“OUTCOME OF PREGNANCY IN COVID POSITIVE PREGNANT WOMEN”

Dissertation Submitted to

THE TAMILNADU DR. M. G. R. MEDICAL UNIVERSITY

In partial fulfilment of the regulations

For the award of the Degree of

M. S. OBSTETRICS AND GYNAECOLOGY

Reg. No. 221916152

GOVT. KILPAUK MEDICAL COLLEGE

CHENNAI – 600010

MAY – 2022

BONAFIDE CERTIFICATE

This is to certify that the dissertation titled **"OUTCOME OF PREGNANCY IN COVID POSITIVE PREGNANT WOMEN"** is a bonafide work done by DR.ABINAYA.C.P in KILPAUK MEDICAL COLLEGE, during the academic year 2019-2022 submitted to the TAMILNADU Dr.M.G.R. Medical University in partial fulfillment of University regulation for M.S. Branch - II Obstetrics and Gynaecology degree examination of **The Tamilnadu Dr.M.G.R Medical University** during the academic year MAY 2019 to MAY 2022.

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I,DR.ABINAYA C.P, solemnly declare that the dissertation titled **"OUTCOME OF PREGNANCY IN COVID POSITIVE PREGNANT WOMEN"** has been prepared by me. I also declare that this bonafide work or a part of his work was not submitted by me or any other for any award, degree, diploma to any other University board either in India or abroad. This is submitted to **The Tamilnadu Dr.M.G.R.Medical University,** Guindy, Chennai in partial fulfillment of the rules and regulation for the award of M.S.degree Branch- II Obstetrics and Gynaecology

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ACKNOWLEDGEMENT

In the name of Almighty God, I start this thesis. I express my sincere thanks to Prof.Dr. R.Shanthimalar Dean, Kilpauk Medical College for permitting me to conduct the study using the available facilities

I convey my heartfelt gratitude and sincere thanks to my guide Professor, Dr.GOMATHI,M.D ,Department of Obstetrics and Gynaecology, Kilpauk Medical College who with her knowledge and professional expertise has provided able guidance and constant encouragement throughout the course of my study and in the preparation of this dissertation.

I express my sincere thanks to my professor Dr.VANITHA M.D. HOD, Department of Obstetrics and Gynaecology for all valuable help and encouragement since the very beginning.

I express my gratitude for all my professors,teachers,patients and staff for giving valuable help and feedback throughout.

CONTENTS

INTRODUCTION

SARS-CoV-2 is the largest group of RNA virus.The global outbreak of novel coronavirus 2019 (SARS-CoV-2) that causes COVID-19 is a newly discovered virus from the coronavirus family in Wuhan city, China, known to be a great threat to the public health systems.COVID 19 pandemic has become a major health threat and there is an increase in cases and mortality.

COVID-19 pandemic is caused by Severe Acute Respiratory Syndrome Coronavirus (SARS-Cov-2). Transmission of the virus is known to occur through close contact with an infected individual or from contaminated surfaces. The virus can also be transmitted from person to person in the pre-symptomatic phase and from asymptomatic individuals. Symptoms of COVID-19 are variable, ranging from mild symptoms to severe illness.

Pregnant women do not appear more likely to contract the infection than the general population.However,pregnancy itself alters the body's immune system and response to viral infection in general, which can occasionally related to more severe symptoms and this will be same for covid 19.

The corona virus increases the risk of perinatal anxiety and depression, as well as domestic violence. So it is important to support women and strengthen the families.

AIM OF THE STUDY

1. To study the incidence of severity of the disease in covid positive pregnant women
2. Outcome of pregnancy in women with comorbidities
3. Mode of delivery in covid positive pregnant women
4. Incidence of fetal distress in covid positive pregnant women
5. Incidence of preterm labour in covid positive pregnant women

REVIEW OF LITERATURE

GENERAL OVERVIEW:

Corona virus disease(COVID 19) is an infectious disease caused by SARS- CoV-2 virus.Covid-19, first documented in Wuhan, China at the end of covid of 2019, has spread rapidly across the globe, infecting millions of individuals .The virus can spread from an infected persons mouth or nose through cough, sneeze or by direct contact. These particles range from larger respiratory droplets to smaller aerosols.Most people infected with the virus experience mild to moderate respiratory illness and they recover without requiring special treatment.However some become severely ill and require emergency medical interventions and respiratory support.

The diagnosis of COVID-19 can be made based on symptoms and known exposure, or simply from a positive test for SARS-COV-2 even in the absence of any symptoms.COVID-19 can therefore be symptomatic or asymptomatic.Sex-disaggregated data on severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) mortalities suggest it poses more severe health outcomes for men than women. Furthermore,it is a particularly salient question whether pregnant women are more susceptible to infection with SARS-CoV-2 or have more severe disease outcomes.Outside of direct infection, the impact of the pandemic and pandemic control policies healthcare infrastructure ,societies and the global economy has affected the maternal health.

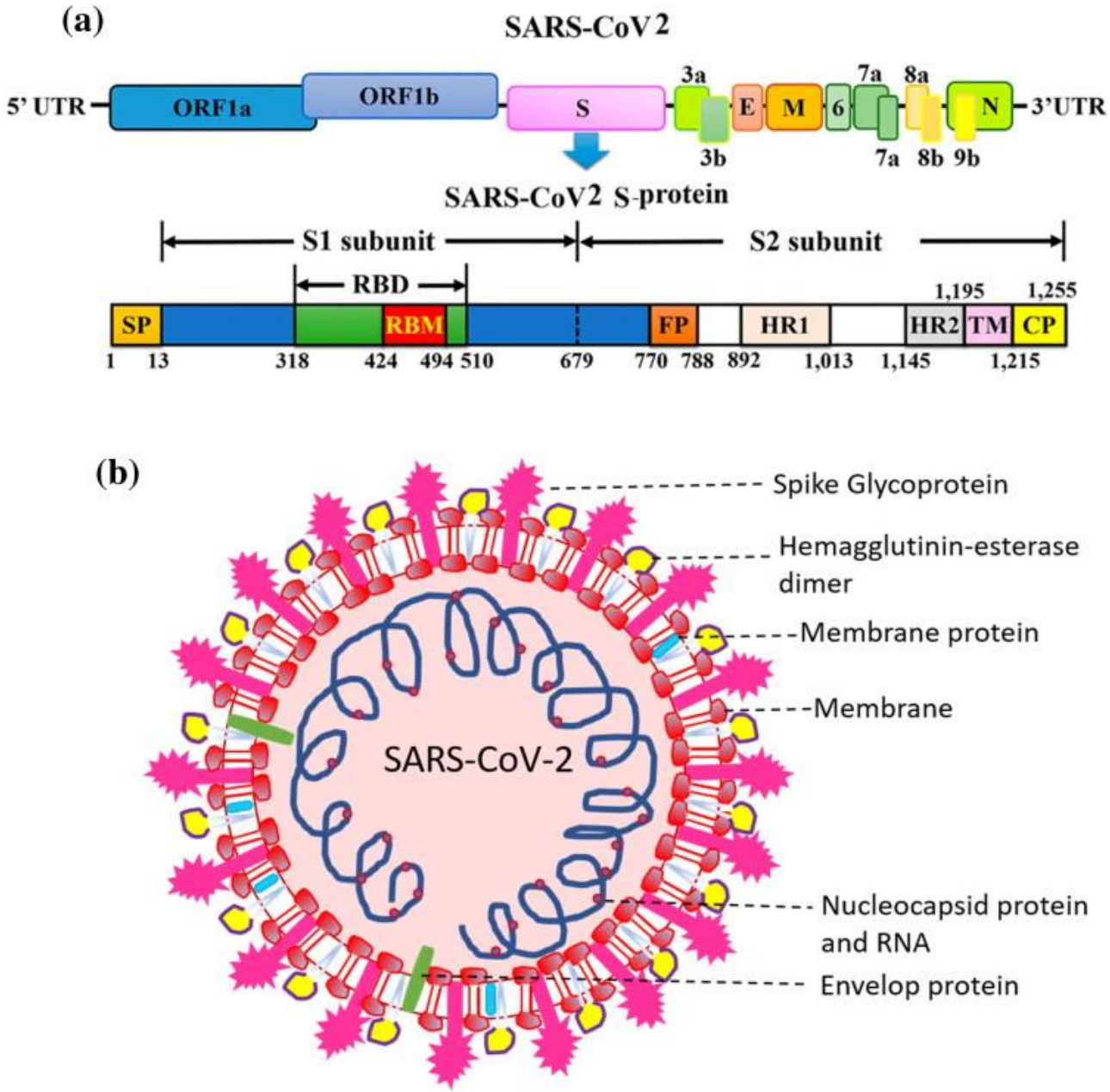
INTRODUCTION:-

Coronaviruses is a family of virus that can cause illnesses like the common cold, severe acute respiratory syndrome (SARS), and Middle East respiratory syndrome (MERS) (Amanat & Krammer, 2020). A new virus, known as novel coronavirus illness 2019, was discovered in China in 2019. (COVID-19). The World Health Organization declared COVID-19 a pandemic disease on March 11, 2020.Seasonal epidemics and occasional pandemic breakouts are caused by the virus, which circulates in humans, birds, and animals. Five pandemic respiratory infections caused by distinct subtypes of influenza virus have struck the world in the last century, with pigs serving as significant reservoirs for these influenza viruses. The 1918 H1N1 (Spanish flu), which originated in Spain, killed approximately 50 million people worldwide, the 1957 H2N2 (Asian flu), which originated in China, killed approximately 4 million people worldwide, the 1968 H3N2 (Hong Kong flu), which killed 1 million people worldwide, the 2005 H5N1 (Bird flu), which affected more birds and humans, and the 2009 H1N1 (Swine flu), which killed 18,000 people worldwide and encircled over 100 countries.Another pandemic has emerged from the coronavirus family, with two regional epidemics, severe acute respiratory syndrome (SARS) and middle east respiratory syndrome (MERS), which occurred between 2001 and 2015.

MECHANISM OF ACTION OF COVID 19 :-

It is a contagious viral infection that can be disseminated through inhalation or ingestion of virus droplets. The coronavirus genome is about 30000 nucleotides long. Nucleocapsid (N) protein, Membrane (M) protein, Spike (S) protein, and Envelope

(E) protein are four structural proteins encoded, as well as several non-structural proteins (nsp).The capsid is a protein shell that contains nuclear capsid or N-protein, which is attached to the virus's single positive strand RNA and allows it to hijack human cells and turn them into virus factories. The N protein covers the viral RNA genome and helps it replicate and transcribe. The N-terminal of the N protein is responsible for viral replication and transcription by binding to genomic and sub-genomic RNAs in MHV and IBV virions. One of the major unresolved research questions is the development of a medication that can prevent viral replication and transcription by preventing interactions between the N-terminal of N-protein and a single positive RNA strand. Sarma et al. (2020) identified two significant classes of chemicals, theophylline and pyrimidone medicines, as potential inhibitors of RNA binding to the N terminal region of the coronavirus N protein, hence offering new paths for in vitro validations.



COVID-19 genome organisation and functional domains.

A) Schematic representation of the genome organisation and functional domains of S protein. The ORF1a and ORF1b genes, which encode 16 non-structural proteins (nsp1–nsp16), are encoded by COVID-19's single-stranded RNA genomes. The structural proteins, spike (S), envelope (E), membrane (M), and nucleocapsid (N), are encoded by the structural genes (N). The auxiliary genes are color-coded in various colours of green.

Underneath the genome architecture is the structure of the S protein. The S protein is made up of two subunits: S1 and S2. Dotted lines draw attention to the S1/S2 cleavage sites. The cytoplasm domain (CP), the fusion peptide (FP), the heptad repeat (HR), the receptor-binding domain (RBD), the signal peptide (SP), and the transmembrane domain (TM) are all displayed in the S-protein.

B) A lipid bilayer surrounds the viral surface proteins spike, envelope, and membrane. The nucleocapsid protein is linked to the single-stranded positive-sense viral RNA.

The M-protein is most prevalent on the viral surface and is thought to be the coronavirus's key organiser. The S-protein is incorporated into the virus's surface and facilitates viral entrance into the host cell by mediating attachment of the virus to host cell surface receptors and membrane fusion between the viral and host cell membranes (Kirchdoerfer et al., 2016). The E-protein is a tiny membrane protein with 76-109 amino acids that is a minor component of the virus particle. It is involved in virus assembly, host cell membrane permeability, and virus-host cell contact (Gupta et al., 2020). The genetic material is encased in a lipid wrap. The hemagglutinin-esterase dimer (HE) has been discovered on the viral surface.The HE protein may have a role in virus entry; it is not essential for virus replication, but it appears to be important for natural host-cell infection (Lissenberg et al., 2005). The complete structure of the Spike (S) protein in the close (Walls et al., 2020) and open (prefusion) stages has been uncovered using state-of-the-art cryo-EM studies (Wrapp et al., 2020). This glycoprotein is made up of three identical chains, each with 1273

amino acids, and two well-defined protein domain regions: S1 and S2 subunits, which are involved in cell recognition and membrane fusion, respectively. The latter arises as a result of several protein structural changes that are currently unknown.

The spike (S) protein of the coronavirus binds to angiotensin converting enzyme 2 (ACE2) receptors on the surface of numerous human cells, including those in the lungs, facilitating virus entry.Endocytosis is the process through which a human cell ingests the virus. COVID-19 is thought to use a unique three-step method for membrane fusion once it enters the cytoplasm, involving receptor-binding and induced conformational changes in Spike (S) glycoprotein, followed by cathepsin L proteolysis by intracellular proteases and further activation of the membrane fusion mechanism within endosomes (Simmons et al., 2005). The endosome then opens, releasing the virus into the cytoplasm, and the viral nucleocapsid (N) is uncoated by proteasomes, which may hydrolyze endogenous proteins but can also degrade external proteins like the SARS nucleocapsid protein (Q. Wang et al., 2010).Finally, the viral genetic material, which is a single-stranded RNA, is released into the cytoplasm in its entirety. The replication and transcription processes are carried out here, and they are mediated by the replication/transcription complex (RTC). Infected cells export fresh virions by transporting them to the cell membrane in smooth-walled vesicles, which are then secreted via exocytosis to infect neighbouring cells. Meanwhile, the endoplasmic reticulum is stressed by viral production, which leads to cell death. The mechanism of action for new COVID-19, on the other hand, is still unknown.

COVID-19 IN PREGNANCY

Women undergoing pregnancy, and those at the time of childbirth and puerperium constitute potentially vulnerable populations for COVID-19.The rate of COVID-19 in pregnant and recently pregnant women attending or admitted to the hospital for any reason is around ~ 10%.Pregnancy, in general does not significantly increase the risk of being infected by SARS-CoV-2.The negative effects of the COVID-19 pandemic on maternal and perinatal health are not limited to the disease's direct morbidity and mortality, but also include the challenges of providing services to pregnant women (PW) in the face of adversity such as lockdown and unexpected demands on health systems. Furthermore, the potential of contracting COVID-19 through infected Pregnant women creates specific concerns for healthcare professionals like as doctors, nurses, and those who provide prenatal care.The World Health Organisation (WHO) stated that pregnant women or recently pregnant women who are older, overweight, and have pre-existing medical conditions such as hypertension and diabetes seems to have increased risk of developing severe COVID-19. In general, there is a consensus that breastfeeding should be promoted due to its mutual benefits. However, it is not well known whether the virus can be transmitted through breastmilk.COVID-19 poses a serious and immediate threat to the healthcare system. During this time, however, it is critical to ensure that safe maternal and child health services are available.

TRANSMISSION:-

Most global cases of COVID-19 have evidence of human to human transmission. This virus can be readily isolated from respiratory droplets or secretions, faces and fomites. The droplets vary in size, smaller droplets (aerosols) to larger particles that settle in ground rapidly (within seconds or minutes)Transmission of the virus is through infectious patient aerosol in direct contact with mucous membranes of another person's nose, mouth or eyes,or inhalation into nose, mouth, airways and lungs.Also the virus spreads through handshake.Transmission is also facilitated by recirculated air.Good ventilation and air filtration helps to protect against the viral spread by replacing the indoor and outdoor air.

With regard to Vertical transmission(Transmission from a women to her baby antenatally or intrapartum), Evidence now suggests that if vertical transmission does not occur, its uncommon.Vertical transmission is not affected by Mode of birth, delayed cord clamping ,skin to skin contact, method of feeding or whether the woman and baby stay together (ROOMING-IN).There is, however,evidence of transplacental transmission of antibodies against COVID-19 following maternal infection.Studies have demostrated that the presence of immunoglobulin G(IgG) umbilical cord samples suggesting that passive immunity might be transferred to the neonate.IgG levels in cord blood have been reported to be higher with longer intervals between maternal infection and delivery.The duration of IgG antibody presence and whether this truly confers passive immunity is unknown.

MECHANISMS OF VASCULAR DAMAGE OF COVID-19 AMONG PREGNANT WOMEN :-

The COVID 19 nucleocapsid proteins contains a highly complex RNA ,however, as typical of coronaviruses, the nucleocapsid is surrounded by a membrane containing three proteins :spike protein, small membrane protein E, and membrane protein M.When the virus attaches to the respiratory tract, cell entry occurs via two pathways,One pathway is the direct plasma membrane route, which involves the transmembrane protease 2 and is used by most viruses.The other pathway is through virus spike proteins, which tightly attach to the ACE2 receptors and the release of viral genome into the host cell.The viral genome is translated inside the host cell, replicating and producing more RNA genomes and viral proteins , and consequently continuing the lifecycle of virus.

Conversion of many angiotensin compounds, including the conversion of angiotensin 1 to angiotensin (1 to 9) and angiotensin II to angiotensin (1 to 7),which cause antithrombotic vasodilatory and anti-inflammatory effects.During pregnancy ,a women hormonal profile, increasing the levels of renin -angiotensin -aldosterone system compounds, including ACE 2.These changes put pregnant women at a greater risk of contracting and suffering adverse outcomes from COVID-19.Systemic vasodilatory responses are maintained in pregnant women to balance their blood pressure.This occurs through the conversion of angiotensin II,resulting in increased levels of angiotensin 1 -7.

Preeclampsia is characterised by multi system involvement due to the loss of angiotensin regulation leading to imbalanced blood pressure.Coagulation abnormalities and endothelial cell dysfunction are the two other common mechanisms shared between covid 19 and preeclampsia, both of which caused vascular damage. Infection with COVID 19 during pregnancy may significantly mimic microvascular dysfunction of endothelial cells by causing Endothelitis.Endothelitis is known to cause systemic inflammation and microcirculatory dysfunction. Pregnant women with COVID 19 can be particularly prothrombotic due to coagulation abnormalities resulting from hormonal alteration which may potentiate hyper coagulable state.

THE IMMUNE RESPONSES TO COVID-19 IN PREGNANCY :-

Preferential activation of Th 1 immunity has been observed among pregnant women infected with covid 19 .This activation has been found to lead to a marked increase in production of pro-inflammatory cytokines (IFN,IL-6,IL-12) for more than 14days following the onset of disease, which in turn, causes extensive lung disease .The activation of Th 1 and Th 2 cells during COVID 19 infection leads to a significant increase in IL-6 levels and the Th1 response.This activation is associated with an increased mortality risk, particularly among pregnant women.The nature immune response to the placenta and its tropism increase pregnant women’s susceptibility to COVID 19.

EFFECT OF COVID 19 ON PREGNANCY:-

The health of pregnant women needs to be taken into account during this rapidly changing coronavirus pandemic .It is important to provide clinical interventions necessary for pregnant women.These carefully evaluated decisions must be extensively discussed while considering both maternal and foetal outcomes in the context of outcome of pregnancy in COVID positive pregnant mothers.Pregnant women undergo physiological changes,which leads altered immune system.This does not necessarily make them more susceptible to viral infection; hence,their response to COVID-19 may be similar to any other viral infection.

World Health Organisation (WHO) has reported that there is no apparent difference in the risk of developing clinical symptoms between non pregnant and pregnant women of reproductive age.The majority of pregnant women who are infected with SARS-CoV 2 are asymptomatic.Most symptomatic pregnant women experience only mild or moderate cold/flu like symptoms.The main symptoms of COVID 19 are cough, fever,sore throat, headache ,dyspnoea, myalgia, loss of sense of taste and diarrhoea.

Adverse outcome of COVID 19 among pregnant women include maternal hyper coagulability and pyrexia (cytokine storm),which can lead to increased infarction, placental intervillous thrombosis, maternal hypoxia and fetal heart rate changes. Pregnant women informed that though they are not at an increased risk of COVID 19 infection but if infected they may be at an increase risk of severe infection and adverse pregnancy outcomes in the form of ICU Admission,invasive ventilation, need

for ECMO or death, hence they should all take precautions to protect themselves from exposure and get themselves and their family vaccinated.

EFFECT OF COVID-19 ON FETUS:-

No data suggesting an increase risk of miscarriage or early pregnancy loss

No evidence currently of teratogenicity

Not an indication of Medical Termination of Pregnancy

No evidence as yet of Vertical Transmission (from mother to baby antenatally or intrapartum)or during breast feeding

It is important for Health care workers to realise that stillbirth rates may increase because of indirect causes such as missing antenatal scheduled visits due to risk of getting infected, or pandemic-related disruptions to in delivery of maternal and neonatal child health services from lockdown policies

Adverse neonatal outcome from COVID -19 positive mothers, include fetal distress, preterm birth, intrauterine growth restriction, perinatal death and miscarriage

CLINICAL FEATURES :-

MEAN INCUBATION PERIOD 5 -7 DAYS

1.Fever

2.Cough

3.Fatigue

4.Shortness of breath

5.Expectoration

6.Myalgia

7.Rhinorrhoea , sore throat , diarrhoea

8.Loss of smell(anosmia) or loss of taste(ageusia) preceding the onset of respiratory symptoms

CLINICAL SEVERITY:-

- Asymptomatic: There were no symptoms, although the screening result was positive.

