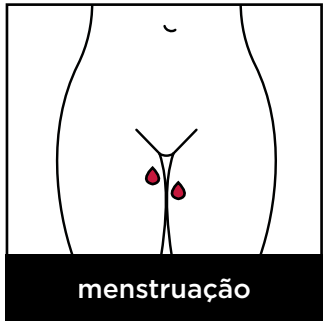
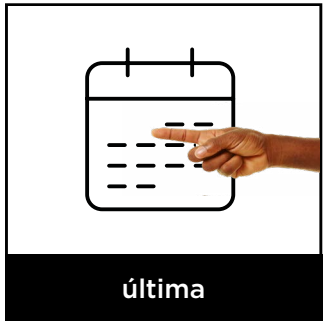
Cuidados Pré-natal

Quando é que foi a sua última menstruação?


você

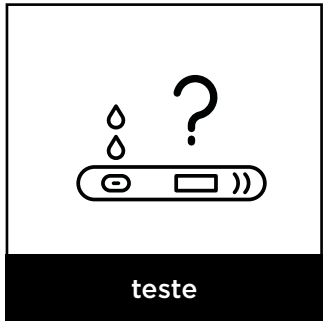

menstruação


última

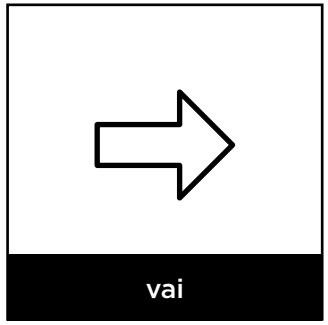
Janeiro		Fevereiro		Março		Abril		Maio		Junho	
Julho		Agosto		Setembro		Outubro		Novembro		Dezembro	
1	2	3	4	5	6	7	8	9	10	11	12
13	14	15	16	17	18	19	20	21	22	23	24
25	26	27	28	29	30	31					

Eu preciso testar para gravidez


gravidez


teste

Vai ao Laboratório


vai


laboratório

Fornecer alguma urina

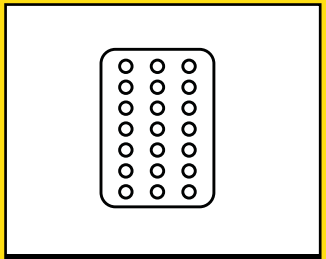

dá


urina

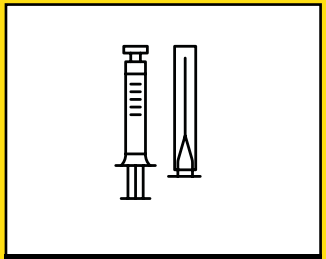
Você usava contraceptivos?

contraceptivos

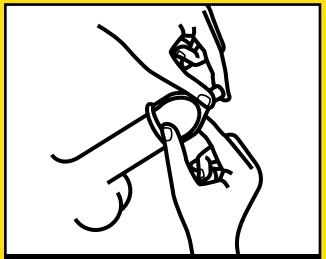
você



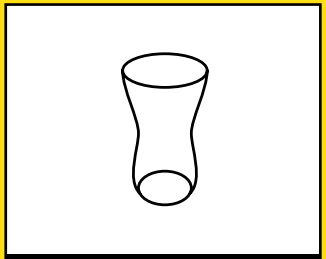
comprimidos



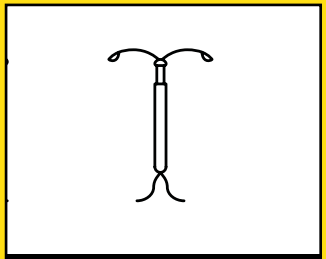
injecção



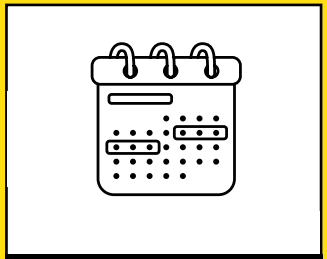
preservativo masculino



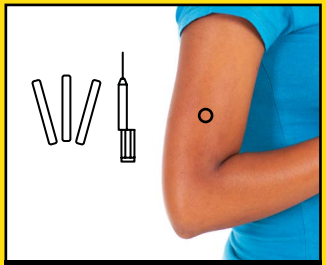
preservativo feminino



DIU

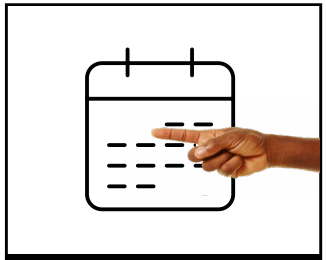


método do Calendário



implante

Quando parou?



