

- BABY OF : Mrs XYZ
- Date of birth : 18/04/2020
- AGE: 4 days
- GENDER : FEMALE
- ADDRESS : Hoskote
- APGAR 1 min : 8
- 5 min : 10
- LMP : 1/7/2019
- EDD: 7/4/2020
- WEIGHT : 2.8KG

- PLACE OF DELIVERY : MVJ MC AND RH
- MODE OF DELIVERY : Normal vaginal delivery
- Age of mother : 25 years
- Parity : P1 L1
- BLOOD GROUP , MOTHER : B +
- BABY : B+
- FATHER : B+
- INFORMANT : MOTHER
- RELIABLE
- DATE OF EXAMINATION : 22/04/2020

CHIEF COMPLAINT

YELLOWISH DISCOLOURATION OF SKIN AND EYES SINCE 2 DAYS

History of Presenting Illness

- Patient was last well 2 days ago when mother noticed yellowish discolouration of skin and eye which progressed from initially involving only face to now till umbilicus
- It was associated with lethargy ,delay passage of stool which was yellow in colour, decreased urinary output (yellow in colour) and inconsolable cry
- No aggravating and relieving factor

Negative History

No/H /O- Admission to NICU, trauma, seizure, high pitched Cry , poor sucking , retrocollis

No/H/o - vomiting, delayed passage of meconium or urine or passage of clay coloured stool

Antenatal History

- 1st Trimester
- Birth order : 1
- UPT was done
- Pregnancy was confirmed after 2 months of amenorrhea by USG
- NO/H/O : fever with rashes ,excessive vomiting, fatigue, exposure to radiation ,regular intake of drug, burning micturition ,increased frequency of micturition, bleeding or leaking per vagina.
- Number of ANC VISIT : 2
- SCAN : DATING SCAN DONE
- FOLIC ACID TAKEN

2nd TRIMESTER

- Quickening : 5TH month of gestation.
NO/H/o headache, fever with rashes, giddiness, swelling in the lower limbs which doesn't subside with rest, blurring of vision, bleeding or leaking Per vagina, pain abdomen.
- Number of ANC VISITS : 2
- SCAN : Anomaly scan done
- Iron and calcium supplements taken
- TETNUS TOXOID : 2 dose 4 weeks apart

3rd TRIMESTER

- Foetal movement well perceived
NO/H/o bleeding Per vagina ,leaking per vagina , pain abdomen,
swelling in the lower limbs which doesn't subside with rest, burning
micturition ,increased frequency of micturition.
Iron and calcium intake
ANC VISIT : 2
SCAN : GROWTH SCAN
TOTAL Weight gain during pregnancy : 12.5 kg

NATAL HISTORY

- LMP : 1/7/2019
- EDD : 7/4/2020
- DATE OF DELIVERY: 18/4/2020
- Place of delivery : MVJMC AND RH
- Normal Vaginal Delivery

POST NATAL HISTORY

- GENDER OF THE BABY : FEMALE
- WEIGHT AT BIRTH : 2.8 KG
- CRIED IMMEDIATELY
- NO/H/O NICU ADIMMISSION
- BREASTFEEDING INITIATED WITHIN ½ AN HR OF DELIVERY

H/O YELLOWISH DISCOLOURATION OF SKIN AND EYE SINCE 2 DAYS

NO/H/O DELAYED PASSAGE OF MECONIUM ,URINE OR ANY DIAGNOSIS OF CONGENITAL ANOMALY

FEEDING HISTORY

- BREASTFEEDING INITIATED WITHIN ½ AN HR AFTER DELIVERY
- NUMBER OF TIMES DURING DAY – ON DEMAND
- DURING NIGHT – 3
- NO SUPPLEMENTARY FEEDING
- USED TO PASS URINE – 5 TO 6 TIMES / DAY
- STOOL – 4 TO 5 TIMES / DAY
- USED TO SLEEP FOR 2 HR AFTER FEEDS WHICH NOW INCREASED TO 3 TO 4 HRS

