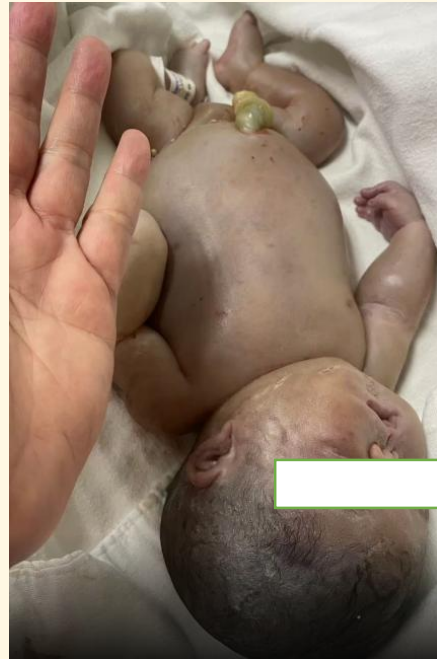


Nursing practicum for

Fetal anomaly & DFU

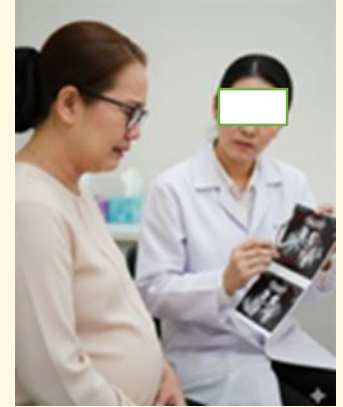


Asst.Prof. Duangporn Pasuwan

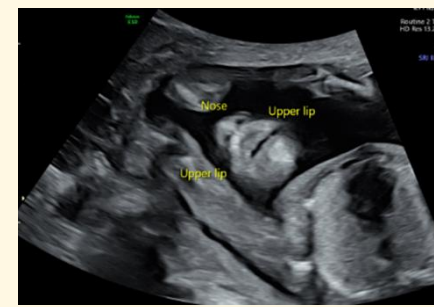
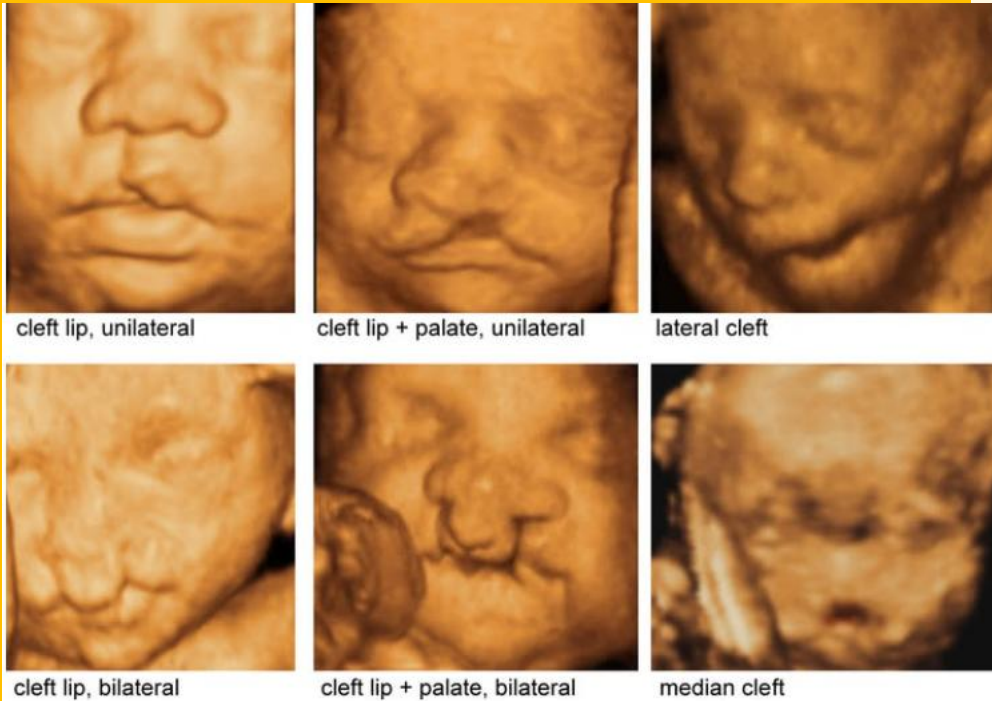


objective :

