



- **Table of Contents:**

- Demographic Data.....2
- Chief Complaint.....2
- History of Present Illness.....2
- History of Current Pregnancy.....3
- Past Obstetric History3
- History:
 - ✓ Menstrual History.....4
 - ✓ Gynecological History.....4
 - ✓ Past History.....4
 - ✓ Family History4
 - ✓ Current Medications4
 - ✓ Immunization4
 - ✓ Allergy4
 - ✓ Psychosocial History.....4
- Systemic Review.....5
- Vital Signs and Investigations6
- Summary of History.....7
- Personal Reflection7



Demographic Data			
Name	S.E.H	Parity	G2, P1, A0
Age	30 years	LMP	21/01/2016
CPR	85120****	EDD	02/11/2016
Nationality	Bahraini	Gestational age	35 weeks
Religion	Muslim	Date of History	09/10/2016
Occupation	Housewife	Place of History	KHUH
Marital state	Married	Consultant	Dr. Samy
Duration of marriage	12 years (since 2004)	Ward; Room	3C; 351B

- **Chief Complaint:**

- S.E.H was referred from antenatal clinic and admitted to the hospital for elective CS because she was diagnosed with placenta previa (notice that she is pregnant with twins → via IVF).

- **History of Present Illness:**

- S.E.H was admitted to the hospital to be booked for elective CS because she has placenta previa. She has no pain and no bleeding. The patient was diagnosed with placenta previa 5 days before Ramadan when she experienced painless bleeding. She came to KHUH-emergency where ultrasound was done to confirm the diagnosis (the patient is pregnant with dizygotic twins and one of the two placentas which are present was found to be previa and covering the internal os but the baby was fine). The patient was admitted to the hospital where she stayed for 5 days and was given progesterone. Then, S.E.H was discharged home. After 4 days, she came back to the hospital because she noticed a vaginal secretion (dark-brownish blood). She was told that this is a clotted blood which remained from the last episode of bleeding and her condition was normal.



- **History of Current Pregnancy:**

- S.E.H got pregnant through IVF which was done on 02/02/2016 in Barakat Hospital because her husband has weak sperms (asthenozoospermia). Currently, she is pregnant with dizygotic, dichorionic, diamniotic twins.
- The patient went for her first antenatal visit 1 month after the IVF in Arad Local Health Center where she was referred to KHUH and started her antenatal follow-up there.
- On her first antenatal visit, ultrasound was done, blood pressure and sugar were checked, CBC was done and a urine sample was taken for urine analysis.
- In her 1st trimester, S.E.H had exaggerated hyperemesis gravidarum but no medications were taken to manage her condition.
- Quickening was felt at the beginning of her 5th month (nearly 17 weeks). S.E.H was diagnosed with UTI during this pregnancy and was given an antibiotic (Zinat) for 5 days and she recovered.
- Ultrasound is fine. She is pregnant with two baby boys; one weighs 2.3 kg while the other weighs 2.5 kg. She was diagnosed with placenta previa in her 5th month. There are no other complications during the pregnancy.

- **Past Obstetric History:**

Year of birth	Gender	Weight	Mode of Delivery	Place	Breast-feeding
2007 (IVF in Barakat Hospital)	Female	Patient doesn't remember	CS (due to fetal distress)	SMC	Breast-fed

- There were no complications during this pregnancy. She got pregnant through IVF due to the same problem with her husband (asthenozoospermia) and after noticing that she did not conceive after 3 years of marriage without use of contraceptive methods. The baby had fetal distress during delivery so the mother was shifted to CS.



Menstrual History	S.E.H had her first menstrual period when she was 14 years old. Her period is regular and lasts for 6-7 days. The amount of bleeding is normal and sometimes clots are noticed. She experiences mild abdominal pain with her period which is managed by (Panadol).
Gynecological History	She has normal vaginal secretions between her periods. The discharge has no color, no odor and there is no itchiness. No pain is associated with the discharge. She did not use any contraceptive method before.
Past Medical History	<ul style="list-style-type: none">• There is no History of past surgical procedures.• The patient used to have asthma (when she was a teenager) but not having the attacks anymore.• S.E.H has no other chronic medical conditions or genetic diseases but her husband has low-activity G6PD.• The patient did not receive any blood transfusions before.
Family History	Her mother has hypertension and her father has both hypertension and type-II diabetes mellitus. In addition, her brother has type-II diabetes mellitus. There is a history of twins in family.
Current medications	Hemovit (iron), folic acid and calcium with vitamin D
Immunization	She is fully immunized
Allergies	She has no allergy to food or medications
Psychosocial history	S.E.H is graduated from elementary school and she is a housewife. She lives in an apartment with husband and daughter. Both of them are non-smokers and non-alcoholics. There is no history of recent travel. She doesn't own pets.



Systemic Review	
CVS	No ankle swelling, no SOB, no PND sleeps on 1 pillow, no chest pain and no palpitations.
Respiratory	No cough, sputum, hemoptysis or wheezing
Gastrointestinal	A mild constipation that started from the beginning of her pregnancy but is regressing now. There is no loss of appetite, no heartburn, no hematemesis or dysphagia.
Genitourinary	There is no difficulty in urinating or hematuria. Sometimes there is urgency but there is no incontinence.
CNS	No syncope, no seizures, no difficulties in walking, no visual disturbances or hearing loss
Musculoskeletal	No joint pain, no back pain, no stiffness or joint swelling.
Endocrine	There is no excessive sweating, no heat or cold intolerance



- **Vital Signs and Investigations:**

Vital signs	
Temperature	36.7 C
Pulse	68 beats/ minute
Blood pressure	130/86 mmHg
Respiratory rate	18 breaths/min

Investigations	
WBCs	5.92 x 10 ⁹ /L
RBCs	5.5 x 10 ¹² L
Platelets	116 x 10 ⁹ /L
Hb	11.9 g/dL
Hct	38.7%
MCV	70.4 fL
MCH	21.6 g/dL
RDW	15.6%
Polymorphs	62.9%
Lymphocytes	25.7%
Monocytes	6.6%
Eosinophils	4.6%
Basophils	0.2%
HBsAg	Non-reactive
Anti-HBs	> 1000 miu/ml
Anti-HCV	Non-reactive
Syphilis	Non-reactive
HIV-screening	Non-reactive
Antirubella IgG	153.4 miu/ml
Sickling	Negative
G6PD	313.69 μ/dL



- **Summary of History:**

- S.E.H is a 30 years old Bahraini lady, G2 P1 A0, 35 gestational weeks who was admitted to the hospital due to placenta previa (pregnant with dizygotic twins through IVF) and was booked for elective CS.

- **Personal Reflection:**

- Placenta previa is suspected when there is a painless bleeding during late pregnancy (this is what was experienced by the patient during her 5th month of pregnancy).
- **The characteristics by which you can diagnose placenta previa include the following:**
 - ✓ lower segment placental implantation.
 - ✓ Transverse fetal lie (malpresentation).
 - ✓ No uterine contractions (uterus is relaxed).
 - ✓ The condition is confirmed by ultrasound.
- **Bleeding occurs when the lower uterine segment stretches resulting in avulsion of anchoring villi.**
- **There are three types of placenta previa:**
 - ✓ Grade-I: marginal (close to the internal os).
 - ✓ Grade-II: partial (partially covering the internal os).
 - ✓ Grade-III: complete (completely covering the internal os).
- **Risk factors for placenta previa include:**
 - ✓ Multiple pregnancy (representing the condition of this patient).
 - ✓ Previous placenta previa.
 - ✓ IVF (also can be applied on this patient).
- **Management of placenta previa is: cesarean section.**