- Mild disease: Majority of pregnant women are affected by mild disease.The symptoms being Fever, cough, myalgias, and anosmia without dyspnoea, shortness of breath, or abnormal chest imaging are all indications of mild disease. Amal Arab et al study on Maternal and perinatal characteristics and outcome pregnancy observed 185 pregnant women, majority (88%) of the patients had mild symptoms ,with fever (58%) being the most common presenting symptom followed by cough (50.6%)

- Moderate disease: Lower respiratory tract disease with dyspnea, pneumonia on imaging, abnormal blood gas analysis, and refractory fever of 39.0 C /102.2 F or higher that is not improved by paracetamol while maintaining an oxygen saturation of greater than or equal to 94 percent on room air. In moderate disease the majority of symptoms being the shortness of breath.

- Severe disease: respiratory rate greater than 30 breaths per minute (bpm), oxygen saturation less than 94 percent, and imaging showing greater than 50% lung involvement

- Multi-organ failure or malfunction, shock, and respiratory failure necessitating mechanical ventilation are all examples of critical disease. Despite taking significant and acceptable measures to improve oxygenation and/or ventilation, resistant hypoxemia might occur.

CLINICALN SEVERITY	CLINICAL PRESENTATION	CLINICAL PARAMETERS
MILD	Patients with uncomplicated upper respiratory tract infection. Mild symptoms like fever, cough,sorethroat, nasal congestion, malaise,headache	Without evidence of breathlessness or hypoxia (normal saturation)
MODERATE	Pneumonia with no signs of severe disease	Presence of clinical features of dyspnea and or hypoxia ,fever ,cough with spo2 <94% (range 90 to 94%) on room air, Respiratory rate >/= 24 per minute
SEVERE	Severe pneumonia	clinical signs of pneumonia plus one of the following ; respiratory rate >30 breaths/min, severe respiratory distress ,spo2 <90% on room air

TRIAGING :-

Any Pregnant women seeking health care services (antenatal, intrapartum, or postpartum) should be evaluated at the health facility's triage to avoid cross-contamination between suspected COVID-19 and non-COVID-19 patients / pregnant women. Before entering the building, a triage area should be set up. Pregnant women should be triaged using a checklist that divides them into three groups: screen negative, COVID-suspect, and COVID-positive.

TRIAGE LOCATION :-

- It should be located at the main entrance.
- There should be ample space for health staff to work and engage with pregnant women while maintaining a safe distance and taking all necessary safeguards.
- There should be a socially segregated waiting area for women.
- An examining space with a table and a fully equipped trolley should be available.
- Proper referral of cases in case the pregnant women cannot be managed at the same facility
- Screen negative Pregnant women should be managed as routine cases and testing in these patients should be as per standard protocol.
- COVID-suspect Pregnant women should be isolated in a suspect area and sample for testing should be sent.

COVID- 19 AT FACILITY LEVEL :-

All Pregnant women, irrespective of COVID status, should have access to woman-centred, respectful skilled care. Birth preparedness needs to be ensured.

- All Pregnant women must be screened for comorbities and symptoms at the triage area
- Testing criteria provided by ICMR must be followed
- Delivery services to continue to be provided
- All delivery points are advised to have isolation areas, and preferably a separate Labour room and Operation theatre for Pregnant women suspected with COVID infection. Septic Labour room and operation theatre can utilised for COVID purpose.
- If a COVID suspected or positive Pregnant women in imminent labour arrives at any non-COVID facility, she should not be denied services and be delivered at that facility itself.
- Blood Banks/Blood Storage Units need to be kept functional, where available.

FACILITY PREPAREDNESS:-

All facilities should have a written protocol for management of COVID infected pregnant women.

They should:

- Have sufficient supplies of PPE and hand washing facilities in the Labour room and Operation theatre.

- Have disinfection protocols at each delivery point like sanitisation of surfaces of labour room and in-patient wards with hypochlorite solution
- Restrict number of birth companions / visitors to labour ward as per State COVID Standard operative protocol (SOP)
- Keep minimum staff in Operation theatre, all of whom must wear appropriate PPE
- Allow time for a full post-operative theatre cleaning and sanitization as per SOPs.
- Train all staff (including maternity and neonatal) in the use of PPE so that emergency theatre is functional round the clock
- Staff should follow regular hand hygiene practices – handwashing before and after examining each patient, wearing sterile gloves for examining the patient etc.

DO'S AND DON'TS FOR OBSTETRIC CARE PROVIDERS IN COVID PANDEMIC :-

1. If a woman fits the COVID-19 testing criteria, she should be tested. She should be handled as though she has proven COVID-19 until test results are available.
2. Do not put off obstetric management to get a COVID-19 test.
3. Elective procedures such as induction of labour for non-essential indications, routine growth scans not for a strict guidance-based indication, and routine investigations should be kept to a bare minimum at the discretion of the care provider.

4. If ultrasound equipment is utilised, it must be disinfected after each usage

COVID-19 ADMISSION AND TESTING (PATIENT - CENTERIC) :-

1. If an individual has tested positive once by Rapid Antigen Testing or RT-PCR, the RT-PCR test must not be repeated.
2. In accordance with MoHFW's discharge policy, no testing is necessary for COVID-19 recovered patients at the time of hospital discharge.
3. During the current COVID-19 outbreak, any person presenting with fever, cough, headache, sore throat, dyspnea, body ache, recent loss of taste or smell, exhaustion and diarrhoea should be regarded a suspect case of COVID-19 unless another aetiology can be established.
4. A positive COVID-19 viral test is no longer required for admission to a COVID Health Facility.
5. The suspect ward is where a suspect case is admitted.

CHEST IMAGING AND LABORATORY FINDINGS :-

International radiological societies recommend chest radiography as the first-line imaging modality for assessing suspected COVID-19 pulmonary involvement.In moderate or early-stage disease, a chest radiograph is insensitive, but it is useful for diagnosing more advanced disease or monitoring hospitalised patients.

Pregnant and recently pregnant persons with suspected or confirmed COVID-19, laboratory findings included

1.Raised C-reactive protein levels

2.Lymphopenia

3.Leukocytosis

4.Elevated procalcitonin level

5.Abnormal liver chemistries

6.Thrombocytopenia

CT CHEST IN COVID 19:-

CT Chest sensitivity for COVID 19 has been reported between 80% and 90%,This emphasises the importance of being able to recognise, evaluate, and convey imaging data related to the lungs. Consolidation, linear opacities, crazy-paving, bronchial wall thickening, and high CT severity ratings have all been linked to a poor prognosis and the need for urgent care.Only in deteriorating patients or patients with functional and/or hypoxemia after recovery from COVID-19 should CT imaging be used as a first-line imaging modality, according to the Fleischer Society.

CT findings of consolidation, linear opacities, crazy-paving, bronchial wall thickening, and high CT severity ratings have all been linked to a poor prognosis and the need for urgent care.

CORADS:-

The CO-RADS (COVID 19 Reporting and Data system) is tested in patients with moderate to severe disease.Categorisation of the disease into groups depends on COVID 19 and its lung involvement.CO-RADS are divided into seven categories. COVID-19 infection is classified into six categories, ranging from very

low risk (CO-RADS 1) to proven infection (positive RT-PCR assay) (CO-RADS 6).

		CT FINDINGS
CO-RADS 1	NO	Normal or non infectious pathology
CO-RADS 2	LOW	Abnormalities consistent with infection other than COVID-19
CO-RADS 3	INDETERMINATE	Unclear whether COVID 19 is present
CO-RADS 4	HIGH	Abnormalities suspicious for COVID -19
CO-RADS 5	VERY HIGH	Typical COVID 19
CO-RADS 6	PCR +	

ANTENATAL CARE :-

The majority of those infected with COVID-19 experience no or relatively minor symptoms. Various co-morbidities, such as hypertension, diabetes, asthma, HIV, heart disease, chronic liver, kidney, or lung disease, blood dyscrasias, and patients on immunosuppressive medications, must be assessed, as well as any obstetric complications or high-risk factors, to determine whether inpatient or outpatient management is appropriate, as well as the

availability of home isolation services. If none are found, outpatient treatment with a 14-days quarantine is recommended. Additional tests such as inflammatory marker tests, chest imaging (X-ray chest), or CT scan are required depending on the severity level.

Women should be advised to continue their routine antenatal care, although it may be modified, unless they meet self isolation criteria for individuals or households with suspected or confirmed COVID-19.Social distancing measures and good ventilation, to reduce the risk of transmission between women, staff and other clinic/hospital visitors, to provide care to women who are self isolating for suspected or confirmed COVID-19 for whom a hospital attendance is essential.

Basic assessments such as Hemoglobin, urine testing, and assessment of fundal height in women not receiving serial fetal growth ultrasound scans, are still required.

Minimal antenatal visits during pregnancy.

- 1st VISIT :- Within 12 weeks - preferably as soon as the pregnancy is suspected
- 2nd VISIT :- Between 14 and 26 weeks
- 3rd VISIT :-Between 28 and 34 weeks
- 4th VISIT :-Between 36 weeks and term

If there are any specific symptoms or danger signals associated to pregnancy, a second ANC visit may be scheduled at the discretion of the maternal care practitioner. Encourage the

patient to go to the nearest primary health care centre or subcenter. When a pregnant woman comes in for ANC, she should be examined first and separated from the other patients who are waiting for their appointments. It is possible to use a weekly fixed-day method for antenatal checkups, with adequate IEC performed beforehand.

Healthcare professionals should be aware that women may not have the privacy within their home to disclose private, personal or sensitive information. Efforts should be made at in-person appointments, such as ultrasound scans, to discuss sensitive issues such as domestic violence, sexual and psychological abuse ,psychiatric illness and recreational drug use When in personal appointments are required (e.g for blood tests, maternal examination and ultrasound scans)these should be arranged alongside other in-person maternity visits to limit repeated clinic attendance.

Particular considerations should be given to pregnant women who have comorbidities that make them more vulnerable to the effects of COVID-19.Shared waiting areas should be avoided. In no case, shall the pregnant woman visit a facility dedicated for COVID 19 for antenatal checkup - Medical officer (MO) PHC or a CHO may arrange a Tele-consultation of the patient with the Obstetrician at the hub as and when required.

BENEFITS OF TELEMEDICINE FOR ADDITIONAL CONSULTATION:-

1. Consult a Pregnant women who is COVID-19 positive but has no or minor symptoms.
2. Telephonic triage can be used to identify those who need to be seen in person. As a result, unnecessary hospital visits are avoided.
3. If a Pregnant women requires COVID-19 infection testing, the virtual or telephonic triage should be used which may assist her in locating the appropriate facility/lab.
4. In addition, a viable treatment for COVID positive Pregnant women with mild or moderate symptoms should be found.
5. The same platform can be used to provide guidance on illness management by the concerned MO/Specialist, who is a long way away.
6. Referral tagging and linkages for Pregnant women with moderate to severe COVID can be assisted to the nearest COVID facility.
7. Facilitate Antenatal care check-ups and follow-ups on a regular basis.
8. Information on Danger Signs in pregnancy and Birth Preparedness discussion.
9. Ongoing pregnancy risk assessment – including emotional wellbeing and personal safety: If risk assessment identifies potential or actual complications more frequent contacts need to occur and these may need to be face-to-face.
10. Health care providers at the HWC-SC/PHC can schedule a telehealth appointment with a gynaecologist in case of a High-Risk Pregnancy, before a face-to-face visit,thus

limiting the time required for the consultation during the face-to-face interaction.

11. Educate pregnant women about preventive measures during a pandemic, self-care, detection of danger signs, re-assurance, mental wellbeing etc.
12. Antenatal care during the last trimester requires prioritization. Telephonic contact should be made by ASHAs or ANMs with known high-risk PW to ascertain their status and organize home-based follow-up if necessary.

Women should be counselled that if she test positive for COVID 19 during pregnancy or immediately before delivery, she shall have to deliver at a dedicated COVID facility. If a pregnant women develops symptoms like cough, fever, difficulty in breathing or flu like symptoms, she shall inform the concerned ASHA and ANM/CHO, who shall further promptly inform the MO-PHC and BMO. Sampling of such case for COVID 19 shall be done. Clinical conditions of the pregnant women including assessment of HIGH RISK PREGNANCY shall be criteria for deciding whether the sample shall be taken from home or under observation in an institution.

Pregnant women having flu symptoms tested negative and no obstetric intervention required, she shall be home quarantined till the symptoms resolve. Referral for antenatal ultrasound services for fetal growth surveillance recommended after 14 days after resolution of acute illness. For women self-quarantined because if some household has possible symptoms of COVID 19, appointments should be deferred for 14 days .For women having

symptoms, appointments can be deferred until 7 days after the start of symptoms, unless symptoms become severe. Even if previously a pregnant women tased negative for COVID 19,and of symptoms reappear, she should be treated as COVID 19 again.

Any pregnant women who has a routine appointment delayed for more than 3 weeks she should be contacted by the ANM and ASHA.

While every effort by the health system and Pregnant women's family should be made to achieve the above-mentioned number of visits, following instances may be faced by the pregnant women:

1. Delaying the in-person ANC checkup for at least 14 days if the COVID positive Pregnant women has been diagnosed with Symptoms are absent or minor.
2. Necessitating the involvement of a specialist
3. A high-risk pregnancy necessitating extra physical visits and/or monitoring
4. Complaints that appear for the first time during pregnancy require medical attention with the assistance of a specialist/MO
5. Missing scheduled visits due to a pandemic-related unforeseen situation
6. Follow-up appointments, investigations, and/or a USG scan are due.
7. A member of your family is infected with COVID 19
8. The closest medical facility has been transformed to CCC/ DCH.

ADVISORY FOR ANTENATAL WOMEN :-

Disinfection of surfaces to reduce fomites related spread

For women working outside the housework from home is advised. A distance of atleast one meter in various necessary interactions is advised

Avoid non-essential travel, if essential a private vehicle is preferred. Avoid gatherings,minimize visitors to meet the mother and the newborn after delivery.

LABOUR AND BIRTH DURING **COVID-19** PANDEMIC

A positive COVID-19 result in the absence of any other co-morbidities or obstetric complications is not a reason to rush labour. When a mother gives birth via vaginal delivery, the rate of neonatal COVID-19 infection, neonatal deaths, and maternal deaths is not higher. A positive COVID-19 result is also not an indication to perform a Caesarean section unless there are other obstetric reasons. As a result, a positive COVID-19 result should not influence the mode of birth decision (unless urgent birth indicated). Only when medically necessary and dictated by normal obstetric factors should a Caesarean section be performed. The emphasis should be on upholding normal principles.

However, the majority of research show a rise in the number of preterm births and caesarean deliveries among women. All women despite the pandemic have a right to have safe and positive childbirth experience. Low-risk women who test positive for SARS-COV-2 within 10 days prior to birth who are asymptomatic should have an informed discussion about the place of birth with their clinician. Ensure safe institutional delivery. Maintain due list

of all pregnant women with Expected Date of Delivery (EDD) in the next three months (last trimester) at SHC level for active follow up Availability of dedicated ambulances for COVID and non COVID patients must be ensured at the district/block level.

Assessment of the severity of COVID 19 symptoms, which should follow a multi disciplinary team approach including an infectious diseases or medical specialist. Women who test positive for SARS-COV-2 should be offered delayed cord clamping and skin-to-skin contact in line with usual practice.COVID 19 infection should not dictate the timing of delivery except the cases where the potential for rapid deterioration in maternal respiratory status or maternal life is at risk

A full maternal and fetal assessment should be undertaken, including

- Strict maternal monitoring and fetal well being with partograph
- Assessment of the severity of COVID-19 symptoms by the most senior clinician
- Maternal observations include Temperature, respiratory rate and oxygen saturation
- Confirmation of onset of labour, as per standard care
- CTG

MODE OF DELIVERY FOR COVID 19 SUSPECTED OR CONFIRMED CASE:-

- Mode of delivery should not be influenced by the presence of COVID 19,unless the woman's respiratory condition demands urgent delivery
- C SECTION Indication:- COVID 19 as such does not influence the rate of cesarean Section . Decision based on obstetric(fetal or maternal)indications and not COVID 19 status alone. Venkateshwarlu vardelli et al review on perinatal COVID-19 observed 786 mothers, of which 504 (64%) were delivered by cesarean section and 14% delivered preterm. While Wissam Arab et al review observed that increase in cesarean section are performed due to concerns that excessive ventilation and stress during labour might aggravate the respiratory and pro-inflammatory states accompanying COVID-19.Evidence also showed that maternal oxygenation can be restored quickly after delivery.
- There is no contraindication for operative deliveries
- Induction of labour and cesarean section showed continue to be performed as indicated
- Early epidural analgesia for labor should be considered to mitigate risks associated with general anesthesia in the setting of an urgent cesarean
- Amniotomy may be utilised for labour management as clinically indicated
- According to WHO ,delayed umbilical cord clamping is highly unlikely to increase the risk of transmitting pathogens

from the mother to the fetus even in the case of maternal infection

TIMING OF DELIVERY:-

Timing of delivery by planned induction is decided based on gestational age, comorbidities, severity of illness or if there is an indication for induction. In severe diseases, delivery may be considered if the pregnancy is advanced and delivery allows further optimisation of care

At 37 - 38(+6 days) weeks :-

Termination of pregnancy is done if there is indication for induction. If there is no indication, then wait for spontaneous onset of labour

In severe disease:-

Multidisciplinary approach to stabilise the patient first. After stabilisation, plan for termination of pregnancy Stop anticoagulation if patient goes into labour or induction is planned. Stop Low Molecular Weight Heparin 24 hours before and unfractionated heparin 6hours before procedure

MEDICAL MANAGEMENT:-

1. Supportive therapy include bed rest,Oxygen supplementation, fluid management and nutritional care
2. HYDROXYCHLOROQUINE in a dose of 600mg(200mg thrice a day with meals) and AZITHROMYCIN (500mg once a day) for 10 days

3. Anti-viral therapy Lopinavir-ritonavir, Remdesivir, Oseltamavir
4. Antibiotics if there is any secondary bacterial infection
5. OXYGEN - If there is any difficulty in breathing, oxygen supplementation by nasal prongs or mask may be added.High flow nasal oxygen at 4 to 6 litres per minute should be immediately administered.Non invasive ventilation can also be used.At this point ,there should be re-evaluation of the patient's status.

INDICATIONS OF ICU ADMISSIONS :-

- Respiratory rate > 30 breaths /min
- Oxygen saturation <93% at a rest
- Arterial partial pressure of oxygen (PaO2)/Oxygen concentration (FIO2)<300 mmHg
- Patients with >50% lesions progression within 24 to 48hours in lung imaging
- Quick Sequential Organ Failure Assessment Score(qSOFA)score can be a useful adjunct to decision making for ICU management

qSOFA SCORE :-

NUMBER	CRITERIA		POINT
1	Respiratory rate	>/= 22breaths/min	1
2	Mental status	Altered	1
3	Systolic Blood Pressure	</=100 mmHg	1

SCORE >/= 2 is suggestive of sepsis and needs intensive care.

INDICATIONS FOR INTUBATION:-

- When oxygen requirement for a target of spo2 >95% are
- 15 litres per minute (common nasal cannula or mask)
- >45 to 50 litres per minute (HFNC)
- >60% FIO2 (venturi mask)
- Inability of the patient to maintain the airway due to altered mental status (Glasgow coma scale <8)

CONSIDERATIONS FOR LABOUR AND BIRTH FOR WOMEN RECOVERED FROM COVID-19

For women who have recovered from antenatal COVID-19 without requiring admission, and who have completed self isolation in line with public health guidance, there should be no change to planned care during labour and birth.For women who have recovered following hospital admission for serious or critical COVID-19 illness needing supportive therapy , healthcare professionals should discuss and plan place of birth with the women. While making a personalised assessment ,consideration should be given to both the growth of the foetus and the women's choices

Healthcare professionals should ensure that any growth ultrasound scans taken following a period of illness would be reviewed. If the interval between resolution of illness and presentation of birth has been insufficient to allow for a growth scan, the implications of this should be considered in the assessment and care plan

When participating in informed discussion with women about metal monitoring, healthcare professionals should acknowledge evidence of fetal distress is based on small numbers of babies born to women symptomatic of COVID-19, and theoretical risks extrapolated from pregnancies affected by fetal growth restriction in women with other coronaviruses.

CONSIDERATIONS OF BIRTH COMPANION DURING COVID -19 PANDEMIC

Women should be encouraged and supported to have a birth partner present with them during active Labour and birth if they wish to do so.Birth partners, who are symptomatic, or in self-isolation for confirmed SARS-COV-2 infection, should remain in self isolation in home and not attend the hospital.Local level risk assessments should be made for each maternity service space(e.g shared words) to identify if there are elevated risks of SARS-COV-2 transmission from the presence of a birth partner.On attendance of the maternity unit, all birth partners should be asked if they have experienced any symptoms suggestive of COVID-19 in the preceding 10 days. E.g fever, acute persistent cough, changes in or loss of sense of smell(anosmia) or taste

INFECTION PREVENTION AND CONTROL PRACTICES:-

- Infection control and prevention reorientation training for all types of hospital workers.
- Following infection prevention practises, such as cleaning, segregation, and transportation.
- Maintaining a constant supply of Sodium Hypochlorite, Isopropyl Alcohol, Ethyl Alcohol, Hydrogen Peroxide,

Alcohol-based hand rub, Glutaraldehyde, Bins, and Linens, among other things.

