ABNORMAL PREGNANCY

By Sr Lamrot A
(Midwife)

1. Complications of Pregnancy

A. Hyperemesis gravidarum

Defintion:- Excessive vomiting during pregnancy

- It starts between 4 and 10 weeks' gestation, and resolve before 20 weeks
- It is uncommon but one of the series complications of pregnancy
- It differs from morning sickness in that the vomiting is persistent
- The mother is unable to retain food and fluid
- The incidence is 1:1000 pregnancies

Complications of Pregnancy cont...

Cause

- Not fully understood, but endocrine and psychological factors being proposed
- Rising levels of oestrogen and HCG appear to be significant

There are predisposing factors:

- Multiple pregnancy, or hydatidiform mole, both of which are associated with increased hormone levels
- Psychological factors
- genetic factor
- Women with heart burn and acid reflux.
- Woman with a previous history of hyperemesis is

Complications of Pregnancy cont...

Sign and symptoms

- Signs of dehydration such as:-
  - Weak rapid and irregular pulse rate
  - Low blood pressure
  - Dry tongue
  - fatigue, decrease urine out put.
- The mothers' breath may smell of acetone, a sign of ketosis.
- Ptyalism may occur, contributing to the dehydration
- Jaundice - hepatic involvement (a late sign with unclear cause)
- Cerebral signs - unconsciousness
  - dizziness

Management

The treatment goals are to:

- **Reduce symptoms** through changes in diet, environment & by medication
- **Correct consequences or complications** (e.g, fluid depletion, hypokalemia, and metabolic alkalosis)
- **Minimize the fetal effects** of maternal nausea and vomiting and their treatment

Management

Generally, treatment begins with advice about diet

Diet:

- small & frequent meal (eat slowly and in small amounts every one to two hours to avoid a full stomach)
- Avoid spicy food
- Avoid fatty foods
- Avoidance of triggers
- Avoid strong odorous foods
- eat before, or as soon as, they feel hungry to avoid an empty stomach,
- A snack before getting out of bed in the morning can be helpful.

Management

- Once the diagnosis is confirmed the woman should be ***admitted***
- Restricting oral intake
- Correcting dehydration and electrolyte deficit by intravenous **crystalloid** solution preferably lactated ringer solution
- Correcting acidosis by providing calories in the form of glucose in the IV-fluids
- Treating underlying causes by potential vitamin B 6 (if unavailable vitamin B complex)
  - Pyridoxine 25 mg PO TID

Management

- Potential ant-emetics like:
  - Methoclopramide 10 mg IV/PO TID 30 mins before meal and at bed time
  - Promethazine 25 mg IV/PO QID,
  - Chlorpmazine 25 mg IV/IM
- Treatment of identified medical problems if any
- Monitor responses to treatment by subjective feeling of the pt, weight, urine out put and urine ketone determination.
- With clinical response, start oral feeding with ant-emetics continued.
- The client should be isolated from others and encouraged to rest
- Termination of pregnancy may reverse the condition and has a place in preventing maternal mortality

Complications of Pregnancy cont...

Complications

- Dehydration and ketoacidosis
- Liver damage.
- hepatic and renal involvement leads to coma and death.

Complications of Pregnancy cont...

Nursing care

- The nurses kindness is needed
- Vital sign
- Watching for series signs
- Input and output should be observed and recorded
- Checking the clients weight daily
- Urine is examined to specific gravity, ketones, protein urea.

Complications of Pregnancy cont...

B. Hypertensive Disorders of Pregnancy

- Hypertensive disease is a significant cause of maternal and fetal/neonatal morbidity and mortality
- It is the commonest medical condition encountered in pregnancy, complicating approximately 10% of all pregnancies
- Cardiovascular alterations, which occur as a consequence of pregnancy, may induce hypertension in women who have been normotensive prior to pregnancy, or may aggravate existing hypertensive conditions
- It includes a variety of vascular disturbances such as gestational hypertension, pre-eclampsia, eclampsia, HELLP syndrome and chronic hypertension

Complications of Pregnancy cont...

1. **Pregnancy induced hypertension (PIH)**

- It is the development of an increased blood pressure during pregnancy in women previously normotensive

A. **Gestational hypertension**

- This is the development of hypertension during pregnancy without other signs of pre-eclampsia (without proteinurea) which first appears after 20th weeks of gestation or within 48 to 72 hours after delivery and resolves by 12 weeks postpartum
- Hypertension that is diagnosed for the first time in pregnancy and that does not resolve postpartum is also classified as gestational hypertension

Complications of Pregnancy cont...