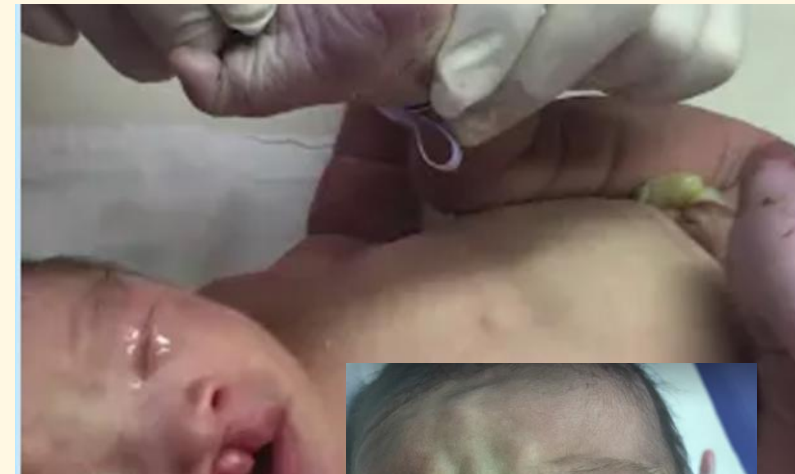
- *To detect abnormal conditions early through comprehensive assessment and continuous monitoring.
- *To ensure early identification
- *To enhance family-centered care
- *To prevent complications by providing prompt and appropriate nursing interventions.
- *To promote optimal growth and development despite underlying health problems.
- *To support and educate parents to ensure safe and effective home care. To provide emotional support