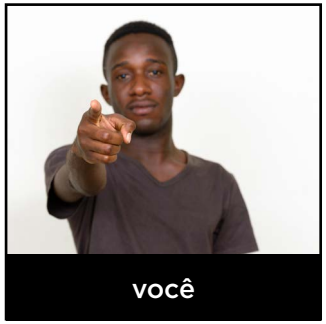
quando

você

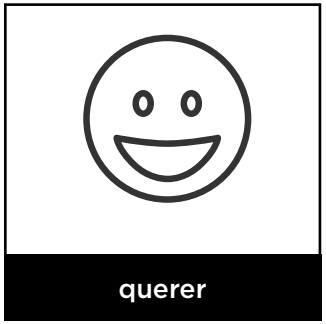
parou

Janeiro		Fevereiro		Março		Abril		Maio		Junho	
Julho		Agosto		Setembro		Outubro		Novembro		Dezembro	
1	2	3	4	5	6	7	8	9	10	11	12
13	14	15	16	17	18	19	20	21	22	23	24
25	26	27	28	29	30	31					

Você quer gravidez?


você


gravidez


querer


sim


não

Não, porquê?

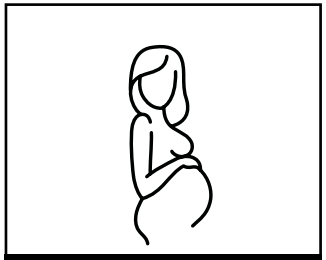

estupro

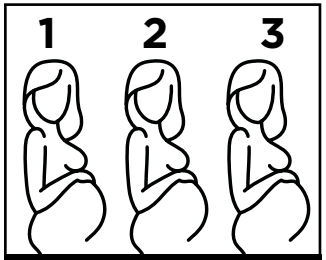

sem dinheiro


não quer

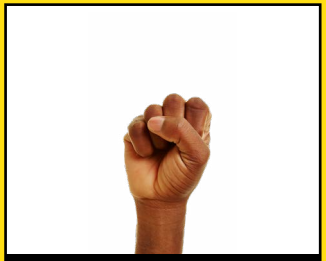
Quantas vezes você esteve gravida?

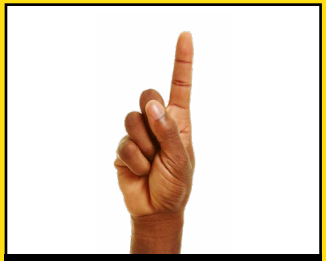

você

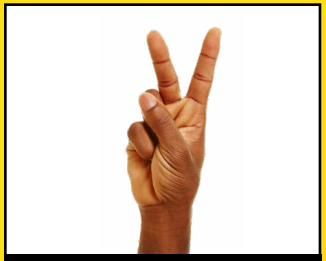

grávida

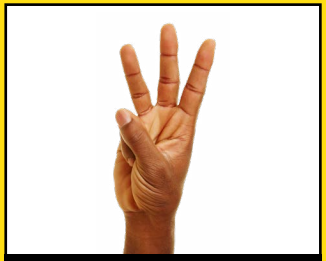


quantas vezes?

