

Case Presentation

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BscN/CCN

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Demographics

- Name: B/o KP
- Age: 2Hrs
- Bwt: 1.1kg
- Sex: F

History

- B/o KP delivered by EMCS secondary to pre-eclampsia at 32 WOG with bwt-1.1kg.
- A/S- $7^1 \ 9^5 \ 10^{10}$.
- Baby was referred to NICU for further management due to LBW.

Family social history

- Neonate born to a TRRK mother (sero positive on ART for 2years)
- The older sibling is a 4yr old male, who is healthy and achieved all developmental milestones on time.
- Father is a new partner, recently married the mother a year ago. His sero status is unknown and he is unaware of the wife's status as well.

On Examination

- Premature, weighing 1.1kg. Pink baby with no growth abnormality. Temp 36.0°C. (JACOLD)⁰
- CNS: Moro reflex-present, rooting reflex- present, weak suckling reflex, moving all limbs actively.
- CVS: hearts sounds 1 & 2 heard, no murmurs, PR-165b/m
- RS: mild respiratory distress, RR-78b/m, Spo2-88% on RA
- GIT: Abd soft, normal fullness, no organomegally, normal bowel sounds heard-unremarkable

Plan of management

- Administer 0.5l/min oxygen therapy via NP, ...sats> 93%
- Warm baby-temp... later 37.0⁰C
- IV D10
- IV aminophylline
- Syrup Nevirapine

Concerns

- The mother requested health workers on ward not to disclose her sero status to the husband.
- On DOL 2, during the ward round, the father inquires about the daily morning syrup given to the baby and what it is for?
- One of the nurses during shift hand-over asks the father “Is the mother is on HIV medication?”

Reflection

1. Is it ethical to keep the mother's sero status concealed?
2. Do we need permission from the mother to disclose her sero status?
3. Would it be ok to lie to the father about the syrup?
4. What harm can this cause to;
 - a. neonate?
 - b. mother?
 - c. family ?
5. Would it be professional to communicate sensitive information in an open environment?

THANK YOU