

CASE REPORTS

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Case Report on Full Term Normal Delivery with Preeclampsia and Oligohydramnios

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ABSTRACT

Background: Preeclampsia condition might have complication like Preterm Labor, Placenta abruption, disruption in fetes growth, HELLP syndrome and organ development. Oligohydramnios with Preeclampsia has high risk of antepartum stillbirth. **Case Report:** A 24-year-old pregnant, gravida 2, para 1, was presented to hospital at 38 weeks and 1 day gestation. She suffered from abdominal pain and Cervical dilation. At admission, obstetrical examination and transabdominal ultrasonography revealed that it was uterine pregnancy with a single living foetus with Preeclampsia and oligohydramnios. Immediately, Antihypertensive agent is given and managed the abnormal blood pressure. The Abdomen Examination shows the foetus in Cephalic, longitudinal position and cervical was mechanically dilated to 10cm. In Vertex Presentation, using Kristeller Maneuver. neonate was delivered safely. Patient delivered male baby throughout the vaginal delivery and baby and mother was normal after delivery baby was kept with mother on same bed and initiate breastfeeding within one hour after delivery. **Conclusion:** Care and Management of pregnant women with Preeclampsia with oligohydramnios has Complexity and need timely decision to prevent antepartum still birth and maternal morbidity and Mortality.

Key word: Preeclampsia, Oligohydramnios, Vaginal Delivery, HELLP syndrome, Kristeller Maneuver.

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INTRODUCTION:

Preeclampsia is a prenatal hypertension condition that accounts for 2% to 8% of all disorders connected to pregnancy globally. In

high-income countries, it causes 16% of maternal mortality, compared to 9% to 26% in low-income nations¹. New-onset hypertension is the medical term for preeclampsia. A systolic blood pressure

of 140 mm Hg or higher, or a diastolic blood pressure of 90 mm Hg or higher, on two separate occasions that are at least four hours apart, or a shorter interval timing of a systolic blood pressure of 160 mm Hg or higher, or a diastolic blood pressure of 110 mm Hg or higher, must all be detected after 20 weeks of pregnancy¹.

An amniotic fluid disease called oligohydramnios causes a reduction in amniotic fluid volume relative to gestational age. Poor foetal outcomes can occur from low amniotic fluid volumes, which can be brought on by a variety of maternal, foetal, or placental problems².

In order to avoid an antepartum stillbirth, the American College of Obstetricians and Gynaecologists (ACOG) advises starting labour between 36 0/7 and 37 6/7 weeks into the pregnancy³.

The current healthcare system with maternity services has raised rates of healthy women and new-borns because of medical and scientific advancements in the management of complex health conditions. There have been worries within the community that evidence-based tactics and methods for labour and delivery are misused or mismanaged. Enhance the efficiency with maternity services for both developed and emerging nations is an essential part with efforts to reduce maternal and infant mortality and morbidity.

CASE PRESENTATION

A 24-year-old female diagnosed with G2,P1, A1, with 38 .1 wks. Of gestational age

with full term pregnancy was admitted in Tertiary care Teaching Hospital with the complaint of pain in abdomen and increased the fatal movement on 13/02/2023 with occasional headache, dizziness and she delivered male baby on date14/02/2023 and the baby weight was 3.1kg at3:20pm now her complaint was pain on suture site and weakness. Before pregnancy the patient menstrual cycle was regular 28days of cycle and duration was3-4days and Last menstrual period was 22/05/2022 and Expected date of delivery was26/02/2023.

Patient has a history of gestational hypertension an abortion after marriage of four month & one month of foetus was aborted. That time dilatation and curettage was done. She has not used any contraception method & no medical history like DM, Hypertension, TB, Asthma. She lives in joint family in their family seven member are living together including new-born and she was belonging from middle class family and in their houses all facilities are available like electricity, water supply from municipality etc. her monthly income was25000/-per month. She and her family members were psychological stable. She maintains good interpersonal relationship with others. She is taking only vegetarian diet. She doesn't have any allergic reaction from any food and no any history of any bad habits like chewing tobacco, smoking etc.

Patient general examination was state of health was healthy, conscious, Oriented,

Posture erect, hygiene was good. General parameter height was 160cm, weight, 55 kg. Vital sign is Temperature 98°c, Pulse 92b/m, Respiration– 20b/m, BP 144/90mmHg. In breast some changes occur because of pregnancy enlargement of breast, nipple was large erectile and discharge was present of milk secretion. In abdomen Linea nigra, striae gravidarum present. Lochia rubra was present.

Investigations:

S.No	Parameter	Value
1	Total count	9400 cells /cumm
2	Cholesterol	137 mgs/dl
3	Haemoglobin	12.1 g/dl
4	RBS	80 mg/dl
5	S.Creatinine	0.9 mg/dl
6	Platelet	160 ×10 ³ /µl
7	LFT- SGPT	17
	SGOT	31
	Albumin	3.6g/dl

USG:

Foetal no.: single Lie – variable; Placenta– anterior, grade–II; Presentation – Vertex; Foetal movement – present.

