

Name	Anitha Raghunathan	Age / Sex	29 / F
UHID	SMH/2025/124455	IP No.	IP-25-11208
Date of Birth	04 Nov 1995	Ward	Semi-private ward (2 beds)
Admitted	14 Oct 2025	Discharged	18 Oct 2025
Consultant	Dr. Meenakshi Iyer, MD (Obstetrics & Gynaecology)		

FINAL DIAGNOSIS
Term pregnancy, 39 weeks, previous one caesarean section, in early labour (ICD-10: O34.21)

PROCEDURE PERFORMED
Emergency lower segment caesarean section (LSCS) under spinal anaesthesia on 14 Oct 2025
Surgeon: Dr. Meenakshi Iyer, MD (Obstetrics & Gynaecology) · Anaesthetist: Dr. Sanjay Bhatt, MD (Anaesth.)

PRESENTING HISTORY
29-year-old, G2P1L1, at 39 weeks of gestation with one previous caesarean section, presented in early labour with irregular contractions and spontaneous rupture of membranes.

EXAMINATION ON ADMISSION
Vitals stable. Uterus term, cephalic presentation. Cervix 3 cm dilated. CTG showed recurrent variable decelerations. Previous lower segment scar clinically intact.

INVESTIGATION	DATE	RESULT
Complete Blood Count	14 Oct 2025	Hb 10.8 g/dL, platelets adequate
Blood group and Rh	14 Oct 2025	B Positive
Ultrasound obstetric	14 Oct 2025	Single live intrauterine gestation, 39 weeks, cephalic, AFI adequate
CTG	14 Oct 2025	Reactive at admission; recurrent variable decelerations in early labour

COURSE IN HOSPITAL
Admitted in early labour with a previous caesarean scar. In view of recurrent variable decelerations on continuous CTG, an emergency lower segment caesarean section was performed under spinal anaesthesia. A live female baby weighing 2.94 kg was delivered, with Apgar 8 and 9 at one and five minutes. Intra-operative blood loss was approximately 600 mL. The mother's post-operative recovery was uneventful; the baby roomed in and breastfed well. Both were discharged on the fourth day in good condition.

DRUG	DOSE	FREQUENCY	DURATION
Tab. Cefuroxime 500mg	500 mg	Twice daily	5 days
Tab. Paracetamol 650mg	650 mg	Thrice daily	5 days
Cap. Ferrous ascorbate + folic acid	1 cap	Once daily	3 months
Tab. Calcium carbonate 500mg	500 mg	Twice daily	3 months

ADVICE ON DISCHARGE
Exclusive breastfeeding. Wound care on alternate days. Avoid heavy lifting for six weeks. Iron and calcium to continue for three months.

REVIEW: Obstetrics OPD on 25 Oct 2025 for suture removal. Newborn immunisation as per schedule.
Condition at discharge: stable, afebrile, ambulant, tolerating orals. Report immediately for fever > 100°F, wound discharge, or persistent vomiting.

