



# IP ADMISSION SHEET FOR OBSTETRICS

## Presenting Complaints

Came to clinic Pain Abdomen since 8 PM

LMP: 20/1/25

EDD:

Corrected EDD: 24/6/26

GA: 37+4 weeks

Obstetric Formula: Primigravida  
 ML - 11 months, NCM

Menstrual History: Regular  Yes  No

Obstetric History:

G1 - PP, Spontaneous conception

## Obstetric Examination

Fundal Height: ~ TG

Ut. Activity:  Relaxed  Mild  Mod  Severe

3C/25sec/10min

Present Pregnancy Record: Unbooked to RCH

Liquor:  Adequate  Oligo  Poly

Previous ANC at Dr. DIVYA RAYAPUDI. She had H/o vaginal infection - CANDIDIASIS at 20 weeks & was managed conservatively. Cervical cerclage done at 20+2 weeks (h/o short cervix).

PP:  Cephalic  Breech  Others \_\_\_\_\_

Head Firths Palpable: \_\_\_\_\_

## RISK FACTORS:

M was removed at 35 weeks

FHS:  Normal  Tachy  Brady  Absent

⊕ 142 bpm

H/o spotting PV at 16 weeks & was managed conservatively. She was diagnosed with hypothyroidism at 28 weeks and is on T. THYROXINE 25mg. Two doses of Synthetamide given. ATT two doses given.  
 - Hypothyroidism (25)  
 - Latent labour  
 - Oligohydramnios

## Per Speculum Examination

Not done

Draining:  Present  Absent  Bleeding

Colour of Liquor:  Clear  Meconium  Blood Stained

## Vaginal Examination

Cervix:  Long  Partially effaced  Effaced 80%

Os: Closed \_\_\_\_\_ Dilated 2cm

Membranes:  Present  Absent

Liquor:  Clear  Meconium  Blood Stained

Presenting Part:  Vertex  Breech  Others

Sutton:  -3  -2  -1  0  +1  +2

Pelvis:  Adequate  Doubtful

Height: \_\_\_\_\_ cm

Weight: 78 kg

Allergies: NIL

Breast:  Normal  Abnormal

General Examination:

Consciousness: c/c c Pallor: ⊖

Icterus: ⊖ Edema: ⊖

Temp: Afebrile PR: 89 bpm

BP: 116/78 mmHg DTR: ⊕

CVS: S1,2 ⊕ RS BAE ⊕

Liver/Spleen: ⊕ Urine Output: Adequate

## DIAGNOSIS

Primigravida with 37+4 weeks with hypothyroidism with oligohydramnios  
 in latent labour for Delivery

<p>Family History:</p> <p>Father - DM, HTN        Mother - DM, HTN</p>	<p>Surgical History:</p> <p>NIL        - Cervical cerclage done in Feb 2026</p>
<p>Medical History:</p> <p>NIL</p>	<p>Medication History:</p> <p>- T-THYROXINE 25mcg - OD</p>
<p>Plan of Care: <u>ref to Dr Divya Rayapudi Mam</u></p> <ul style="list-style-type: none"> <li>- Admission</li> <li>- Consent</li> <li>- Normal diet</li> <li>- Pains Preparation</li> <li>- PR monitoring</li> <li>- NST @nd hly</li> <li>- Monitor vitals</li> <li>- Following chart</li> <li>- Inform SOS</li> <li>- Send CBP</li> </ul>	<p>Investigations: <b>BLOOD GROUP - 'B' POSITIVE</b></p> <p>25/1/26        HIV }        HbA1c } NR        HCV }        VDRL }</p> <p>CBP - 11.7 / 2600 / 2L        TSH - 4.696</p> <p><u>GROWTH SCAN (7/6/26)</u>        SLIUF        37 weeks        PI - Fundoposterior lateral wall.        AFI - 9 to 10cm</p> <p><u>TIFPA Scan (11/2/26)</u>        SLIUF        20+4 weeks        CL - 29mm        No Anomalies</p>
<p>Noted by manga 10/6/26 @ 2AM</p>	<p>AE - 36.49cm        EFW - 3609gms        Cephalic</p> <p><u>NT Scan (20/2/26)</u>        SLIUF        12+4 wks.        NT - 1.1mm, CL - 4.10mm        Navel bones (+)        • well defined crescent shaped anechoic perigestational collection        - Chronic subchorionic hemorrhage (3.1mm)</p> <p><b>FTS - low risk</b></p>

Doctor Name: Dr. Geeshma  
 Signature: [Signature]  
 Date & Time: 10/6/26, 2 AM

Consultant Name: Dr. DIVYA RAYAPUDI  
 Signature: .....  
 Date & Time: 10/6/26, 2 AM