

Case Report on Full Term Normal Delivery

Pradnya Gavhale¹, Shalini Moon², Manoj Patil³

¹M.Sc. Nursing, ²Asst. Professor, Dept. OBGYNursing, Smt. Radhikabai Meghe Memorial College of Nursing Sawangi (Meghe), Wardha, Datta Meghe Institute of Medical Sciences (Deemed to be University) Maharashtra, India, ³Research Consultant, Jawaharlal Nehru Medical College, Datta Meghe Institute of Medical Sciences (DU) Sawangi (M), Wardha India

Abstract

Background: Labor has been defined as that of the initiation of periodic painful contractions of progressive dilation as well as dilation of a cervix, followed by a decent part going to lead to the expulsion of its fetus & placenta from the uterus of mother. Post - natal treatment was its individualized treatment provided that meet the needs of the baby and mother after delivery/childbirth.

Case Report: Mrs. Nikita Matram 25-year-old female was admitted in AVBR Hospital with the complaint of pain in abdomen and increased the fetal movement on date 4/01/2020 and she delivered female baby on date 6/01/2020 and the baby weight was 2.8 kg at 1:40 am now her complaint was pain on suture side and weakness. but the patient has a previous history of abortion after marriage of four month two and half month of baby was abort. That time dilatation and curettage was done.

Patient delivered female 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: Case report conclude that after normal delivery and post-natal care mother and baby was normal.

Keywords: Full term normal delivery, post-natal care, newborn, delivery.

Introduction

Giving birth, commonly defined of labor and birth, seems to be the conclusion of pregnancy once an or maybe more kids exit the mother via going through the womb or even the caesarean delivery and, throughout delivery, a baby is released through the womb. There are different forms of vaginal delivery. Supported vaginal and instrumental vaginal birth, accidental vaginal delivery, triggered vaginal birth, natural vaginal delivery.

Treatments that are consistent to protection. Given medical and scientific innovations through managing complex health problems, this same current setting with maternity services had also increased rates for healthy mothers and infants. There have been fears all around the community that evidence-based strategies and procedures across labour and childbirth are standard occurrence.¹

There is significant mis-use of advantageous techniques, over-use of detrimental or inefficient method, or lack of desire and over consequences of insufficiently measured method.² 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: Mrs. Nikita Matram 25-year-old female diagnosed with G2,A1, with 38 .2 wks. of gestational age with full term normal delivery was admitted in AVBR Hospital with the complaint of pain in abdomen and increased the fetal movement on date 4/01/2020 and she delivered female baby on date 6/01/2020 and the baby weight was 2.8 kg at 1:40 am now her complaint was pain on suture side and weakness.. Before pregnancy the patient menstrual cycle was regular 28 days of cycle and duration was 3-4 days

and Last menstrual period was 11/04/2019 and Expected date of delivery was 16/01/2020.

Mrs. Nikita Matram has a previous history of abortion after marriage of four month & two and half month of baby was aborted. That time dilatation and curettage was done. She has not used any contraception method & no any medical history like DM, Hypertension, TB, Asthma. She lives in joint family in their family five member are living together including newborn 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 was 25000/- per month. Mrs. Nikita 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 unhealthy, conscious, Body built thin, Posture erect, hygiene was good. General parameter height was 154 cm, weight 45 kg. Vital sign is Temperature 98°C, Pulse 84 b/m, Respiration – 20 b/m, BP – 120/80 mmHg. 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:

- **CBC**

Hb 12.7 gm %

Total RBC 3.92 million/cu mm

Total WBC 13900 cu.mm

Total platelet counts 2.69 lacs/cu.mm

- **LFT**

SGPT 17

SGOT 31

Albumin 3.6 g/dl

- **USG –**

Fetal no. – single

Lie – variable

Placenta – anterior, grade –II

Presentation – variable

Fetal movement – present

Liquor – adequate

Impression of USG – single intrauterine live fetus of average gestational age of 27 weeks 1 day and corresponding to weight of 999GMS.

The 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 infection, Inj. C-Tax 1 gm, I.V., B.D., Action - C Tax 1gm Injection is an antibiotic medicine used to treat bacterial infections in your body. It is effective in infections 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 10 IU. 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 labor.

If any complication occurs during normal delivery than patient refer for lower segment Caesarian 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 newborn. 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 informed to the doctors. Immunization of baby follow up is necessary.

Discussion

Present case reveals that the antenatal patient come in hospital with the complaint of pain in abdomen and increased the fetal movement on date 4/01/2020 and she delivered female baby on date 6/01/2020 and the baby weight was 2.8 kg at 1:40 am now her complaint was pain on suture side and weakness. After delivery mother and baby was normal Apgar score was ten and baby was kept with mother in same bed it will help to initiate breast feeding, thermoregulation, create bonding between mother and child, mother learn how to provide

the care to baby etc. after that pain was managed by painkiller. Condition of baby and mother was good.

Most broadly, the phrase 'natural life' in scientific research and healthcare 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 outcomes 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 period 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 per cent of singleton birth is pre-term and 10 per cent of all births are post-term. As a result, nearly 80 per cent of babies are born on even a full-term basis, but only 3-5 per cent of births arise mostly on expected delivery date.⁴

Healthcare offers patient care, encourages convenience, listens to emotional needs through a comprehensive wellbeing paradigm, and teaches nutrition or self-care. Even so, in today's popular health care 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 caregivers 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 or 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 diagnostic and treatment modalities were reviewed⁶⁻⁷.

Conclusion

After delivery mother and baby was normal. Apgar score was ten at birth. Condition of baby and mother was good after pain management pain was reduced.

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Conflict of Interest: Nil.

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