B. **Pre-eclampsia**:- Is the development of hypertension with proteinuria and oedema induced by pregnancy after the 20th weeks of gestation

C. **Eclampsia**:- Is the occurrence of convulsion in a woman who also fulfils the criteria for pre-eclampsia

HELLP syndrome:- the syndrome of Haemolysis (H), Elevated Liver enzymes (EL), and Low Platelet count (LP)

- A complication of severe pre-eclampsia or eclampsia
- Group of physical changes - breakdown of RBCs, changes in the liver, low platelets
- High maternal and perinatal morbidity and mortality

Complications of Pregnancy cont...

2. **Pregnancy aggravated hypertension**

- The development of pre-eclampsia or eclampsia in a woman with chronic hypertension, vascular or renal disease

A. Superimposed pre-eclampsia

B. Superimposed eclampsia

3. **Chronic hypertension**

- The presence of persistent hypertension before the 20th weeks of gestation in the absence of hydatidiform mole or extensive molar change or persistent hypertension beyond 6 weeks postpartum

Complications of Pregnancy cont...

Pre-eclampsia

Defn:- The development of hypertension with proteinurea and oedema induced by pregnancy after 20 weeks of gestation.

- The two essential features are hypertension and proteinurea.

Causes

- In spite of much research, it remains uncertain.
- Abnormal placentation may be one of the initial events in the disease process.
- Increased resistance in the arterioles, due to vasospasm is characteristic; this produces hypertension and also affects the brain, liver and

Complications of Pregnancy cont...

Predisposing factors

- Primigravida especially younger and older ones
- High multigravida
- Vascular diseases, essential hypertension, chronic renal disease
- Multiple pregnancy
- Hydatidiform mole
- Diabetes mellitus (related to the greater mass of placental tissue)
- In mothers over 35 years of age
- Familial tendency

Complications of Pregnancy cont...

Diagnosis

1. **Hypertension**

- Rise of 30 mmHg systolic and 15 mmHg diastolic above the mothers normal blood pressure in two occasions elicited at least 4 hours apart when the mother has been at rest signifies that cardiovascular changes have taken place

2. **Protein urea**

- In the absence of UTI, it is indicative of renal damage.
- The amount of protein in the urine is frequently taken as an index of the severity of pre-eclampsia
- But it may occur with only 0.5g/l

Complications of Pregnancy cont...

3. **Oedema**

- Oedema of the ankles in late pregnancy is a common occurrence and may be physiological and tends to disappear with rest
- It is not significant in the absence of raised blood pressure and proteinuria
- Generalized oedema is significant and may be pathological

Complications of Pregnancy cont...

- **Classifications**

A. **Mild pre-eclampsia**

- Is diagnosed after resting the mother when

  - Blood pressure is 140/90 mmHg

Complications of Pregnancy cont...

- Oedema of the feet, ankle and pretibial region
- Proteinurea less than 0.5 g/l

B. Moderate pre-eclampsia

- Is usually diagnosed when there is:-
  - Marked rise in blood pressure – 160/100 mmHg
  - Evidence of more generalized oedema
  - Proteinurea is between 0.5 g/l – 5 g/l

C. Severe pre-eclampsia

- Is diagnosed by the following criteria
  - Blood pressure ≥ 160-170 mmHg systolic and ≥ 110 mmHg diastolic
  - Proteinurea ≥ 5 g/l in 24 hours
  - Oligourea

Complications of Pregnancy cont...

- Cerebral or visual disturbance
- Epigastric pain
- Pulmonary oedema or cyanosis

- There are danger signs of impending eclampsia, thus and immediate action is important to prevent further complication

Complications

Effects on the mother

- The condition may worsen and eclampsia occurs
- Placenta abruption
- Haematological disturbance can occur and the kidneys, lungs, liver and brain may be seriously damaged
- The capillaries with in the fundus of the eyes may be damaged and blindness can occur

Complications of Pregnancy cont...