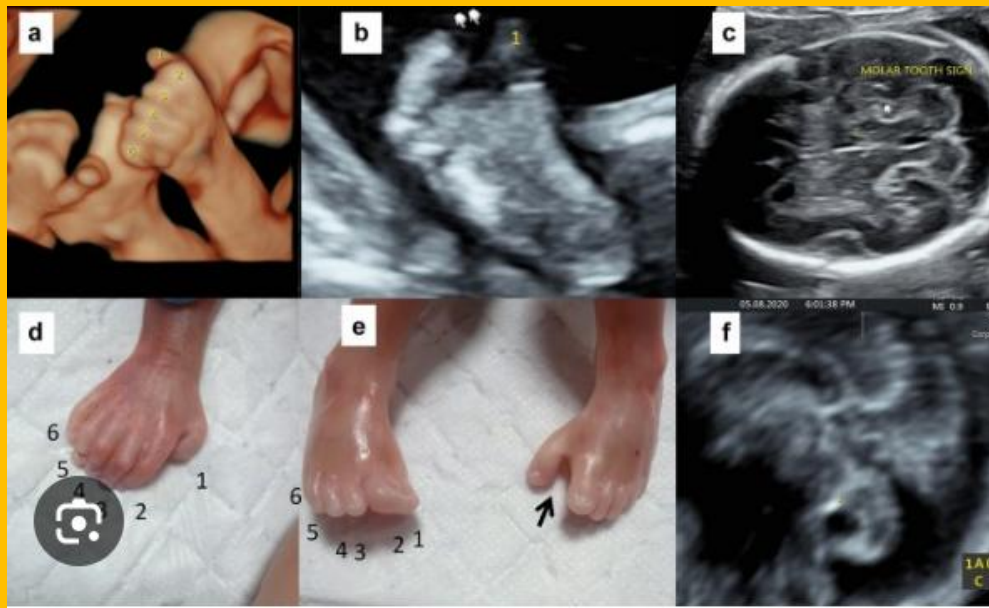
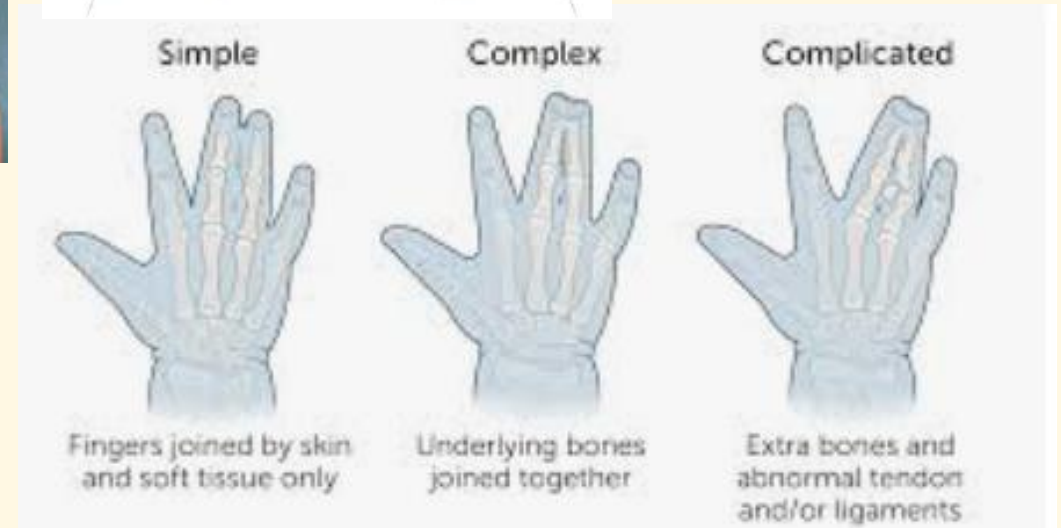
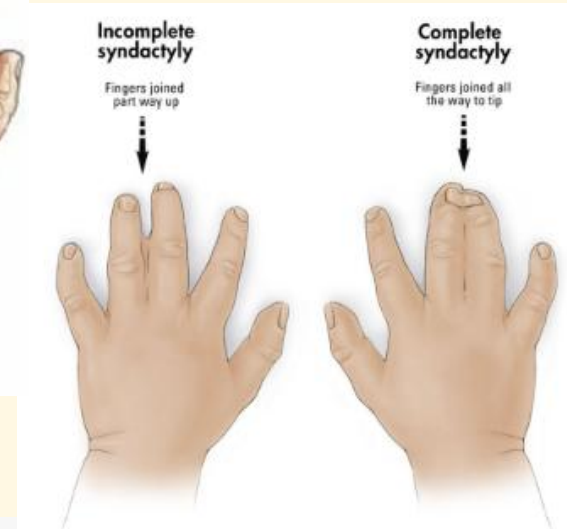
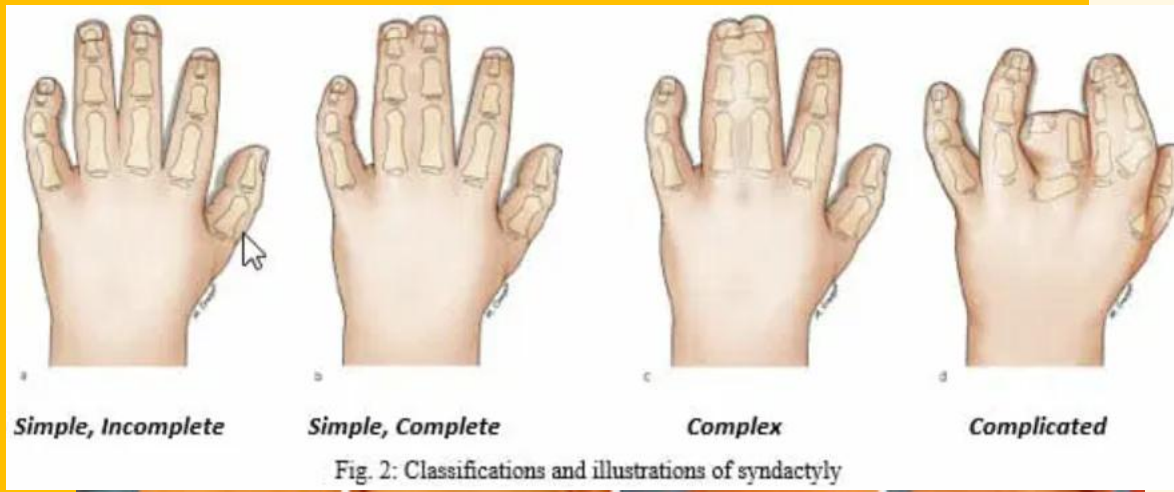
N
P
R
U



