

Case 3: Mrs. Sinta

TUTORIAL 1-1

Mrs. Sinta, a 30-year-old, P1 A0 visits the Maternal and Neonatal Health Clinic (MNHC) in the Primary Care Health Center where you are the assistant of the doctor in charge. She says that she had missed 2 periods. She has also been suffering from nausea and vomiting. The latter has become worse that morning that she vomited almost everything she ate. She complains of painless frequent-voiding, fatigue, breasts discomfort and increased skin pigmentation especially on her face, nipple and abdominal skin. She is worried about losing weight 3 kg since her last period.

The doctor performs physical examination to Mrs. Shinta, and the findings were as follows:

Physical examination reveals:

Height : 160 cm tall

Weight: 50 kg

Vital signs : within normal limit

Skin turgor : normal, no visible lesions

Lungs : clear to auscultation

Heart : regular rhythm, no audible murmurs

Abdomen : normal bowel sounds, soft, nontender, no masses or hepatosplenomegaly

1. Identify the patient problems.
2. What further information would you like to know? Explain your answers!

TUTORIAL 1-2

After physical examination was conducted, Mrs. Sinta is having obstetrics examination with results as follow:

Obstetric examination:

Pelvic examination : normal-appearing external genitalia

External examination : fundal height 2 fingers above symphysis

Speculum examination : bluish portio, normal size

Vaginal examination : well rugated, positive Chadwick sign

Vulva : normal

Vagina : normal

Portio : soft, ostium is closed

Uterine corpus : enlarged, equals to 10 weeks pregnancy

Douglas pouch : normal

Parametrium : normal

1. Does the information change your hypothesis? Why?
2. Identify the patient's problems.

TUTORIAL 1-3

To confirm the diagnosis, a routine transvaginal sonography is conducted and it reveals a gestational sac with fetal echo comparable to 10 weeks single gestation with good cardiac activity. FHT using Doppler is 142x/min. Since then, Mrs. Shinta visits maternal health care periodically to check on her pregnancy.

1. Why do you think ultrasound examination is performed?

TUTORIAL 2-1

Two weeks later Mrs. Sinta, visited the obstetric emergency unit, complaining of vaginal bleeding with some pain in her tummy at home in the morning.

Physical examinations:

- General conditions : good, not anemic
- Height : 160 cm, Weight : 55 kg
- Vital signs are within normal limit
- Heart and lungs are normal
- Abdomen: - Normal contour, palpation: slight tenderness on the supra pubic area
 - Abdominal mass: not found
 - Uterus: not palpable
- Inspection: mild vaginal bleeding, Chadwick sign is positive
- Speculum examination: fluxus positive from external uterine ostium.
- Vaginal toucher:
 1. Portio : soft, cervical motion tenderness : not found
 2. Uterine ostium : closed,
 3. Uterus size : rather enlarged and soft
 - Hegar sign positive.
 - Piskacek sign is positive
 4. Adnexal area : no mass, no tenderness
 5. Douglas pouch : bulging not found, no tenderness

Laboratory examinations:

Hb : 12.1 gr %

- 1. Identify the patient's problem!**
- 2. Explain the significance of the above physical findings.**
- 3. What further investigations, if any, of this patient would be appropriate at this point?**
- 4. What are your management plans for this patient?**
- 5. What further information may be helpful from Mrs. Sinta?**

TUTORIAL 2-2

Further anamnesis revealed that Mrs. Sinta's previous labor was a caesarian delivery due to dystocia.

Mrs. Sinta conducted an ultrasound examination with the result:

The uterus was enlarged; an intact gestational sac was seen within it

A singleton fetus was present

Biometrical measurement: crown rump length is 13 mm, equals with 7-8 weeks pregnancy

Fetus was still alive

A small subchorionic bleeding was present

Both adnexas are within normal limit

At the time, the doctor explained to her that the placenta was still lying over the anterior wall extended down and backward reaching the posterior wall, which is commonly found in early gestational age.

There was no sign of molar pregnancy.

1. **Identify the patient's problems in first trimester pregnancy**
2. **Explain the significance of first trimester ultrasonography findings**
3. **What are your management plans for this patient?**

TUTORIAL 3-1

Today, Mrs. Sinta returns to emergency room when she is nine months pregnant. Approximately 2 hours before she is admitted to the hospital, she has experienced bright red blood coming out from her vagina. She complains regular contraction.

Mrs. Sinta looks fine and conscious.

Blood pressure, pulse rate, respiratory rate and temperature were normal.

She is not anemic.

Heart and lungs are within normal limit.

Obstetric examination reveals:

Fundal height is 35 cm above symphysis.

Fetus is in head presentation, back on the right.

Fetal heart rate is 150-160 beats per minutes.

Contraction once in every 3-4 minutes, 40 seconds, strong

Speculum examination:

Fluxus positive, quite heavy

Laboratory result:

Hb 10.3 gr%

The doctor then performs USG and the result is as follow:

- Uterus is enlarged filled with a singleton fetus in head presentation. The fetus is alive, heart rate is normal
- Biometrical measurements are equals to term gestation. Estimated fetal weight 2800 gram
- No signs of major congenital anomalies
- Placenta is implanted at the anterior wall extended down and backward reaching the posterior wall anterior uterine wall, covering the internal uterine ostium

The doctor says that the placenta has not 'migrate' from its original position and that the findings now is 'placenta previa total'

- 1. Identify the patient's problem!**
- 2. How does this information change your hypothesis?**
- 3. Explain the significance of the above findings**
- 4. What are your management plans for this patient?**

TUTORIAL 3-2

Epilogue

Due to heavy bleeding, a Caesarean section was done
A baby boy was born healthy, weighing 3000 gram, 51 cm in length.