



Foetal Death: A Case Study

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ABSTRACT:

Foetal death is defined as the death of a foetus before its complete ejection or extraction from the mother, regardless of the length of pregnancy, and is not an artificial termination of pregnancy. Only deceased foetuses and neonates weighing 500 g or more are included in intrauterine foetal death [80% of all stillbirths occur before term, and more than half occur before 28 weeks]. It's the medical phrase for a baby dying in the uterus during labour and delivery. The phrase most commonly used to describe pregnancy losses that occur beyond 24 weeks of pregnancy.

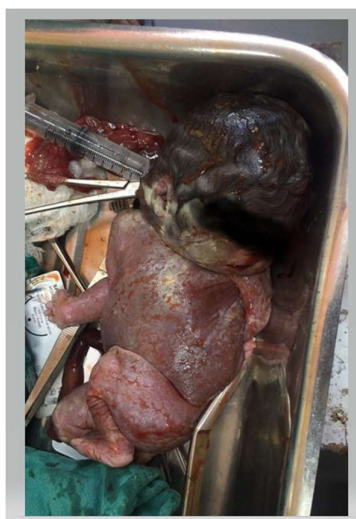
Keywords: Pregnancy, Foetus, Still birth

Introduction:

A foetal death is defined by the United States Centre for Health Statistics as the delivery of a foetus with no signs of life, such as no breathing, heartbeats, umbilical cord pulsation, or definite movements of voluntary muscles, regardless of the length of pregnancy. Stillbirth occurs when a foetus dies after a certain gestational age or weight, both of which have historically lacked consistency. Stillbirth is currently defined as a foetal death that occurs at or after 28 weeks of pregnancy or with a birth weight greater than or equal 500 grammes. The incidence of IUFD in western countries ranges from 4.7 percent to 12.0 percent, while the incidence of IUFD in India is reported to be between 24.4 and 41.9 percent in diverse centres. In our study, however, the incidence rate of IUFD was 39 per 1000 live births. Stillbirth affects roughly one in every 160 births, with approximately 24,000 babies stillborn in the United States each year. That's roughly the same number of newborns who die in their first year of life, and it's more than ten times the number of deaths caused by sudden infant death syndrome (SIDS).

Case presentation:

In April 2022, a 32-year-old woman presented with lower abdomen pain, decreased foetal movements, and increasing contractions for the past three days. There are no foetal movements after an ultrasound, and there is no FHR in NST.



Past medical history– there is nothing significant past medical history

Past obstetrical history– She has previously done 2 abortions.

General examination-

Height – 162cm

Weight – 58kg

BMI- 22.1

Physical activity - unable to perform heavy work due to pain and lethargy She can, nevertheless, undertake daily duties such as bathing.

Special investigation-

Ultrasound, NST, CBC, Sonography, Rh isoimmunization, Keilhauer Betke, Fetal karyotyping

Treatment-

Tablet Mifepristone 200 mg followed by Misoprostol 400 µg per virginally is given to induce abortion.

Intervention-

Anticipatory grieving related to pregnancy loss as evidence by facial expression of the patient

Deficit knowledge regarding intrauterine fetal death related to lack of knowledge as evidence by frequent questioning by patient.

Care plan-

- Grieving related to death of fetus as evidenced by verbal expression of distress.
- Deficient knowledge related to lack of information as evidenced by statement of misconception.
- Risk of altered family process related to situational crisis.

Outcome –

- After delivering the abortus the pain is relieved. Patient is advised for counselling and follow up after 1 month.
- Support free flow of emotional expression. Only restrict behavior that is dangerous to well-being of patient.
- Provide more accurate information and correct misconceptions based on couple's readiness and ability to listen effectively.
- Recognize stage of grief being displayed, e.g., denial, anger, bargaining, depression, acceptance. Use therapeutic communication skills

Discussion:

In April 2022, a 32-year-old woman was admitted to the hospital with chief complaints of no foetal movements, abdominal pain, and escalating contractions. After taking the relevant previous and present histories, the patient had several investigations such as sonography, USG, NST, CBC, Rh testing, and other tests, the findings of which revealed that the patient has Intra Uterine Fetal Death. To achieve the delivery of a dead foetus, a tablet of Mifepristone 200 mg is given followed by 400 mg of Misoprostol per virginally. The infant was "born in caul" and was carried out vaginally. Mother was then moved into observation room and placed under monitoring. After few days, the patient's condition had improved and she was discharged from hospital

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