

Case Presentation

Dr. Stephen Loro

Biodata

- Name: B/O MM
- Age: 2 days
- Sex: M
- Add: Ruboronguta, Kyamusini, Isingiro District
- NOK: MM (Mother)
- Referral from: Rwekubo HCIV
- DOB: 5th April 2025 (11:20pm)
- DOA: 5th April 2025 Time of Admission: 8:00am

Mother's details

- Name: MM
- Age: 38years old
- Parity: 2+1
- Status: Married
- LNMP: 4th July 2024
- WOA: 37Weeks

Presenting Complaint

- DIB immediately after birth
- Inability to breastfeed after birth

HPC

- 2 days old delivered by EmCS at 38WOA due to prolonged labour and 1 Previous scar (>3years)
- BWT: 3.1kg
- Reported Apgar (from referral site): 5 (at 1min), 7 (at 5min)
- Mother however reported the baby never cried and required resuscitation though she did not see exactly what was happening, but was put on oxygen therapy immediately following birth
- Baby was delivered by EmCS following prolonged labour lasting more than 24hours without any progress (partograph could not be traced)
- Decision to do CS was taken after realization of a face presentation on V/E

Cont...

- Baby was delivered and referred to MRRH due to DIB
- On admission child had worsening DIB, with laboured breathing and fast breathing, with episodes of stopping to breathe requiring few minutes of BVM ventilation
- Could not breastfeed, and had little active movements
- 2 hours following admissions, baby developed generalised convulsions
- No fevers

ROS

- Baby had bruises on the face
- Passed meconium few hours after birth
- Passing urine normally
- No vomiting or abdominal distention
- No yellowing of the eyes
- No bleeding

ANC

- Pregnancy was planned
- Attended ANC 5x, first booking at 1 month
- HIV-Neg, Syph-Neg, Hep B-Neg
- P 2+1
- Received routine medications
- Mother had not received Tetanus Toxoid
- No evidence of any antenatal ultrasound scan
- Had otherwise an uneventful Antenatal period

Perinatal

- Prolonged labour (more than 24hours without progress)
- Membranes were ruptured less than 12 hours before delivery
- Had a face presentation discovered on V/E
- Done EmCS due to prolonged labour and 1 PS
- BWT 3.1kg, ? Apgar (5, 7)
- Needed oxygen therapy
- Not able to breastfeed

Past Obstetric history

- P 2+1
- First pregnancy baby is now 3years 9months old, healthy girl.
Delivered by EmCS due to Big baby (4kg) and poor progress of labour
- Second pregnancy: had a first trimester miscarriage (reason unknown)

Family social

- Mother is married to a supportive husband
- Live together
- No chronic illnesses in the family

Examination

- Vitals: T- 37.0 RR: 70cpm PR 165bpm Spo2 70 (RA)
- Sick looking floppy child, afebrile (37.0), not pale or jaundice, not edematous, no obvious dysmorphic features
- Has bruises on the face with mild edema, no active bleeding
- RS: laboured breathing with severe chest indrawing, intercostal and subcostal recession, equal air entry and no crackles or wheezes.

Cont...

- CNS: normal head shape and size (36.9cm), normal fontanelle size, not bulging, reduced movements in all limbs, very weak cry, poor primitive reflexes (Moro, grasp), hypotonic, no active convulsions, no suckling reflex. Pupils (2mm), reactive sluggishly to light
- PA: Normal fullness, clean umbilical stump, soft, nontender, no distension, patent anal orifices with meconium stains. Normal genitalia
- CVS: warm extremities, CRT=1sec, rapid pulse full volume, normal heart sounds and no murmurs
- Other systems: unremarkable

Impression

- Birth asphyxia with HIE III
- Neonatal sepsis

Treatment

- Oxygen therapy (CPAP)
- Phenobarbital (loading and maintenance)
- Antibiotics (Ampicilin+Gentamycin)
- IV Dextrose first 2days, then NNF thereafter
- Counselling of the parents
- BVM ventilation PRN (For Apnoeic episodes)

Follow Up

- The DIB kept improving but child developed aspiration pneumonia which is being managed. Desaturates off oxygen
- The hypotonia and weak breastfeeding improving currently able to breastfeed. Still has a weak cry
- Family were counselled on prognosis and possibility of disabilities
- Physiotherapy