Effects on the fetus

- Reduced placental function can result in low birth weight
- Hypoxia
- Placental abruption which causes intra uterine fetal death (IUFD)
- Early delivery if the condition worsens and cause preterm baby

Management

I. **Mild and moderate pre-eclampsia**

A. Ambulatory; bed rest, sedatives. eg. Valium 5mg TID and weekly visits.

B. Hospitalization depending on the patient's condition.

Complications of Pregnancy cont...

- Evaluation of fetal heart every 4 hours (kick chart > 10/12 hours)
- Sedation (eg. Phenobarbiton 30 - 60 mg every 6 hours)
- Well balanced diet (salt up to 6 g/day)
- Evaluation of fetal maturity, favorability of cervix, adequacy of pelvis, anticipation of possible urgent delivery
- Permit growth until sufficiently viable, must deliver by 37 weeks.

II. **Severe pre-eclampsia**

- Hospitalization and close observation
- Absolute bed rest and quiet surroundings
- Anticonvulsive drugs (magnesium sulphate, valium (diazepam))
- Antihypertensive drugs (aldomet (methyldopa), hydralizine)
- Determination of fluid intake and output
- Continuous fetal monitoring and delivery after stabilization

Complications of Pregnancy cont...

Serious sings and symptoms

These are danger signals of impending eclampsia and immediate

sedation is important

- Sharp increase in blood pressure, oedema and proteinuria
- Oligouria
- Visual disturbance; dimness of vision and flashes in the eyes, drowsiness etc.
- Intense frontal headache
- Vomiting and abdominal pain
- Epigastric pain

In serious cases

- The patient should be nursed as eclamptic patient.
- Quiet, single room if possible

Complications of Pregnancy cont...

- Lateral position
- Constant attendance
- Heavy sedation
- Equipment to deal with eclamptic fit must be at hand; padded spatula, oxygen, suction, emergency drugs, syringes whith needles, catheter, urine bag, urine testing equipment

In labour

- Shorten second stage by episiotomy, vacuum or forceps, sedate after delivery and watch blood pressure very closely
- Ergometrine should not be used after delivery

Complications of Pregnancy cont...

Eclampsia

Definition:- Is the occurrence of coma and convulsion in a woman who also fulfills the criteria of pre-eclampsia

- Is more advanced stage of severe pre-eclampsia and characterized by coma and convulsion

Signs and symptoms

- Usually the convulsion is preceded by a period of deterioration in the severe pre-eclampsia with head ache and dimness of vision, vomiting and epigastric pain as immediate warning signals (imminent eclampsia)

Complications of eclampsia

- Cerebral haemorrhage, thrombosis, mental

Complications of Pregnancy cont...

- Injuries to tongue, fractures etc.
- Myocardial failure, acute renal failure
- Temporary blindness
- Asphyxia, pulmonary oedema
- Fetal hypoxia, still birth, prematurity, neonatal death
- Abruptio placenta

Management

A. Prevention

- Careful and frequent observation in the antenatal period by detecting and treating pre-eclampsia can almost eliminate eclampsia

B. General management

Complications of Pregnancy cont...

- Once convulsions are controlled, termination of pregnancy will result in improvement of the general vasospasm

C. Emergency care

- Gentle insertion of padded spatula to prevent risk of tongue bite
- Clean the airway by sucking away any secretion
- Nothing should be given by mouth
- Turning the patient to her side to prevent aspiration of vomitus
- Do not leave the patient alone, seek medical help
- Note changes in blood pressure, temperature,

Complications of Pregnancy cont...

D. Specific treatment

1. Anticonvulsant drugs

a. Magnesium sulfate is the drug of choice for preventing and treating convulsions in pre-eclampsia and eclampsia

N.B. Before administration warn the woman that a feeling of warmth will be felt when magnesium sulfate is given

Loading dose

- 4 gm magnesium sulfate(MgSo4) as 20% solution IV given over 5 minutes (Mix 8 ml of 50% Mgso4 solution with 12ml of Distell water or 0.9% Normal saline to make 20% solution)
- 10 g of 50% magnesium sulfate (MgSo4) solution,

Complications of Pregnancy cont...