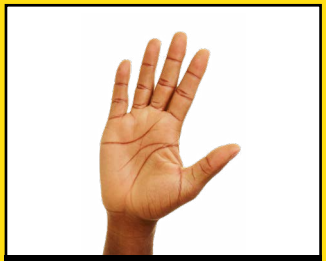

nenhuma vez

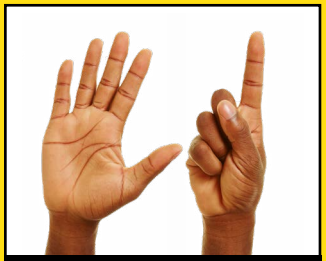

1 vez

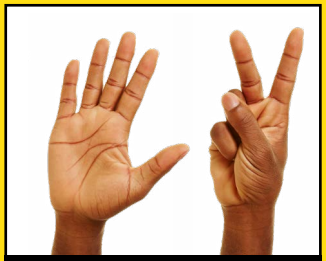

2 vezes


3 vezes


4 vezes

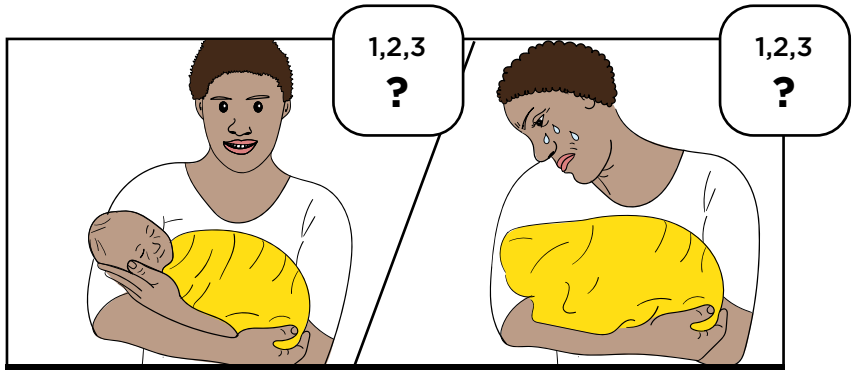

5 vezes


6 vezes


7 vezes

Quantos nados vivos você teve?

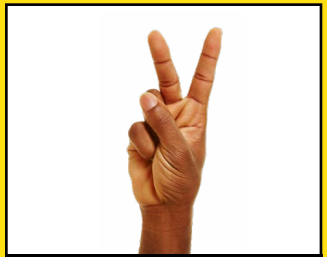
você



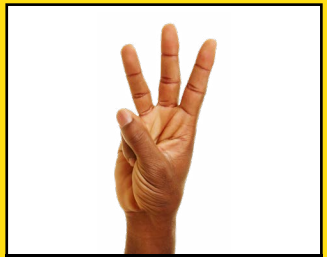
nados vivos / nados morto

nenhuma vez

1 vez

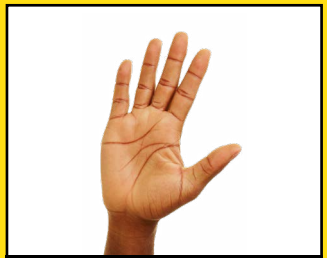


2 vezes

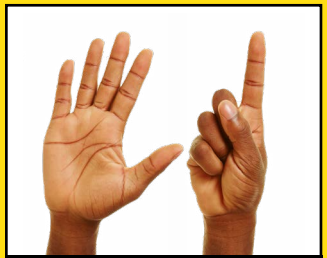


3 vezes

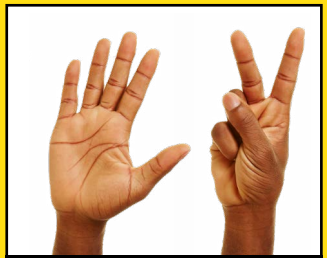
4 vezes



5 vezes

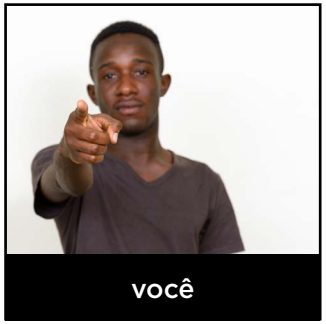


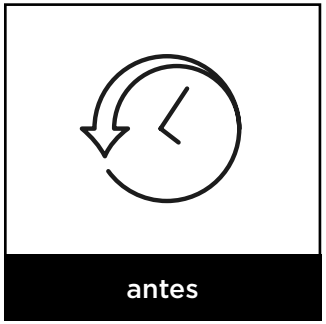
6 vezes

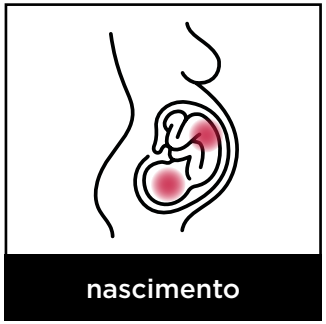


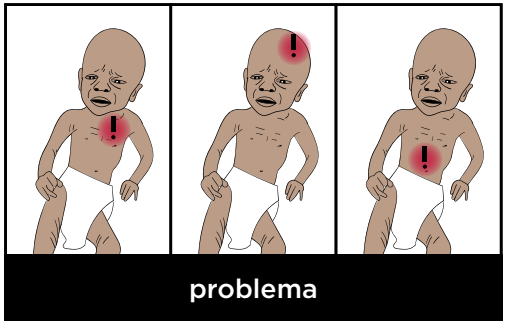
7 vezes

Algum dos seus bebés anteriores teve problemas de saúde ou medico no Nascimento?


