

TUTORIAL 1-1

Mrs. Promia, 28 years old, arrived as a new patient for the first time for a prenatal examination at 34 weeks' gestation at the obstetric clinic where you work. Mrs. Promia complained that she felt wet on her genitals since dawn this morning. Mrs. Promia is afraid that the fluid that comes out is amniotic fluid.

Previous Obstetrics History:

Mrs. Promia underwent two elective terminations in both previous pregnancies, both around 10 weeks of gestation by dilation and curettage. Her next pregnancy, when she was 26 years old, gave birth to a low birth weight baby by caesarean section due to preterm premature of the membrane (PPROM) at the age of 30 weeks.

Physical examination:

Vital signs: within normal limits

Obstetric examination:

Fundus uteri 30 cm above symphysis

Leopold 1: Soft mass felt in the uterine fundus

Leopold 2: A small part of the fetus is felt on the right abdomen

On the left abdomen there is a flat and stiff dense mass

Leopold 3: Palpable solid round mass above the symphysis

Leopold 4: Convergent

Vaginal examination

Vulva/vagina : no visible abnormalities

Speculum examination : no visible abnormalities

Vaginal Toucher : vulva/vagina: fluid (+) clear

Dilation of the cervix : 1 cm

Amniotic membrane : non-intact

Laboratory examination:

The discharge from the vagina on the examination of the nitrazine paper shows a blue color
Picture of fern leaves on microscopic examination of vaginal fluid

Ultrasound examination (USG):

reduced amniotic fluid

The results of other examinations (including cardiotocography) were consulted with a fetomaternal expert and the results were obtained

- **Identify the patients' (mother and fetus) problems!**
- **Generate a hypothesis list and state a rationale for each!**
- **What should be planned to Mrs. Promia?**

TUTORIAL 2-1

Caesarean section was performed on the mother and a baby boy was born, looking limp, pale, cyanotic, and short of breath when brought to the baby warmer.

His pulse is 80x / minute.

The doctor performs resuscitation and assesses APGAR: at the first minute = 3, minute 5 = 5, and minute 10 = 8

Physical examination:

The baby seemed to cry strong, active movement, RR 54 beats / minute, heart rate 110 beats / minute, axillary temperature 36.5 ° C, Oxygen Saturation 90%.

Mouth : red lips

Chest : Fusiform symmetry, no visible retraction

- Heart: normal I and II heart sounds, murmurs (-), galop (-)

- Lungs: vesicular breath sounds, inaudible ronkhi, inaudible wheezing

Abdomen: flat, normal bowel sounds, liver / spleen not palpable

Extremity: bluish extremity tip, CRT < 3 seconds

The New Ballard Score value corresponds to 34 weeks of gestation

The birth weight of the baby is 2100 grams, body length is 46 cm with head circumference 31 cm.

Babies are treated in the perinatology room for infection screening, monitoring, incubator heating and nutrition.

- **Identify the baby's problem!**
- **What would be the diagnosis of Mrs. Promia's baby?**
- **Explain how Mrs. Promia condition of PPRM affects her baby!**
- **What should be planned for both Mrs. Promia and her baby?**

TUTORIAL 3-1

On the 3rd day of follow-up, Mrs. Promia complained that there was no breast milk. Normal urination and defecation.

Physical examination:

Compos mentis

BP : 100/70 mmHg

HR : 70 bpm

RR : 20 x/minute

Temperature: 36.6°C

Breast : no inverted nipple, cracked nipple, discharge yellowish when the breast is pressed.

Abdomen : soft, peristaltic (+) normal

TFU : 2 fingers below umbilicus

Contraction : good

Vagina : lochia rubra

Meanwhile, Mrs. Promia is still being treated in the nursery and is in good general condition.

Physical examination of the baby:

Head : anterior fontanelle is open flat

Face : looks icteric

Thorax : fusiform symmetry, retraction (-) Kramer II

HR : 112bpm, regular

RR : 48x/minute, regular, ronchi (-)

Abdomen: soft, the umbilical cord begins to wilt, peristaltic (+) normal

Genitalia: male, testes (+/+), descending, rugae (+) obvious

Anal : (+)

- **What would be the diagnosis for Mrs. Promia baby?**

Mrs. Promia named her baby Neo. Mrs. Promia was given education about baby growth and development. Mrs. Promia was able to bring baby Neo home on day 5 of treatment.

Mrs. Promia and baby Neo came home in good condition.