- Ensuring water supply and liquid soap availability.
- Ensure that all categories of employees have access to the entire complement of PPE and that it is used 24 hours a day, seven days a week.
- Alcohol-based hand massage should be readily available to workers and attendants at all times.
- Collection of COVID patients' segregated waste and labelling of the waste throughout the chain of movement until disposal.
- Ensure that the operator of the Common Biomedical Garbage Treatment and Disposal Facility (CBWTF) collects the waste at least once every six months.

HAND HYGIENE:-

Hand hygiene entails using an alcohol-based hand sanitizer containing 60 percent to 95 percent alcohol before and after all patient interaction, contact with potentially infectious items, and before and after putting on and removing PPE, such as gloves.
It can also be done by washing for at least 20 seconds with soap and water.

If your hands are noticeably dirty, wash them first with soap and water before using an alcohol-based hand sanitizer.

APPLY STANDARD PRECAUTIONS	Include Hand hygiene and use of personal protective equipment (PPE) when risk of splashes or in contact with patient's blood, bodily fluids,secretions(including respiratory secretions) and non-intact skin Also appropriate patient placement prevention of needle stick or sharps injury safe waste management Cleaning and disinfection of equipment Cleaning the environment
APPLY DROPLET PRECAUTIONS	N95 face mask (fit tested particulate respirators) Goggles Gloves Long sleeved gowns

ANAESTHESIA AND ADVICE REGARDING PERSONAL PROTECTIVE EQUIPMENT DURING CESAREAN SECTION :-

- The level of personal protective equipment (PPE) required by healthcare personnel caring for a woman with COVID-19 who is having a caesarean birth should be assessed by the possibility of needing a general anaesthesia.
- General anaesthesia (GA) intubation is an aerosol-producing Procedure(AGP). The danger of coronavirus transmission to the attending staff is greatly increased as a result of this.
- An Aerosol producing procedure is not regional anaesthesia (spinal or epidural)

- All employees in theatre should wear full PPE, including a filtering face piece level 3 (FFP3) mask, for the minority of caesarean births where GA is intended from the start. Before the GA begins, the scrub team should scrub and put on PPE.
- The risk of requiring GA for a non-emergency caesarean birth under regional anaesthetic is relatively low. Everyone in the operation theatre should put on PPE, including a fluid-resistant surgical mask (FRSM) and eye protection (to prevent against droplet or fomite spread of the virus).
- In the rare percentage of situations where regional anaesthesia fails and GA is required, the scrub team should enter the theatre, scrub, and put on full PPE, including an FFP3 mask, before the GA begins. If there is a chance that the procedure will need to be converted to GA, the theatre personnel should scrub and put on full PPE, including an FFP3 mask, before starting the surgery.
- Pregnant women whose epidural was working well during labour and was 'topped-up' for an emergency caesarean birth or a woman with a newly placed spinal anaesthesia that was inserted without problems and became effective within the specified timeframe are two examples.

PERINATAL OUTCOME:-

All neonates born to COVID-19 affected mothers are tested for COVID -19 usually 48 hours after delivery. Throat swab is generally taken and overall fetal outcome is good among these newborns born to COVID-19 positive women. Rasmussen et al study, observed 8% of neonates tested positive for COVID-19 throat swab. Preterm birth and still birth rate during COVID-19

pandemic study by Prakesh.S.Shah et all observed 2 465 387 pregnancies, the mean preterm birth rate was 7.6% and the mean still birth rate was 0.53%.

POSTPARTUM CARE :-

Adequate hydration, diet and early ambulation.Birth doses to continue uninterrupted as these beneficiaries are already in the health facilities

Ensure availability of IFA and calcium tablets during PNC period

Breast feeding practices to be promoted with early initiation of breast feeding

High risk of postpartum depression hence counselling for mental health is necessary

Mother should put on a facemark and practice hand hygiene before each feeding or other close contact with her newborn

BREAST FEEDING :- Breast feeding must be encouraged.

- Mothers who plan to breastfeed should be encouraged to express their breast milk throughout their temporary separation to establish and sustain milk supply.
- A dedicated breast pump should be given if at all possible. Mothers should wash their hands before expressing breast milk. All parts that come into touch with breast milk should be properly cleansed after each pumping session, and the entire pump should be disinfected according to the manufacturer's instructions.
- A healthy caregiver should feed the new-born this expressed breast milk. If a mother and her newborn stay in the same

room and the mother desires to breastfeed, she should wear a facemask and wash her hands before each feeding.

VERTICAL TRANSMISSION:-

The extent of COVID-19 vertical transmission is currently unknown. Vertical transmission has not been shown or ruled out conclusively . There are currently only a few recorded occurrences of possible vertical transmission in the literature. Neonatal viral RNA testing was positive in 27 (2.9 percent) nasopharyngeal samples taken immediately after birth or within 48 hours of birth, 1/34 cord blood samples, and 2/26 placental samples in a systematic review by Kotlyar et al 16 of infants born to 936 COVID-19 infected mothers; in addition, 3/82 neonatal serologies were immunoglobulin M (IgM) positive for SARS-CoV-2. It's critical to reassure the Pregnant women that vertical transmission appears to be rare and unaffected by birth method, feeding preference, or rooming in. COVID-positive mothers newborns

DISCHARGE COUNSELLING:-

- Explain danger signs related to postpartum period and COVID19
- Basic statergy is to reduce the physical visits to healthcare facility of mother and her newborn unless urgent .
- Inform how she can communicate with their obstetrician /pediatric care team,especially in the case of an emergency - PROVIDE TELECOMMUICATION NUMBER
- For patients who express interest in postpartum contraception, suggest all family planning options within the limitations of decreased postpartum unperson visits

- Those experiencing anxiety regarding COVID 19 pandemic or at an increased risk of Intimate partner violence, offer mental health or social work services.

DISCHARGE RECOMMENDATIONS :-

Discharge depends upon the patient wellbeing and neonatal well being, which is decided by the doctor

MILD/ASYMPTOMATIC DISEASE :-

1.24 to 48 hours of normal Vaginal delivery

2.3 to 4 days after cesarean section

MODERATE DISEASE :-

1.improvement in symptoms

2.10 days after the appearance of first symptom

3.3 days of afebrile period without the use of antipyretics

COVID VACCINATION OF PREGNANT AND LACTATING WOMEN :-

Pregnant women should be told about the dangers of COVID-19 infection during pregnancy, the advantages of immunisation, and the potential side effects of vaccination to assist them make an informed decision about vaccination. A pregnant women will be able to choose whether or not to receive the immunisation based on the information presented.

During the counselling, the vaccinator should explain to the Pregnant women the potential risks of COVID-19 on their health

or the health of their baby, the benefits of vaccination, potential side effects, and precautions they should take after vaccination.

TIMING OF VACCINATION:-

If a Pregnant women chooses to be vaccinated, she can do it at any point throughout her pregnancy.

Regardless of gestational age, get vaccinated as soon as possible. When a person is eligible, booster injections are recommended. The timing of the booster is determined by the vaccine used for the primary immunisation. The booster dosage can be any FDA-approved COVID-19 vaccine If a woman has been exposed to COVID-19 during her pregnancy, she should be vaccinated as soon as possible after birth.

CONTRAINDICATION OF COVID VACCINATION:-

Experts have advised that, in light of the present SARS-CoV-2 epidemic, the COVID-19 vaccination be offered to PWs if no contraindications exist. The goal is to balance risk and benefit on an individual basis so that a PW may make an informed decision.

REGISTRATION FOR COVID 19 VACCINATION:-

Beneficiary registration, immunisation reporting, certificate generation, and other procedures are the same as for the general population. All pregnant women must register on the CoWIN portal or register on-site at the COVID-19 immunisation centre. If the pregnant women wishes to get vaccinated, the COVID-19 vaccination registration process must be explained to her and any

accompanying family members. She also needs to know where the nearest COVID immunisation centre is located.

PRECAUTIONS AFTER VACCINATION :-

To protect themselves and those around them from spreading the COVID19 infection, Pregnant women and family members must be counselled to continue to adopt COVID appropriate behaviour, such as wearing double masks, frequent handwashing, maintaining physical distance, and avoiding crowded locations.

Prior to receiving COVID-19 vaccination, no rapid antigen test (RAT) screening of vaccine recipients is required.

MATERIALS AND METHODS

SOURCE OF DATA: All pregnant women reported and admitted at government kilpauk college hospital as laboratory proven covid positive report

STUDY DESIGN: Retrospective study

STUDY PERIOD: May 2020 to December 2020

PLACE OF STUDY: Covid labour ward, Department of obstetrics and gynaecology, Government Kilpauk medical college hospital, Kilpauk

INCLUSION CRITERIA :

1. All covid positive Term (Gestational age >37 weeks) pregnant women admitted with covid positive laboratory report
2. Covid positive pregnant women admitted with labour pain

EXCLUSION CRITERIA :

1. Non Covid patients
2. Gestational age <28 weeks
3. Abortions

STUDY METHODOLOGY

A retrospective study on a total of 380 women among the pregnant women attending covid Opd with covid positive report in the department of obstetrics and gynaecology (Govt.kilpauk

medical college hospital) from May 2020 to December 2020, Ethical committee clearance was obtained from the institution to undergo this study

All Antenatal mothers reported and delivered with laboratory proven covid positive report

The study is based on Medical records of those patients admitted and delivered at the institution

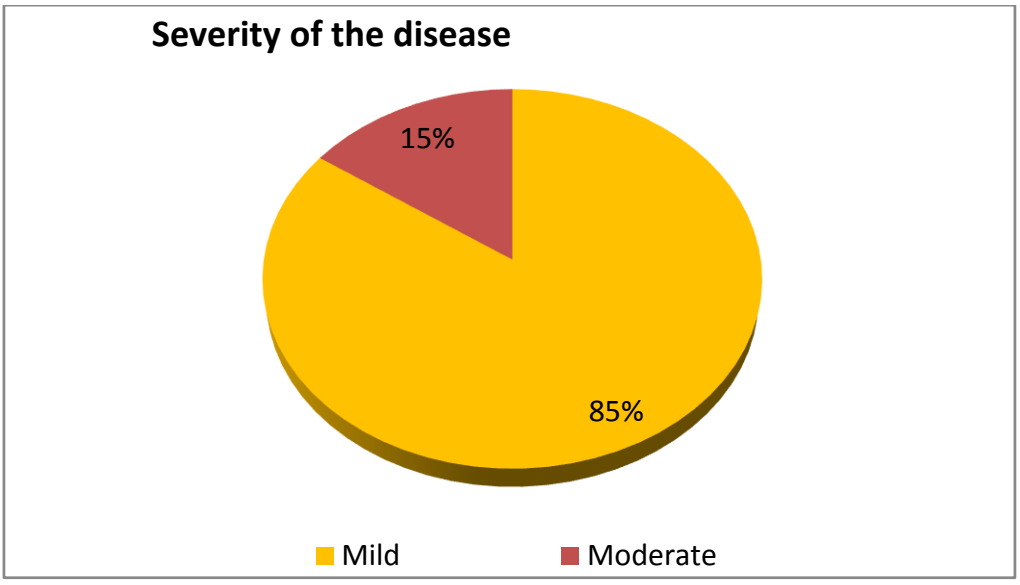
All covid positive women are assessed based on gestational age/Risk factors and their pregnancy and fetal outcome are studied

STATISTICAL ANALYSIS

Table-1: A) Severity of disease in COVID-19 patients

Severity of disease	Number	Percentage
Mild	322	84.7
Moderate	58	15.3
Total	380	100.0

We have included 380 COVID positive pregnant women for the purpose of our study. Out of them, 322 (84.7%) had mild form of the disease and the remaining 58 (15.3%) had moderate form of disease.



B) MILD DISEASE -SEVERITY OF SYMPTOMS

SYMPTOMS	NUMBER	PERCENTAGE
COUGH	41	28.6%
FEVER	35	24.4%
SORETHROAT	31	21%
MYALGIA	14	9.7%
HEADACHE	10	9%
SHORTNESS OF BREATH	4	2.7%

Maternal COVID-19 illness severity at initial presentation - majority 84.7% (322) had asymptomatic or mild disease with cough being the predominant symptom (28.6%). Other symptoms are fever (24.4%), sore throat (21%), myalgia (9.7%) and shortness of breath (2.7%) .The remaining 58 (15.3%) had moderate form of disease, shortness of breath being the predominant symptom

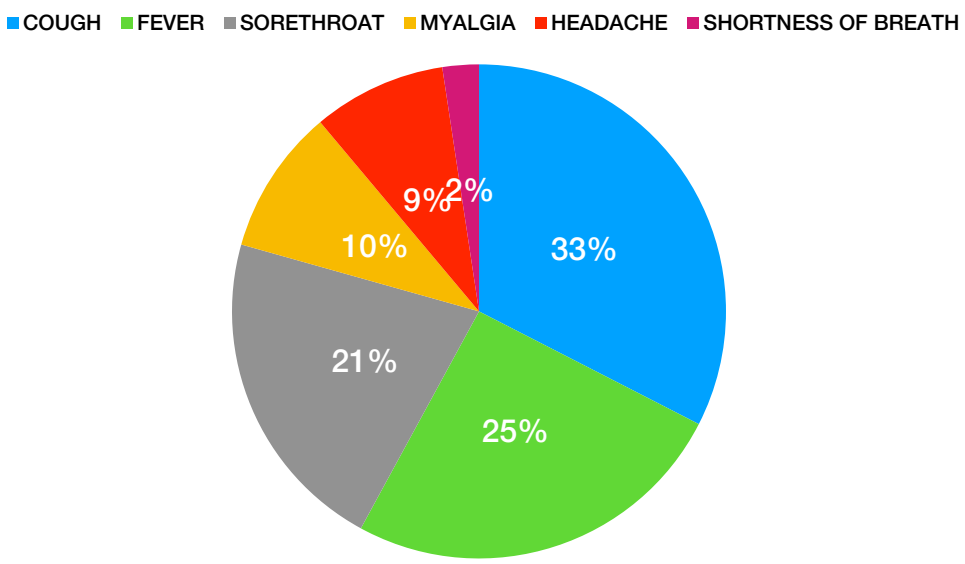


TABLE-2: A) Mode of delivery in COVID positive patients

Mode of delivery	Number	Percentage
NVD	144	37.9
LSCS	229	60.3
Assisted delivery	7	1.8
Total	380	100.0

Of all the positive women, nearly 60% delivered by LSCS , 37.9% delivered by vaginal delivery and the remaining 2% delivered with forceps or vacuum assisted instrumental delivery.

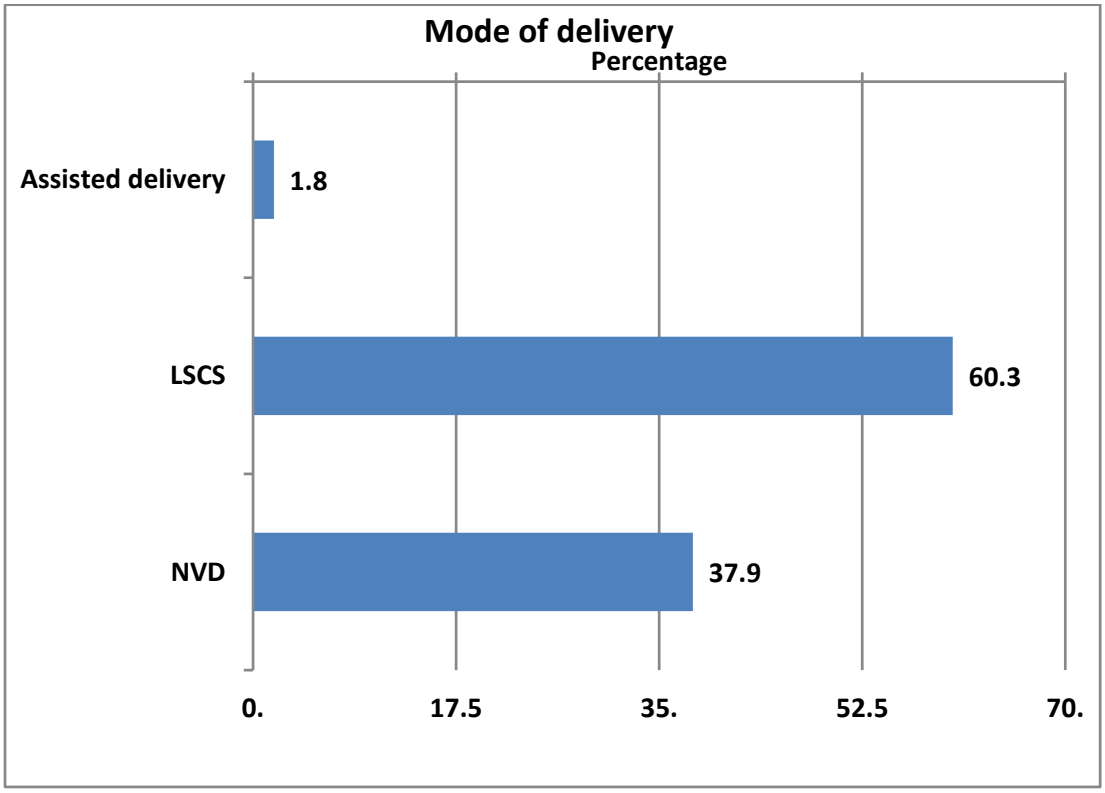
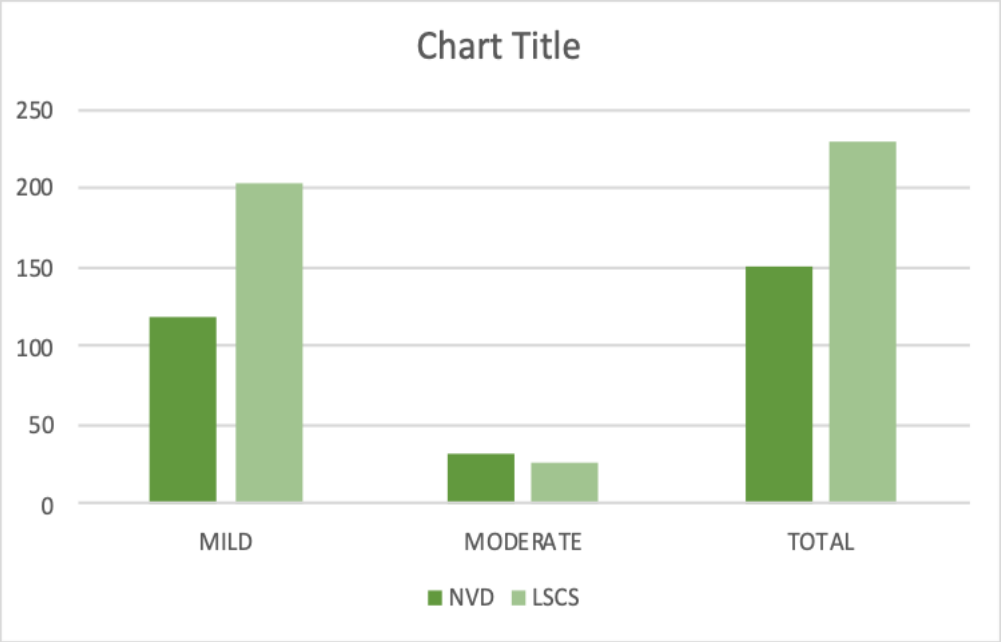


TABLE-2: B) Mode of delivery among Mild and Moderate cases

Severity of disease	NVD	LSCS
MILD	118	204
MODERATE	32	26
TOTAL	150	230

Among the 322 mild cases , 118 patients delivered by vaginal delivery while 204 patients delivered by LSCS. Among 58 moderate cases, 32 delivered by vaginal delivery and the remaining 26 patients delivered by LSCS. There is no significant relationship in mode of delivery in both group



C) INDICATION FOR LSCS AMONG MILD AND MODERATE GROUP

INDICATION	TOTAL	PERCENTAGE
FETAL DISTRESS	76	20%
FAILED INDUCTION	12	3.2%
SEVERE OLIGOHYDRAMNIOS	9	2.3%
CPD MAJOR	12	3.2%
CPD / FPD IN LABOUR	22	5.5%
PREVIOUS LSCS WITH THREATNED SCAR RUPTURE	8	2.1%
PREVIOUS LSCS WITH PROM/PPROM	8	2.1%
PREVIOUS LSCS CPD IN LABOUR	51	13.4%
PREVIOUS LSCS WITH SEVERE OLIGOHYDRAMNIOS	5	1.3%
SEVERE PREECLAMPSIA WITH UNFAVOURABLE CERVIX	4	1%
IMMINENT ECLAMPSIA	1	0.2%
DCDA TWIN WITH FIRST TWIN NON-VERTEX IN LABOUR	3	0.8%
DEEP TRANSVERSE ARREST	2	0.5%
CORD PRESENTATION	1	0.2%

COMPLETE PLACENTA PREVIA	3	0.8%
ABRUPTIO PLACENTA	1	0.2%
RESIDUAL POLIO PARALYSIS	1	0.2%
FOOTLING BREECH IN LABOUR	1	0.2%

Among 380 COVID deliveries , 60% (299 patients) delivered through LSCS. Considering the indication for LSCS , all are obstetric indication - majority being fetal distress 20% , previous cesarean section 13.4% , CPD in labour 5.5%

TABLE- 3 : A)CO-MORBIDITIES

Co-morbidities	Number	Percentage
GDM	55	14.5
GHTN	47	12.4
Anaemia	51	13.4
Hypothyroidism	51	13.4
Heart disease	16	4.2
IUGR	5	1.3
Oligohydraminos	17	4.5
Seizure	2	0.5
Pre-eclampsia	11	2.9

Of all the recruited women, 55 (14.5%) had gestational diabetes mellitus, 47(12.4%) had gestational hypertension, 51 (3.4%) had anaemia and another 13.4% had hypothyroidism. Nearly 16 (4.2%) had heart disease, 2 (0.5%) reported seizures and 11 (2.9%) had pre-eclampsia as a comorbid condition.

