

Mid Site Evaluation H&P
History and Physical Rotation 5
Name: Abd-Manaaf Bakere
Rotation 5: OBGYN
Date: 06/04/2024
Rotation Location: Woodhull.

Name: M.S
DOB: xx/xx/96
Age: 27 y/o
Address: Flushing Ave NY
Date/Time: May 22,2024, 9:43 AM
Location: Woodhull hospital
Source of Information: Self
Reliability: Reliable
Preferred Language: Russian
Interpreter: #30190

Chief complaint: “ I have been having contraction since 3 AM”

History of Present Illness:

M.S is 27 y/o. G1P0000 39w6d with no significant PMHx of presents with her husband to OB triage complaining of contractions since 3 am. She reports loss of mucus plug ~7 am with some light spotting. She admits positive fetal movement. Her EDD estimated date of delivery is 5/23/24. Patient's last menstrual period was 08/17/2023. Found to be in active labor. Patient requests epidural for pain management. Weight from last encounters (05/21/24) is 62.5 kg (137 lb 11.2 oz). BP range during Prenatal course 116/82, 118/80, 113/78, 113/76, 111/72, 114/76, 111/78. Patients denies loss of fluid, bleeding like period.

Significant problem list

Hospital

Normal labor 5/22/2024 5/22/2024

Non-Hospital

Pregnancy 3/19/2024

Initial labs within normal limits or in problem list, sig for
Elevated GCT, normal GTT x4 values @32wks
Carrier positive Cystic Fibrosis,

NIPS low risk

Anat sono at 31wks normal, post placenta, EFW 81%
Growth sono 3378g/81% at 37wks HC 78% AC >97%

Pap NILM 03/2024

Birth: husband to support

Feeding: intends BF, pump ordered

Contraception: counseled options, undecided
PP: has baby supplies, husband to support, no return to work plans
Natural labor supportive measures and activities discussed
Vaginitis affecting pregnancy, antepartum 3/26/2024

Past Medical History
No past medical hx on file

Past Surgical History:

- APPENDECTOMY- complicated by peritonitis 2000
- BREAST LUMPECTOMY- benign fibroadenoma Right 2022
- SEPTORHINOPLASTY 2022

Allergies

No Known Allergies

Immunization:

Uptodate

Tdap 4/9/24

Social History: Denies intimate partner violence, drug/alcohol/tobacco use.

PSYCH History: Denies history mental illness/depression

Review of Systems

General: Denies weight changes, fevers, weakness, fatigue, night sweats, chills, body aches.

- Skin: denies rash, sores, lumps, itching, color changes, hair, nails
- Head: **Admits nausea**, denies trauma headache, vomiting, dizziness.
- Eyes: Denies glasses/contacts, pain, redness, tearing, vision loss, discharge, double/blurred vision, glaucoma
- Ears: denies hearing loss/aid, tinnitus, vertigo, earache, discharge
- Mouth/Throat: denies bleeding gums, dentures, cavities, hoarseness, voice change, sore throat, dry mouth, difficult/painful
- Nose/Sinuses: denies stuffiness, rhinorrhea, sneezing, itching, epistaxis, allergies (perennial, seasonal)
- Neck: denies lumps/masses, goiter, pain, stiffness, swelling
- Breast: denies lumps/masses, skin changes, pain, discharge
- Respiratory: denies chest tightness, shortness of breath and wheezing, cough, hemoptysis, snoring

Cardiac: denies for chest pain. Denies palpitations, lower extremity edema.

- GI: **Positive for nausea**, denies vomiting constipation, and bloating. dysphagia, vomiting, regurgitation, indigestion, changes in bowel habits, diarrhea, bleeding (hemorrhoids, melena, hematemesis, hematochezia), abdominal pain, jaundice.
- Urinary: denies frequency, polyuria, nocturia, hesitancy, urgency, dysuria, hematuria, incontinence, reduced caliber of stream.

Genital: Positive light spotting. Denies loss of interest, function,

Denies hernias, itching, discharge, sores, lumps, menopause, hot flashes

- Vascular: denies claudication, edema, varicose veins, past clots

- Musculoskeletal: denies muscle or joint pain, stiffness, arthritis, gout, weakness, swelling, redness, instability
- Neurological: denies seizures, numbness, tingling, paralysis, paresthesia, fainting, blackouts, burning, tremors
- Hematological: denies anemia, easy bruising/bleeding, petechiae, purpura, ecchymosis, transfusions
- Endocrine: denies heat/cold intolerance, sweating/thirst/hunger
- Psychiatric: denies psychosis, nervousness, mood, anxiety, depression or suicidal ideation.

Vital sign

BP 125/81, Temp 98, HR:92, RR:17, SpO2:99%

Physical Exam:

General: Alert and oriented and cooperative

Heart: Regular rate and rhythm, S1 and S2 presents. No gallops.