você


antes

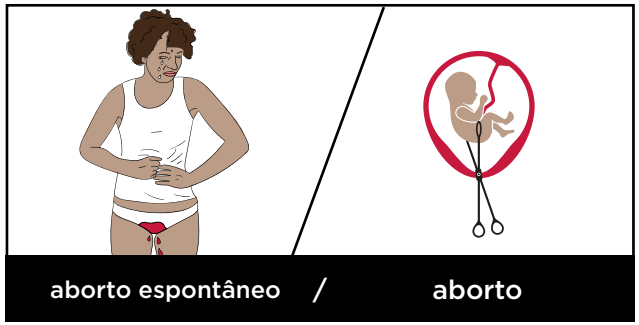

nascimento


problema

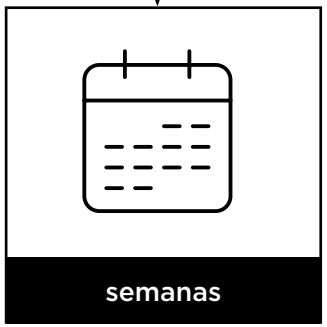

sim

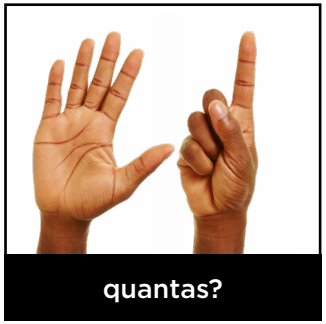

não

Você teve aborto espontâneo ou aborto?



Sim? Em quantas semanas?



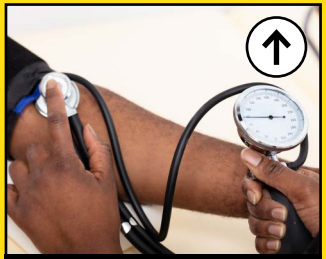


1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

Você tem...?

você

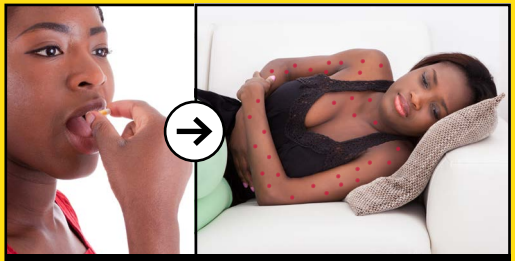
problemas cardiácos



hipertensão crónica

diabetes

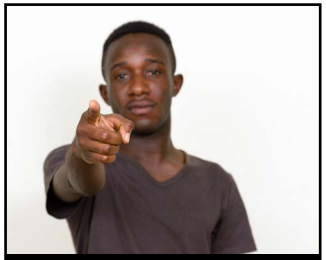
depressão



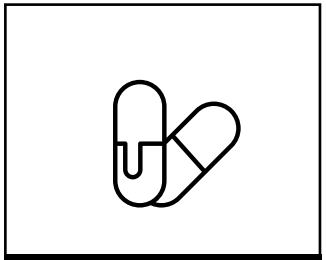
alergia aos medicamentos

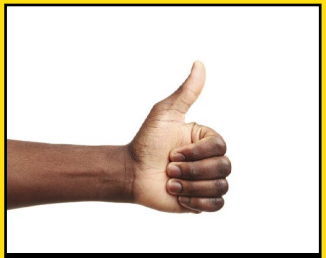
problemas de saúde mental

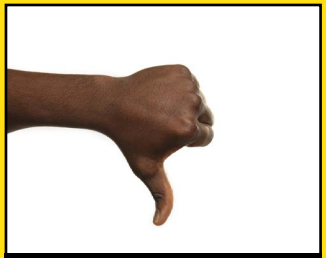
Você está tomando algum medicamento?


