

Apgar scores 5-6 at 5 minutes n = 13 at Sinje Major Health Centre.

Pink rows are those where a FHR change was identified before birth by mother or staff prior to delivery.

Number	FHR abnormal If YES describe	FHR normal	Any obstetric disorder. Yes/No If yes describe Describe any treatment for FHR abnormal given	Apgar Neonatal resus? Yes/No If Yes what used?	How long in minutes neo resus?	NICU admit Yes/No If YES for how long?	Seizures in NICU Yes/No	Birth asphyxia
1.	Contraction 44, HR 119	43c	6cm dilated CS discussed but declined, so VD	Apgar 3 and 6 B+M	10	Yes. 6days	No	SBA
2.	N	Y – 120 (1 contraction recorded	Fully dilated Delivered within 5 mins of admission VD	Apgar 3 and 5 B+M	6	Yes 13 days + omphacele	No	SBA
3.	C1 116		Prolonged labour referred clinic 4 cm dilated. Meconium Dex 50% IVF NS CS	Apgar 3 and 6 Band M	10	Yes 5 days	No	SBA
4.	Contraction 40 ↓ 112 O2, IVF Adrenaline 2 further FHR recorded - normal	39c	Vacuum Eclampsia Patient was brought to the labour ward with the history of convulsion and labour. MGSO4 loading dose, Ampicillin, D50 20cc, N/S 500ml, hydralazine served. cervix 6cm dilated, ruptured membrane @ home, presentation cephalic, FHT @ 141 b/m. Vacuum done with a live depressed neonate, WT 3.6kg,	Apgar 3 and 6 B+M	5	Yes. 14 days	No	SBA

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5.	N	44c	Vacuum unable to push Dr helped with vacuum delivery. Primigravida	Ap 4 and 6 B and M	7 min	Yes 6 days	No	SBA
6.	Yes on ultrasound scan		Preterm, malaria in pregnancy, fetal bradycardia detected by scan and irregular and IUGR Twins – IUGR and fetal distress CS	Apgar 4 and 5 first twin 1.7Kg B + M 2 nd twin 2.2Kg Apgar 6 and 10 B and M	5	Yes. 8days Moderate BA 2 nd twin mild BA	No	SBA
7.		44c	Referred from clinic for anaemia, malaria in pregnancy Primigravida, in severe pain, scared to push, gave birth to a depressed female neonate. 2.5Kg VD	Apgar 4 and 6 B + M	7mins.	Yes. 8days	No	SBA
8.		33c	Malaria in pregnancy Episiotomy unable to push VD	Apgar 3 and 5 B+M	5 mins	Yes. 2days	No	SBA
9.		45c	Referred from clinic for prolonged obstructed labour VD	Apgar 5 and 6 B + M	3	Yes. 6days Mild BA	No	SBA

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10.	In labour ward FHR 172	28c 145	Severe Pre-Eclampsia, MGSO4, D50%, N/S 500ml served, O2 therapy initiated, quickly prepared for emergency VD . Delivered depressed	Apgar 3 and 6 No resus given	0	Y – asphyxia. 5days	No	SBA
11.	NRFS during CS	Y – 1 contraction 146 At 6cm Then 9 normal	Face presentation CS	Apgar 4 and 5 B+M	3	Y – asphyxia. 5days	No	SBA
12.		Y – 1 contraction 146 then 9 normal	CS Previous C/S x 1. Patient planned for Elective but went into labour before elective's date. Patient was quickly prepared for emergency C/S, taken to OR and there were difficulties in abstraction of neonate that resulted to fetal distress and birth asphyxia. Caesarean CS	Apgar 2 and 6 B+M	4mins	Y – asphyxia risk of sepsis. 5days	No	SBA

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13.		Admitted 7cm dilated 30 c normal	VD 2nd stage of labour problem	Apgar 4 and 6 B+M	5	Y – asphyxia, risk of sepsis. 5days	No	SBA

Comments

All 13 SBA

1 aged 17yr, 1 aged 15yr Rest NR

5 had FHR changes. 8 no FHR changes (except 1 change during CS)

7 VD; 2 vacuum and 4 CS (1 patient refused CS)

1 patient difficulty extracting baby at CS (no changes FHR)

1 Face malpresentation

1 eclampsia

3 unable to push all 3 no changes FHRs. 1 treated vacuum, 1 vaginal delivery after episiotomy, 1 vaginal delivery

12 of 13 received resuscitation.