IMMUNIZATION HISTOTY

- BCG GIVEN AT BIRTH
- OPV GIVEN AT BIRTH
- HEP B GIVEN AT BIRTH
- IMMUNISED TILL DATE

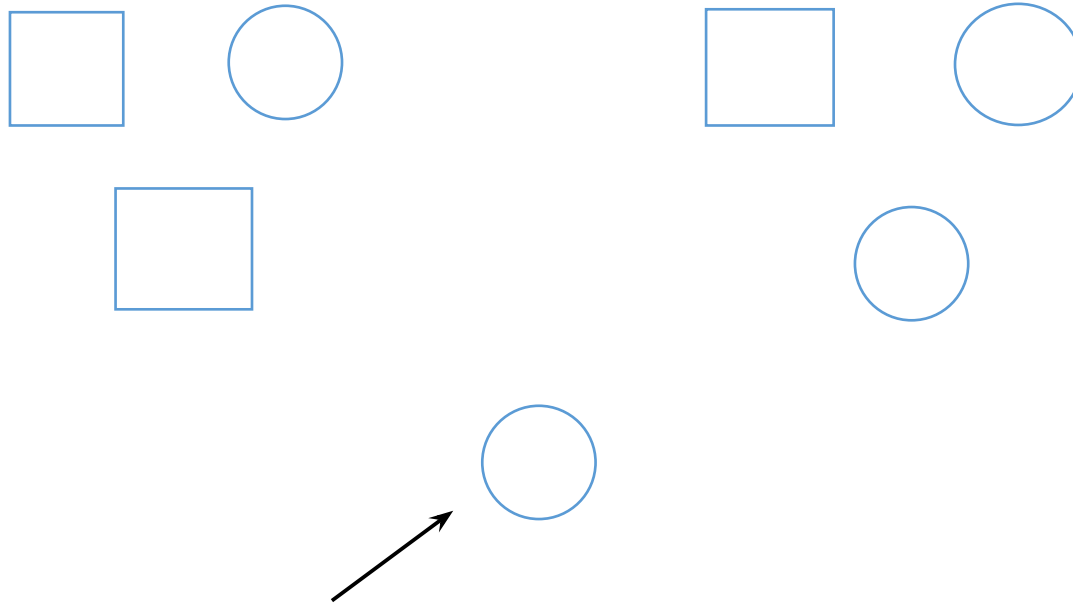
MATERNAL HISTORY

- Past obstetric history of mother :
- - Married since 4 Years
 - non Consanguineous marriage.
 - No history of Rx for infertility
 - NO/H/o abortion
 - Number of Children – 1

- PAST HISTORY : NOTHING SIGNIFICANT
- TREATMENT HISTORY : NOTHING SIGNIFICANT

FAMILY HISTORY

- NO/H/O haemolytic disease, liver disease, disease of gall bladder , hereditary disease in the family



- **Personal history** : diet : breast milk
- Appetite : increased
- Sleep : increased
- Bowel and bladder movement : decreased
-
- **Socioeconomic status**
- Belongs to class IV [mod B G PRASAD]
- Lives in pucca house
- No over crowding present

SUMMARY

- A 4 DAY OLD TERM BABY GIRL BELONGING TO SOCIOECONOMIC STATUS CLASS IV { MOD BG PRASAD}, WHO IS EXCLUSIVELY BREASTFED AND IMMUNISED TILL DATE , BORN TO A NON CONSANGUINEOUS MARRIAGE BY NORMAL VAGINAL DELIVERY { PREGNENCY WAS UNEVENTFUL} WITH NORMAL GROWTH AND NON SIGNIFICANT PAST AND FAMILY HISTORY PRESENTED WITH PROGRESSIVE ICTERUS { PRESENTLY KRAMER'S ZONE II} SINCE 2 DAYS ASSOCIATED WITH LATHERGY , DECREASE STOOL AND URINE OUTPUT AND INCREASED IN APPETITE

GENERAL PHYSICAL EXAMINATION

- POSTURE / ATTITUDE :
- VENTRAL : complete lack of head control
- straight back with elbow and knees flexed and slight extension at hip
- PRONE : head turned to one side
- pelvis high
- SUPINE: asymmetric tonic neck reflex present
- When pulled to sit , complete head lag present
- **ACTIVITY DECREASED**

VITALS

- TEMPERATURE : 98 F
- HEART RATE : 142 PULSATIONS / MIN
- RESPIRATORY RATE : 42 cycles / min

ANTHROPOMETRY:

- BIRTH WT : 2.8 KG
- LENGTH : 50 CM
- HEAD CIRCUMFERENCE : 34 CM
- CHEST CIRCUMFERENCE : 32.5CM

- **Head to toe examination.**

Head : Normal

Moulding : not present

Caput succedaneum : not present

Cephalhematoma : not present

Anterior and posterior fontanelle slightly sunken

Any bruises : not present

Face : icterus present

Dysmorphic facies : not present

Eyes : icterus present

Nose : NORMAL , melia present

Chest : icterus present (till umbilicus)

Umbilical cord and umbilicus: central , stump healing no discharge seen

Genitals normal

Extremities-limbs , digits, palm, sole : no icterus or pallor present

- Pallor : not present
- Icterus : present (Kramer's zone II)
- Clubbing : not present
- Cyanosis : not present
- Lymphadenopathy : not present
- Oedema : not present
- CAPILLARY FILLING TIME : Aproxx 3 sec

SYSTEMIC EXAMINATION

- ABDONINAL AND GENITAL EXAMINATION
- INSPECTION
- Non distended
- Umbilicus : central
- Umbilicus stump : healing ,no discharge seen
- Corresponding quadrant moves equally with respiration
- No dilated veins , scars
- Hernial orifices normal
- GENITALIA : normal

PALPATION

- No local rise of temperature
- No tenderness
- No palpable mass
- PERCUSSION : no organomegaly
- AUSCULTATION : bowel sound heard

- **CVS** : s1 s2 heard
- **RS** : normal vesicular breath sound heard, bilateral equal air entry
- **CNS**
 - Higher mental function normal for age
 - reflexes:
 - ROOTING : present
 - SUCKING : present
 - MORO'S : present
 - ASYMETRIC TONIC NECK REFLEX : present
 - STEEPING : present

MUSCULOSKELETAL EXAMINATION

- Ortolani and Barlow test were done , no abnormalities detected

DIAGNOSIS

- A CASE OF NEONATAL JAUNDICE PROBABLY DUE TO DECREASE BREASTFEEDING