você

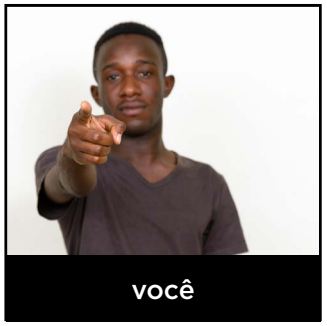

tomar/Usar

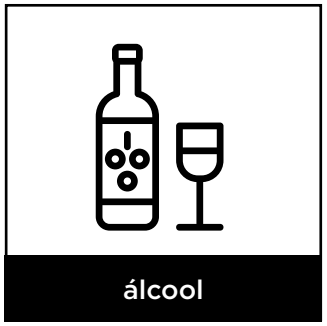

medicamento


sim


não

Você bebe álcool?


você

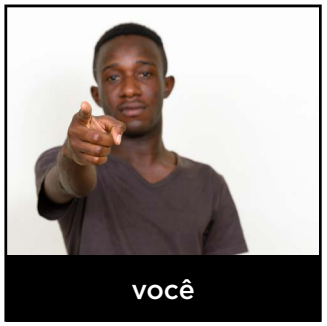

álcool


sim


não


pare

Você fuma?


você

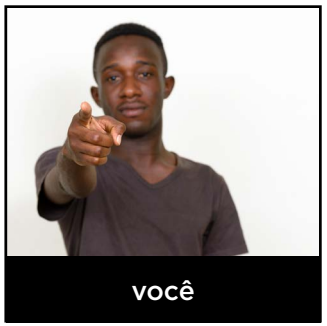

fumar


sim


não


pare

Você usa drogas?


você


drogas


sim

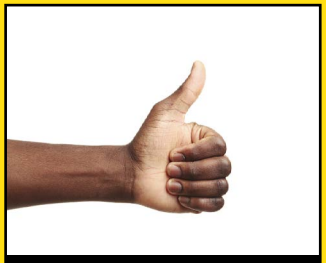

não

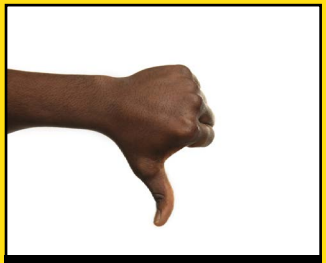

pare

Você está tomando ácido fólico?


você

ácido Fólico


sim

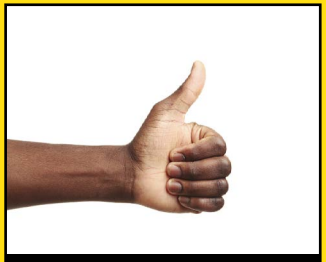

não

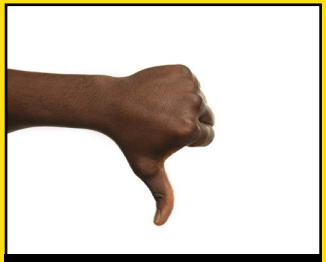

começar

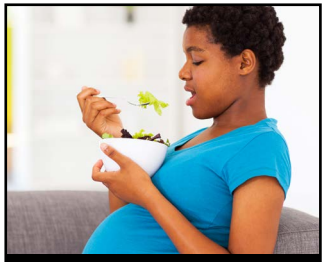
Você está tomando cálcio?


você


cálcio


sim


não


começar

Assegure-se de...

você

importante

...ter uma dieta equilibrada

comer

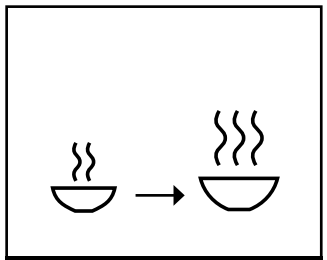
diferentes alimentos

...manter higiene pessoal

lava-se

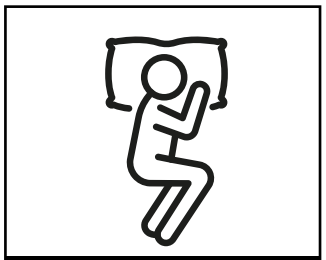
...comer mais do que o usual

comer



mais

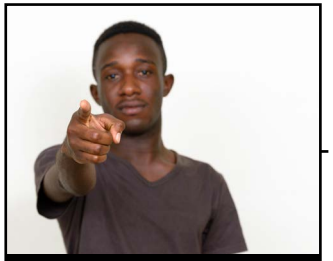
...descansar o suficiente



descansar

Sinais de perigo durante a gravidez

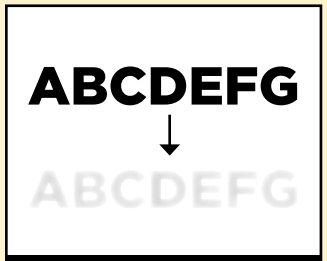
Se você tiver algum desses...



