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HISTORY

PATIENT PARTICULARS

Name: Mrs.....

Age: years

Address:

Occupation:

• Religion:

Educational status:

• Occupation of the husband:

Duration of marriage:

• Socioeconomic status:

Gravida:

• Date of admission:

Parity:

• Date of examination:

Married for (in a case of primigravida):

LMP..... EDD Period of gestation in weeks.....

Chief complaints: Pain abdomen/headache/vaginal bleeding/urinary problems are to be recorded, in order of priority or according to chronological order of onset of events. Some patients may not have any complaints but have been admitted for observation like raised blood pressure (BP), or for investigations and planning mode of delivery as in a case with Rh-alloimmunization or pregnancy with prior cesarean delivery.

History of present illness: Elaboration of the chief complaints as regard to their onset, duration, severity, use of medications, investigations, and progress, is to be made.

History of present pregnancy: Important complications of different trimesters of the present pregnancy (if any) are to be recorded carefully. Complications of (i) 1st trimester, (ii) 2nd trimester and (iii) 3rd trimester should be mentioned. Number of antenatal visits (booking status), immunization status, intake of iron and folic acid are to be recorded. Any medication or radiation exposure in early pregnancy or medical/surgical events during pregnancy should be enquired and recorded. Woman's perception of fetal movements may be mentioned.

Obstetric history (Box 1.1): Previous obstetric events are to be recorded chronologically. This is relevant in a multigravida. The obstetric history is summed up as:

Gravida.....

Para.....

Miscarriage.....

MTP.....

and Living issue.....

Box 1.1: Obstetric history

S. No.	Year and date	Pregnancy events	Labor events	Mode of delivery and the place	Puerperium	Baby <ul style="list-style-type: none"> • Weight and sex • Condition at birth (Apgar score) • Breastfeeding • Immunization

Menstrual history: Menarche (age).....years, cycle 28–30 days, duration 3–4 days; Amount of flow: (average/scanty), dysmenorrhea (if any).

LMP..... EDD..... (Naegele's formula); period of gestation..... weeks.

Corrected EDD (in cases with delayed menstruation or pregnancy following IVF):.....

Naegele's formula:

Due date of delivery = First day of last menstrual cycle + 9 months + 7 days

For IVF pregnancy, date of LMP is 14 days prior to date of embryo transfers (266 days)

Past medical history: Any relevant past medical illness (malaria and jaundice).

Past surgical history: Previous surgery—general (appendicectomy) or gynecological (myomectomy).

Family history: Hypertension, diabetes, hemoglobinopathy, twinning or congenital malformation or consanguineous marriage is to be enquired and recorded.

Personal history: Contraceptive practice, smoking, chronic medications (corticosteroids), habit forming drugs are to be enquired. Sleep, appetite, bowel and bladder habits are to be mentioned.

EXAMINATION (FIGS. 1.1 TO 1.9)

■ General physical examination

- Build
- Nutrition
- Height (Figs. 1.1 and 1.2)
- Weight (Figs. 1.1 and 1.3)
- Pallor
- Jaundice
- Cyanosis
- Tongue, teeth, gum and tonsils
- Neck veins
- Neck glands
- Thyroid
- Breasts
- Pulse
- Blood pressure
- Temperature
- Respiratory rate
- Edema legs

■ Mental status

To assess whether the individual is alert, conscious and cooperative.

■ Systemic examination

- Examination of cardiovascular and respiratory system:

- Heart
- Lungs

- Musculoskeletal system

- Examination of abdomen:

- Inspection
- Palpation

Any tenderness, liver, spleen (any organomegaly)

- Obstetric examination:

- Inspection
- Palpation
- Obstetric grips
- Percussion (not done)
- Auscultation for fetal heart sounds

Q. Discuss her labor progress observed after 4 hours of labor (12.00 hours).

- Ans.** (1) Cervical dilatation : 6 cm dilated. But it has crossed the alert line.
 (2) Fetal head : 3/5th brim, no descent of head since admission.
 (3) Uterine contractions : 3/4 in 10 minutes time, each lasting for >40 seconds.
 (4) FHR : >160 bpm (tachycardia) but coming down steeply upto 100 bpm (bradycardia) by the next hour.
 (5) Liquor : Clear.
 (6) Moulding : 2+.

Comments: Cervical dilatation increased by 2 cm over a period of 4 hours. For Mrs CL, it was much less (normally 1.5/h). Cervicograph is on the right side of the alert line. There is no change in the descent of the presenting part in spite of the fact that uterine contractions were adequate. Presence of tachycardia and bradycardia with moulding indicate adverse fetal response in relation to the progress of labor.

Ringer's solution was started to maintain her hydration and normal metabolic status.

Q. Discuss the partograph as recorded during the course of Mrs CL's labor at 14.00 (2 pm).

- Ans.** (1) Cervical dilatation : 6 cm. It has touched the action line
 (2) Fetal head : 3/5th above the brim. No descent at all.
 (3) Uterine contraction : 3-4 in 10 minutes time each lasting ≥ 40 seconds.
 (4) FHR : Significant bradycardia <110 bpm.
 (5) Liquor : Meconium stained.
 (6) Moulding : 3+.