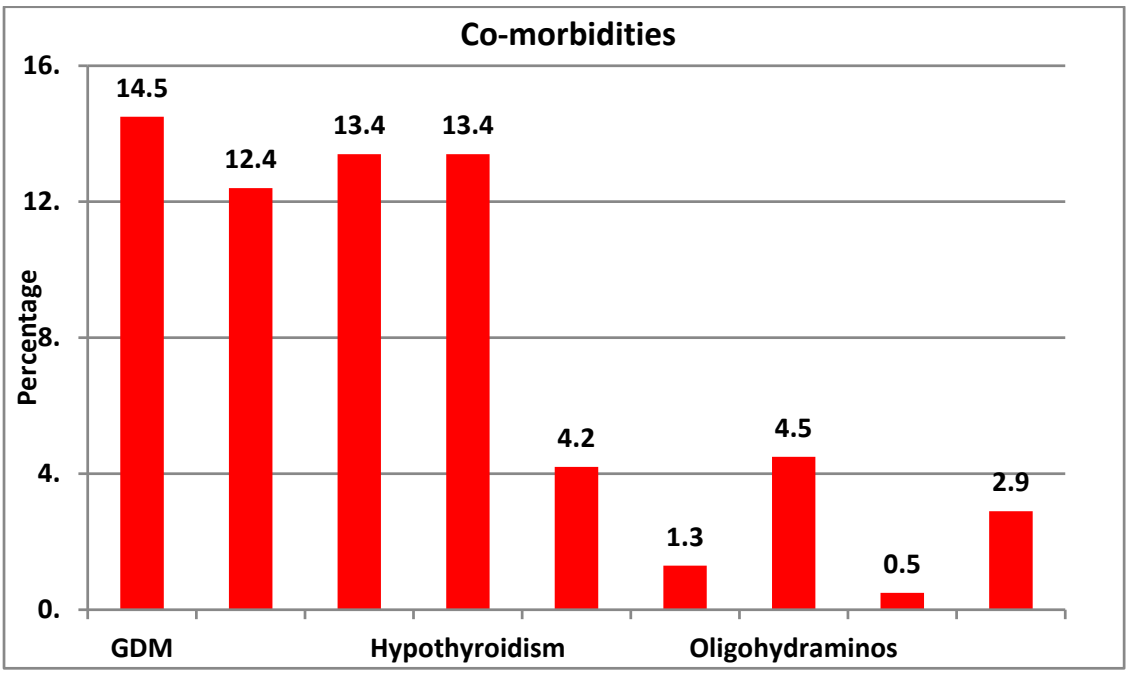


TABLE- 3 : B)CO-MORBIDITIES AMONG MILD DISEASE GROUP

	MILD COVID	
COMORBIDITIES	FREQUENCY	PERCENTAGE
GDM	49	15.21
GHTN	34	10.55
IUGR	6	0.018
ANEMIA	44	13.66
HYPOTHYROIDISM	44	13.66
PRE ECLAMPSIA	9	0.027
SEIZURE	2	0.0062
HEART DISEASE	13	0.04
Oligohydramnios	14	0.0434

Of all study population , the ,most common comorboid condition 49 (15.2%)associated with COVID-19 is gestational diabetes .

TABLE- 3 : C) CO-MORBIDITIES AMONG MODERATE DISEASE GROUP

	MODERATE COVID	
COMORBIDITIES	FREQUENCY	PERCENTAGE
GDM	6	0.1
GHTN	10	0.172
IUGR	0	0
ANEMIA	6	0.1
HYPOTHYROIDISM	6	0.1
PRE ECLAMPSIA	1	0.017
SEIZURE	0	0
HEART DISEASE	2	0.034
Oligohydromnios	1	0.017

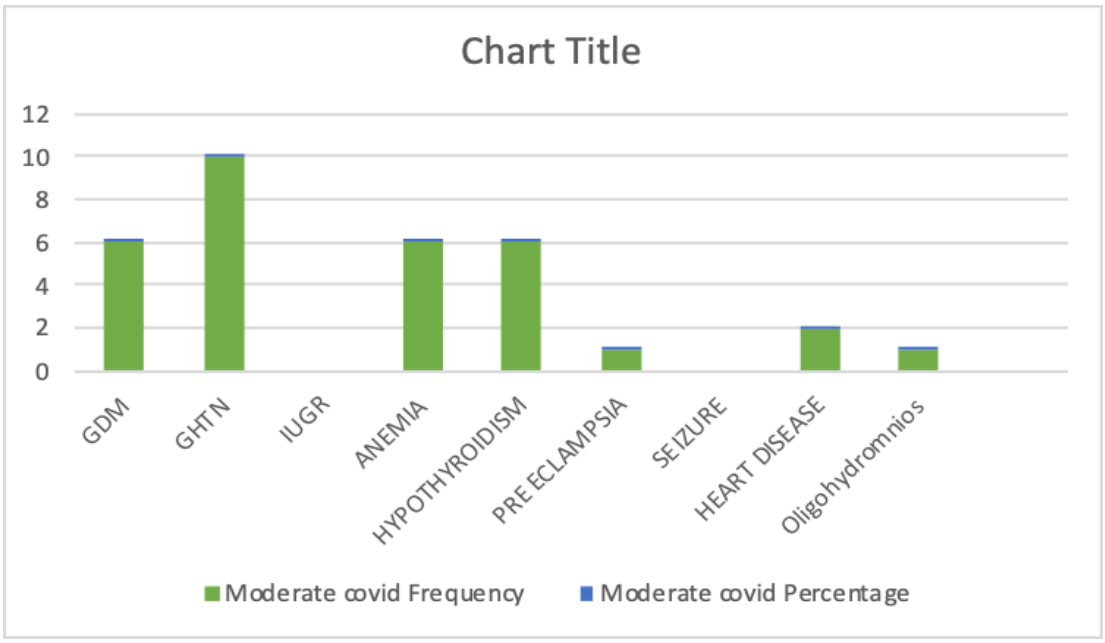


Chart Title
12
10
8
6
4
2
0
GDM
GHTN
IUGR
ANEMIA
HYPOTHYROIDISM
PRE ECLAMPSIA
SEIZURE
HEART DISEASE
Oligohydromnios
Moderate covid Frequency
Moderate covid Percentage

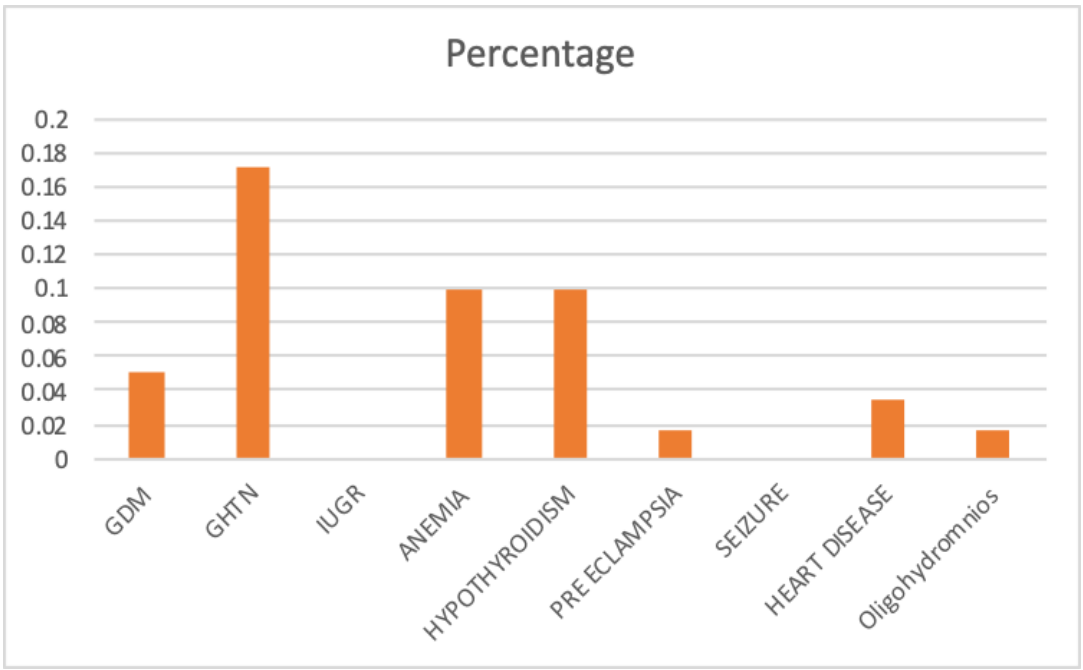

Percentage
0.2
0.18
0.16
0.14
0.12
0.1
0.08
0.06
0.04
0.02
0
GDM
GHTN
IUGR
ANEMIA
HYPOTHYROIDISM
PRE ECLAMPSIA
SEIZURE
HEART DISEASE
Oligohydromnios

TABLE- 3: D) Pregnancy outcomes in patients with and without comorbidity

Comorbidity	Baby-Alive		Still birth	
	n	%	n	%
Present	195	100.0	0	-
Absent	183	98.9	2	1.1
Total	378	99.5	2	0.53
Chi square p value=0.15 (Not significant)				

Of all the 380 COVID positive women, 195 had one of the co-morbid condition and 185 women presented without any co-morbidity. All the women with comorbidity delivered live baby. There were 2 still births reported among the mothers who did not have a comorbid condition. Relationship with comorbidity and baby's status was not significant.

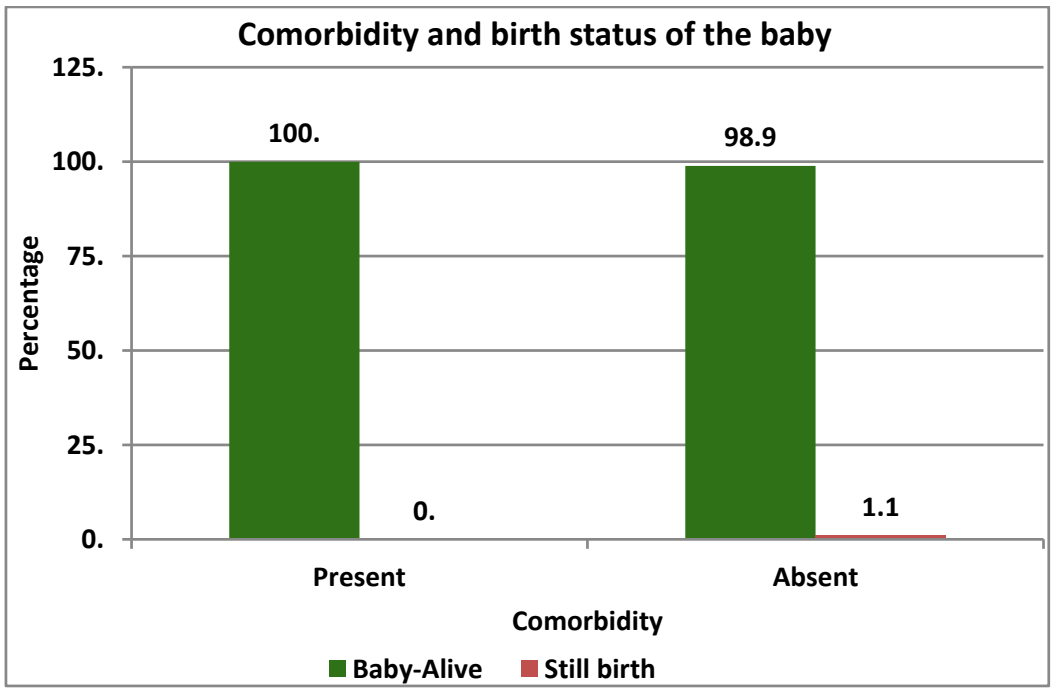


TABLE -3: E)Foetal outcomes and comorbidity of mother

Comorbidity	Baby-Healthy		Swab positive	
	n	%	n	%
Present	194	99.5	1	0.5
Absent	185	100.0	0	-
Total	379	99.7	1	0.3
Chi square p value=0.33 (Not significant)				

Out of 195 women with comorbid condition, one baby's swab was positive for COVID_19 and the remaining 194 mother's delivered healthy babies. All the babies were normal in women without any comorbidity.

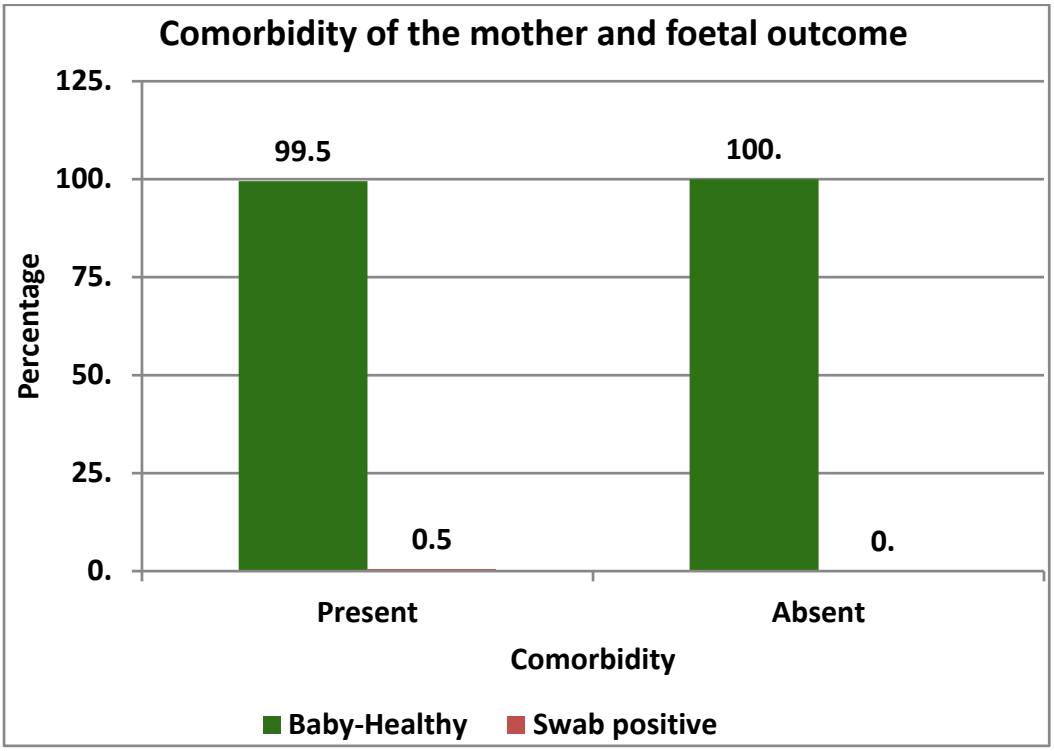


TABLE -3: F) Maternal outcomes:

Comorbidity	Mother-Healthy		Not healthy	
	n	%	n	%
Present	195	100.0	0	-
Absent	185	100.0	0	-
Total	380	0100.	0	-

All the 380 COVID positive mothers were healthy and nobody had faced any problems even in the presence of comorbid condition.

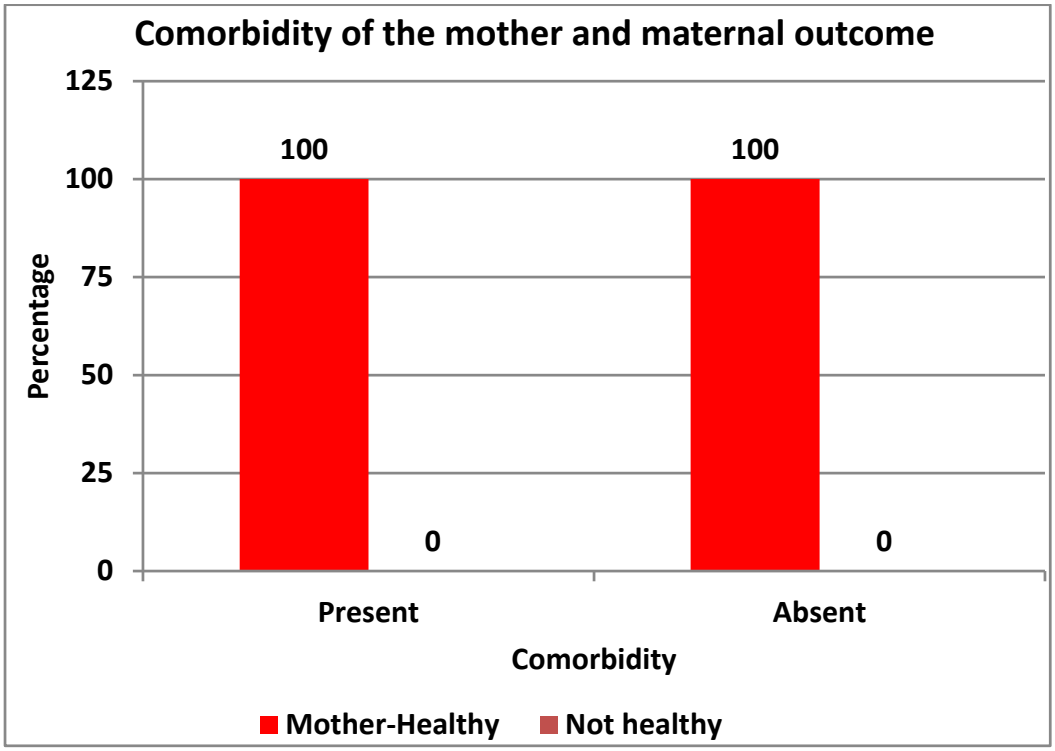


Table-4: A) Foetal distress among COVID positive patients

Foetal distress	Number	Percentage
Present	76	20.0
Absent	304	80.0
Total	380	100.0

Of all the recruited women, 76 (20%) had foetal distress during labour and the remaining 304 (80%) were normal.

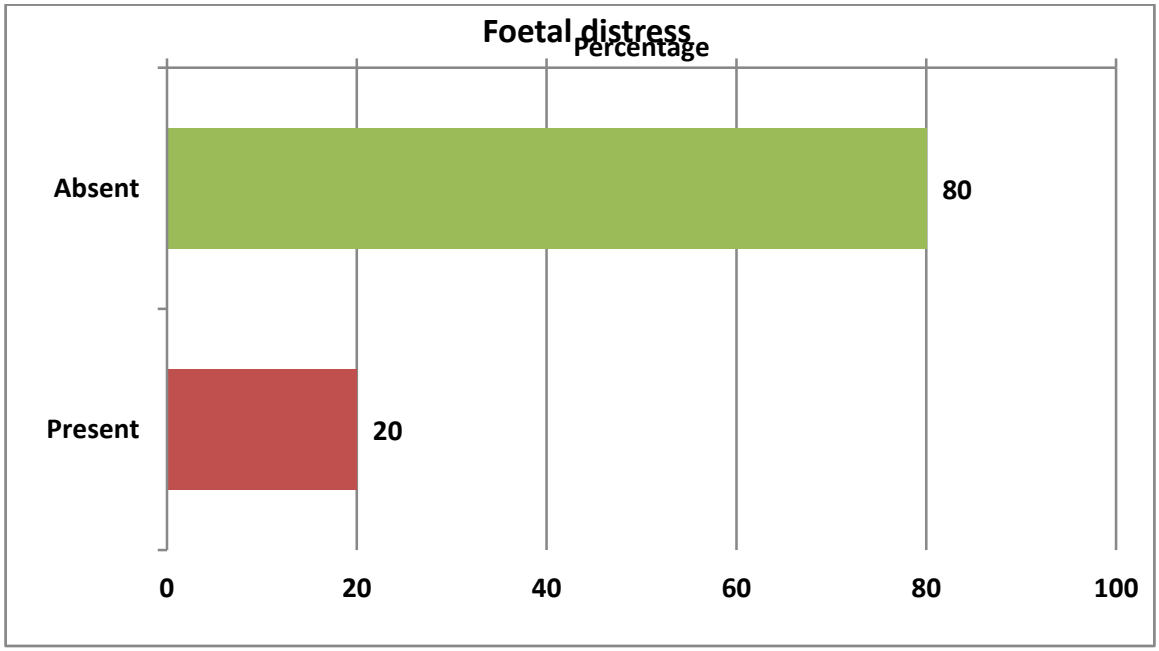


Table-5: Foetal distress in mother with and without comorbidity

Comorbidity	Foetal distress-Present		Foetal distress-Absent	
	n	%	n	%
Present	45	23.1	150	76.9
Absent	31	16.9	153	83.2
Total	76	20.1	303	79.9
Chi square p value=0.13 (Not significant)				

The above mentioned table shows the association between the presence of comorbid condition and foetal distress. Among the women with comorbid condition, foetal distress was observed in 45 (23.1%) babies. Women without comorbid condition, foetal distress was seen in 31 (16.9%) of babies. The percentage of babies with distress was comparatively high in women with comorbidity.But these differences were not statistically significant with the p value of 0.13.