Case : cleft lip & cleft palate

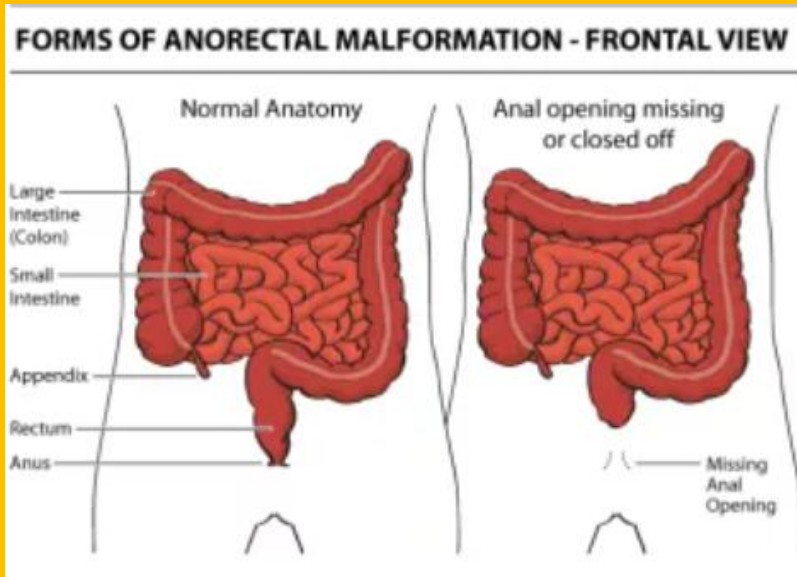






Case: polydactyly





Case: Imperforate anus



17-11 - 01/10/21 Hct 31%, Wt 130 6/8/67
 FF(200) 1x1 @ pc, Folic acid (5) 1x1 @ pc, TFO Wt
 20 - 01/10/21 3/11/67 → GO
 - SVF, Vx, q, 282g, Bilateral ventriculomegaly
 No other gross anomaly seen, placenta ant ypp
 - refer MFM 01/10/21

4/8 = SVF, EFW 402 mm
 seen bilateral ventriculomegaly
 → refer NPH
 25+2 Referral from MFM R/O Bilateral ventriculomegaly
 U/S.

Indication <u>R/O Bilateral ventriculomegaly</u>			
Date		29-8-67	
Number		1	
Presentation		yo	
BPD	HC	23	23
FL	AC	22	21
FHB		0	
AF		ah	
Anomaly		No bilateral ventriculomegaly	
Placenta Site		Ant midline	
EDD			
GA		22 ² W	



