

# CME ON

# Bad obstetric history -Its Significance



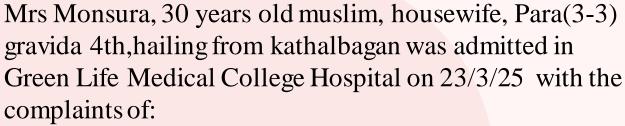
Organized by :
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- Pregnancy for 35 weeks.
- History of three 3<sup>rd</sup> trimester pregnancy loss
- Diagnosed case of GDM(insulin)
- Known case of congenital Heart disease (ASD) and Rh(-ve) mother.



### Cont.

According to the statement of patient she was pregnant for 35 weeks, her LMP was 19.07.24 accordingly her EDD will be on 26.04.25 which was confirmed by early USG. It was her unplanned pregnancy and she was not on regular ANC care. She was diagnosed Gestational Diabetes Mellitus (GDM) at her 29 weeks of pregnancy, which was initially controlled with diet, later insulin was added. She is a Rh(-ve) mother, her husband is Rh (+ve). At her 35 weeks of pregnancy she was admitted in GLMCH for better management and evaluation.

# **Obstetric history:**

Married for :11years

Para: 3 (no living issues)-3

Gravida: 4th

# Obstetric Chart

| SI.<br>No | Year and date | Pregnancy events   | Labour events   | Methods of delivery | Puerparium                          | Outcome of Baby |
|-----------|---------------|--|-----------------|---------------------|-------------------------------------|-----------------|
| 1.        | 2017          | No ANC<br>34 weeks   | Eventful        | VD                  | Uneventful                          | Stillborn baby  |
| 2.        | 2018          | No ANC<br>36 weeks   | Eventful        | VD                  | Uneventful                          | Stillborn baby  |
| 3.        | 2023          | Few ANC 34 weeks (Pre-eclampsia, eclampsia, abruptio placenta) | Eventful<br>PPH | LUCS                | Eventful (DIC,<br>Severe<br>Anemia) | Stillborn baby  |



# challenges in 3<sup>rd</sup> pregnancy

- Heart disease(ASD)
- Rh (-) ve mother
- GDM (on diet)
- Pre-Eclampsia
- Eclampsia
- HELLP Syndromes
- Abruptio placenta
- DIC