Comparing these women with disease severity , out of 76 of them 9 had moderate form of disease while remaining 67 had milder form /asymptomatic form of disease .Among the women with comorbid condition, foetal distress was observed in 45 (23.1%) babies.

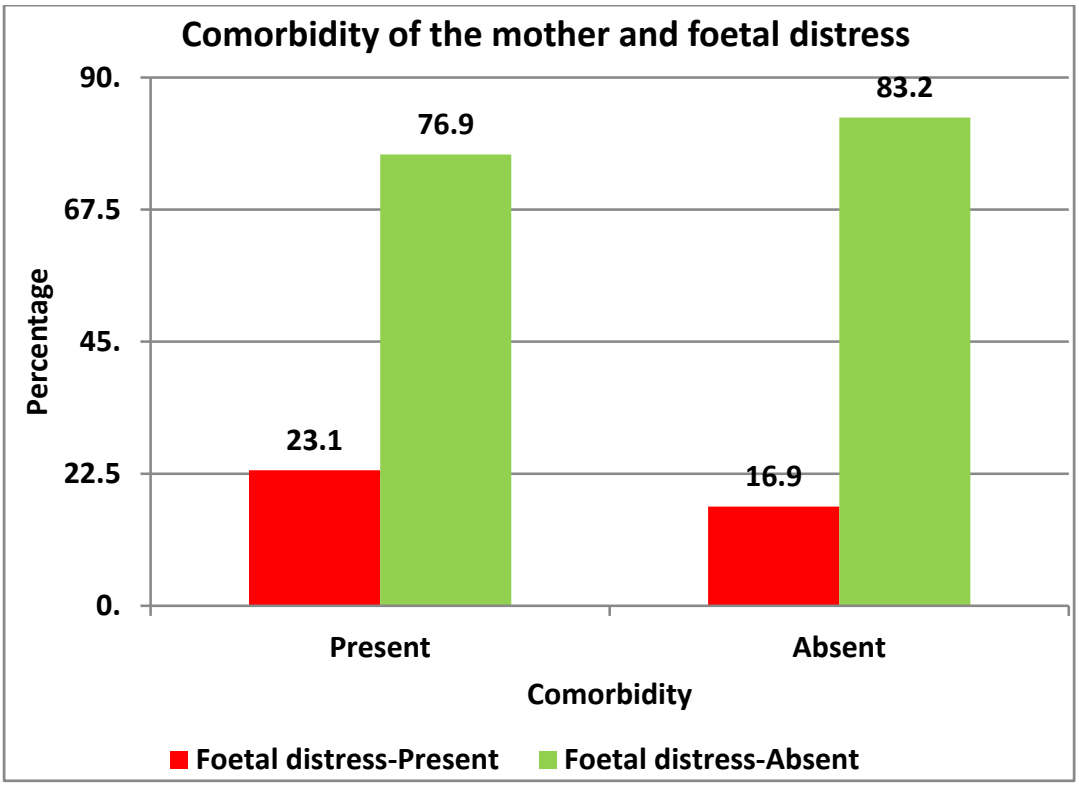

Comorbidity of the mother and foetal distress
90.
67.5
45.
22.5
0.
Percentage
76.9
23.1
83.2
16.9
Present
Absent
Comorbidity
Foetal distress-Present
Foetal distress-Absent

Table-6

A. Preterm labour among COVID positive patients

Gestational age at delivery	Number	Percentage
Preterm	71	18.7
Term	308	81.3
Total	380	100.0

More than 80% of all the recruited women delivered at their term and the left 71 (18.7%) delivered before 36 weeks of their gestational age.

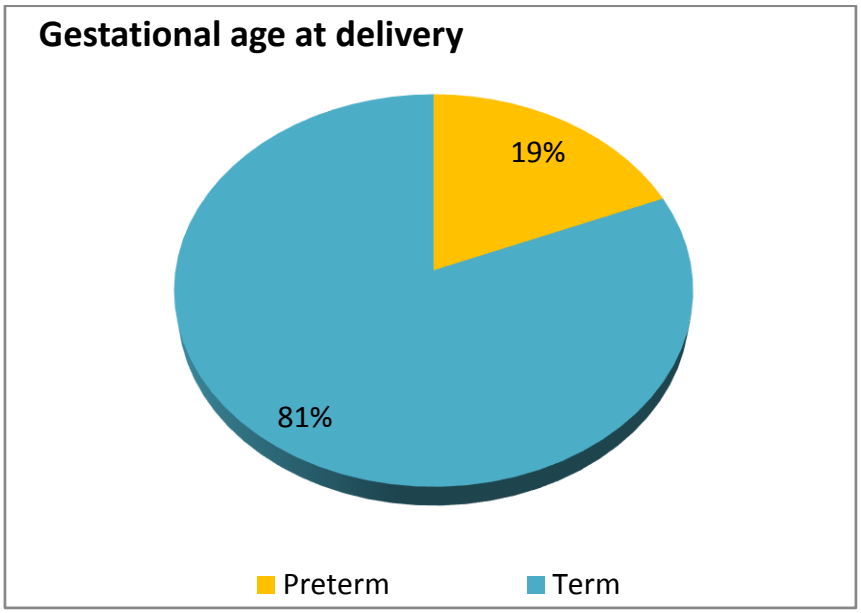
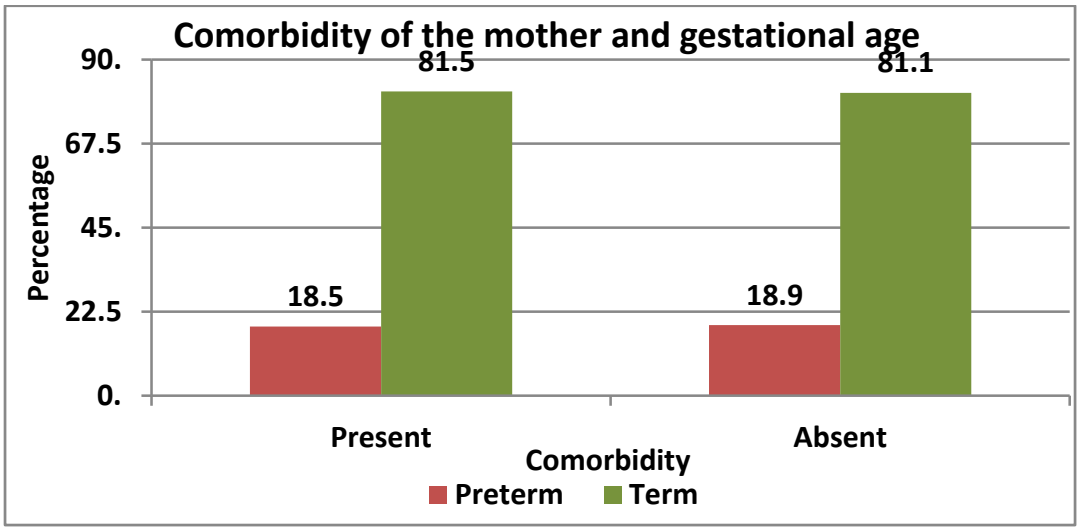


Table-6

B. Preterm labour in women with and without comorbidity

Comorbidity	Preterm		Term	
	n	%	n	%
Present	36	18.5	159	81.5
Absent	35	18.9	150	81.1
Total	71	18.7	309	81.3
Chi square p value=0.91 (Not significant)				

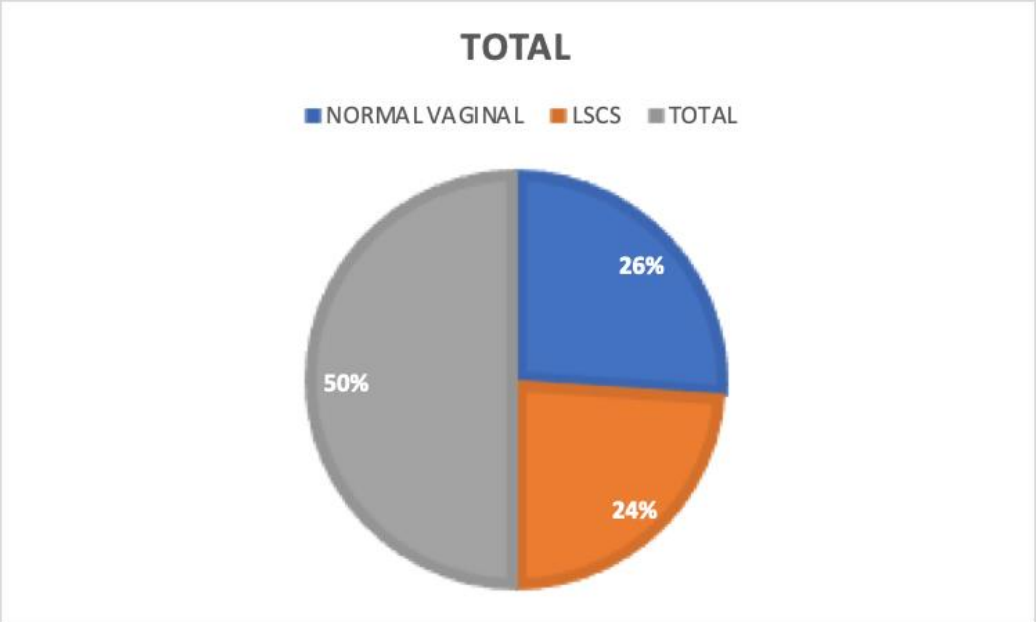
Nearly 36 women out of 195 with comorbidity, delivered pre-term babies and the remaining 159 (81%) delivered at their term. In women without comorbid condition, 35 (18.9%) delivered before their term and 150 (81.1%) delivered at their term. The association of presence of comorbid condition in the COVID positive mother and delivering preterm baby was not statistically significant.



C. MODE OF DELIVERY IN PRETERM PATIENTS:-

PRETERM DELIVERIES	TOTAL	PERCENTAGE
NORMAL VAGINAL	37	52%
LSCS	34	47%
TOTAL	71	

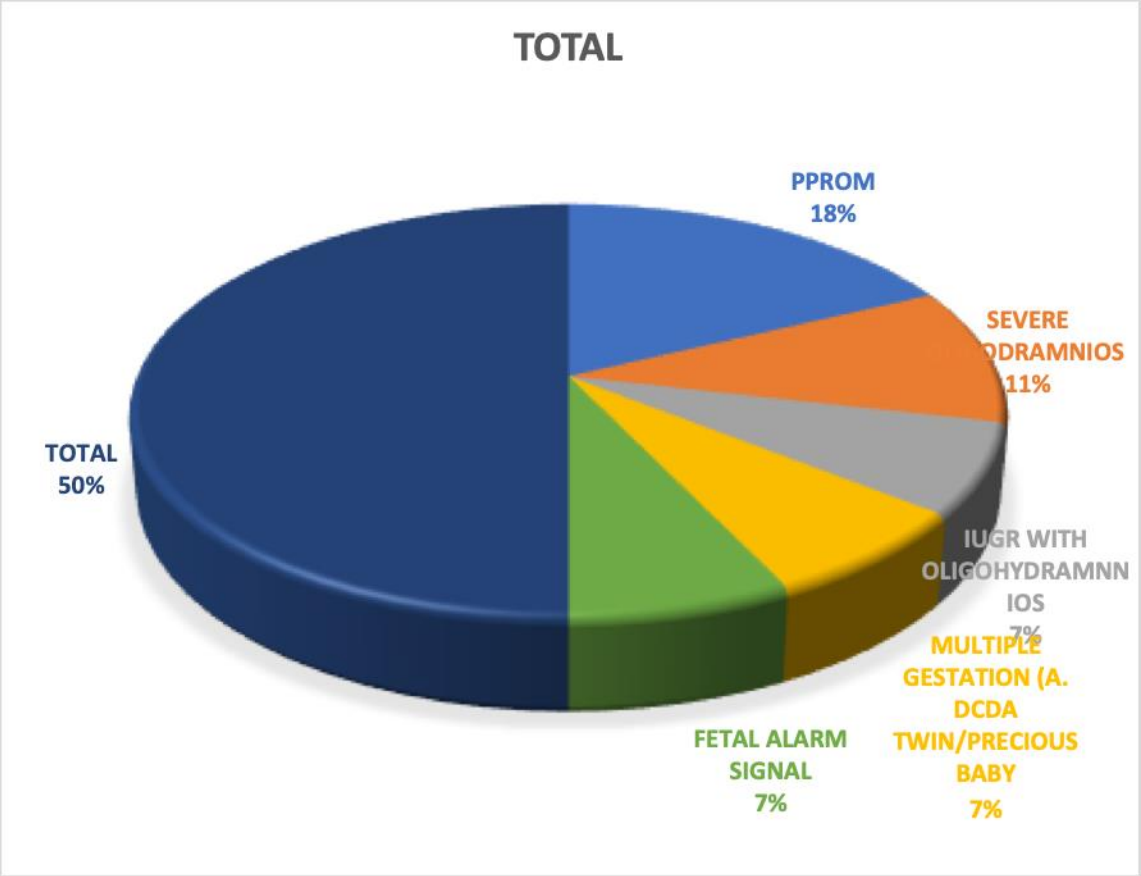
Out of 71 preterm deliveries,37 (52%) women had normal vaginal delivery while 34(47%) had cesarean section.



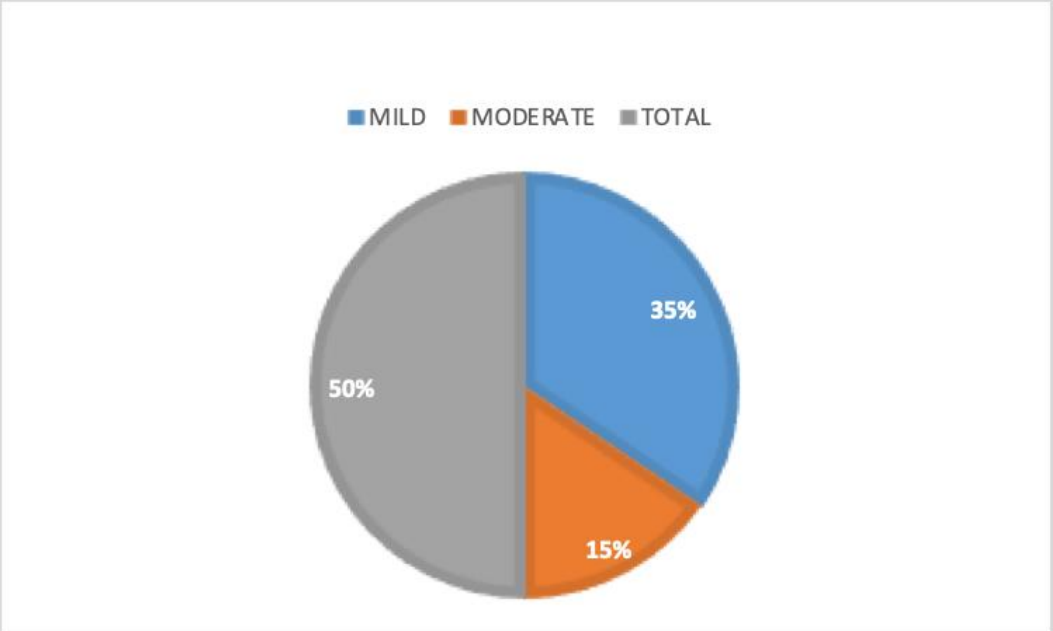
D. INDICATIONS FOR PRETERM INDUCTION :-

INDICATIONS FOR PRETERM INDUCTION	TOTAL	PERCENTAGE
PPROM	5	35.7%
SEVERE OLIGODRAMNIOS	3	21.4%
IUGR WITH OLIGOHYDRAMNNIOS	2	14.2%
MULTIPLE GESTATION (A. DCDA TWIN/PRECIOUS BABY B.MCDA TWIN)	2	14.2%
FETAL ALARM SIGNAL	2	14.2%
TOTAL	14	

Among 37 (52%) vaginal delivery ,23 (62%) presented with spontaneous labour and 14 (37%) were induced. Among preterm induction ,maximum 37.5% deliveries were induced in view of PPROM.



E) PRETERM DELIVERY IN MILD AND MODERATE DISEASE GROUP



In comparison of preterm deliveries with severity of the disease , 49 out of 71 (69%) patients had mild form form of disease and remaining 22 (30%) had moderate form of disease.

Table-7: Association of preterm labour and gravida

Gravida	Preterm		Term	
	n	%	n	%
Gravida I	35	20.3	138	79.8
Gravida II	20	15.9	106	84.1
Gravida III and more	16	19.8	65	80.3
Total	71	18.7	309	81.3
Chi square p value=0.6 (Not significant)				

There were 173 women reported with primi gravida, 126 mothers in gravida II and 131 mothers with more than gravida II. In pimi, 35 (20%) of mothers delivered preterm babies and the rest delivered at their term. In gravida II, 20 (15.9%) had preterm delivery and 106 (84%) had term delivery. In gravida of more than II 16 (19.8%) mothers had preterm babies and 65 (80.3%) had term babies. We could not get a significant association between the gravida status and delivering term or preterm.

DISCUSSION

A total of 380 pregnant patients with laboratory-confirmed COVID-19 were included in the study.

Majority 322 (84.7%) women had asymptomatic or mild disease which is comparable to Ayed et al study, observed 88% of the women had mild form of disease.

Of all total 380 deliveries conducted, 229 (60%) women delivered by Cesarean section , 37.9% had vaginal delivery and the remaining 2% had instrumental delivery. In our study all cesarean sections were done in view of obstetric indication and not due to COVID-19 perse ,similarly study by venkateshwarlu vardhelli et al showed similar results of 64%.

55 (14.5%) women had gestational diabetes mellitus showing that maximum percentage of the disease affecting patients with gestational diabetes mellitus. Meta-analysis by Yang et al ,observed that Diabetes mellitus (14%) is the most common co-morbidity observed in SARS-CoV-2 patients .

There were 2 unexplained still births (1.1%) reported among mothers without co-morbidities. Retrospective Cohort study by Prakesh.S.Shah showed mean still birth rate of 0.56%.

The overall Fetal outcome was good in our study. We observed 1 (0.3%) baby's swab was positive which is incontrast to Rasmussen et al study, showed 8%.

76 (20%) women had foetal distress during labour, showing that there is an increase in fetal distress in COVID-19 comparing to Non-COVID population ,where the rate was only 8.1%, relatable to study by Mohammed Ali et al, showed that there is an increase in incidence of Fetal distress of about 17%.

About 71 (18.7%) preterm deliveries conducted of which, 23 (62%) had spontaneous labour while 14 (37%) were induced in view of obstetric indication.

There is no significant association in terms of severity of disease and Gravida status in relation to preterm deliveries.

CONCLUSION

The study on outcome of pregnancy in covid positive pregnant women concludes that

1. The overall fetomaternal outcome was good in COVID 19 affected pregnant women.
2. Nearly 84.7% of patients had mild / asymptomatic disease , with Cough (28.6%) being the most predominant symptom , approximately 15% patients had moderate disease ,with shortness of breath (25.8%) being the most common symptom.
3. The most common co-morbid condition associated with SARS-CoV-2 was Gestational Diabetes mellitus accounting to nearly 55 (14.5%) patients
4. Studying the Mode of delivery in COVID 19 pregnant women - 60% had delivered through cesarean section (all being obstetric indication), 37.9% through vaginal route and 2% delivered through instrumental delivery.Incidence of COVID-19 does not increase cesarean section rate.
5. There is an increase in incidence (20%) of fetal distress among covid-19 pregnant women non COVID population (8%).Fetal distress has no relationship with severity of the disease.
6. There is no significant change in incidence of preterm deliveries in COVID-19 positive pregnant women (18.7%) comparing to non covid population (12%).

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29. Prevalence of comorbidities and its effects in patients infected with SARS-CoV-2: a systematic review and meta-analysis JingYangab YaZhengac XiGouad
30. Preterm birth and stillbirth rates during the COVID-19 pandemic: a population-based cohort study Prakesh S Shah, Xiang Y Ye, Jie Yang, Michael A Campitelli.