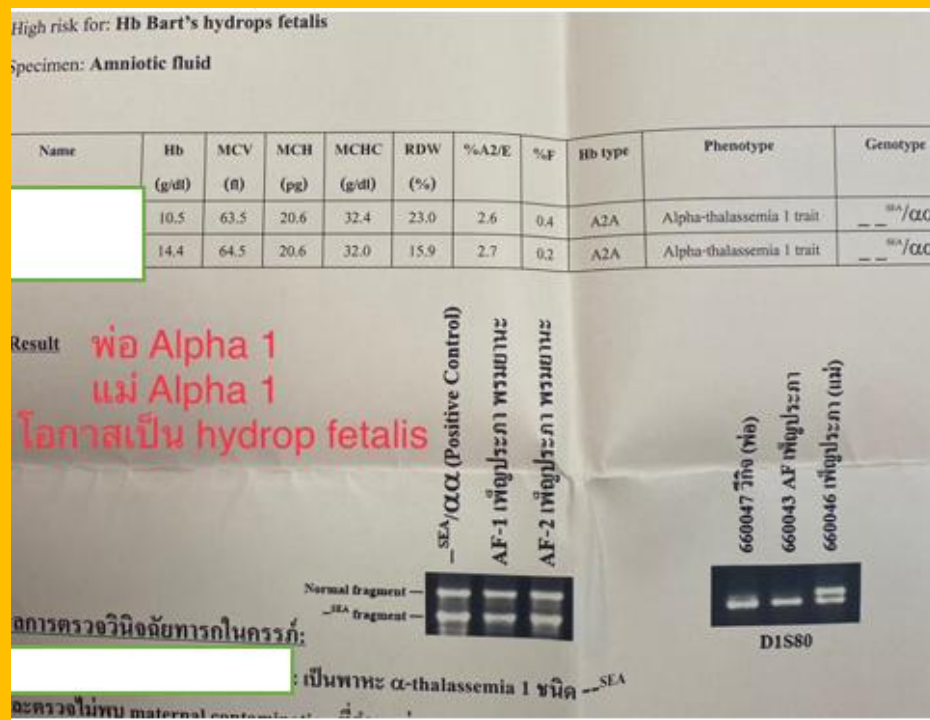


Case hydrop fetalis

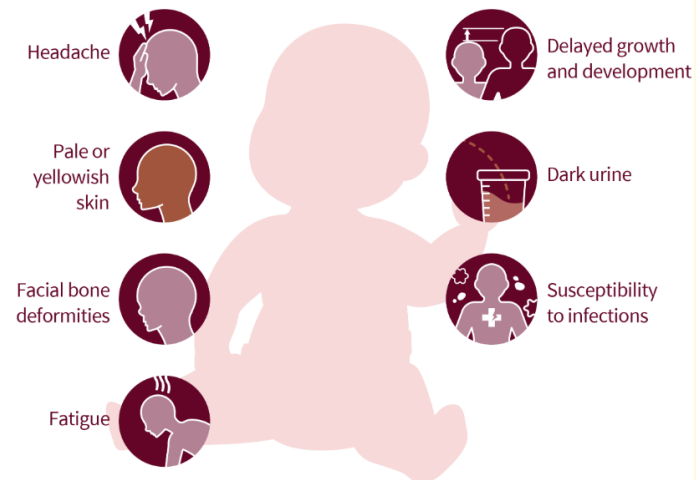
Father & Mother

Lab : PCR =
a thal-trait 1 both

G1P0 30 weeks
BW=1180 gm

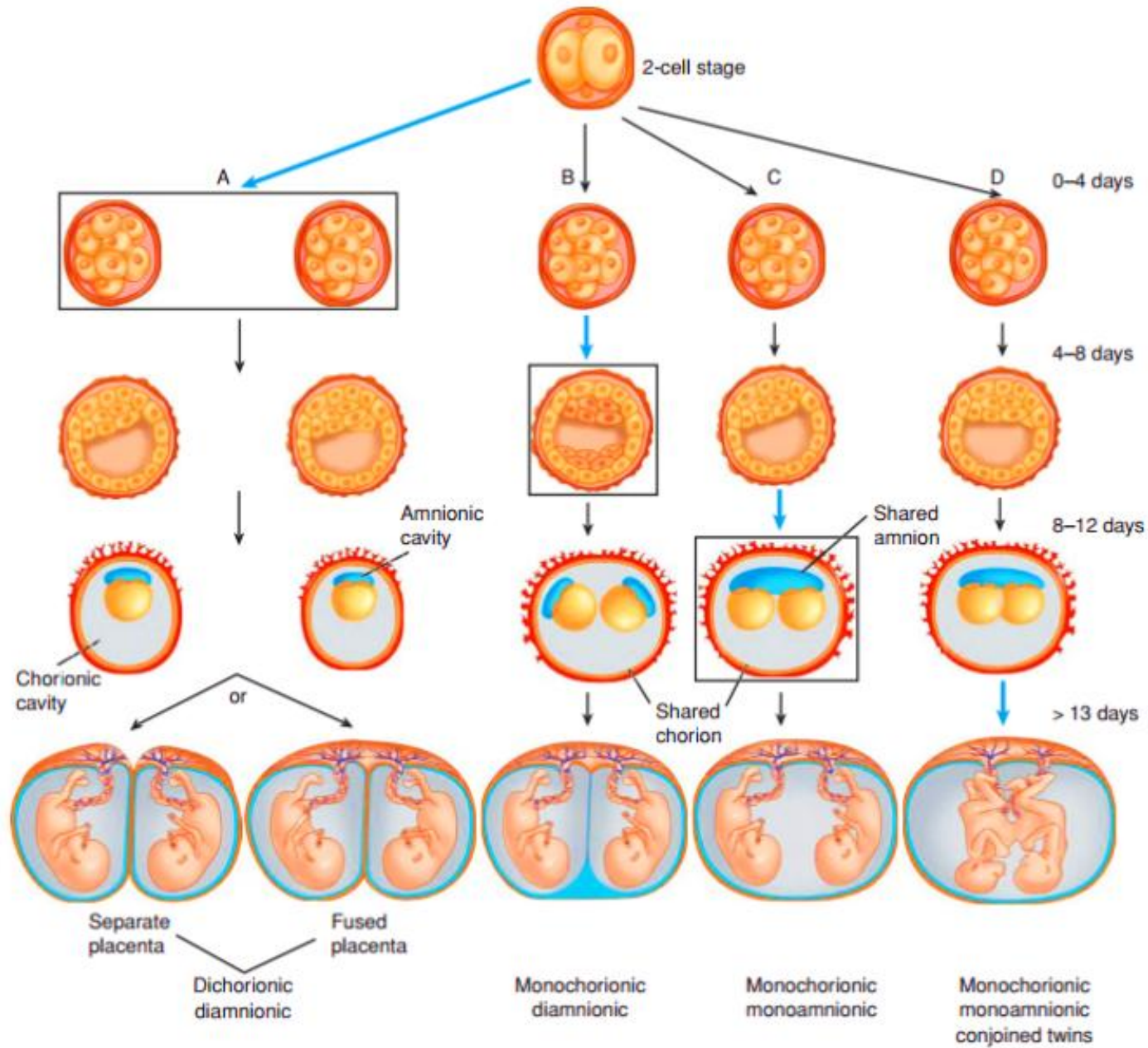


What are the symptoms of Thalassemia? – Inheritance Pattern





Conjoin twin : Twin : fission theory (1:60,000)
