

Underweight mother who herself was premature delivered full term baby with healthy outcome

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Abstract: Maternal underweight and low body mass index is associated with preterm labour and prematurity. Proper ANV work up, regular follow up and counselling of the mother and family can help to overcome the issue of preterm labour and prematurity. Herewith we are reporting case of underweight mother with low BMI who delivered at full term.

Keywords: Underweight mother, Low BMI, Preterm labour, Prematurity.

INTRODUCTION

Despite the current obesity epidemic, at the other end of the spectrum, maternal underweight is also common. Underweight at the first antenatal visit according to the World Health Organization's (WHO's) definition of body mass index (BMI) $<18.5 \text{ kg/m}^2$. Whether maternal underweight is associated with increased, decreased or neutral risks of preterm birth is debated in the literature (1). We present an interesting case report of mother who was herself premature at the time of her birth and now she is underweight with low body mass index delivered a full term baby with healthy outcome.

Case Report:

A 36 year old female, married since 2 years spontaneous conception, in 1st visit her weight was 35 kg and her Height was 148 cm. Body Mass Index was 16 kg/m^2 was on 1st visit. She belonged to underweight category as per WHO standards.

In the history it was revealed that patient herself was preterm delivered at 29 weeks and her birth weight was 1080 Gm. In Antenatal Period, early scan, NT scan and Anomaly scan (Target Scan) were normal. Later after 26-28 weeks, there was growth lag. All Parameter were lagging by 3-4 weeks.

We have given from beginning Low-molecular-weight heparin and Ecosprin (Blood thinners) and Injection progesterone (Hydroxy progesterone Acetate) weekly once

and Injectable Human Immunoglobulin 16.5% solution (Immunoglobulin) intramuscularly once in every 3 weeks and Arginine Sachet High protein diet. We have given 2 Doses of Betamethasone 12 mg 24 Hours apart for long maturity at 26 weeks. From 28 week we have done her ultrasound with Doppler and observed her vitals and BMI every 2 weekly. At 37 weeks she started Premature rupture of the membranes (PROM) and we have done her Emergency A lower (uterine) segment Caesarean section (LSCS) in view of precious pregnancy. Baby's birth weight was 1.720 Kg; baby cried immediately after birth and did not require any interventions.

Conclusion:

It was an interesting case report of mother who was herself premature at the time of her birth and now she is underweight with low body mass index delivered a full term baby with healthy outcome. It is important mention that continuous monitoring, counselling by the doctors was important for favourable outcome.

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