CASE PRESENTATION ON ANEMIA IN PREGNANCY

RADHIKA.MUDUGANTI

8TH SEMISTER

CASE

- A 28 yr old married Hindu female r/o parada, agricultural labourer by occupation belongs to socioeconomic group of class-2.

Chief complaints...

- She is G3 P2 L1 D1 with 9 months of amenorrhea came for regular antenatal checkup.
- LMP -27 July 2014.
- EDD -4th May 2015.
- POG-35 wks 4 days.[as on 3rd April 2015].

H/O Present Illness..

- She is perceiving fetal movements.
- No h/o pain abdomen, no h/o back ache ,no h/o bleeding or leaking per vaginum , no h/o burning micturition.

MENSTRUAL HISTORY...

- Age of menarche 13 yrs.
- 5/30 regular cycles . normal flow
- No pain and no h/o clots during menstruation.

MARITAL HISTORY

- Age at marriage -18 yrs.
- 8 yrs of marital history.
- Nonconsangious marriage.
- No h/o usage of oral contraceptives.

OBSTETRIC HISTORY…

P1…

- Conceived spontaneously 1 yr after marriage. Had regular antenatal check ups ; tetanus toxoid 3 doses taken; IFA taken only for 2 months.
- H/O blood transfusion.
- She delivered a male healthy baby by FTNVD with episiotomy at KIMS narketpally.
- The baby was 3.5 kgs at the time of birth.
- No h/o postpartum hemorrhage
- Breast feeding done for 2yrs and immunized.

P2...

- She conceived spontaneously 3yrs after birth of 1st child , has an uneventful antenatal history.
- IFA taken for 3 months, TT 2doses taken.
- She delivered a male baby by LSCS [indication- postdated with no labour pains]..
- Baby was 2.5kgs at birth.
- Postoperative period was uneventful.
- Suture removal done on 8th day, wound was healthy.
- Baby was died after 18 days due to congenital heart disease.

P3...[PRESENT]

- She conceived spontaneously 15 months after birth of 2nd child.

TRIMESTER HISTORY:

First trimester...

- Pregnancy was confirmed at 2nd month by urine pregnancy test.
- Scan done at 3rd month.
- First trimester was uneventful.
- Folic acid supplementation taken.

Second trimester…

- Quickening at 5th month.
- Tetanus toxoid taken at 3, 5th months.
- Scan done at 3,5,7,8th months.
- TIFFA scan done at 5th month.
- 2nd trimester was also uneventful.
- IFA and calcium supplementation taken for 2 months.

Third trimester…

- Perceiving fetal movements .
- No h/o burning micturiton, leaking or bleeding per vaginum, pain abdomen.

PAST HISTORY

- No h/o hypertension, diabetes mellitus , thyroid disorders , bronchial asthma , heart diseases.
- h/o blood transfusion 5yrs back.
- h/o LSCS 2YRS back.

PERSONAL HISTORY

- **Diet**-mixed,
- **Appetite**-normal,
- **sleep**-adequate,
- **bowel and bladder**-regular.
- Good personal hygiene ,does moderate exercise.
- No addictions.

DRUG HISTORY

- No known drug allergies.
- No h/o of prolonged medication

GENERAL EXAMINATION

- Patient is conscious coherent cooperative well oriented to time, place, person. Moderately built and nourished.
- **height-158cm**
- **Weight-54kg**
- Weight gain during pregnancy-7kgs.
- **PALLOR**-present**,[++]**
- **ICTERUS**- absent,
- **CYANOSIS**- absent,
- **CLUBBING**-absent,
- **GENERALIZED LYMPHADENOPATHY**- absent,
- **PEDAL EDEMA**- absent.

VITALS...

- **Pulse**: 84 bpm regular normal in character and volume
- **Blood pressure** -110/70 mm of hg.
- **Respiratory rate**- 16 cycles per min.
- **Afebrile**.

- *Breast ,Spine , Thyroid normal.*

ObS examination

INSPECTION....

- Patient was examined in dorsal position.
- On inspection abd. is distended, globular .
- Umbilicus everted, central.
- Stria gravidarum→ present,
- linea nigra→ present.
- Transverse scar in the lower abdomen of about 8cm is seen.
- All quadrants of abdomen moving equally on respiration.
- No engorged veins

PALPATION…

- Uterus relaxed.
- On palpation fundal ht corresponds to 34-36 wks of gestation.
- Symphysio fundal ht-34 cms.
- Abdominal girth-94cms.
- GRIPS…
- Fundal grip-soft irregular mass suggestive of breech.
- Rt lateral grip –smooth curved resistant structure suggestive of spine.
- Lt lateral grip-small knob like irregular parts suggestive of limbs.

PALPATION CONT...

- 1st pelvic grip-Hard globular structure felt, suggestive of fetal head.
- 2nd pelvic grip-hands converging.
- Liquor adequate clinically.
- No scar tenderness.

AUSCULTATION…

- Fetal heart sounds heard.
- Approx.130-140 bpm

PER VAGINAL EXAMINATION….

- Cervix soft and posterior.
- external os closed.