# Examination

# Genarel physical Examination



Pulse:78 beats/mins

BP: 120/80 mmHg

Temp: 98°F

Anemia: absent

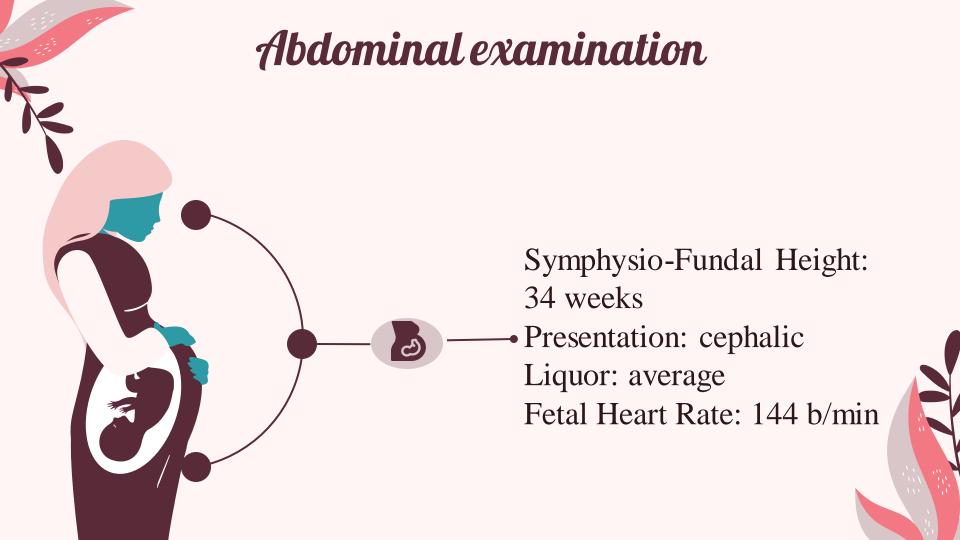
Edema: absent

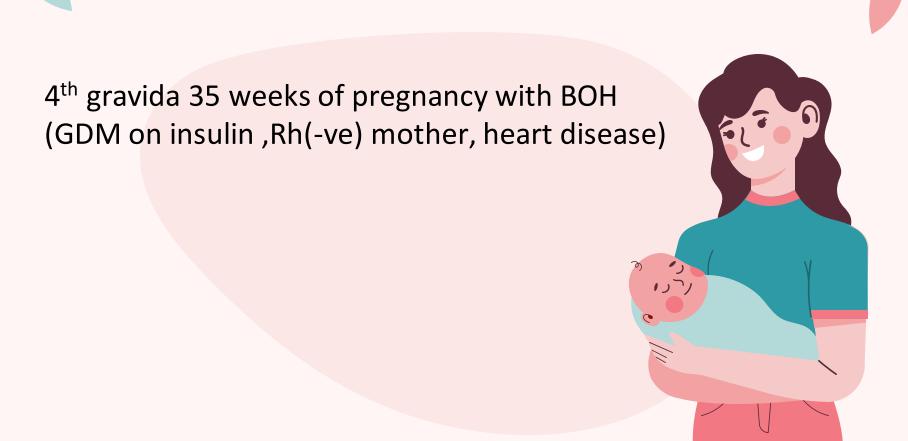


# Systemic Examination

Revealed no abnormalities







# management plan

- Proper counseling of the patient regarding management and to stay in the hospital up to delivery.
- Patient was managed conservatively as long as possible for optimizing fetal maturity and birth weight.
- During this time closely maternal and fetal monitoring was done with multidisciplinary approach.





# Maternal monitoring

### Diet chart:

#### খাদ্য তালিকা : ১৮০০ ক্যালরি

সকাল ৮ টা থেকে ৯ টা

৩ টা পাতলা আটার রুটি / ১ কাপ চিনিমুক্ত ওটমিল বা কর্নফ্লেক্স ১ টা ডিম ও ১ কাপ সবজি

বেলা ১১ টা থেকে ১২ টা :

১ টা ফল (পেয়ারা, কমলা, আমড়া, জামুরা, সবুজ আপেল ইত্যাদি)

দুপুর ২টা

ভাত-২ কাপ, মাছ বা মাংস ২ টুকরো, ডাল আধ কাপ, সবজি ১ কাপ

বিকাল ৫ টা থেকে ৬ টা

মুড়ি/ নোনতা বিস্কৃট/ চিড়া দই/ ছোলা/ বাদাম/ স্থাপ ইত্যাদি

রাত ৯ টা

৩ টা আটার রুটি/ ২ <del>কাপ ভাতু</del>, মাছ বা মাংস ২ টুকরো, ডাল আধ কাপ, সবজি আধ কাপ

রাত ১০-১১ টা

১ কাপ দুধ/ টক দই

# Maternal monitoring

# **Blood Sugar profile:**

| Date                 | FBS | 2 HAB | 2HAL | 2HAD |
|----------------------|-----|-------|------|------|
| On admission 24/3/25 | 6.7 | 11.2  | 9.8  | 10.2 |
| 26/3/25              | 6.2 | 9.3   | 8.8  | 8.9  |
| 28/3/25              | 5.9 | 8.2   | 7.9  | 8    |
| 1/4/25               | 5.3 | 7.9   | 7    | 6.9  |
| 3/4/25               | 5.5 | 6.9   | 7.2  | 6.8  |

### Maternal monitoring

- ECG- Sinus tachycardia
- Echo

ASD secundum(4mm) with Left to right shunt.

Mildly dilated RA, RV

No regional wall motion abnormality

Normal LV & RV systolic function(LVEF=66%)

No Thrombus vegetation or pericardial effusion seen.

• Rh antibody titter – Antibody not detected

# Fetal monitoring

- Daily fetal kick count- by mother
- Fetal heart sound Daily 4 time- With Doppler
- Inj Dexamithasone 1amp(5mg) I/M 12hourly -4 dose
- BPP with doppler study

# BPP with doppler study (23/03/25)

BPP with doppler study (6/4/25)

About 33weeks sized live fetus AFI= 15 cm

biophysical profile score:

10/10,

EFBW: 2.1kg

Doppler study:

normal flow in the umbilical and uterine artery

About 36 weeks sized live fetus

AFI= 15 cm

biophysical profile score:

**8/10**,( foetal tone absent)

EFBW: 2.7kg

**Doppler study:** 

normal flow in the umbilical and uterine artery

# **OTNote**

Date: 07.04.25

Time: 9:00 am

Name: Monjura

Indication: 4th gravida 37 wks of pregnancy with GDM on insulin with P/H/0 1 c/s with BOH with Rh - (no living issue)

Name of operation: LUCS

Incision: Pfannenstiel

Anaesthesia: SA



### **Baby note:**

- Date: 05.04.25
- Time: 9:20 am
- Wt: 2.6 kg
- Sex: Female
- APGAR: 8/10 at 1st min & 9/10 at 5th min



### cont.

- Her immediate postoperative period was uneventful.
- Babys blood Group was A (-ve)
- But the baby developed neonatal jaundice on 3rd day of her life and was admitted to NICU for 2 days
- patient and her baby was discharged on 7<sup>th</sup> POD.



# THANK YOU