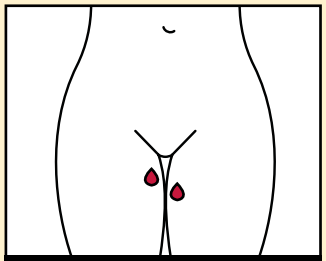
você

Vai ao hospital ou centro de saúde imediatamente!

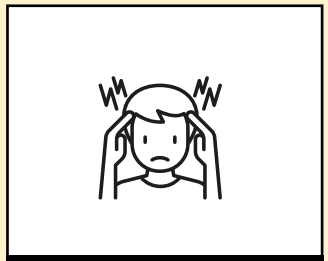
vai ao hospital



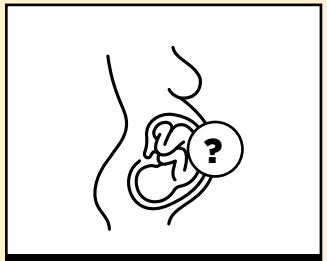
visão embaçada



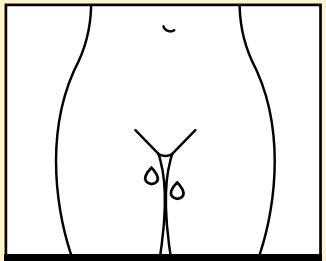
sangramento



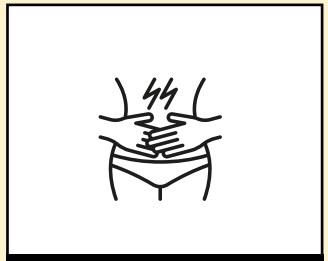
dores de cabeça muito fortes



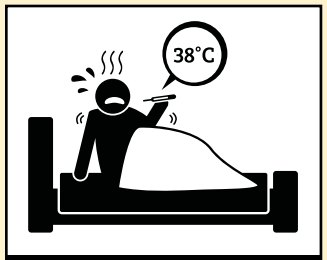
não sente o movimento do feto



vazamento de líquidos da vagina



dores abdominais muito fortes



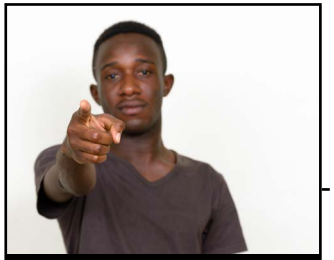
febres e muita fraqueza para se levanter da cama

convulsões

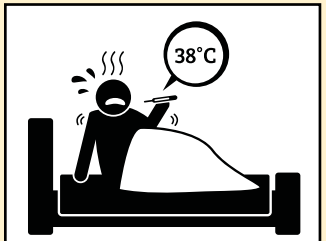
ruptura da bolsa sem dores de parto

falta de ar grave

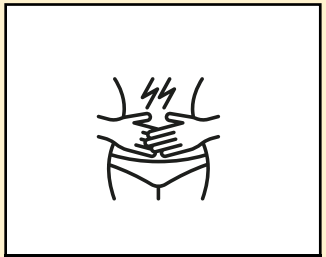
Se você tiver algum desses...