Maintenance dose

- 5 g magnesium sulfate (50% solution) + 1 ml lignocaine 2% IM every 4 hours into alternate buttocks
- Continue treatment with magnesium sulfate for 24 hours after delivery or the last convulsion, whichever occurs last

Before repeat administration, ensure that:-

- Respiratory rate is at least 16 per minute
- Patellar reflexes are present
- Urinary output is at least 30 ml/hour over 4 hours

Withhold or delay drug if:-

- Respiratory rate falls below 16 per minute
- Patellar reflexes are absent
- Urinary output falls below 30 ml /hour over

Complications of Pregnancy cont...

Keep antidote ready

In case of respiratory arrest:-

- Assist ventilation (mask and bag, anaesthesia apparatus, intubation)
- Give calcium gluconate 1 g (10 ml of 10% solution) IV slowly until respiration begins to antagonize the effects of magnesium sulfate

b. Diazepam should be used only if magnesium sulphate is not available

Loading dose

- 10 mg of diazepam IV slowly over 2 minutes
- If convulsion recurs, repeat loading dose

Maintenance dose

- 40 mg diazepam in 500 ml of IV fluid at a rate that keeps the woman sedated but rousable
- If respiratory depression occurs assist ventilation if necessary

Complications of Pregnancy cont...

2. Antihypertensive drug

- Methyldopa 250mg BID or TID depending on the severity of problem

If the diastolic pressure is 110 mm Hg or more:-

- Hydralazine 5 mg IV slowly (3-4 minutes)
- If hydralazine is not available, give labetolol 10 mg IV or Nifidipine 5mg under the tongue
- If diastolic blood pressure remains > 90 mmHg, repeat the dose at 30 minutes intervals until diastolic BP is around 90 mmHg

E. Obstetric management

- As soon as blood pressure is under control and sedation adequate, obstetric management can be initiated

Complications of Pregnancy cont...

Antepartum Haemorrhage (APH)

Definition:- Bleeding from the genital tract in late pregnancy, after

the 28th week of gestation and before the onset of labour

- This may place the life of the mother and unborn child at risk

Effect on the fetus

- Fetal mortality and morbidity are increased as a result of severe vaginal bleeding in pregnancy
- Stillbirth or neonatal death may occur
- Premature placental separation and consequent hypoxia may result in severe neurological damage in the baby

Effect on the mother

- If bleeding is severe, it may be accompanied by shock and disseminated intravascular coagulation (DIC)

Complications of Pregnancy cont...

- The mother may die or be left with permanent ill health

Types of APH

1. **Placenta praevia**

Defn:- It is when the placenta is partially or wholly implanted in the lower uterine segment on either the anterior or posterior wall

- The anterior location is less serous than the posterior
- The lower uterine segment grows and stretches progressively after the 12th week of pregnancy
- In later weeks this may cause the placenta to separate and severe bleeding can occur

Predisposing factors

- Multipara
- Repeated abortion

Complications of Pregnancy cont...

- Caesarean section scar
- Myoma of the uterus

Degrees of placenta praevia

Type I:- The placenta implanted in the lower uterine segment but not near to the os.

- Vaginal delivery is possible
- Blood loss is usually mild and the mother and fetus remain in good condition

Type II:- The placenta implanted near the age of cervical os (placenta praevia marginalis)

- Vaginal delivery is possible, particularly if the placenta is anterior
- Blood loss is usually moderate, although the condition of the mother and fetus can vary

Complications of Pregnancy cont...