Diagnosis : Ultrasound 18-22 week : inspection in detail of fetus organ
If can early detection should be termination
Treatment & survival : If can early detection should be termination

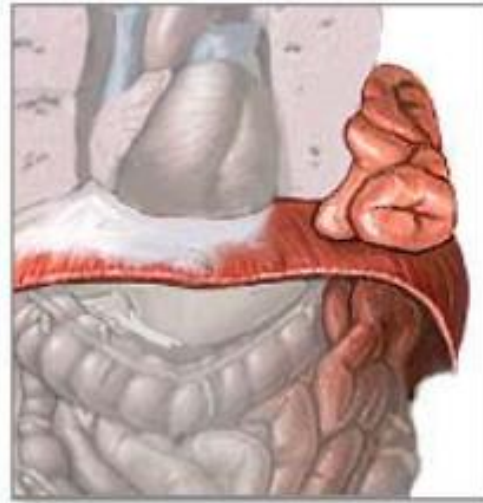




Case : Neonatal Gastroschisis



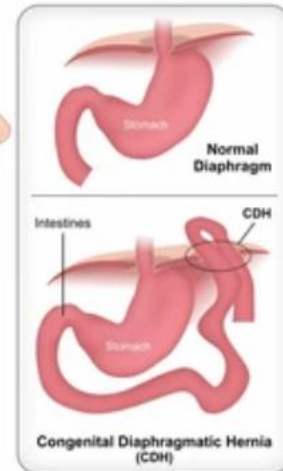
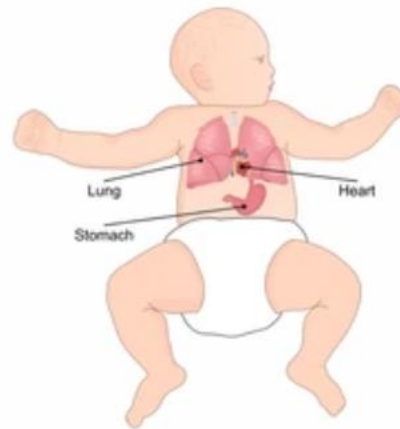
Scan_ [QR VDO Nursing Practicum Gastroschisis](#)