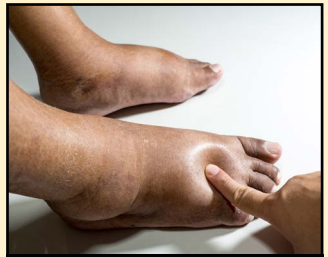
você



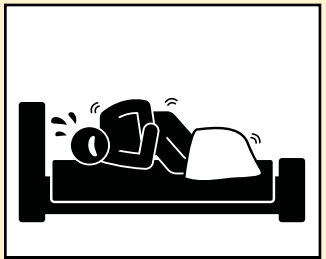
febres



dor abdominal



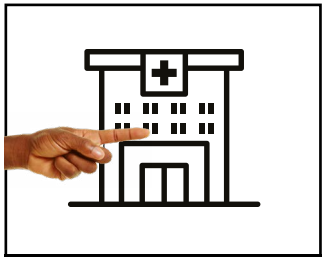
inchaço no rosto, mãos e pernas



sentir-se doente

náusea

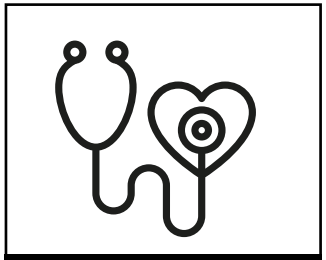
Vá ao centro de saúde o mais rápido possível



centro de saúde

Eu vou testar você para...

eu



testar

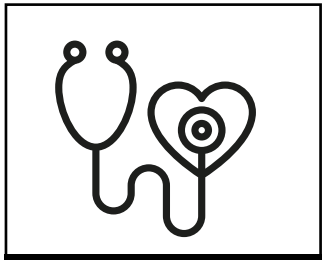
você

HIV

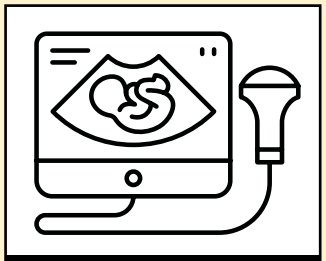
pressão arterial

Nós vamos agora fazer:

eu



testar

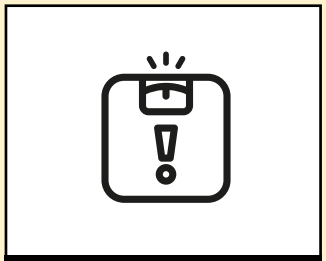


ultrassom

teste de urina

teste de pressão arterial

colectar algum sangue

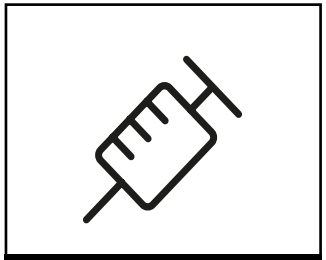


pesar você

exame abdominal

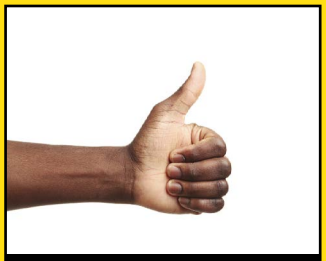
Você já tomou a injecção de T.T (Toxóide do Tétano)?

você

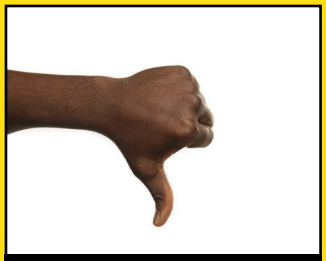


vacina

T.T.



sim

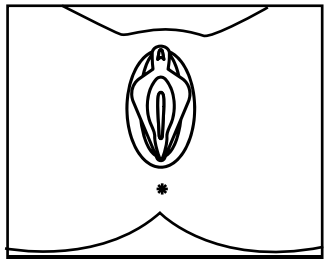


não

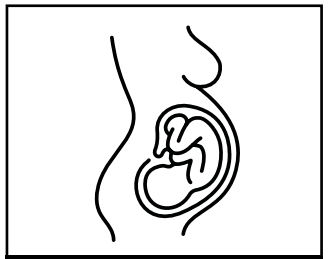
Marcação para injecção

	#1	1m	6m	1ano	1ano
	primeira visita	depois de um mês	depois de 6 meses	depois de um ano	depois de mais um ano
 vacina					