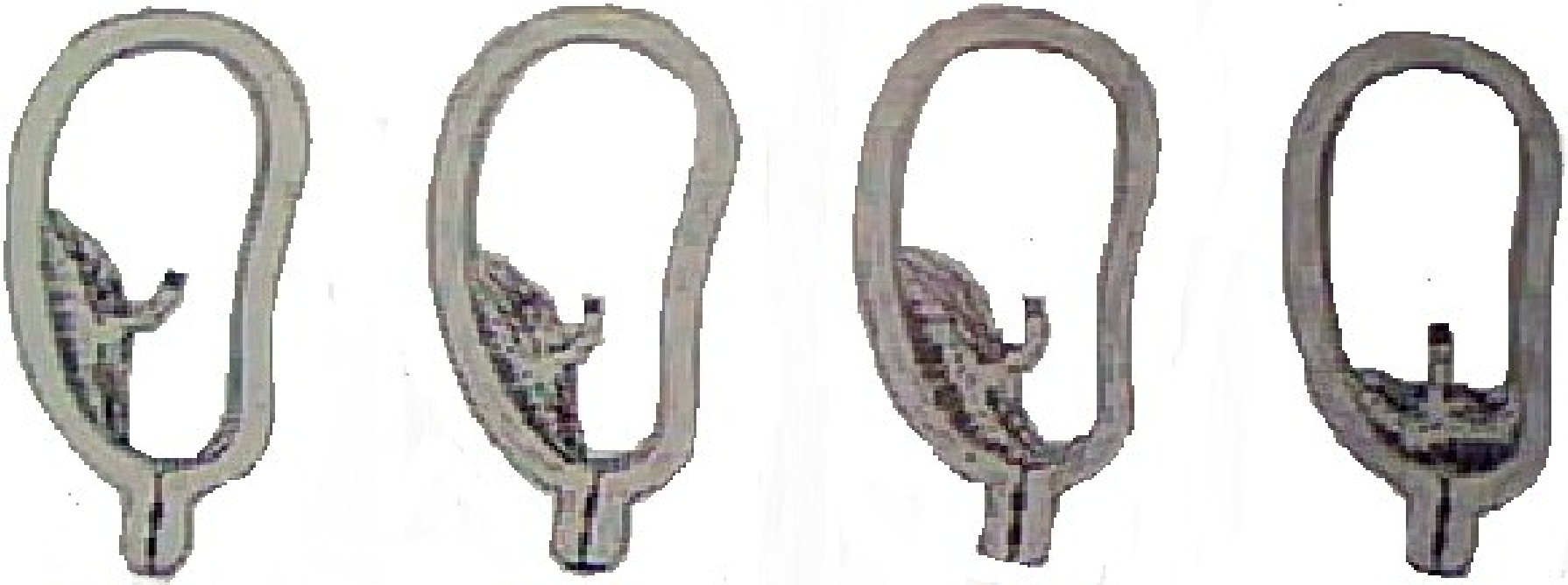
- Fetal hypoxia is more likely to be present than maternal shock

Type III:- The placenta partially cover the intenal os. (placenta praevia partialis)

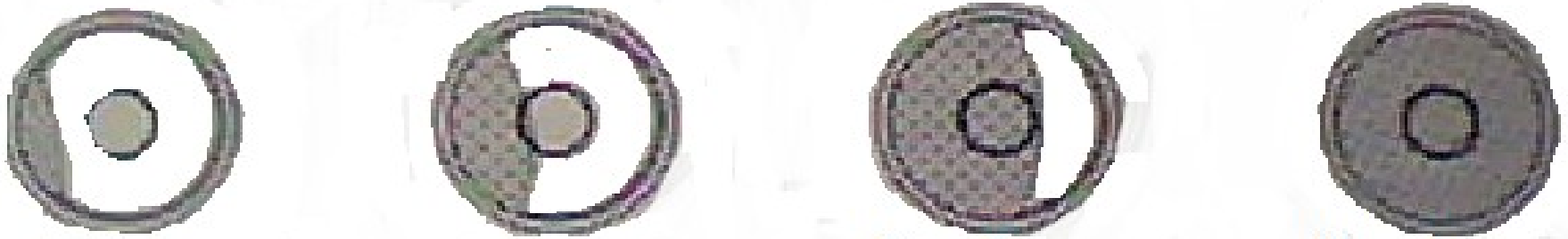
- Bleeding is likely to be severe, particularly when the lower segment stretches and the cervix begins to efface and dilate in late pregnancy
- Vaginal delivery is inappropriate because the placenta precedes the fetus

Type IV:- The placenta is located centrally over the internal cervical os (placenta praevia totalis)

- Torrential haemorrhage is very likely
- Vaginal delivery should not be consider
- Caesarean section is essential in order to save the lives of the mother and fetus



Types of placeta praevia



Relation of placenta praevia to cervical os

Complications of Pregnancy cont...

Signs and symptoms

- Bleeding is painless (the low placental location allows all of the lost blood to escape unimpeded and a retroplacenal clot is not formed), causeless, recurrent and at the onset it is usually slight
- Bleeding often occurs during rest or sleep
- The colour of blood is bright red and profuse

Abdominal findings

The presence of placenta praevia should be considered when:-

- The fetal head is high and is not engaged in a primigravida (after 36 weeks)
- There is a malpresentation, especially breech
- The lie is oblique or transverse
- The lie is unstable, usually in a multigravida
- Uterine consistency is normal and no pain on palpation

Complications of Pregnancy cont...