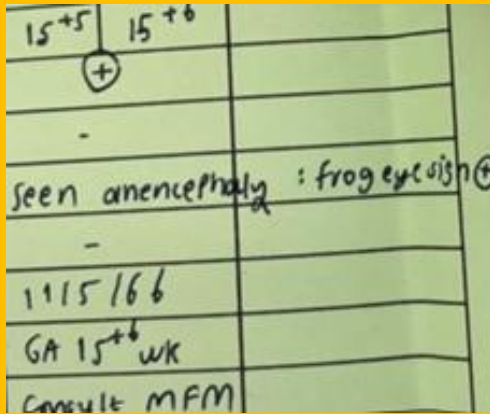


Intestine protruding
through hole in
diaphragm



DIAPHRAGMATIC HERNIA





Case: Anencephaly

Lab : every thing=normal

G1P0 24 Years 15⁺6 weeks

U/S : Seen anencephaly : frog eye sign +

Consult : MFM (Maternal fetal medicine)





ข้อมูลทั่วไป โรคประจำตัว ไม่มี
ประวัติการแท้ง ไม่ทราบ สถานะ
ประวัติการสูบบุหรี่ ไม่สูบ ประวัติการดื่มสุรา ไม่ดื่ม
ประจำเดือน ไม่ระบุ
BP 118 / 80 mmHg O2Sat ผู้ตรวจรักษา
PR 129 ครั้ง/นาที BT 36.00 RR 22 ครั้ง/นาที
น้ำหนัก 45.300 กก ส่วนสูง 152.34 ซม BMI 19.52

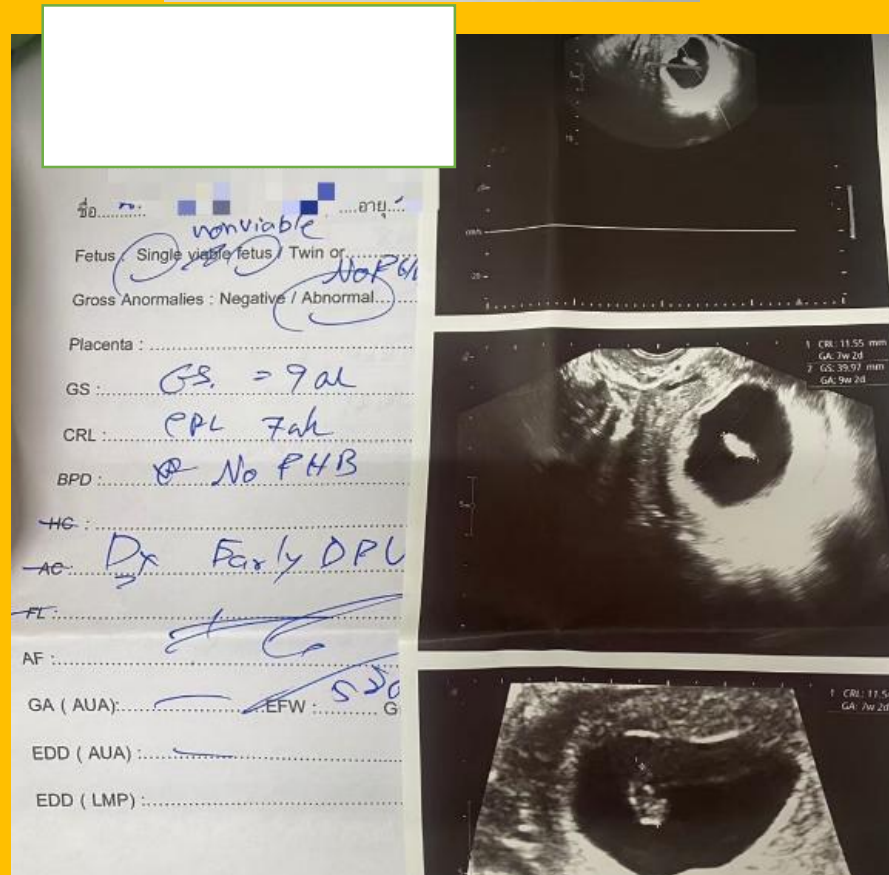
อาการสำคัญ/ประวัติการเจ็บป่วย/ประวัติการเจ็บป่วยในอดีต
ตรวจร่างกาย G2P1 6A nth by LMP
yolk sac ที่ clinic ไม่พบ 10 mm x 11 mm
Dx. DFIU nom U/S confirm.

