Case 4. Mrs Dystia

TUTORIAL 1-1

Mrs. Dystia, a 32-year-old G3P1A1, is referred to the MCH clinic in her 34th week pregnancy because of mild discomfort at the upper left abdominal part. She noticed it every time her baby moves, something that she said she had never experienced before. She also complains a bit tense on her lower tummy.
When the doctor asks her, Mrs. Dystia had started some contractions, but there was no water broke, nor bloody or slimy discharge from her vagina. She admits that the baby is still moving now.

Previous obstetric history
She knew that she had arcuate uterus from hysterosalphyngogram prior to her first pregnancy. Her first pregnancy ends with spontaneous miscarriage, but the second one ends with caesarian surgery due to transverse lie baby pre-term birth, weighing 2000 grams. Her son is a healthy 3-year-old now.
She had normal lab exams performed a few weeks before.
Physical examination: within normal limit

1. **What are Mrs. Dystia's problems?**

TUTORIAL 1-2

Obstetric examination:
Uterine fundus is 30 cm above symphisis.
Leopold 1 : A globular round hard mass is occupying the uterine fundus.
Leopold 2 : Small fetal parts detected on the left abdominal wall, on the right side a long-flat area of mass with higher resistance is detected on the right side
Leopold 3 : Some soft mass is palpable above the symphysis, and have somehow entered the pelvic inlet
Leopold 4 : Convergen
Contraction : Once in every 10 minutes, weak
Auscultation (Laennec stethoscope):

- Fetal heartbeat could be easily and more clearly heard just above the umbilicus
- Fetal Heart Rate : 144-152 beat per minute

Speculum examination : no abnormalities
Vaginal examination : Vulva/ vagina : no abnormalities
Cervical dilatation : none
Pelvic examination : normal

1. **Explain the significance of the above physical findings!**
2. **What further investigation, if any should be taken into account and would be appropriate at this point? Explain your reasons!**

TUTORIAL 2-1

She was referred to the feto-maternal clinic at the nearest district hospital. She came back, bringing the result of USG as follows:

A singleton fetus, male, in breech presentation, the back is on the right. Biometrical measurements are in accordance with a '34-35 weeks' pregnancy. Heart rate is normal. Estimated fetal weight is 2200 ± 300 grams. No major congenital anomalies detected.
The placenta lies in the anterior body of the uterus not occupying the internal uterine ostium. Amniotic fluid index: 12 cm.

Conclusion:
G3P1A1 34-35 weeks pregnancy, breech presentation

The doctor prescribed oral tocolysis and explained the alarming signs as when the patient should return prior to the scheduled follow up visit.

1. What do you think would be the decision for referral made by the doctor in the MCH clinic? Explain your answer!
2. Explain why should tocolysis be given to the patient
3. What do they mean by 'alarming sign' in the case?

TUTORIAL 3-1

Mrs. Dystia returned three weeks later to the MCH clinic, complaining that she has been having regular contractions for 8 hours. She knows the baby is still moving, no water broke.

Physical diagnosis:
Vital signs: within normal limits
Obstetric examination:
Uterine fundus is 32 cm above symphisis.
Leopold 1 : A globular round hard mass is occupying the uterine fundus.
Leopold 2 : Small fetal parts detected on the left abdominal wall,
On the right side a long-flat area of mass with higher resistance is detected on the right side
Leopold 3 : Some soft mass is palpable above the symphysis, and have somehow entered the pelvic inlet
Leopold 4 : divergen
Estimated fetal weight 2700 gr
Contraction : once in every 3 minutes, lasting 50 seconds, strong
Fetal Heart Rate : 152 - 160 beat per minute

Vaginal examination:
Vulva/vagina : no abnormalities
Portio : axial position, soft, effacement 75 %
Cervical dilatation : 9-10 cm
Amniotic membrane : intact
Presenting part : breech, sacrum on the right, station +2, no feet palpable

Admission test result with cardiotocography: Fetal in good condition
An hour later full dilatation is reached and as the baby's buttock is bulging in the perineum. She was lead to bear down. There was no difficulty while delivering the shoulder.
A baby boy is born, weighing 2750 grams, 50 cm in length.

The baby is sent to the perinatology unit.
Both the baby and Mrs. Dystia are dismissed in good condition

1. **How this delivery differs from normal delivery of occiput presentation?**
2. **Explain the use of partogram and cardiotokography!**
3. **What are the problems during labor?**
4. **Explain your answers!**
5. **What would be your management plan for this patient?**

TUTORIAL 4-1

Two weeks later Mrs. Dystia comes back with chief complaint that her breasts were sore and her nipples were both cracked. She felt that whenever she breast feed her baby, she gets awful tummy cramps. She thought the milk did not seem to have come down yet.

Physical examination :

Conjunctiva	: non anemic
Heart and lungs	: within normal limits
Breast	: Engorged, lymphedema (+) with cracked nipples. No signs of nipples inversion or erythema. A few drops of yellowish liquid were obtained during expressing the milk out.
Abdomen	: with in normal limits

Obstetrics examination :

Uterine fundus was palpable 2 fingers above symphisis, tenderness (-).

Inspection	: vulva normal
Speculum examinations	: vulva and vagina were within normal limit fluxus (-), lochia alba

Vaginal toucher

- cervical normal (no dilatation)
- portio was soft
- uterus was equal to 14 weeks pregnancy
- uterine tenderness (-)
- cervical motion tenderness (-)
- adnexas were normal

Ultrasound examinations result showed the uterus was normal.
Extremities were normal.

1. **Identify the patient's problem!**
2. **Generate a list of hypotheses for each problem!**
3. **What further information and investigations may be helpful from Mrs. Dystia?**

TUTORIAL 4-2

Laboratory findings:

Hemoglobin level	: 11.5 gram %
Leukocyte	: 7.000/ mm^3
PCV	: 22 %

Platelet count : 180.000 / mm^3

1. **What are her problems now?**
2. **Can you exclude some hypothesis of her problems?**
3. **What would be your plan or advice for her problems?**
4. **Is there other investigation needed so far?**

Epilogue

Mrs. Dystia was introduced to some nurses in the group of support for lactating mothers which may help her with lactation problems if ever she encounters it.