

ESSENTIAL NEWBORN CARE

CASE PRESENTATION

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BIODATA

NAME: B/o K A, 1st twin

DOB: 13/06/25 (1600hrs)

GA at birth 32W1D

EDD 7/08/25

Age: 6HRS 40 MIN

Sex: M

DoA: 13/06/25 (2240hrs)

Duration of Hospital stay:

NoK: K A

Address: Kabingo B, Buremba
Kazo District (91km-2hr)

PRESENTING COMPLAINT

❖ WEAK CRY AND DIFFICULTY IN BREATHING X6HRS

HISTORY OF PRESENTING COMPLAINT

- ❖ MOTHER (K.A) was home alone when suddenly she had spontaneous gash of liquor and precipitate labor, delivered twins and 1 placenta on the floor.
- ❖ She immediately wrapped them in a cloth and run to the neighborhood to call her mother who came and tied the cords and cut using a new razor blade. Both twins had a weak cry but had difficulty in breathing
- ❖ Grand mother, mother and babies rushed to a health facility in Ibanda, where after taking a brief look at the babies, told them to proceed to MRRH since they cannot manage their condition.
- ❖ The 2nd twin was later noted to be bleeding from the cord and continued to deteriorate and died on the way to MRRH.

MOTHER

- ❖ 31yr old para 6 +0
- ❖ Attended ANC 3times, Booking ANC at 2mths GA, at a HC II
- ❖ 3rd ANC was 3 days prior to delivery, where she had an open cx with no contractions and advised to do bedrest at home.
- ❖ Negative syphilis and HIV
- ❖ No h/o gestational HTN, DM during pregnancy
- ❖ Managed for simple malaria at 3 mths GA with A/L
- ❖ Received IPT, TT, Meb and Fefo. No corticosteroids prior to delivery.
- ❖ On arrival, mother had PPH and was stabilized in Labor ward.
- ❖ Baby did not breast feed on day 1.

EXAMINATION OF 1ST TWIN AT ADMISSION

- ❖ Airway patent

- ❖ vitals

 - T 36.1, HR 162, RR 66, SPO2 88% ROOM AIR,

 - Then HR 160 RR 56, SPO2 99% on CPAP

- ❖ Weight 1.6kg

- ❖ GENERAL EXAM: Pink, active, weak cry on stimulation, flat fontanelles, no facial or other deformities, normal limbs and spine, patent anus

EXAMINATION OF 1ST TWIN AT ADMISSION

- ❖ RESP: In distress with tachypnea, nasal flaring, xiphoid and sternal retractions, reduced air entry with no crackles both lungs.
- ❖ CVS: Warm peripheries, cap refill 2sec, regular full volume pulse, hs1&2 +0
- ❖ ABD: Soft. No defects, no masses/ organ enlargement, normal genitalia, CORD: tied with a crocheting thread, not bleeding, not smelling.
- ❖ CNS: normal tone, normal reflexes, weak suckling reflex

Diagnosis at admission

❖ Very preterm 1st twin with RDS

MANAGEMENT AT ADMISSION

- ❖ Started ordinary bubble CPAP at PEEP 7cmH₂O (100% oxygen)
- ❖ Provided warmth by radiant warmer
- ❖ Prophylactic antibiotics x 5/7 (ampicillin and genta)
- ❖ Cord care
- ❖ IM vitamin K 0.5mg stat
- ❖ T.E.O in both eyes
- ❖ Trophic feeds initiated by spoon
- ❖ Fluids (dextrose 10% at 60ml/kg/24hours)
- ❖ AOP prophylaxis - Caffeine 20mg/kg loading, then maintenance 5mg/kg once daily
- ❖ Vital signs monitoring.
- ❖ Then baby was transferred to NICU
- ❖ Planned linkage to vaccination services