PROVISIONAL DIAGNOSIS

- G3P2L1D1 with 35 weeks 4 days of gestation with previous LSCS with moderate anemia.

INVESTIGATIONS...

COMPLETE BLOOD PICTURE [on3/4/15]

- **Hb**-7.8gm%.
- **Total count**-9,600/cumm.
- **Differential count**-

  Neutrophils -75%,

  Lymphocytes-17%,

  eosinophils-05%,

  monocytes-03%,

  basophils-00%.

  Platelet count- 2.66 lakh/cumm.

PERIPHERAL BLOOD SMEAR..

- Microcytic Hypochromic.

- **Blood group-**AB
- **RH typing-** Positive
- **BLEEDING TIME**...2min
- **CLOTTING TIME** ...3min 30 sec

COMPLETE URINE EXAMINATION

Color → pale yellow.
Appearance →clear.
Reaction →acidic.
sp.gravity →1.010.
Albumin →nil.
Sugar →nil.
Bile salts →nil.
Bile pigments →negative.
Pus cells→1-2.
Epithelial cells→2-3.
RBCs →nil.
Crystals →nil .
Others→ nil

GLUCOSE CHALLENGE TEST

- RANDOM BLOOD SUGAR→85mg/dl.
- RANDOM URINE SUGAR → Nil.
- FIRST HR BLOOD SUGAR→101mg/dl.
- FIRST HR URINE SUGAR → nil

ULTRA SOUND FINDINGS [on3/04/15]

- **BPD**→86.2 mm→34 wks 5days.
- **HC**→308mm→34wks 1 day.
- **AC**→301mm→34wks 1day.
- **FL**→63.3mm→32wks 5days.
- **EDD** by Scan→15/5/15.
- **FHR**→149 bpm.
- **AFI**→14-15.
- **ESTIMATED FETAL WT**→2.3 KG, PLACENTA→ posterior, grade 2 maturity

FINAL DIAGNOSIS

- G3P2L1D1 35 weeks 4days of gestation with previous LSCS,with moderate anemia.

PT WAS KEPT ON ORAL IRON SUPPLIMENT AND ADVICED TO COME BACK AFTER 2WKS.

FOLLOW UP

PT came back on 16/04/2015 and investigations were repeated.

COMPLETE BLOOD PICTURE

[on16/4/2015]

- **Hb**→8.6.g%
- **Total count**→10,100/cumm.
- **Neutrophils**→67%.
- **Lymphocytes**→28%.
- **Eosinophils**→03%
- **Monocytes**→02%
- **Basophils** →o%

PHERIPHERAL BLOOD SMEAR

- MICROCYTIC HYPOCHROMIC

- **BLEEDING TIME**→2min.
- **CLOTTING TIME**→4min.
- **Complete urine** examination → Normal.
- **Culture and sensitivity** → Non reactive.

ON 16/4/15

- Patient came to the hospital on 16/4/15 and was admitted on same day.
- 2 units of blood was reserved.
- She was put on oral hemateminics and multivitamin tablets.
- Protein powder with milk.
- Corticosteroid inj. 2doses 24hrs apart.
- NST →Reactive

ON 17/04/2015

- packed cell transfusion was given.
- Hb was repeated on 20/04/15. hb level was 8.8 gm./dl.
- Peripheral smear microcytic hypochromic.
- Same oral medication continued.
- NST→ REACTIVE.
- Patient was monitored regularly.
- Complete urine examination → normal

On 21/4/15

- General condition fair.
- Temp. normal
- pulse 74bpm regular normal vol rhythm

Bp 110/60mmhg

P/A

- Fundal ht 36 wks
- Uterus irritable
- Cephalic
- FHS present
- Liquor adequate clinically.

p/v

- Cervix long, soft, posterior.
- Os admitting tip of the finger.
- Patient was kept nil by mouth tentatively.
- Prepared for Emergency lower segment caesarian section as the patient was in labour.

Pre operatively…

- IV canulisation ,foley's catheterization done.
- Pre anesthetic medication given.
- 2 units of blood reserved.

- Intra-operatively one transfusion started.
- LSCS was done and delivered an alive male baby of 2.7 kg wt .
- **APGAR** score was 8 and 10.
- Atonic pph was present.uterine massage and bimanual compression was given.
- Inj. prostadin and inj. Methergine were given.
- Placenta was normal.
- Packed cell transfusion started intra operatively was on run.

- Post operatively her general condition was fair.
- Vitals were stable.
- P/A uterus well retracted .
- P/V no active bleeding.

- Patient vitals were monitored postoperatively every ½ hrly for next 4 hrs and then every 2hrly later.
- One packed cell transfusion was given postoperatively.
- Pretransfusion and post transfusion vitals were recorded.
- Her vitals were stable.
- Hb was repeated .Hb → 10.1gm/dl.
- PCV→ 32.1%

- Patient was shifted to post natal ward on 3rd postoperative day.
- Complete blood picture was done .
- Hb 9.4 gm/dl.
- Peripheral smear normocytic / hypochromic.
- Serum electrolytes are within the normal limits.
- Suture removal done on 8th day.

Thank you