ORIGINAL RESEARCH PAPER

Volume - 12 | Issue - 04 | April - 2023 | PRINT ISSN No. 2277 - 8179 | DOI : 10.36106/ijsr

INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH

RECOGNIZING AND MANAGING OF OBSTETRICS EMERGENCIES A CASE ON SHOULDER DYSTOCIA WITH PRIMARY POSTPARTUM HEMORRHAGE AND BIRTH ASPHYXIA: IMPROVING MATERNAL AND NEONATAL OUTCOMES.

Obstetrics & Gynaecology

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KEYWORDS

Recognizing, managing, obstetrics emergencies

The Context: Shoulder dystocia is a medical emergency that occurs during childbirth when the baby's shoulders become stuck behind the mother's pelvic bone. This can cause complications such as nerve damage, fractured bones, and lack of oxygen to the fetus which can lead to birth asphyxia and postpartum hemorrhage. Treatment options may include repositioning the mother, maneuvers, using forceps or vacuum extraction, or in severe cases, performing an emergency C-section. Primary postpartum hemorrhage (PPH) is a significant loss of blood during or after childbirth. It is defined as losing more than 500 ml of blood after a vaginal birth or more than 1000 ml after a C-section. PPH can be caused by a variety of factors such as uterine atony, trauma, tissue and thrombin. Treatment options may include medication to help the uterus contract, fluid resuscitation, blood transfusions, and surgery if necessary. Birth asphyxia occurs when a newborn baby does not receive enough oxygen during birth. This can lead to brain damage, organ failure, and even death. Causes of birth asphyxia can include umbilical cord compression, maternal hypertension, or prolonged labor. Treatment options may include providing oxygen, resuscitation, and in some cases, therapeutic hypothermia to reduce the risk of brain damage. Early intervention is critical in improving outcomes for babies with birth asphyxia.

About The Mother: Mrs. XXX, 25 years, primigravida, gestational week 38 weeks from Danapur Patna, admitted with true labor pain, she looks anemic, dehydrated, Hb -9.8g/dl. She did 2 antenatal checkup and got 2 doses of Inj.TT.She was accompanied with her mother and other 4 members. During second stage of labor, after delivered of head, the baby head fail to restitute and turtle sign present and after delivery of baby bleeding appx. 1000 ml as evidenced by soiled clothes and baby failed to establish respiration.

Care Given By Midwife: During clinical posting period as a Tutor to supervise and give hand on training to Final Year B.Sc. (Hons)Nursing students, I conducted this case and got opportunity to demonstrate different maneuvers to manage shoulder dystocia case, Postpartum Hemorrhage and Neonatal resuscitation to students. One of my student conducted the delivery under my supervision but after failure of restitution and turtle sign I decided to conduct however before conducting the delivery I was feeling hesitation to conduct the case as it was not my hospital, it took me few seconds to decide, after proper explanation by staff nurses and students to 5 family members and client, we allowed client's mother to be with client during the delivery but after she saw the baby shoulder got stuck, she called whole family members inside the labor room but the assigned ASHA explained to the family member that “Madam is expert I witness her conducting many complicated cases”. During the whole process the maintenance respectful maternity care, the family members thought that the delivery was conducted by student that the reason of whatsoever happening. Client folded her hands and asking me to save me and her baby. I explained to cooperate and follow my instructions to client for early come out from the complication and added that we were there to assist her after that the anxiety level of the patient and mother subside to some extent. Management of Shoulder Dystocia, at first, positioned the client in Mc Robert position, gave suprapubic pressure and performed Rubin maneuver. It took around approx. 2 -3 minutes to deliver the shoulder and instructed other to get ready with resuscitation as baby failed to start respiration ,pulse rate -70 bpm,baby weight 3800 gram and after the delivery patient started having continuous bleeding so for Management of PPH at first aortic compression, emptied the bladder with help of urinary catheterization, oxygenation through mask 6L/min. started fluid resuscitation Inj. Oxytocin 10iu IM,20IU +RL 500ml @40-60 drops per minute, fundal massage, plain RL 1500ml and Inf Haemacel 500ml, Tab Misoprostol 600 mcg, Cap Ampicillin 1gm BD, Tab Metrogyl 400mg TDS, Inj.Gentamycin 80 mg OD. Management of Birth Asphyxia was done by another staff nurse of the Hospital, she did initial resuscitation and PPV for 1min 30 secs after initiation of respiration and pulse rate -130 bpm shifted the baby to tertiary hospital for further investigation.

Means Of Communication Used

1. **Call out for help:** at the time of emergency situation in this case Shoulder dystocia, PPH and Birth Asphyxia.
2. **Thinking out loud:** Doing performing maneuver, giving medication
3. **Check Back:** Clarify dose of Inf oxytocin and tab misoprostol, fluid calculation.
4. **SBAR (Situation, Background, Assessment and Recommendation):** While explaining to doctor about the condition and situation of patient, history, report of assessment done and any recommendation by doctor.

Expression Of The Mother And Family: Family members said that “You are angel sent by God to save the lives of Mother and baby".

Challenges Faced And Suggestions For Care: Difficult to control the family attendant, all the attendants want to be inside the labor room. Oxygen concentrator was used so it was taking time to setup. Labor room was not maintained according to the protocol. Taking time to transfer the Baby. No facility to give prior information to tertiary hospital.

CONCLUSION

The case emphasizes the importance of early intervention and effective communication, team work in managing obstetric emergencies and improving maternal and neonatal outcomes.

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