ANNXURE

STUDY PERFORMA

NAME : AGE:

RESIDENCE :-

OCCUPATION;-

CONTACT NO:-

OBSTETRIC SCORE :-

LMP :-

EDD:-

GESTATIONAL AGE:-

CO-MORBIDITIES:-

SYMPTOMS:-

DATE OF SWAB POSITIVE :-

DISEASE SEVERITY:- Mild / moderate / severe

TREATMENT GIVEN :-

MODE OF DELIVERY:- LABOUR NATURAL / CESAREAN SECTION / INSTRUMENTAL DELIVERY / ASSISTED BREECH DELIVERY

INDICATION :-

MATERNAL COMPLICATIONS:-

OUTCOME OF THE BABY :-

Alive / IUD / Stillbirth

Term / preterm

Birth weight

Apgar 1 min

5 min

COVID status

Perinatal death

CONSENT FORM

Dissertation Topic: OUTCOME OF PREGNANCY IN COVID POSITIVE PREGNANT WOMEN

Department :Dept. of Obstetrics and Gynaecology

Hospital. : Govt. Kilpauk Medical College Hospital

Patient's Name :

Patient's Age :

Patient's IP No :

Mark the following (✓) :

1. The nature of the study explained to me clearly . I have been given the opportunity to clear my queries regarding the procedure ( )

2. I am willingly participating in this study. At any point of time I can get out of this study without any further issues ( )

3. During the study period or after the completion of this study, the doctor can verify my medical records without my consent ( )

4. I am willing to participate in this study and I am accepting this in my full conscience ( )

Patient's Name: Doctor's Name:

Patient's Signature: Doctor's Signature:

MASTER CHART

Sl NO	NAME	AGE	OBSTETRIC SCORE	GESTATIONAL AGE	COMORBIDITIES	COMORBIDITIES	COVID SYMPTOMS	SEVERITY MILD	MODERATE	SEVERE	MODE OF INDUCTION	MODE OF DELIVERY LABOUR NATURAL	LSCS EMERGENCY PRIMARY LSCS	INSTRUMENTAL ASSISTED BREECH		INDICATION	TERM/ PRETERM	LIVE BIRTH	OUTCOME OF MOTHER	OUTCOME OF BABY
1	DHARMAMBAL	34	G2A1	39W 4D	HYPOTHYROID	1	SORETHROAT / COUGH	MILD			NIL		EMERGENCY PRIMARY LSCS			FETAL DISTRESS/MSL	TERM	ALIVE	HEALTHY	HEALTHY
2	KANAGADURGA	29	G2P1L1	39W 6D	NIL	0	NIL	MILD			NIL		EMERGENCY PRIMARY LSCS			CPD IN LABOUR	TERM	ALIVE	HEALTHY	HEALTHY
3	SHABNAM	22	PRIMI	37W 2D	GDM ON INSULIN	1	FEVER / MYALGIA	MILD			FOLEY/ PGE2 GEL		EMERGENCY PRIMARY LSCS			FAILED INDUCTION	TERM	ALIVE	HEALTHY	BABY SWAB POSITIVE - RECOVERED
4	ARCHANA	24	PRIMI	37W 6D	HBSAG POSITIVE ; RIGHT HEMIPARESIS ; GHTN ; SEIZURE DISORDER	2	FEVER	MILD			FOLEY/ PGE2 GEL		EMERGENCY PRIMARY LSCS			FAILED INDUCTION	TERM	ALIVE	HEALTHY	HEALTHY
5	KARPAGAVALLI	25	G4P1L1A2	36W 1D	RH NEGATIVE	0	SHORTNESS OF BREATH ; TACHYPNOEA (RR 28 TO 30bpm)		MODERATE		PGE2 GEL	LABOUR NATURAL WITH EPISIOTOMY				PPROM	PRETERM	ALIVE	HEALTHY	HEALTHY
6	DURGADEVI	30	G3P2L1	39W 5D	RH NEGATIVE ; AN ANEMIA CORRECTED	1	NIL	MILD			NIL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
7	KANAGA	22	G2A1	37W 1D	NIL	0	FEVER ; COUGH	MILD			NIL		EMERGENCY PRIMARY LSCS			FETAL DISTRESS/MSL	TERM	ALIVE	HEALTHY	HEALTHY
8	JENNIFER	23	PRIMI	38W 4D	GDM ON INSULIN	1	HEADACHE ; SPO2 92% TO 94%		MODERATE		FOLEY / PGE2 GEL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
9	ANITHA	19	PRIMI	38W .	NIL	0	FEVER	MILD			NIL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
10	DHANALAKSHMI	33	G2P1L1	38W 2D	IUGR ; OLIGOHYDRAMNIOS	2	NIL	MILD			FOLEY / PGE2 GEL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
11	MUTHULAKSHMI	26	G2P1L1	37W 2D	RH NEGATIVE	0	NIL	MILD			NIL		ELECTIVE REPEAT LSCS			PREV LSCS /CPD IN LABOUR	TERM	ALIVE	HEALTHY	HEALTHY
12	MARIAMMAL	23	PRIMI	38W	HYPOTHYROID ;PRECIOUS BABY:	1	FEVER / COUGH	MILD			NIL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
13	ISHWARYA	20	PRIMI	32 6D	SEVERE PREECLAMPSIA ; AN ANEMIA CORRECTED	2	SORETHROAT / COUGH ; SPO2 90% TO 94%		MODEARTE		FOLEY / PGE2 GEL		EMERGENCY PRIMARY LSCS			SEVERE PREECLAMSIA WITH UNFAVOURABLE CERVIX	TERM	ALIVE	HEALTHY	HEALTHY
14	BUVANESHWARI	28	PRIMI	38W 6D	NIL	0	COUGH	MILD			NIL		EMERGENCY PRIMARY LSCS			NON REASSURING CTG	TERM	ALIVE	HEALTHY	HEALTHY
15	DHARANI	24	PRIMI	38W 5D	GHTN	1	NIL	MILD			FOLEY / PGE2 GEL		EMERGENCY PRIMARY LSCS			FAILED INDUCTION	TERM	ALIVE	HEALTHY	HEALTHY
16	HEMAVATHI	26	G2A1	37W 4D	BREECH	0	NIL	MILD			NIL		EMERGENCY PRIMARY LSCS			FPD IN LABOUR	TERM	ALIVE	HEALTHY	HEALTHY
17	HEMAVATHY	27	PRIMI	38W 4D	GDM ON MEAL PLAN	1	FEVER / SORETHROAT	MILD			NIL		ELECTIVE PRIMARY LSCS			CPD MAJOR	TERM	ALIVE	HEALTHY	HEALTHY
18	SANGEETHA	26	PRIMI	37W	IVF CONCEPTION	0	SHORTNESS OF BREATH (SPO2 > 96%)	MILD			NIL		EMERGENCY PRIMARY LSCS			FETAL DISTESS/MSL	TERM	ALIVE	HEALTHY	HEALTHY
19	ELAVARASI	30	PRIMI	36W 4D	GDM ON OHA ; GHTN ; PROM	2	NIL	MILD			NIL		EMERGENCY PRIMARY LSCS			NON REASSURING CTG	TERM	ALIVE	HEALTHY	HEALTHY
20	SHOBHANA IYYAPPAN	24	G2P1L1	38W 3D	NIL	0	NIL	MILD			NIL		ELECTIVE REPEAT LSCS			PREV LSCS /CPD IN LABOUR	TERM	ALIVE	HEALTHY	HEALTHY
21	RAMYA	29	PRIMI	39W 1D	NIL	0	NIL	MILD			NIL		ELECTIVE PRIMARY LSCS			PREV LSCS /CPD IN LABOUR	TERM	ALIVE	HEALTHY	HEALTHY
22	SANGEETHA	26	G3P1L1A1	36W 5D	AN ANEMIA CORRECTED	1	NIL	MILD			NIL		ELECTIVE REPEAT LSCS			PREV LSCS /SEVERE OLIGOHYDRAMNIOS	TERM	ALIVE	HEALTHY	HEALTHY

23	MERITA MARY	25	PRIMI	36W 4D	NIL	0	FEVER	MILD			NIL		EMERGENCY PRIMARY LSCS			NON REASSURING CTG	PRETERM	ALIVE	HEALTHY	HEALTHY
24	SHERIN BANU	22	PRIMI	39W 5D	NIL	0	COUGH ; SHORTNESS OF BREATH ; TACHYPNOEA (RR 25 TO 28bpm)		MODERATE		NIL		ELECTIVE PRIMARY LSCS			PREV LSCS /CPD IN LABOUR	TERM	ALIVE	HEALTHY	HEALTHY
25	RAJESHWARI	29	G2P1L1	38W 5D	NIL	0	RHINORRHEA	MILD			NIL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
26	SARANYA	24	G2P1L1	37W 3D	TRIVIAL TR / MR	1	FEVER ; HEADACHE MYALGIA	MILD			NIL		ELECTIVE REPEAT LSCS			PREV LSCS/CPD IN LABOUR	TERM	ALIVE	HEALTHY	HEALTHY
27	JELIN DHAN SINGH	30	PRIMI	39W 4D	PROM	0	NIL	MILD			PGE2 GEL		EMERGENCY PRIMARY LSCS			FETAL DISTESS/MSL	TERM	ALIVE	HEALTHY	HEALTHY
28	ISHWARYA	25	G4P2L2A1	38W 6D	AN ANEMIA CORRECTED	1	NIL	MILD			NIL	LABOUR NATURAL WITH INTACT PERINEUM					TERM	ALIVE	HEALTHY	HEALTHY
29	ROSY NELSON	27	PRIMI	34W 6D	DCDA TWIN	0	FEVER	MILD			NIL		EMERGENCY PRIMARY LSCS			DCDA TWIN/FIRST TWIN NON VERTEX IN LABOUR	PRETERM TWINS	ALIVE	HEALTHY	HEALTHY
30	SASIKALA	31	PRIMI	39W .	HYPOTHYROID	1	NIL	MILD			FOLEY / PGE2 GEL		EMERGENCY PRIMARY LSCS			FAILED INDUCTION	TERM	ALIVE	HEALTHY	HEALTHY
31	MAHALAKSHMI	27	PRIMI	36W 5D	AN ANEMIA CORRECTED	1	SORETHROAT / COUGH ; SPO2 92% TO 94%		MODEARTE		NIL		EMERGENCY PRIMARY LSCS			MSL/FETAL DISTRESS	PRETERM	ALIVE	HEALTHY	HEALTHY
32	RADHIKA	26	PRIMI	38W 4D	GDM ON OHA ; HYPOTHYROID	2	FEVER	MILD			FOLEY / PGE2 GEL		EMERGENCY PRIMARY LSCS			FAILED INDUCTION	TERM	ALIVE	HEALTHY	HEALTHY
33	NANDHINI	23	G2P1L1	38W 6D	NIL	0	MYALGIA	MILD			NIL	LABOUR NATURAL WITH LACERATED PERINEUM					TERM	STILLBORN	HEALTHY	HEALTHY
34	ASHWINI	29	PRIMI	37W 4D	NIL	0	FEVER ; RHINORRHEA	MILD			NIL		EMERGENCY PRIMARY LSCS			CPD IN LABOUR	TERM	ALIVE	HEALTHY	HEALTHY
35	SAKUNTHALA	29	G2A1	37W 3D	GDM ON MEAL PLAN ; GHTN ; OLIGOHYDRAMNIOS	3	NIL	MILD			NIL		ELECTIVE PRIMARY LSCS			SEVERE OLIGOHYDRAMNIOS	TERM	ALIVE	HEALTHY	HEALTHY
36	NANDHINI	27	G2P1L1	37W 5D	PREV LSCS ; GESTATIONAL THROMBOCYTOPENIA	0	NIL	MILD			NIL		EMERGENCY REPEAT LSCS			PREV LSCS /CPD IN LABOUR	TERM	ALIVE	HEALTHY	HEALTHY
37	SUBA	21	G2P1L1	38W 1D	PREV LSCS;	0	NIL	MILD			NIL		EMERGENCY REPEAT LSCS			PREV LSCS /CPD IN LABOUR	TERM	ALIVE	HEALTHY	HEALTHY
38	PREETHA	37	G2P1L1 / NVD	39W 1D	NIL	0	NIL	MILD			NIL		EMERGENCY PRIMARY LSCS			CPD IN LABOUR	TERM	ALIVE	HEALTHY	HEALTHY
39	INDULAKSHMI	33	G2P1L1 / LSCS	36W 2D	PREV LSCS ; IUI CONCEPTION ; DCDA TWIN	0	NIL	MILD			NIL		EMERGENCY REPEAT LSCS			PREV LSCS /CPD IN LABOUR	TERM	ALIVE	HEALTHY	HEALTHY
40	PARVEEN	26	G4P2L2A1 / NVD	38W 3D	NIL	0	SORETHROAT	MILD			NIL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
41	PADMINI	22	G5P1L1A3	37W 1D	BREECH ; HYPOTHYROID ; GDM ON INSULIN	2	COUGH	MILD			NIL		EMERGENCY REPEAT LSCS			PREV LSCS /CPD IN LABOUR	TERM	ALIVE	HEALTHY	HEALTHY
42	GOWRI	33	G3P2L2	39W 6D	IVF CONCPETION	0	FEVER	MILD			NIL		EMERGENCY PRIMARY LSCS			FETAL DISTRESS	TERM	ALIVE	HEALTHY	HEALTHY
43	KOWSALYA	22	G3P2L2	37W 2D	AN ANEMIA CORRECTED	1	HEADACHE ; FEVER	MILD			NIL	LABOUR NATURAL WITH INTACT PERINEUM					TERM	ALIVE	HEALTHY	HEALTHY
44	BANUPRIYA	32	G3P1L1A1	37W .	PREV LSCS.	0	SORETHROAT ; SHORTNESS OF BREATH 90% TO 93%		MODEARTE		NIL		EMERGENCY REPEAT LSCS			PREV LSCS /CPD IN LABOUR	TERM	ALIVE	HEALTHY	HEALTHY
45	SARANYA RAMESHKUMAR	29	G3P1L1A1	39W 1D	PREV LSCS;	0	SPO2 90% TO 93%		MODERATE		NIL		EMERGENCY REPEAT LSCS			PREV LSCS /CPD IN LABOUR	TERM	ALIVE	HEALTHY	HEALTHY

46	SARANYA SASIMAN	24	G3P1L1A1	37W 3D	PREV LSCS.	0	NIL	MILD			NIL		EMERGENCY REPEAT LSCS			PREV LSCS /CPD IN LABOUR	TERM	ALIVE	HEALTHY	HEALTHY
47	SARANYA RAJESH	27	G4P2L2A1	37W .	AN ANEMIA CORRECTED	1	NIL	MILD			NIL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
48	PREETHI	33	PRIMI	38W 6D	SEVERE PREECLAMPSIA ; IVF CONCEPTION ;	1	FEVER / CHEST DISCOMFORT (SPO2 98%)	MILD			FOLEY / PGE2 GEL		EMERGENCY PRIMARY LSCS			SEVERE PREECLAMSIA WITH UNFAVOURAB LE CERVIX	TERM	ALIVE	HEALTHY	HEALTHY
49	REVATHY	24	G2P1L1	38W 6D	HYPOTHYROID ; AN ANEMIA CORRECTED	2	DIARRHOEA	MILD			NIL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
50	ANITHA	30	G2P1L1	37W ,	PREV LSCS	0	NIL	MILD			NIL		EMERGENCY REPEAT LSCS			PREV LSCS /CPD IN LABOUR	TERM	ALIVE	HEALTHY	HEALTHY
51	RADHIKA	25	PRIMI	39W 3D	NIL	0	FEVER	MILD			NIL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
52	LOGESHWARI	18	PRIMI	39W 1D	NIL	0	NIL	MILD			NIL		EMERGENCY PRIMARY LSCS			FETAL DISTRESS	TERM	ALIVE	HEALTHY	HEALTHY
53	THASLIM	32	G2P1L1	36W 5D	TWIN GESTATION ; HYPOTHYROID	1	NIL	MILD			NIL		EMERGENCY PRIMARY LSCS			DCDA TWIN/FIRST TWIN NON VERTEX IN LABOUR	TERM	ALIVE	HEALTHY	HEALTHY
54	SANTHANA	33	G2P1L1 / LSCS	38W ,	GHTN / PREV LSCS	1	SORETHROAT	MILD			NIL		EMERGENCY REPEAT LSCS			PREV LSCS /CPD IN LABOUR	TERM	ALIVE	HEALTHY	HEALTHY
55	PADMAPRIYA	24	G3P1L1A1	37W 2D	PREV LSCS.	0	COUGH ; SHORTNESS OF BREATH ; TACHYPNOEA (RR 25 TO 28bpm)		MODERATE		NIL		EMERGENCY REPEAT LSCS			PREV LSCS /CPD IN LABOUR	TERM	ALIVE	HEALTHY	HEALTHY
56	YASMEEN	32	G3P2L2	39W 6D	NIL	0	FEVER	MILD			FOLEY / PGE2 GEL	LABOUR NATURAL WITH INTACT PERINEUM					TERM	ALIVE	HEALTHY	HEALTHY
57	YUVARANI	25	G2P1L1	38W 1D	NIL	0	NIL	MILD			NIL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
58	MAHESWARI	33	G2A1	38W .	GDM ON MEAL PLAN ;	1	NIL	MILD			NIL		EMERGENCY PRIMARY LSCS			FETAL DISTESS/MSL	TERM	ALIVE	HEALTHY	HEALTHY
59	VIJAYA	28	G4P1L1A1	37W 2D	PREV LSCS	0	NIL	MILD			NIL		EMERGENCY REPEAT LSCS			PREV LSCS /CPD IN LABOUR	TERM	ALIVE	HEALTHY	HEALTHY
60	SANDHIYA	30	G2P1L1	38W 4D	NIL	0	NIL	MILD			NIL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
61	NADHIYA	33	G2P1L1	39W 4D	AN ANEMIA CORRECTED/OLIGOHYDRAM NIOS	2	DIARRHOEA	MILD			NIL		EMERGENCY REPEAT LSCS			PREV LSCS /SEVERE OLIGOHYDRA MNIOS	TERM	ALIVE	HEALTHY	HEALTHY
62	DIVYA	22	PRIMI	39W 5D	NIL	0	NIL	MILD			FOLEY / PGE2 GEL		EMERGENCY PRIMARY LSCS			FETAL DISTESS/MSL	TERM	ALIVE	HEALTHY	HEALTHY
63	SUREKHA	35	PRIMI	38W	SEVERE PREECLAMPSIA	1	NIL	MILD			FOLEY / PGE2 GEL		EMERGENCY PRIMARY LSCS			SEVERE PREECLAMSIA WITH UNFAVOURAB LE CERVIX	TERM	ALIVE	HEALTHY	HEALTHY
64	LEELAVATHY	28	G2P1L1	39W 1D	NIL	0	RHINORRHEA	MILD			NIL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
65	LAKSHMI	32	G3P1L1A1	38W 6D	NIL	0	COUGH ; FEVER	MILD			PGE2 GEL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
66	SOWMIYA	18	PRIMI	38W .	NIL	0	COUGH	MILD			NIL		EMERGENCY PRIMARY LSCS			FETAL DISTESS/MSL	TERM	ALIVE	HEALTHY	HEALTHY

67	PADMAPRIYA	23	PRIMI	36W 6D	GHTN	1	COUGH / SORETHROAT /FEVER ;SPO2 92% TO 94%		MODERATE		FOLEY / PGE2 GEL		EMERGENCY PRIMARY LSCS			FAILED INDUCTION	TERM	ALIVE	HEALTHY	HEALTHY
68	NISHANTHI	29	G2P1L1	37W .	GDM ON MEAL PLAN ;	1	NIL	MILD			PGE2 GEL		EMERGENCY PRIMARY LSCS			FETAL ALARM SIGNAL	TERM	ALIVE	HEALTHY	HEALTHY
69	SUMITHRA	26	G2P1L1	38W 3D	PREV LSCS	0	NIL	MILD			NIL		EMERGENCY REPEAT LSCS			PREV LSCS /CPD IN LABOUR	TERM	ALIVE	HEALTHY	HEALTHY
70	JAMEELA	28	G2P1L1	38W 2D	PREV LSCS	0	NIL	MILD			NIL		EMERGENCY REPEAT LSCS			PREV LSCS/CPD IN LABOUR	TERM	ALIVE	HEALTHY	HEALTHY
71	SANDHYA	21	PRIMI	40W	NIL	0	MYALGIA	MILD			FOLEY / PGE2 GEL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
72	RAJALAKSHMI	28	PRIMI	39W 3D	HYOTHYROID	1	FEVER	MILD			FOLEY / PGE2 GEL		EMERGENCY PRIMARY LSCS			SEVERE OLIGOHYDRAMNIOS	TERM	ALIVE	HEALTHY	HEALTHY
73	JAYALAKSHMI	31	G3P1L1A1	39W ,	NIL	0	SHORTNESS OF BREATH (SPO2 92% TO 94%)		MODERATE		NIL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
74	KAVYA	17	G2A1	39W 1D	NIL	0	SORETHROAT	MILD			NIL	LABOUR NATURAL WITH INTACT PERINEUM					TERM	ALIVE	HEALTHY	HEALTHY
75	TAMILSELVI	25	PRIMI	39W	AN ANEMIA CORRECTED	1	NIL	MILD			NIL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
76	KALPANA	29	PRIMI	39W	PROM	0	NIL	MILD			PGE2 GEL		EMERGENCY PRIMARY LSCS			FETAL ALARM SIGNAL	TERM	ALIVE	HEALTHY	HEALTHY
77	SURYA	24	G2P1L1	39W 2D	NIL	0	SORETHROAT ; FEVER	MILD			NIL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
78	NIRMALADEVI	29	G2P1L1	37W 4D	PREV LSCS ; HYPOTHYROID	1	COUGH	MILD			NIL		EMERGENCY REPEAT LSCS			PREV LSCS /CPD IN LABOUR	TERM	ALIVE	HEALTHY	HEALTHY
79	PRIYADHARSHINI	23	PRIMI	40W 2D	HYPOTHYROID ;POSTDATED	1	FEVER	MILD			PGE2 GEL		EMERGENCY PRIMARY LSCS			FETAL DISTRESS	TERM	ALIVE	HEALTHY	HEALTHY
80	PARVEEN	30	G2P1L1	38W .	PREV LSCS	0	NIL	MILD			NIL		EMERGENCY REPEAT LSCS			SEVERE OLIGOHYDRAMNIOS	TERM	ALIVE	HEALTHY	HEALTHY
81	KANAGADURGA	30	G2A1	38W 2D	BICORNUATE UTERUS; CHRONIC HTN ; OVERT DM ; HYPOTHYRODI	3	NIL	MILD			PGE2 GEL		EMERGENCY PRIMARY LSCS			FETAL ALARM SIGNAL	TERM	ALIVE	HEALTHY	HEALTHY
82	RAMYA	29	PRIMI	34W.	GDM ON INSULIN	1	NIL	MILD			PGE2 GEL		EMERGENCY PRIMARY LSCS			FETAL ALARM SIGNAL	PRETERM	ALIVE	HEALTHY	HEALTHY
83	PINKY	24	PRIMI	38W 4D	AN AENMIA ; GDM ON MEAL PLAN	1	NIL	MILD			PGE2 GEL		EMERGENCY PRIMARY LSCS			FETAL ALARM SIGNAL	TERM	ALIVE	HEALTHY	HEALTHY
84	SANDHIYA	26	PRIMI	38W 2D	NIL	0	COUGH / NASAL CONGESTION ; SPO2 93% / TACHYPNOEA (RR 24 TO 26bpm)		MODERATE		FOLEY / PGE2 GEL		EMERGENCY PRIMARY LSCS			SEVERE OLIGOHYDRAMNIOS/FAILED INDUCTION	TERM	ALIVE	HEALTHY	HEALTHY
85	BAVANI	32	G2P1L1	39W	PREV LSCS ; MILD MR / TR	1	NIL	MILD			NIL		EMERGENCY REPEAT LSCS			PREV LSCS /CPD IN LABOUR	TERM	ALIVE	HEALTHY	HEALTHY
86	LYDIA	33	G2P1L1	PREV LSCS	HYPOTHYROID	1	FEVER WITH SPO2 90% TO 92%		MODERATE		NIL		EMERGENCY REPEAT LSCS			PREV LSCS /CPD IN LABOUR	TERM	ALIVE	HEALTHY	HEALTHY
87	NASIYA	30	G2P1L1	PREV LSCS	SINUS VENOSUS ; MODERATE PHTN	1	COUGH	MILD			NIL		EMERGENCY REPEAT LSCS			PREV LSCS /CPD IN LABOUR	TERM	ALIVE	HEALTHY	HEALTHY
88	HEMALATHA	23	PRIMI	38W 6D	GHTN ; PROM	1	FEVER / SORETHROAT	MILD			PGE2 GEL		EMERGENCY PRIMARY LSCS			SEVERE OLIGOHYDRAMNIOS	TERM	ALIVE	HEALTHY	HEALTHY
89	NAGALAKSHMI	22	PRIMI	36W 1D	TRIVIAL MR /TR	1	SORETHROAT / COUGH ; SPO2 92% TO 94%		MODERATE		NIL		EMERGENCY PRIMARY LSCS			FETAL DISTRESS	PRETERM	ALIVE	HEALTHY	HEALTHY
90	PRIYA	27	G2P1L1	40W	PREV LSCS.	0	NIL	MILD			NIL		EMERGENCY REPEAT LSCS			PREV LSCS /CPD IN LABOUR	TERM	ALIVE	HEALTHY	HEALTHY
91	VANITHA	22	G2P1L1	37W 4D	NIL	0	COUGH / SPO2 90% TO 93%		MODERATE		NIL	LABOUR NATURAL					TERM	ALIVE	HEALTHY	HEALTHY