TUS
① 3
PCL 7mm
No PHB
nth
Early DFIU = Refer
R/O DFIU 10/15

Case: DFU

Lab : wait for result

G2P1 7 weeks CRL; Crown rump length
=? = 7 weeks



Name	R/O DFIU		Request by
Indication	b-b-67		
Date	b-b-67		
Number	1		
Presentation	can 0.22c/67		
BPD	HC		
FL	AC		
FHB	EM		
AF			
Anomaly			
Placenta Site			
EDD			
GA			
Comment	DFU		



Case: trisomy 21

(DFIU)

Dead fetus in Utero

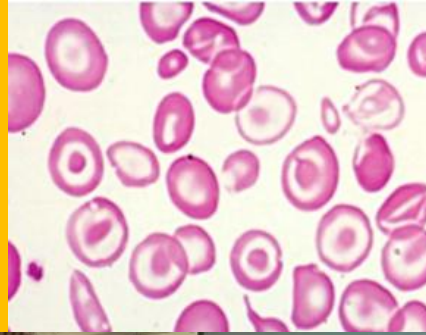
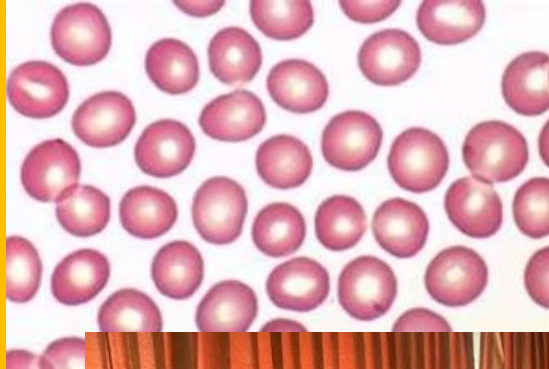
Problem: DIC, Breast
engorgement & Psychology



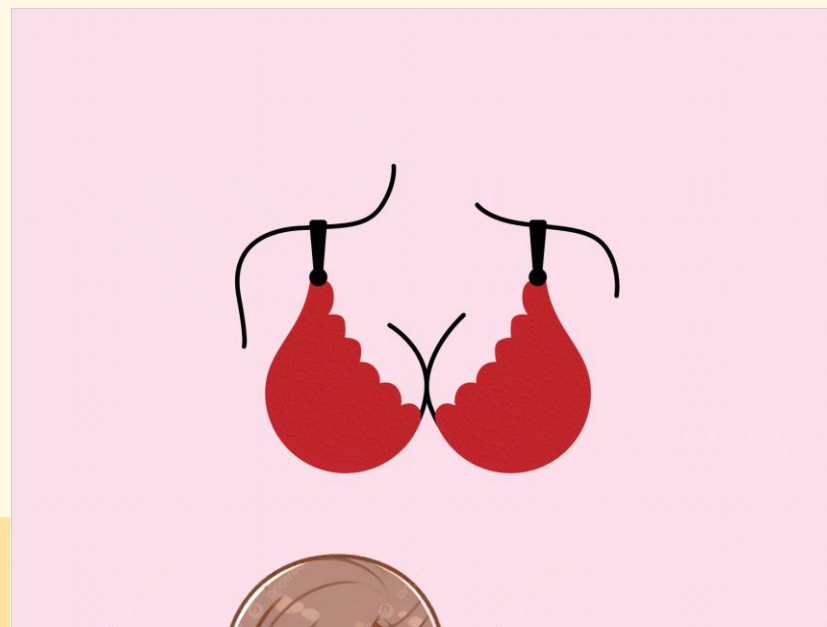


Cervical spina bifida with hydrocephalus

Cervical spina bifida without hydrocephalus



N P R U





N
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