CASE PRESENTATION BIRTH ASPHYXIA

PRESENTER :DR NAMPIJJA CISSY

MEDICAL OFFICER –SFHN

38/YR N.M

Obstetric history.

G2P1+0 came in from home in active stage of labor with a 2 days history of reduced fetal movement.

On assessment she was 8cm with moderate contractions.

ARM was done and noted meconium grade 3 and fetal distress with fetal bradycardia of 100-70bpm on a CTG.

Decision to do EMC/S was made and mother consented.

NRT was informed.

Preparation,

Prepared for the resuscitation, went through equipment checklist, and prepared the equipment required for the resuscitation.

(baby packs, switched on radiant warmer, suction and bulb syringes, ambubags tested functionality, masks appropriate size, oxygen and prepared warm transport and also informed NICU of a possible admission.)

B/O N. M
DOB 18/05/2025
Term male baby delivered by EMC/S due to NRFH (fetal bradycardia) and MSL3)
Intra-operatively noted an impacted head in the pelvis –difficult delivery.
Delivered a blue baby, floppy and un responsive.
Bwt-3.2kg, A/S 2 4 7
-required extensive resuscitation in the delivery room (warmed, positioned, suctioned, dried and stimulated, initiated positive pressure ventilation via BMV for about 5minutes , intubated with a 3.5mm ETT continued PPV for about 4minutes, baby gained spontaneous breathing, extubated and initiated on CPAP at a PEEP 7cm H20.
Spo2 96% on CPAP, PR 155bpm, temp 36.9 RR- 76bpm
Informed NICU to prepare for receipt of the baby and then later transported to the unit using warm transporter.

INITIAL ASSESSMENT

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- **Noted** – baby had 2 episodes of convulsions characterized by –upward rolling of the eyes with hyper extension of both the upper and lower limbs.

O/E

- Baby was pink, less active, afebrile with a temp 37.1not pale and not jaundiced, RBS- 1.6mmol/l.
- R/S – RR-70bpm, SAS – 2/10 sp02 99% on BCPAP PEEP 7cm H20 equal air entry bilaterally chest clear
- CVS- warm extremities, CRT <3s HR- 145bpm HS 1 and 2 heard normal
- CNS- HC -33.1cm, anterior fontanelle normotensive sutures well apposed, with partial Moro reflex, suck-bites, poor grasp reflex, hypertonia in all limbs. Thompson score 9/22
- P/a –normal fullness, soft no palpable organs normal male genitalia.

Imp- term baby with 1.moderate HIE

2. MAS

3. Hypoglycemia

PLAN

- Load iv phenobarbitone 20mg/kg -64mg
- Bolus iv D10% 3ml/kg
- Initiated on therapeutic cooling
- Iv gentamycin 16mg od
- Iv ampiclox 160mg bd
- Keep BCPAP
- TFI -40ml/kg –iv D10%-11mls/ 2hrly
- Do PT/INR APTT, blood grouping.
- Do CBC, CPR at 24hours of life.
- Monitor vitals hourly

noted results

Blood group A +ve

PT – 23.50 , INR -1.892, APTT- 55.6

PLAN – Iv vit k 1mg od

- transfuse with 58mls of FFPS

- Summary
- Was admitted for 15 days and later discharged.
- Had therapeutic cooling for 3 days For the Moderate HIE
- Managed for Persistent pulmonary hypertension of the new born on sildenafil and Bosentan –resolved.
- Managed for coagulopathy received FFPS X 3 and vit k –resolved.
- Managed for neonatal sepsis- iv xpen, gentamycin, amikacin and Meropenem.
- Managed for hyponatremia – resolved with Normal saline infusion.
- At discharge, the Thompson score -0/22, had reached full feeds and was able to breast feed well, was to be followed up in the neonatal follow up clinic.

- Currently baby is 3/12, doing well. Able to breastfeed well, passes stool well, is active with a good social smile.

THANK YOU!