Diagnosis

- Ultrasound examination

NB:- Under no account should vaginal examination be performed if the woman comes with vaginal bleeding after 28 weeks of gestation unless the placenta is positively known to be located on the fundal part of the uterus

Management of placenta praevia

The management depends on:-

- The amount of bleeding
- The condition of the mother and the fetus
- The location of the placenta
- The stage of the pregnancy

Complications of Pregnancy cont...

A. Conservative management

- This is appropriate if bleeding is slight and the mother and the fetus are well
- The aim is to prolong pregnancy up to 37 weeks
- The woman should be admitted to the hospital and kept at rest until bleeding has stopped
- Blood transfusion if indicated
- Gentle speculum exam after 2-3 days to rule out or exclude incidental causes
- Food rich in iron or iron supplementation

B. Active management

- Severe vaginal bleeding will necessitate immediate delivery by caesarean section regardless of the location of the placenta

Complications of Pregnancy cont...

- An intravenous infusion will be in progress and several units of blood may need to be transfused quickly in case of severe bleeding
- In major degrees of placenta praevia (type2 posterior,types 3 and 4) caesarean section is required even if the fetus has died in utero to prevent torrential haemorrhage and possible maternal death

2. Abruptio placenta

Definition:- Premature separation of a normally situated placenta

occurring after 28 weeks of pregnancy

Causes

- The etiology is not always clear

Associated factors

- Severe pre-eclampsia or essential hypertension
- Direct trauma to the abdomen, energetic work done

Complications of Pregnancy cont...

- Sudden reduction in uterine size i.e. when the membranes rupture or in twins pregnancy after the birth of a first twin
- High parity
- Previous caesarean section increases the risk by 40%
- Poor nutritional status
- Cigarette smoking
- Emotional stress that temporarily raise blood pressure
- Polyhydramnios
- Short cord (rare)

Types of abruptio placenta

1. **Revealed haemorrhage**

Complications of Pregnancy cont...

2. **Concealed haemorrhage**

- There is no vaginal bleeding, but the mother will have all the signs and symptoms of hypovolaemic shock
- The blood is retained behind the placenta
- Cause uterine enlargement and extreme pain

3. **Mixed haemorrhage**

- The combination of the two situations
- Some of the blood drains via the vagina and some is retained behind the placenta

Signs and symptoms

- Bleeding usually associated with events:-
  - Hard work
  - Accidental fall, trauma to the abdomen

Complications of Pregnancy cont...

- Severe abdominal pain
- The uterus is tender to touch
- Oligouria or anuria which indicates suppression of renal function
- Intrauterine fetal death
- Protein appears in the urine which may be linked to pre-eclampsia

Management

In the health center

- Secure IV line immediately
- Frequent monitoring of vital signs
- Keeping the client in shock position
- Physical and emotional support
- Refer the woman immediately to the nearest hospital

Complications of Pregnancy cont...

In hospital

For mild separation

- Prolong pregnancy up to 37 weeks if no any deterioration
- Physical and emotional support
- Induce labour after 37 weeks

For moderate and severe separation

-prevent shock and blood lost

- Routine blood investigation
- Blood transfusion if indicated
- Pain exacerbates shock and must be alleviated.
- Monitoring fluid intake and output
- Comfort and encouragement of the woman
- Caesarean section

Complications of Pregnancy cont...

Vasa Praevia

Definition:- A rare occurrence in which the fetal umbilical cord vessels pass through the placental membranes and lie across the cervical os, infront of the presenting part

- This occurs when fetal vessels from a velamentous insertion of the cord cross the area of the internal os to the place.
- It may sometimes be palpated on vaginal examination when the membranes are still intact
- It may also be visualized on ultrasound
- If it is suspected a speculum examination should be made



Velamentous insertion of the umibilical cord

Complications of Pregnancy cont...

Ruptured vasa praevia

- When the membranes rupture in a case of vasa praevia, fetal vessels may also rupture

Diagnosis

- Slight fresh vaginal bleeding, particularly if it commences at the same time as rupture of the membranes, may be due to ruptured vasa praevia
- Fetal distress disproportionate to blood loss may be suggestive of vasa praevia

Complications of Pregnancy cont...