Lungs: Clear to auscultation bilaterally, symmetrical chest expansion

Back: No CVA Tenderness

Extremities: Lower extremities symmetrical, and non-tender bilaterally

DVT Evaluation: No evidence of DVT seen on physical exam.

Abdomen: soft, non-tender; bowel sounds normal and Gravid Uterus

Pelvic exam: normal external genitalia, vulva, vagina, cervix, uterus and adnexa.

Membranes

Membrane Status Intact

Cervical Exam : 05/22/2024 @10:19AM

Dilation 6 filed

Effacement (%) 100

Station -1

Cervical Position 2

Cervical Consistency 2

Bishop Score 12

Estimated Fetal Weight: Clinical EFW (Grams) 3500 Grams

FHR Baby

External Fetal Monitor filed at 05/22/2024 10:05AM

Fetal Heart Rate Present

Baseline Rate 130 bpm

Baseline Classification Normal

Variability Moderate (Between 6 and 25 BPM)

FHR Category: Category I

Uterine Activity: 05/22/2024 at 10:05AM

Uterine Contractions Present

Mode Toco

Contraction Frequency q4min

Contraction Duration 80-90sec
Contraction Quality Moderate
Resting Tone Palpated Soft

Labs Results

Prenatal labs

BLOOD TYPE: B

Rh Factor: Positive 03/19/2024

HCT: 35.7 04/30/2024

QTFPLUS NEGATIVE 03/19/2024

HIV 1,2 AG/Ab by CMIA Non-Reactive 04/30/2024

HGBA1C 5.1 03/19/2024

GCAMP Negative. 04/30/2024

CHLAMPR Negative. 04/30/2024

RUBELLA 2.2 03/19/2024

RUBELLA Positive 03/19/2024

MEASLES >300.0 03/19/2024

MEASLES Positive 03/19/2024

MUMPS 29.9 03/19/2024

MUMPS Positive 03/19/2024

VZV 494.2 03/19/2024

VZV Positive 03/19/2024

Hepatitis B Surface Ab Reactive (A) 03/19/2024

Hepatitis B Surface Ag Nonreactive 03/19/2024

Hepatitis C AbN/A 03/19/2024

No results found for "SYPHILIS"

Lead <1.0 03/19/2024

HGBELECT 97.5 03/19/2024

HGBELECT 2.5 03/19/2024

GTT 132 04/02/2024

Positive for Cystic Fibrosis

Quad

No results found for: "ALFTETRAR"

Microbiology

FINAL No Beta Strep group B isolated 04/30/2024

Ultrasound

Confirmed vertex by limited bedside sono on admission

Assessment

M.S is a 27-year-old G1P0000 at 39w6d, presenting with contractions since 3 AM and loss of mucus plug around 7 AM. She is in active labor, with a cervical exam showing 6 cm dilation, 100% effacement, and -1 station, and a Bishop score of 12 indicating favorable conditions for labor progression. Fetal heart rate is within normal limits, with a baseline of 130 bpm and moderate variability, and contractions are occurring every 4 minutes, lasting 80-90 seconds, with membranes intact. M.S has requested an epidural for pain management. Her pregnancy has been

uncomplicated, with normal prenatal labs except for an elevated GCT and a carrier-positive result for cystic fibrosis.

Differential diagnosis

1: Normal Labor:

The most likely diagnosis given the patient's presentation of regular contractions, significant cervical changes (6 cm dilation, 100% effacement, -1 station), and a favorable Bishop score (12). These findings are consistent with active labor, especially at 39w6d gestation.

2: Preterm Labor:

Although the patient is at term (39w6d), preterm labor could be considered if there were any inaccuracies in dating. However, given the confirmed term status and the typical progression of labor symptoms, this is less likely.

3: Placental Abruption:

This condition involves premature separation of the placenta, presenting with contractions and possibly vaginal bleeding. The patient's light spotting and positive fetal movements without significant bleeding or other signs of abruption make this less likely, but it remains a differential to consider.

4: Infection (Chorioamnionitis):

Intra-amniotic infection could present with contractions, fever, and uterine tenderness. However, the patient's normal temperature, lack of uterine tenderness, and normal fetal heart rate baseline suggest this is less likely. Nonetheless, it remains a differential, particularly if any signs of infection develop.

Plan

Admit to Labor and delivery suite for active labor

- Continuous monitoring of maternal and fetal vital signs and progress of labor.
- Prepare for delivery as per the birth plan, with husband present for support
- Postpartum Hemorrhage (PPH) and Risk Assessment completed
- IV fluids + labs + admission orders
- EFM + VS per protocol
- DVT prophylaxis with pneumatic compression stockings if confined to bed, ambulation if not
- Pain meds + PEC discussed
- IVF bolus ordered