Lista de palavras

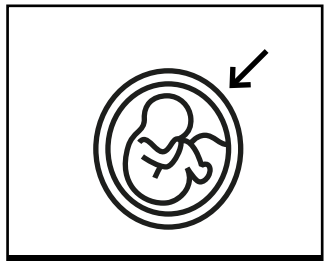


vagina

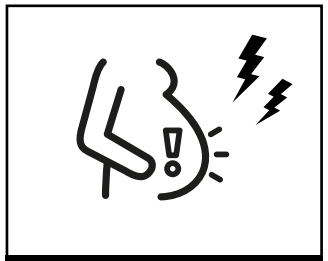


útero

feto



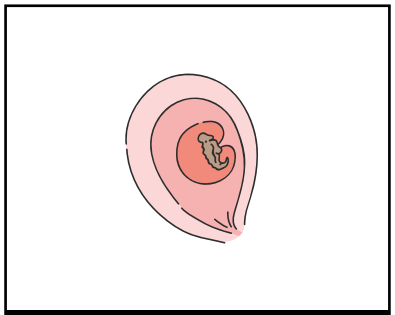
placenta



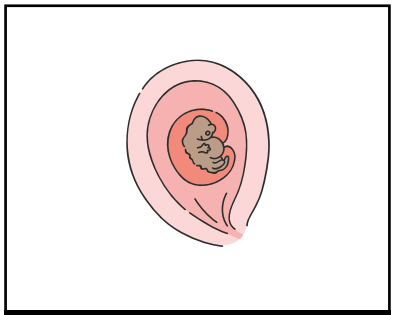
contracção

HIV/SIDA

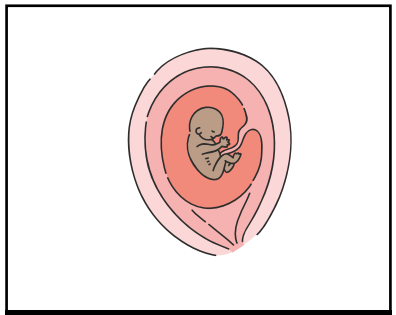
Desenvolvimento do Bebé



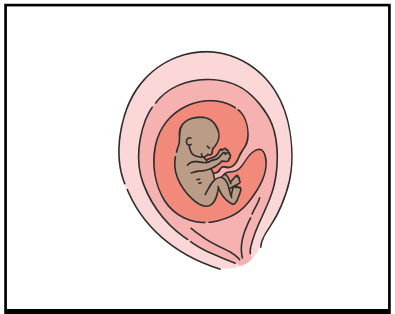
1 Mês



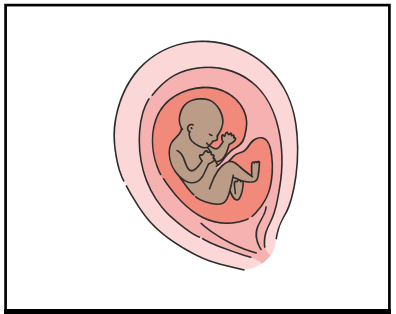
2 Meses



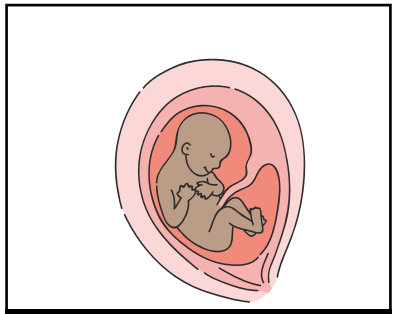
3 Meses



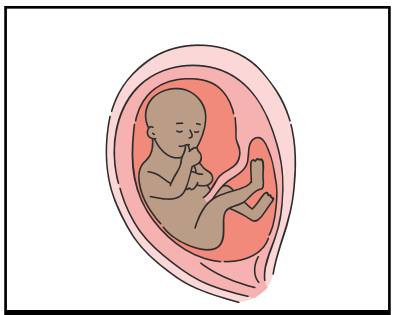
4 Meses



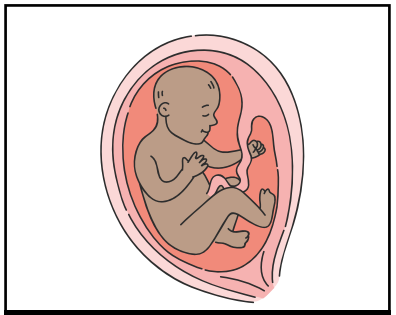
5 Meses



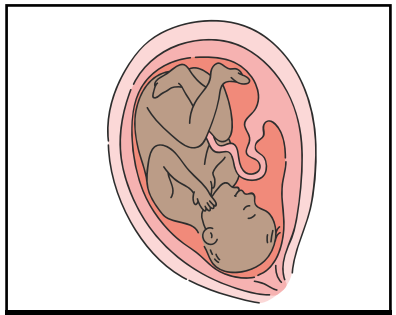
6 Meses



7 Meses



8 Meses



9 Meses