Management

- Fetal heart rate should be monitored
- If the mother is in the first stage of labour and the fetus is still alive, an emergency caesarean section is carried out
- If in the second stage of labour, delivery should be expedited and a vaginal birth may be achieved
- The baby will require a blood transfusion but there is a high mortality associated with this emergency

Complications of Pregnancy cont...

D. Disorders of the amniotic fluid

- Amniotic fluid (liquor amnii) is contained in the amniotic sac which surrounds the fetus
- It is secreted from the cells of amnion, fetal vessels in the cord, placenta and maternal vessels in the deciduas
- During the later half of pregnancy it contains an increasing amount of fetal urine
- It increases in amount through out pregnancy from a few months until 38 weeks when there is about a litter
- The normal amount is considered to be between 500-1500 ml.
- It is not static; the water of which it is largely composed is changed every hour and the solutes are changed about every 3 hours

Complications of Pregnancy cont...

Function

- Provides free movement of the fetus
- Protects the fetus from trauma
- Aid dialetion of the cervix diuring labour
- Contain anti bacterial activities
- Maintain temprature

There are two chief abnormalities of amniotic fluid

1. **Polyhydramnios (Hydramnios)**

Definition:- It is defined as being the amount of amniotic fluid which exceeds 1500 ml

- It may not be clinically apparent until it reaches 3000 ml

Complications of Pregnancy cont...

Causes

- Oesophageal atresia
- Multiple pregnancy especially monozygotic twins.
- Maternal diabetes mellitus
- Chorioangioma, rare tumour of the placenta

There are two types of polyhydramnios

1. **Chronic**

- Usually occurs from about 30 weeks of pregnancy
- Gradual in onset
- Is the commonest type

2. **Acute**

Complications of Pregnancy cont...

- Comes on very suddenly
- Very rare
- Associated with severe fetal abnormality
- The uterus reaches the xiphisternum in about 3 or 4 days

Recognition

The mother may complains of:-

- Breathlessness and discomfort
- Severe abdominal pain (if acute)
- Exacerbation of minor disorders of pregnancy such as indigestion, heartburn and constipation may occur

Abdominal examination

Complications of Pregnancy cont...

On inspection

- The uterus is larger than the expected period of gestation and is globular in shape
- The abdominal skins appear stretched and shinny with marked stereagravidrum and obvious superficial blood vessels

On palpation

- The uterus feels tense and it is difficult to feel the fetal part but the fetus may be balloted between the two hands
- A fluid thrill may be elicited by placing a hand on one side of the abdomen and tapping the other side with the fingers

On auscultation

- It is difficult to hear fetal heart beat because the increased quantity of fluid allows the fetus to move away from the fetoscope

Complications of Pregnancy cont...

Management

- Admission
- Adequate rest with up right position
- Antacid may be given
- Amniocentesis
- Inducing labour if the symptoms become worse
- The membranes should be ruptured cautiously allowing the amniotic fluid to drain out slowly in order to avoid abruptio placenta, cord prolapse and altering the lie.
- Labour is usually normal but the midwife should be prepared for the possibility of postpartum haemorrhage.

Complications of Pregnancy cont...

Complications

- Unstable lie and malpresentation
- Cord presentation and cord prolapse
- Premature rupture of membranes (PROM)
- Abruptio placenta
- Preterm labour
- Postpartum haemorrhage

2. Oligohydramnios

Definition:- It is an abnormally small amount of amniotic fluid

- At term it may be 300-500 ml and even it may be much less
- It is associated with renal agenesis (absence of kidneys)
- Fetal urinary tract problem
- ROM
- Utero placenta insufficiency.

Complications of Pregnancy cont...

Recognition

On inspection

- The uterus appears smaller than expected for the period of gestation

On palpation

- Fetal parts are easily palpated, and there is a reduction in fetal movements
- Breech presentation is possible

On Auscultation

- It is normal

Ultrasound examination

- Confirms the diagnosis from intrauterine growth retardation, small baby, renal abnormalities

Complications of Pregnancy cont...

Complications

- Compression deformities
- Fetal hypoxia
- Painful uterine contraction during labour
- The baby has squashed looking face, flatting of the nose, micrognathia (small jaw) and talipes (congenital deformity of foot)

Management

- Admission
- Induction of labour if there is possibility of placental insufficiency.

THANK YOU