													WITH LACERATED PERINEUM							
92	DIVYA	25	G2P1L1	38W 6D	NIL	0	FEVER	MILD			NIL		EMERGENCY PRIMARY LSCS			FETAL DISTESS/MSL	TERM	ALIVE	HEALTHY	HEALTHY
93	NANDHINI	24	PRIMI	36W 2D	OLIGOHYDRAMNIOS ; BREECH	1	COUGH	MILD			NIL		EMERGENCY PRIMARY LSCS			BREECH IN LABOUR	TERM	ALIVE	HEALTHY	HEALTHY
94	UMAMAHESWARI	27	G2P1L1	39W 2D	PREV LSCS	0	NIL	MILD			NIL		EMERGENCY REPEAT LSCS			PREV LSCS /CPD IN LABOUR	TERM	ALIVE	HEALTHY	HEALTHY
95	USHA		G2A1	37W 4D	GDM ON MEAL PLAN ;	1	NIL	MILD			NIL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
96	MYTHILI	22	PRIMI	39W 1D	BRONCHIAL ASTHMA	0	NIL	MILD			FOLEY / PGE2 GEL		EMERGENCY PRIMARY LSCS			FAILED INDUCTION	TERM	ALIVE	HEALTHY	HEALTHY
97	KAMATCHI	21	PRIMI	39W 2D	SURGICAL VSD CLOSURE ; AN ANEMIA CORRECTED	2	SORETHROAT	MILD			NIL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
98	SHAMSHAD BANU	30	G2P1L1	38W .	NIL	0	RHINORRHEA	MILD			NIL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
99	INDUMATHI	26	PRIMI	39W 5D	RH NEGATIVE	0	MYALGIA / HEADACHE	MILD			FOLEY / PGE2 GEL		EMERGENCY PRIMARY LSCS			FAILED INDUCTION	TERM	ALIVE	HEALTHY	HEALTHY
100	THAMIMA ASAFER	29	G2P1L1	39W 4D	PREV LSCS	0	NIL	MILD			NIL		EMERGENCY REPEAT LSCS			PREV LSCS IN LABOUR	TERM	ALIVE	HEALTHY	HEALTHY
101	AMMU	30	G3P1L1A1	39W.	AN ANEMIA CORRECTED / PREV LSCS	1	COUGH	MILD			NIL		EMERGENCY REPEAT LSCS			PREV LSCS /CPD IN LABOUR	TERM	ALIVE	HEALTHY	HEALTHY
102	NISHA.	27	PRIMI	40W 1D	MILD MR / TRIVIAL TR / POSTDATED	1	FEVER	MILD			FOLEY / PGE2 GEL		EMERGENCY PRIMARY LSCS			FETAL DISTRESS	TERM	ALIVE	HEALTHY	HEALTHY
103	JEYANTHI	29	G2P1L1	37W 4D	PREV LSCS	0	NIL	MILD			NIL		EMERGENCY REPEAT LSCS			PREV LSCS /CPD IN LABOUR	TERM	ALIVE	HEALTHY	HEALTHY
104	AMARTHUNLA	22	G2A1	38W 5D	NIL	0	SORETHROAT	MILD			NIL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
105	PARTHIBA	22	PRIMI	39W 1D	NIL	0	COUGH / SORETHROAT /FEVER	MILD			NIL		ELECTIVE PRIMARY LSCS			CPD MAJOR	TERM	ALIVE	HEALTHY	HEALTHY
106	ANANDHI	26	PRIMI	38W 3D	NIL	0	RHINORRHEA	MILD			NIL		EMERGENCY PRIMARY LSCS			FETAL ALARM SIGNAL	TERM	ALIVE	HEALTHY	HEALTHY
107	AKSHAYA	20	G3P2L2	38W .	GDM ON INSULIN ; GHTN	2	NIL	MILD			PGE2 GEL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
108	THARANI	22	G2P1L1	36W 3D	NIL	0	COUGH ; SHORTNESS OF BREATH ; TACHYPNOEA (RR 25 TO 28bpm)		MODERATE			LABOUR NATURAL WITH EPISIOTOMY					PRETERM	ALIVE	HEALTHY	HEALTHY
109	SUGANTHI	26	PRIMI	38W 4D	HYPOTHYROID	1	NIL	MILD			NIL		EMERGENCY PRIMARY LSCS			SEVERE OLIGOHYDRAMNIOS / FETAL ALARM SIGNAL	TERM	ALIVE	HEALTHY	HEALTHY
110	FATHIMA	20	PRIMI	39W 6D	NIL	0	FEVER / SPO2 >96%	MILD			FOLEY / PGE2 GEL		EMERGENCY PRIMARY LSCS			SEVERE OLIGOHYDRAMNIOS/NON REASSURING CTG	TERM	ALIVE	HEALTHY	HEALTHY
111	HEMALATHA	22	PRIMI	39W 5D	TRIVIAL TR ;	1	RHINORRHEA	MILD			FOLEY / PGE2 GEL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
112	SHOFIYA	18	PRIMI	39W 5D	GHTN ; HYPOTHYROID ; AN ANEMIA CORRECTED	3	NIL	MILD			FOLEY / PGE2 GEL		EMERGENCY PRIMARY LSCS			NON REASSURING CTG	TERM	ALIVE	HEALTHY	HEALTHY
113	AGUMALE	22	G2A1	40W 2D	NIL	0	SHORTNESS OF BREATH (SPO2 92% TO 94%)		MODERATE		NIL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY

114	KANIMOZHI	28	G3P1L1A1	38W 4D	NIL	0	NIL	MILD			NIL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
115	DEEPIKA	25	PRIMI	36W 3D	SEVERE PREECLAMPSIA ; AN ANEMIA CORRECTED	2	NIL	MILD			NIL		EMERGENCY PRIMARY LSCS			FETAL DISTRESS	TERM	ALIVE	HEALTHY	HEALTHY
116	ANVI	28	PRIMI	39W 3D	GDM ON MEAL PLAN	1	NIL	MILD			NIL		EMERGENCY PRIMARY LSCS			FETAL DISTESS/MSL	TERM	ALIVE	HEALTHY	HEALTHY
117	MALAR	20	PRIMI	39W	NIL	0	NIL	MILD			NIL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
118	CHITRA	20	G3A2	38W 2D	PIH ; AN ANEMIA CORRECTED ;	2	NIL	MILD			NIL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
119	SAI RANJANI	29	G2P1L1	38W 6D	PREV LSCS.	0	COUGH / NASAL CONGESTION	MILD			NIL		EMERGENCY REPEAT LSCS			PREV LSCS/THREATENED SCAR RUPTURE	TERM	ALIVE	HEALTHY	HEALTHY
120	SAROJINI	27	G4P1L1A2	37W 3D	PREV LSCS ; LOW LYING PLACENTA	0	SORETHROAT	MILD			NIL		EMERGENCY REPEAT LSCS			APH / PLACENTA PREVIA	TERM	ALIVE	HEALTHY	HEALTHY
121	KURALARASI	28	G2P1L1	38W 4D	PREV LSCS.	0	FEVER / MYALGIA	MILD			NIL		EMERGENCY REPEAT LSCS			PREV LSCS /CPD IN LABOUR	TERM	ALIVE	HEALTHY	HEALTHY
122	NITHYA	29	G4P1L1A2	39W.	NIL	0	COUGH	MILD			NIL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
123	THILAGAVATHY	24	PRIMI	38W ,	GDM ON OHA ; .	1	SORETHROAT	MILD			FOLEY / PGE2 GEL		EMERGENCY PRIMARY LSCS			FETAL DISTRESS	TERM	ALIVE	HEALTHY	HEALTHY
124	MURUGAMMA	26	PRIMI	39W	OLIGOHYDRAMNIOS;	1	SHORTNESS OF BREATH (SPO2 > 96%)	MILD			PGE2 GEL		EMERGENCY PRIMARY LSCS			SEVERE OLIGOHYDRAMNIOS	TERM	ALIVE	HEALTHY	HEALTHY
125	SHARMILA	32	G2P1L1	32W 6D	CHRONIC HTN ; GDM ON MEAL PLAN	2	NIL	MILD			NIL	LABOUR NATURAL WITH EPISIOTOMY					PRETERM	ALIVE	HEALTHY	HEALTHY
126	SUGANYA	24	PRIMI	39W 6D	NIL	0	NIL	MILD			NIL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
127	DEEPA	21	PRIMI	35W 5D	NIL	0	TACHYPNOEA (RR 24 TO 26bpm)		MODERATE			LABOUR NATURAL WITH EPISIOTOMY					PRETERM	ALIVE	HEALTHY	HEALTHY
128	SASIKALA	20	PRIMI	36W 3D	OLIGOHYDRAMNIOS;	1	COUGH	MILD					EMERGENCY PRIMARY LSCS			MSL	PRETERM	ALIVE	HEALTHY	HEALTHY
129	JAYASRI	25	G2P1L1	37W	OVERT DM ON INSULIN	1	SORETHROAT	MILD			NIL		EMERGENCY REPEAT LSCS			PREV LSCS/PROM	TERM	ALIVE	HEALTHY	HEALTHY
130	JAYANTHI	23	PRIMI	40W .	NIL	0	FEVER WITH SPO2 90% TO 92%		MODERATE		NIL		EMERGENCY PRIMARY LSCS			FETAL DISTRESS	TERM	ALIVE	HEALTHY	HEALTHY
131	MAHESHWARI	30	PRIMI	35W 2D	GDM ON INSULIN ; IUI CONCEPTION ; NON SEVERE PREECLAMPSIA	2	RHINORRHEA	MILD			NIL		EMERGENCY PRIMARY LSCS			FETAL ALARM SIGNAL	PRETERM	ALIVE	HEALTHY	HEALTHY
132	DEEPALAKSHMI	28	G3P1L1A1	36W 5D	PREV LSCS; HYPOTHRYOID	1	NASAL CONGESTION ; TACHYPNOEA (RR 28 TO 30bpm)		MODERATE		NIL		EMERGENCY REPEAT LSCS			FETAL DISTRESS / PPROM	PRETERM	ALIVE	HEALTHY	HEALTHY
133	AMBIKA	27	PRIMI	38W ,	NIL	0	FEVER / CHEST DISCOMFORT (SPO2 >97%)	MILD			NIL		EMERGENCY PRIMARY LSCS			NON REASSURING CTG	TERM	ALIVE	HEALTHY	HEALTHY
134	AKILA	25	G2P1L0	35W 5D	NIL	0	NIL	MILD			PGE2 GEL				ASSISTED BREECH DELIVERY	PRECIOUS BABY /PREVIOUS NO LIVE CHILD/DCDA TWIN	PRETERM	ALIVE	HEALTHY	HEALTHY
135	MENAKA	22	PRIMI	38W 1D	NIL	0	SORETHROAT ; TACHYPNOEA (RR 30bpm)		MODERATE		NIL		EMERGENCY PRIMARY LSCS			FETAL DISTRESS	TERM	ALIVE	HEALTHY	HEALTHY
136	AMUDHA	29	G3P1L1A1		PREV LSCS ; HYPOTHYROID ;GHTN	2	COUGH	MILD			NIL		EMERGENCY REPEAT LSCS			PREV LSCS/THREATENED SCAR RUPTURE	TERM	ALIVE	HEALTHY	HEALTHY

137	REKHA	26	G2P1L0A1	33W 6D	GHTN ; H/O HELLP IN PREVIOUS PREG	1	NIL	MILD			NIL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
138	DIVYA	23	PRIMI	39W 5D	NIL	0	SHORTNESS OF BREATH (SPO2 92% TO 94%)		MODERATE		NIL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
139	CHARLOTTE ROSE	20	PRIMI	38W 5D	NIL	0	FEVER	MILD			NIL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
140	KEERTHANA	23	PRIMI	39W 5D	RH NEGATIVE	0	COUGH	MILD			NIL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
141	JOY	27	PRIMI	37W 4D	HYPOTHYROID ; TYPE 3 PLACENTA PREVIA	1	NIL	MILD			NIL		EMERGENCY PRIMARY LSCS			APH / PLACENTA PREVIA	TERM	ALIVE	HEALTHY	HEALTHY
142	PRAVEENA	28	G2P1L1	39W 5D	NIL	0	NIL	MILD			NIL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
143	LAKSHMI	27	G2A1	38W 5D	HYPOTHYROID	1	NIL	MILD			NIL	LABOUR NATURAL WITH INTACT PERINEUM					TERM	ALIVE	HEALTHY	HEALTHY
144	NAGARATHINAM	20	G2P1L1	39W 6D	HYPOTHYROID	1	FEVER / COUGH	MILD			NIL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
145	SUMATHI	29	G3P1L1A1	37W	GHTN ; PREV LSCS	1	SORETHROAT ; SHORTNESS OF BREATH 90% TO 93%		MODERATE		NIL		EMERGENCY REPEAT LSCS			PREV LSCS / PROM	TERM	ALIVE	HEALTHY	HEALTHY
146	ABIRAMI	22	PRIMI	39W 4D	NIL	0	NIL	MILD			NIL		EMERGENCY PRIMARY LSCS			FETAL DISTRESS	TERM	ALIVE	HEALTHY	HEALTHY
147	PAVITHRA	32	G2P1L1	38W 2D	PREV LSCS ; GDM ON OHA	1	NIL	MILD			NIL		EMERGENCY REPEAT LSCS			PREV LSCS /CPD IN LABOUR	TERM	ALIVE	HEALTHY	HEALTHY
148	JAYASHREE	28	G4P1L1A2	39W 3D	NIL	0	SORETHROAT	MILD			NIL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
149	BHUVANESHWARI	27	PRIMI	40W	RH NEGATIVE; PROM	0	NIL	MILD			PGE2 GEL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
150	SARAL SAKAYARANI	27	PRIMI	37W 6D	NIL	0	NIL	MILD			NIL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
151	SASIKALA	26	PRIMI	37W 3D	PROM	0	FEVER / CHEST DISCOMFORT (SPO2 98%)	MILD			PGE2 GEL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
152	MUTHUSELVI	27	G4P1L1A2	36W 5D	PREV LSCS ; GDM ON MEAL PLAN ; RH NEGATIVE ;	1	COUGH	MILD			NIL		EMERGENCY REPEAT LSCS			PREV LSCS / PPROM	PRETERM	ALIVE	HEALTHY	HEALTHY
153	LOGESHWARI	21	G2P1L1	38W 4D	AN ANEMIA CORRECTED ; GHTN	2	RHINORRHEA ; TACHYPNOEA (RR 24 TO 26bpm)		MODERATE		FOLEY / PGE2 GEL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
154	DEEPA	25	G2P1L1	38W ,	PREV LSCS	0	FEVER	MILD			NIL		EMERGENCY REPEAT LSCS			PREV LSCS/THREATENED SCAR RUPTURE	TERM	ALIVE	HEALTHY	HEALTHY
155	BABY	35	G3P1L1A1	37W 5D	OVERT DM ON MEAL PLAN	1	SHORTNESS OF BREATH (SPO2 90% TO 93%)	MILD			NIL		EMERGENCY REPEAT LSCS			PREV LSCS/PROM	TERM	ALIVE	HEALTHY	HEALTHY
156	MEENA	24	PRIMI	38W 2D	HYPOTHYROID;	1	NIL	MILD			NIL		EMERGENCY PRIMARY LSCS			FETAL DISTRESS	TERM	ALIVE	HEALTHY	HEALTHY
157	MONISHA	19	G2P1L0.	37W	GDM ON OHA ;	1	NIL	MILD			NIL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
158	KEERTHIKA	26	PRIMI	40W 1D	AN ANEMIA CORRECTED ; POST DATED PREGNANCY	1	NIL	MILD			FOLEY / PGE2 GEL		EMERGENCY PRIMARY LSCS			FAILED INDUCTION	TERM	ALIVE	HEALTHY	HEALTHY