Comments: Mrs CL had no further dilatation of the cervix since the last observation at 12 pm (2 hours) and there is no descent of the presenting part. Fetal bradycardia, moulding of the head, meconium-stained liquor were observed. Partographic analysis of labor revealed arrest of dilatation and descent in the active phase of labor despite adequate uterine contractions. This indicates labor is obstructed. Owing to this observation along with presence of fetal distress, labor was terminated. Cesarean delivery was performed at 2-10 pm.

Q. How can you evaluate critically that partograph can reduce the problems of prolonged and obstructed labor?

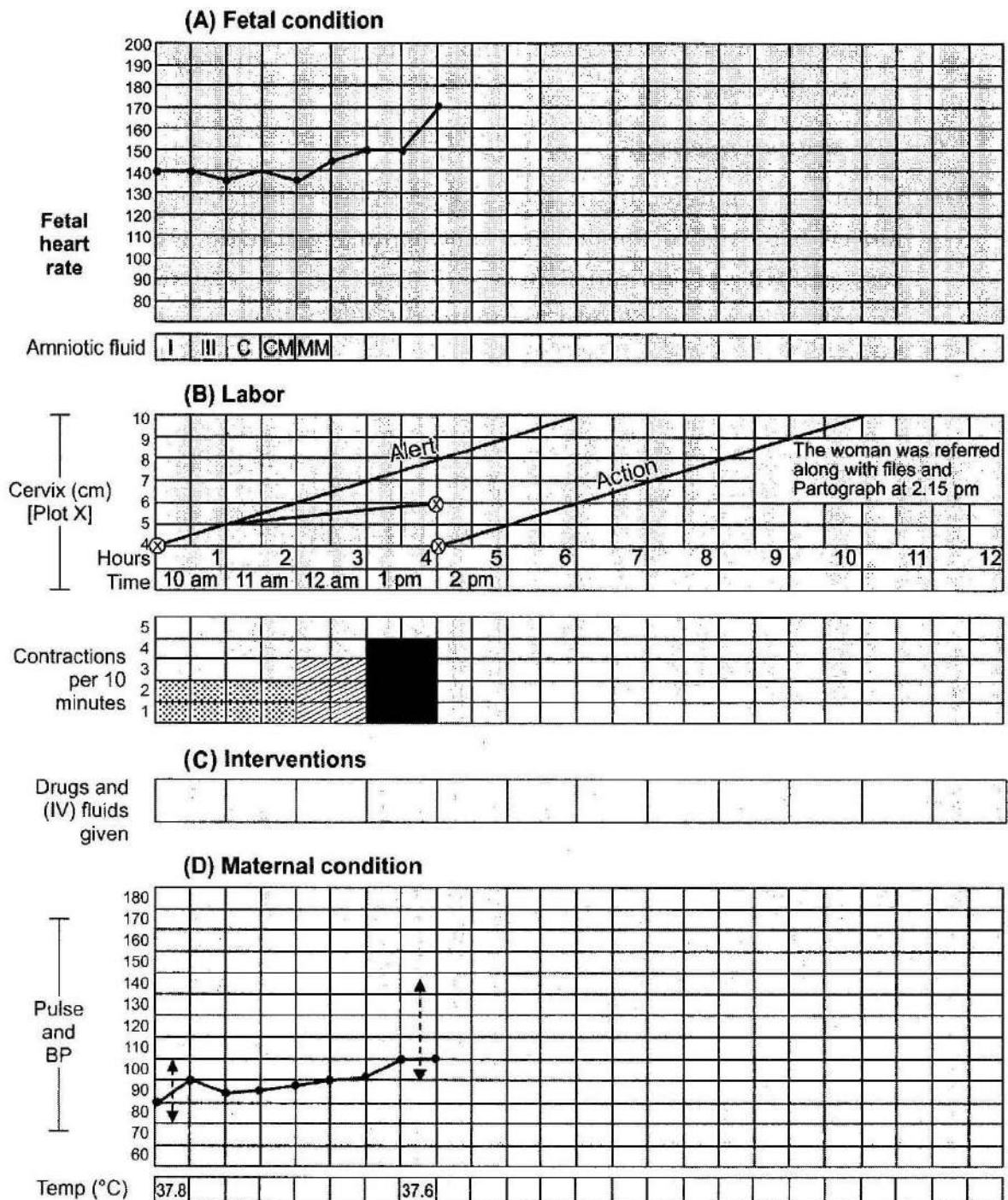
Ans. See SAQ p. 243.

Case Summary

Mrs Bani Kumari, a 26-year-old primigravida was admitted in labor following a term pregnancy. Her partograph is shown in Figure 5.4: Partograph 4.

Q. Discuss the partographic observation of Mrs Bani at 10 am (Fig. 5.4 partograph 4).

- Ans.** • Cervix was 4 cm dilated
 • Uterine contractions were 2 in 10 minutes and each lasted less than 20 seconds

Identification data**Name:** Mrs. Bani Pillai**W/o:** Ramaraju **Age:** 26 years**Parity:** Primigravida **Reg No.:** 23780**Date and time of admission**
11th march 2011, 10 am**Date and time of ROM:**
11th march 2011, 10 am**Fig. 5.4: Partograph 4.**

- FHR was 140/min
- Blood pressure was 100/70 mm Hg
- Temperature was 37°C
- Pulse was 80/min.