



National Neonatology Forum

Gujarat State Chapter



Neonatal Pathshala

PG Case Presentation – Extreme Low birth weight newborn.

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Introduction

- B/O XYZ, a 37 days old male born on 12th December, 2021 at 2:18 pm by caesarean section in outside hospital with birth weight of 720 grams and gestation age of 25+6 weeks.
- Mother's LMP was on 14th June, 2021 and EDD was on 21st march, 2022.
- Baby is shifted to our NICU and admitted for RDS and Preterm care.

Antenatal History

- Baby is born to a 26 years old Primi mother.
- She conceived by IVF , 6 years after active marriage life.
- Registered pregnancy at outside hospital.
- Mother's blood group is B positive.
- **1st TRIMESTER:**
- Folic acid taken regularly.
- all scan and reports were normal.

▶ **2ND TRIMESTER:**

- Quickening felt
- Both iron and calcium taken regularly and 1 dose of TT vaccine taken. Anomaly scan was normal.
- At 22nd weeks mother was admitted for leaking PV and bulging of membranes.

3RD TRIMESTER:

- Fetal movements felt normally.
- Medications taken regularly and growth scan was normal.
- At 26th weeks of gestation mother had premature labor pain and usg s/o open internal os, bulging membrane and high resistance flow in UA with lost diastolic flow.
- LSCS was done at 25+6 weeks of gestation.



Natal History

- Premature labor pain started on 12th dec, 2021 at 9 am.
- 3 steroid were given to mother 4 hours before delivery.
- A Preterm live male baby delivered in vertex presentation by LSCS on 12th dec, 2021 at 2:18 pm in outside hospital.

Postnatal History

- Baby was delivered at 25+6 wks gestation to premature labor pain was received in plastic bag and kept under radiant warmer.
- Baby was intubated and shifted to our unit and kept on conventional ventilator.
- Surfactant was given at 2 hours of life.
- At 12 hours of life started double surface phototherapy.
- **2ND DOL:**
- Head ultrasound and usg abdomen done was normal.
- 2DECHO s/o PDA, Inj febrinil started for 5 days.
- Started trophic feed at 8 ml/kg/day preferably mother's milk.

▶ **4TH DOL:**

- weaned on Duopap.

At present

- Baby is on NCPAP and giving feeding by RT at 133 ml/kg/day and TPN at 2 gm/kg/day.
- Till date baby was transfused 5 Units of PCV.



Family History

- Mother's age- 26 yrs
- Father's age- 28 yrs
- Married since 6 yrs
- Non consanguineous marriage
- No h/o any hereditary disease or major illness.

Summary

- ▶ A preterm 25+6 weeks male baby of 720 gms born by LSCS, admitted in NICU for RDS, preterm care, neonatal hyperbilirubinemia, anaemia of prematurity.



Examination

▶ GENERAL:

- Preterm male baby sleeping in flexion position in nesting with pink in color, euthermic.
- NCPAP/PSV: Fio₂-25%, PEEP-5, PSV-5.
- Pallor present, no cyanosis/icterus.

VITALS:

- PR: 160/min, regular in rhythm, no radio-radial/ radio-femoral delay, peripheral vessels well felt.
- RR: 56/ min, abdomino-thoracic type.
- SPO₂: 94 in rt upper limb, 95 in rt lower limb. On NCPAP.
- Temp.: 36.7 F, on servo mode, radiant warmer.
- CRT: < 3 secs

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- ▶ **ANTHROPOMETRY:** as per fenton's chart
- Birth weight: 0.720 kg (AGA)
- HC: 23 cms (AGA)
- Length: 34 cms (AGA)

HEAD TO TOE:

- Normal except Pressure sore over nasal bridge.
- Spo2 probe in right upper limb.

Systemic examination

▶ RESPIRATORY SYSTEM:

- b/l symmetrical, equal movements, clear and equal air entry.
No added sounds.

ABDOMEN:

- Soft, nontender, umbilicus in midline, no organomegaly, present bowel sounds, probe for warmer present.

CARDIOVASCULAR SYSTEM:

- No precordial bulge, apex impulse present at 4th intercostal space just outside midclavicular line, BP not measured, s1s2 present, no murmur.

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CENTRAL NERVOUS SYSTEM:

- ▶ 1: normal
- ▶ 2: blinking present, normal pupillary reflex
- ▶ 3,4,5,6: not tested
- ▶ 7: no facial symmetry/
deviation of mouth
- ▶ 8-12: not tested.

- ▶ REFLEXES:
- ▶ Startle's, grasp present.
- ▶ Rest not tested.

▶



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- ▶ Ballard
- ▶ Neuromuscular- 9
- ▶ Physical- 4
- ▶ Total- 13(10-15)
- ▶ 28-30 weeks gestational age.



Diagnosis

- ▶ A 37 days preterm 25+6 wks, CGA 31+1 wks, male baby AGA born by LSCS with birth weight 0.720 kg is on NCPAP/PSV for RDS, neonatal hyperbilirubinemia, anemia of prematurity.