Impression of USG: single intrauterine live foetus of average gestational age of 37 weeks 1 day and corresponding to weight of 3.0 Kgs. Amniotic Fluid Index: 4.0cm, DVP – 2cm.

Impression: Oligohydraminos

For the management of Preeclampsia, patient was given with Inj. Hydralazine 20mg Intravenous to control the elevated blood pressure. Other drugs are used Inj. Metrogyl 100cc, I.V., TDS. Action–Metronidazole injection is also to prevent infection when used

before, during, and after colorectal surgery. Metronidazole injection is in a class of medications called antibacterial. It works by killing bacteria and protozoa that cause infection⁴, Inj.Cefataxime 1gm, I.V.,BD., Action-Cefataxime 1gm Injection is an antibiotic medicine used to treat bacterial infections in your body. It is effective in infection of the brain, lungs, ear, urinary tract, skin and soft tissues, bones and joints, blood and heart. It is also used to prevent infections during surgery, Inj.Oxytocin 10IU. Oxytocin is a uterine stimulant, prescribed for the initiation of uterine contractions and induction of labor in women as well as stimulation of contractions in cases where the uterus does not contract enough during labor⁵.

If any complication occurs during normal delivery than patient refer for lower segment Caesarean section. Mother should take care of self and self-care may include rest and ambulance early ambulation after delivery, hospital stay, diet, perineal care, care of bladder, care of bowel, sleep, care of breast, rooming in, aseptic and antiseptics, immunization post-partum exercise, follow-up, daily observation, and care of new-born. After normal delivery mother and baby should come for check-up and follow up after discharge of six weeks and explained the client about if any sign of infection and side effect of medication immediately inform the doctors. Immunization of baby follow up is necessary⁶.

DISCUSSION

Present case reveals that the antenatal patient with Preeclampsia and Oligohydramnios come in hospital with the complaint of pain in abdomen and increased fetal movement on date 13/02/2023 and she delivered male baby on date 14/02/2023 and the baby weight was 3.1 kg at 3:20 pm now her complaint was pain and weakness. After delivery mother and baby was normal Apgar score was seven and baby was kept with mother in same bed it will help to initiate breastfeeding, thermoregulation, create bonding between mother and child, mother learn how to provide the care to baby etc. after that pain was managed by pain killer. Condition of baby and mother was good.

Most broadly, the phrase 'natural life' in scientific research and health care policy refers to conception without and with minimal surgical intervention. The 2007 systematic review by both the prenatal care Planning Group, Making Natural Childbirth a Fact, provided for such a uniform approach of hospital birth to improve trust for auditors or tracking practice patterns. A subsequent description defined natural delivery or non-assisted vaginal delivery without intervention of labour; epidural, spinal and general anaesthesia or episiotomy. Unlike many other meanings, an interpretation with Werkmeister has been restricted to a pregnancy and birth and it does not apply to birth out comes like vertical presentation as well as intact perineum.³

This same delivering of a full-term baby originally referred with service only at gestational age of 37-42 weeks, even though defined by last menstruation cycle or through ultrasound dating as well as assessment. A Naegel rule is indeed a frequently used formula besides predicting a due date focused mostly on date from the last menstruation cycle. Its legislation states a 28-day menstruation periods as well as a mid-stage ovulation. Ultrasound dating will be much more accurate, especially because once implemented early in the pregnancy and used to substantiate or adjust a due date focused on last menstruation cycle. About 11 percent of singleton births are pre-term and 10 percent of all births are post-term. As a result, nearly 80 percent of babies are born on even a full-term basis, but only 3-5 percent of births arise mostly on expected delivery date⁷.

Health care offers patient care, encourages convenience, listens to emotional needs through a comprehensive well-being paradigm, and teaches nutrition or self-care. Even so, in today's popular healthcare setting, postnatal nurses are very often responsible to devices or for mothers and babies. It is critical that organizations develop trust and expertise in order to make a transition towards a humanizing birth feasible. This topic problem in such a major nursing review offers important resources to help care giver encourage, endorse and defend regular births. Nursing staff have a special and significant role to play in deciding the treatment procedures encountered by

women. Unfortunately, nursing staff may well be functionally removed from important method of data interchange as well as from making a contribution to a treatment plan. This can influence the ability of nursing to successfully encourage, help secure regular births. Since medicalized conception presents a threat of iatrogenic damage to the both mothers and infants, nurses have a duty obligation to encourage natural delivery in order to improve patient health.⁵ Studies on Prenatal diagnosis and treatment modalities were reviewed⁸.

Conclusion

Care and Management of pregnant women with Preeclampsia with oligohydramnios has Complexity and need timely decision to prevent antepartum still birth and maternal morbidity and Mortality.

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