159	VIDHYA	22	PRIMI	39W 4D	NIL	0	SORETHROAT	MILD			FOLEY / PGE2 GEL		EMERGENCY PRIMARY LSCS			FETAL DISTESS/MSL	TERM	ALIVE	HEALTHY	HEALTHY
160	TIRUMANI	28	PRIMI	37W 1D	GHTN	1	COUGH	MILD			NIL		EMERGENCY PRIMARY LSCS			FETAL DISTESS/MSL	TERM	ALIVE	HEALTHY	HEALTHY
161	SANGEETHA	21	PRIMI	34W 5D	NIL	0	FEVER / SHORTNESS OF BREATH WITH SPO2 90% TO 92%		MODERATE		PGE2 GEL	LABOUR NATURAL WITH EPISIOTOMY				FETAL ALARM SIGNAL	PRETERM	ALIVE	HEALTHY	HEALTHY
162	AADHILAKSHMI	24	G2P1L1	34W	MCDA TWIN	0	FEVER	MILD			PGE2 GEL	LABOUR NATURAL WITH INTACT PERINEUM				MCDA TWIN	PRETERM TWINS	ALIVE	HEALTHY	HEALTHY
163	DHANALAKSHMI	27	G2P1L1	37W 5D	RH NEGATIVE	0	NIL	MILD			NIL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
164	GAYATHRI	18	PRIMI	36W 5D	NIL	0	SORETHROAT	MILD			NIL		EMERGENCY PRIMARY LSCS			CPD IN LABOUR	PRETERM	ALIVE	HEALTHY	HEALTHY
165	JASMIN	27	G3P2L2	40W 1D	NIL	0	NIL	MILD			NIL	LABOUR NATURAL WITH INTACT PERINEUM					TERM	ALIVE	HEALTHY	HEALTHY
166	SOWMIYA	26	PRIMI	39W 6D	HYPOTHYROID	1	NIL	MILD			FOLEY / PGE2 GEL		EMERGENCY PRIMARY LSCS			FETAL DISTESS/MSL	TERM	ALIVE	HEALTHY	HEALTHY
167	KALVIKARASI	22	G2P1L1	36W 5D	GDM ON MEAL PLAN	1	COUGH ; SPO2 90% TO 94%		MODERATE			LABOUR NATURAL WITH EPISIOTOMY					PRETERM	ALIVE	HEALTHY	HEALTHY
168	VAISHALI	25	PRIMI	39W 2D	BREECH ; TRIVIAL TR	1	NIL	MILD			NIL		EMERGENCY PRIMARY LSCS			FPD IN LABOUR	TERM	ALIVE	HEALTHY	HEALTHY
169	RAMANI	31	PRIMI	38W 5D	NIL	0	NIL	MILD			FOLEY / PGE2 GEL			OUTLET FORCEPS DELIVERY WITH EPISIOTOMY		FETAL DISTRESS	TERM	ALIVE	HEALTHY	HEALTHY
170	RADHADEVI	32	G3P2L2	40W 3D	NIL	0	NIL	MILD			NIL	LABOUR NATURAL WITH INTACT PERINEUM					TERM	ALIVE	HEALTHY	HEALTHY
171	SAPNA	19	PRIMI	38W ,	GHTN	1	NIL	MILD			FOLEY / PGE2 GEL		EMERGENCY PRIMARY LSCS			NON REASSURING CTG	TERM	ALIVE	HEALTHY	HEALTHY
172	VEERALAKSHMI	24	PRIMI	40W	GDM ON INSULIN	1	NIL	MILD			FOLEY / PGE2 GEL		EMERGENCY PRIMARY LSCS			NON REASSURING CTG	TERM	ALIVE	HEALTHY	HEALTHY
173	EZHILARASI	24	G4P3L2	38W 6D	NIL	0	NIL	MILD			NIL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
174	ARUNA	21	PRIMI	37W ,	HYPOTHYROID	1	SPO2 90% TO 93%		MODERATE		NIL		EMERGENCY PRIMARY LSCS			FETAL DISTRESS	TERM	ALIVE	HEALTHY	HEALTHY
175	REKHA	29	PRIMI	37W 2D	AN ANEMIA CORRECTED	1	SORETHROAT	MILD			NIL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
176	DEEPA	23	PRIMI	39W 2D	NEWLY DIAGNOSED GHTN	1	DIARRHOEA	MILD			FOLEY / PGE2 GEL		EMERGENCY PRIMARY LSCS			FETAL DISTESS/MSL	TERM	ALIVE	HEALTHY	HEALTHY
177	SANGEETHA	25	G3P2L2	37W 6D	NIL	0	MYALGIA	MILD			NIL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
178	SAKTHI	30	G3P1L1A1	34W 6D	HYPOTHYROID	1	FEVER / COUGH / SPO2 90% TO 94%		MODERATE			LABOUR NATURAL WITH EPISIOTOMY					PRETERM	ALIVE	HEALTHY	HEALTHY
179	JEEVITHA	24	G2P1L1	33W 4D	NIL	0	NIL	MILD			NIL	LABOUR NATURAL WITH INTACT PERINEUM					PRETERM	ALIVE	HEALTHY	HEALTHY
180	DIVYA	29	PRIMI	36W 6D	GDM ON MEAL PLAN ;	1	NIL	MILD			NIL		EMERGENCY PRIMARY LSCS			FETAL DISTRESS	PRETERM	ALIVE	HEALTHY	HEALTHY
181	AMBATI RUPA	22	G2P1L1	38W 4D	PREV LSCS	0	NIL	MILD			NIL		EMERGENCY PRIMARY LSCS			PREV LSCS/THREATENED SCAR RUPTURE	TERM	ALIVE	HEALTHY	HEALTHY

182	INDHUMATHI	33	G2P1L1	37W 4D	NIL	0	RHINORRHEA	MILD			NIL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
183	MONIKA	26	PRIMI	37W	AN ANEMIA CORRECTED	1	FEVER WITH SPO2 93% TO 96%		MODERATE		NIL		EMERGENCY PRIMARY LSCS			CPD IN LABOUR	TERM	ALIVE	HEALTHY	HEALTHY
184	KALAIVANI	22	G2P1L1	37W 2D	AN ANEMIA CORRECTED	1	NIL	MILD			NIL		EMERGENCY PRIMARY LSCS			FETAL DISTESS/MSL	TERM	ALIVE	HEALTHY	HEALTHY
185	ESTHER RAJATHI	22	G3P2L2	38W 2D	NIL	0	FEVER	MILD			NIL		EMERGENCY REPEAT LSCS			PREV LSCS IN LABOUR	PRETERM	ALIVE	HEALTHY	HEALTHY
186	MARYAM	27	G2A1	39W	HYPOTHYROID ; OLIGOHYDRAMNIOS	2	SORETHROAT	MILD			PGE2 GEL		EMERGENCY PRIMARY LSCS			FETAL DISTRESS	TERM	ALIVE	HEALTHY	HEALTHY
187	CHRISTY FLORENCE	30	PRIMI	38W 2D	HYPOTHYROID ; IUGR ; OLIGOHYDRAMNIOS ; BREECH	3	COUGH	MILD			NIL		EMERGENCY PRIMARY LSCS			SEVERE OLIGOHYDRAMNIOS/BREECH /IUGR	TERM	ALIVE	HEALTHY	HEALTHY
188	SUGANYA	26	G2P1L1	40W	NIL	0	COUGH	MILD			PGE2 GEL	LABOUR NATURAL WITH LACERATED PERINEUM					TERM	ALIVE	HEALTHY	HEALTHY
189	REVATHY	28	PRIMI	36W 6D	GDM ON INSULIN ; HYPOTHYRODI ; AN ANEMIA CORRECTED ; GHTN	3	NIL	MILD			PGE2 GEL		EMERGENCY PRIMARY LSCS			NON REASSURING CTG	TERM	ALIVE	HEALTHY	HEALTHY
190	PONNARASI	39	G4P1L1A2	37W 6D	PREV LSCS ; POLIO ; AN ANEMIA CORRECTED ; POLYHYDRAMNIOS	1	NIL	MILD			NIL		ELECTIVE REPEAT LSCS			PREV LSCS/RESIDUAL POLIO PARALYSIS	TERM	ALIVE	HEALTHY	HEALTHY
191	SANGEETHA	36	G2A1	36 W	OVERT DM ON INSULIN	1	DIARRHOEA	MILD			NIL		ELECTIVE PRIMARY LSCS			CPD MAJOR	TERM	ALIVE	HEALTHY	HEALTHY
192	SUGANYA	27	G3P2L2	38W 4D	NIL	0	NIL	MILD			NIL		EMERGENCY PRIMARY LSCS			FETAL DISTRESS	TERM	ALIVE	HEALTHY	HEALTHY
193	PREMA	22	PRIMI	39W 1D	NIL	0	SORETHROAT ; SHORTNESS OF BREATH 90% TO 93%		MODERATE		NIL		EMERGENCY PRIMARY LSCS			FETAL DISTESS/MSL	TERM	ALIVE	HEALTHY	HEALTHY
194	JAYANTHI	20	G5P4L3	36W 1D	IUGR ; GESTATIONAL THROMBOCYTOPENIA ; OLIGOHYDRAMNIOS	2	COUGH	MILD			NIL		ELECTIVE REPEAT LSCS			SEVERE OLIGOHYDRAMNIOS	PRETERM	ALIVE	HEALTHY	HEALTHY
195	JASMINE	28	PRIMI	38W ,	GRADE 4 PLACENTA PREVIA	0	SORETHROAT	MILD			NIL		EMERGENCY PRIMARY LSCS			APH / COMPLETE PLACENTA PREVIA	TERM	ALIVE	HEALTHY	HEALTHY
196	SAKTHI	28	PRIMI	40W 2D	RH NEGATIVE ; SHORT PRIMI ; RIGHT PARIETAL GRANULOMA	0	MYALGIA	MILD			FOLEY / PGE2 GEL		EMERGENCY PRIMARY LSCS			CPD IN LABOUR	TERM	ALIVE	HEALTHY	HEALTHY
197	KALPANA	26	PRIMI	34W 6D	NIL	0	FEVER / CHEST DISCOMFORT (SPO2 92% TO 94%)		MODERATE		PGE2 GEL	LABOUR NATURAL WITH EPISIOTOMY				PPROM	PRETERM	ALIVE	HEALTHY	HEALTHY
198	SYED ALI FATHIMA	29	PRIMI	35W 1D	DCDA TWINS	0	SHORTNESS OF BREATH (SPO2 > 96%)	MILD			NIL		EMERGENCY PRIMARY LSCS			DCDA TWIN/FIRST TWIN NON VERTEX IN LABOUR	PRETERM TWINS	ALIVE	HEALTHY	HEALTHY
199	SRIDEVI	25	G2A1	38W	GHTN ON RX ; HYPOTHYROID	2	NIL	MILD			FOLEY / PGE2 GEL		EMERGENCY PRIMARY LSCS			CPD IN LABOUR	TERM	ALIVE	HEALTHY	HEALTHY
200	DURGA	30	G2P1L1	38W 5D	GDM ON MEAL PLAN ; HYPOTHRYOID	2	DIARRHOEA / SPO2 92% TO 94%		MODEARTE		NIL		EMERGENCY PRIMARY LSCS			NON REASSURING CTG	TERM	ALIVE	HEALTHY	HEALTHY
201	MANJULA	27	G2P1L1	39W 6D	NIL	0	NIL	MILD			FOLEY / PGE2 GEL		EMERGENCY PRIMARY LSCS			FETAL DISTRESS/MSL	TERM	ALIVE	HEALTHY	HEALTHY
202	PRIYADHARSHINI	26	PRIMI	37W 5D	TRIVIAL TR/ MR ; BREECH ; PERICARDIAL EFFUSION	1	NIL	MILD			NIL		ELECTIVE PRIMARY LSCS			CPD MAJOR	TERM	ALIVE	HEALTHY	HEALTHY
203	SWETHA	24	G2P1L1	37W 5D	NIL	0	NIL	MILD			NIL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
204	PRIYADHARSHINI	27	G4P1L1A2	38W .	AN ANEMIA CORRECTED	1	NIL	MILD			NIL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
205	KOWSAR JAHAN	25	G4P1L1A2	37W 4D	PREV LSCS ; .	0	NIL	MILD			NIL		EMERGENCY REPEAT LSCS			PREV LSCS/CPD IN LABOUR	TERM	ALIVE	HEALTHY	HEALTHY

206	THENDRAL	30	G3P1L1A1	35W	PREV LSCS	0	SORETHROAT ; SHORTNESS OF BREATH 90% TO 93%		MODERATE		NIL	VAGINAL BIRTH AFTER CEASAREAN					PRETERM	ALIVE	HEALTHY	HEALTHY
207	PRIYA	21	PRIMI	39W	AN ANEMIA CORRECTED	1	COUGH	MILD			NIL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
208	UMAMAHESWARI	26	PRIMI	37W 6D	GDM ON MEAL PLAN	1	NIL	MILD			NIL		EMERGENCY PRIMARY LSCS			CPD IN LABOUR	TERM	ALIVE	HEALTHY	HEALTHY
209	KAMALA	35	G2P1L1	35W 5D	PREV LSCS ; GHTN ; AN ANEMIA CORRECTED ;	2	MYALGIA	MILD			NIL		EMERGENCY REPEAT LSCS			PREV LSCS / PPROM / FETAL DISTRESS / MSL	PRETERM	ALIVE	HEALTHY	HEALTHY
210	PRIYA	28	G2P1L1	38W 5D	RH NEGATIVE; GDM ON INSULIN ; PREV LSCS	1	NIL	MILD			NIL		EMERGENCY REPEAT LSCS			PREV LSCS /CPD IN LABOUR	TERM	ALIVE	HEALTHY	HEALTHY
211	KANIMOZHI	32	PRIMI	38W 6D	HYPOTHYROID	1	DIARRHOEA	MILD			NIL		EMERGENCY PRIMARY LSCS			FETAL DISTRESS	TERM	ALIVE	HEALTHY	HEALTHY
212	LAKSHMI	24	G3P2L2	37W 4D	NIL	1	SP02 92% TO 94%		MODERATE		NIL	LABOUR NATURAL WITH LACERATED PERINEUM					TERM	ALIVE	HEALTHY	HEALTHY
213	SHANTHINI	26	PRIMI	36W 2D	TRIVIAL TR / MR	1	NIL	MILD			FOLEY / PGE2 GEL	LABOUR NATURAL WITH EPISIOTOMY				SEVERE OLIGOHYDRAMNIOS	PRETERM	ALIVE	HEALTHY	HEALTHY
214	SIVASANKARI	24	G3P1L1A1	36W 4D	PREV LSCS ; LOW LYING PLACENTA ; BICORNUATE UTERUS	0	NIL	MILD			NIL		ELECTIVE REPEAT LSCS			PREV LSCS /CPD IN LABOUR	PRETERM	ALIVE	HEALTHY	HEALTHY
215	AROKIYAMARY	27	G4P1L1A2	40W 1D	PREV LSCS	0	SORETHROAT	MILD			NIL		EMERGENCY REPEAT LSCS			PREV LSCS /CPD IN LABOUR	TERM	ALIVE	HEALTHY	HEALTHY
216	MANIMEGALAI	28	G3P1L1A1	38W 2D	NIL	0	NIL	MILD			NIL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
217	PRIYANKA	26	G2A1	39W	GHTN	1	NIL	MILD			FOLEY / PGE2 GEL		EMERGENCY PRIMARY LSCS			FETAL ALARM SIGNAL	TERM	ALIVE	HEALTHY	HEALTHY
218	KALAISELVI	20	PRIMI	37W 2D	IUGR ; OLIGOHYDRAMNIOS	2	FEVER	MILD			PGE2 GEL		EMERGENCY PRIMARY LSCS			SEVERE OLIGOHYDRAMNIOS	TERM	ALIVE	HEALTHY	HEALTHY
219	DEEPIKA	23	PRIMI	35W 3D	NIL	0	SORETHROAT	MILD			NIL	LABOUR NATURAL WITH EPISIOTOMY					PRETERM	ALIVE	HEALTHY	HEALTHY
220	SUGANYA	32	PRIMI	37W 2D	NIL	0	COUGH	MILD			PGE2 GEL			VACCUM ASSISTED DELIVERY		FAILURE OF SECONDARY MATERNAL EFFORTS	TERM	ALIVE	HEALTHY	HEALTHY
221	MEENA	22	G3A2	39W ,	BREECH	0	FEVER / CHEST DISCOMFORT (SPO2 92% TO 94%)		MODERATE		NIL		EMERGENCY PRIMARY LSCS			PRIMI/BREECH IN LABOUR	TERM	ALIVE	HEALTHY	HEALTHY
222	SAVITHRI	29	PRIMI	36W 2D	RH NEGATIVE	0	SORETHROAT	MILD			NIL	LABOUR NATURAL WITH EPISIOTOMY					PRETERM	ALIVE	HEALTHY	HEALTHY
223	JENNIFER	27	PRIMI	40W 5D	AN ANEMIA CORRECTED	1	NIL	MILD			PGE2 GEL		EMERGENCY PRIMARY LSCS			FETAL DISTESS/MSL	TERM	ALIVE	HEALTHY	HEALTHY
224	KALA	40	G2P1L1	36W 5D	SEVERE PREECLAMPSIA ; TYPE 2 DM	1	NIL	MILD			PGE2 GEL			VACCUM ASSISTED DELIVERY		FAILURE OF SECONDARY MATERNAL EFFORTS	TERM	ALIVE	HEALTHY	HEALTHY
225	MUTHULAKSHMI	37	PRIMI	38W 5D	GDM ON INSULIN	1	SHORTNESS OF BREATH (SPO2 92% TO 94%)		MODERATE		FOLEY / PGE2 GEL		EMERGENCY PRIMARY LSCS			CPD IN LABOUR	TERM	ALIVE	HEALTHY	HEALTHY
226	KOWSALYA	20	PRIMI	40W	PROM	0	NIL	MILD			PGE2 GEL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
227	DHAMODHARANI	29	G2P1L1	38W 3D	NIL	0	NIL	MILD			NIL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY

228	DHANALAKSHMI	31	G6P3L3A2	38W 1D	NIL	0	NIL	MILD			NIL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
229	LAVANYA	21	PRIMI	39W 5D	NIL	0	FEVER ; TACHYPNOEA (RR 24 TO 28bpm)		MODERATE		FOLEY / PGE2 GEL			VACCUM ASSISTED DELIVERY		FAILURE OF SECONDARY MATERNAL EFFORTS	TERM	ALIVE	HEALTHY	HEALTHY
230	SANGEETHA	20	PRIMI	37W 3D	GHTN ; GRADE 2 ABRUPTIO PLACENTAE ;	1	SORETHROAT / COUGH	MILD			NIL		EMERGENCY PRIMARY LSCS			APH / GRADE 2 ABRUPTIO PLACENTA	TERM	ALIVE	HEALTHY	HEALTHY
231	ARUNDHADHI	30	G2P1L1	38W .	PREV LSCS	0	FEVER	MILD			NIL		EMERGENCY REPEAT LSCS			PREV LSCS /CPD IN LABOUR	TERM	ALIVE	HEALTHY	HEALTHY
232	MOHANAPRIYA	32	G2P1L1	37W 5D	NIL	0	NIL	MILD			NIL	LABOUR NATURAL WITH LACERATED PERINEUM					TERM	ALIVE	HEALTHY	HEALTHY
233	DHIVYA		G2A1	35W 6D	GHTN	1	NIL	MILD			NIL	LABOUR NATURAL WITH EPISIOTOMY					PRETERM	ALIVE	HEALTHY	HEALTHY
234	SARANYA		PRIMI	36W 2D	GHTN	1	NIL	MILD			NIL		EMERGENCY PRIMARY LSCS			CORD PRESENTATION	PRETERM	ALIVE	HEALTHY	HEALTHY
235	PRARTHANA	24	G3P1L1A1	39W 5D	PROM	0	SPO2 92% TO 94%		MODERATE		PGE2 GEL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
236	JANAKI	28	G3P2L2	38W 2D	NIL	0	SORETHROAT	MILD			NIL	LABOUR NATURAL WITH INTACT PERINEUM					TERM	ALIVE	HEALTHY	HEALTHY
237	PRIYA	29	G2P1L1	37W	PREV LSCS	0	COUGH	MILD			NIL		EMERGENCY REPEAT LSCS			PREV LSCS/THREATENED SCAR RUPTURE	TERM	ALIVE	HEALTHY	HEALTHY
238	HYATH BEE	24	PRIMI	36W 4D	GDM ON MEAL PLAN; CHRONIC HTN ;	2	NIL	MILD			NIL		EMERGENCY PRIMARY LSCS			CPD IN LABOUR	PRETERM	ALIVE	HEALTHY	HEALTHY
239	SINDHU	25	PRIMI	37W. 1D	GDM ON INSULIN	1	NIL	MILD			NIL		EMERGENCY PRIMARY LSCS			FETAL DISTRESS/MSL	TERM	ALIVE	HEALTHY	HEALTHY
240	DHANALAKSHMI	34	G3P1L1A1	35W 6D	GHTN ; OLIGOHYDRAMNIOS ; HBSAG POSITIVE	2	RHINORRHEA ; TACHYPNOEA (RR 24 TO 26bpm)		MODERATE		PGE2 GEL		EMERGENCY PRIMARY LSCS			SEVERE OLIGOHYDRAMNIOS / FETAL ALARM SIGNAL	PRETERM	ALIVE	HEALTHY	HEALTHY
241	DURGADEVI	26	PRIMI	38W 3D	HYPOTHYROID	1	NIL	MILD			NIL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
242	SHAMILI	27	PRIMI	39W 5D	NIL	0	NIL	MILD			NIL		ELECTIVE PRIMARY LSCS			CPD MAJOR	TERM	ALIVE	HEALTHY	HEALTHY
243	ANUSHA	22	PRIMI	38W 5D	HYPOTHYROID	1	DIARRHOEA	MILD			NIL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
244	GOWARTHANI	23	G2P1L0	37W	AN ANEMIA ; OLIGOHYDRAMNIOS	2	FEVER	MILD			NIL		EMERGENCY PRIMARY LSCS			DEEP TRANSVERSE ARREST	TERM	ALIVE	HEALTHY	HEALTHY
245	KAVITHA	28	PRIMI	38W 3D	NIL	0	COUGH / NASAL CONGESTION	MILD			NIL		EMERGENCY PRIMARY LSCS			NON REASSURING CTG	TERM	ALIVE	HEALTHY	HEALTHY
246	INDHUMATHI	23	PRIMI	36W 1D	AN ANEMIA CORRECTED	1	SORETHROAT ; TACHYPNOEA (RR 30bpm)		MODERATE		NIL	LABOUR NATURAL WITH EPISIOTOMY					PRETERM	ALIVE	HEALTHY	HEALTHY
247	ROGINI	27	PRIMI	39W 1D	RH NEGATIVE ; GDM ON MEAL PLAN	1	NIL	MILD			FOLEY / PGE2 GEL		EMERGENCY PRIMARY LSCS			FETAL DISTESS/MSL	TERM	ALIVE	HEALTHY	HEALTHY
248	REVATHY	23	G2A1	38W 2D	NIL	0	HEADACHE	MILD			NIL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
249	YUVARANI	25	G2A1	36W 5D	GDM ON MEAL PLAN	1	NIL	MILD			NIL		EMERGENCY PRIMARY LSCS			FETAL DISTESS/MSL	PRETERM	ALIVE	HEALTHY	HEALTHY
250	RAJALAKSHMI	28	PRIMI	36W 5D	NIL	0	NIL	MILD			NIL	LABOUR NATURAL					PRETERM	ALIVE	HEALTHY	HEALTHY

													WITH EPISIOTOMY							
251	ESWARI	23	PRIMI	38W 6D	NIL	0	MYALGIA	MILD			NIL		EMERGENCY PRIMARY LSCS			FETAL DISTESS/MSL	TERM	ALIVE	HEALTHY	HEALTHY
252	JAYASHREE	31	G3P1L1A1	37W 4D	PREV LSCS ; MILD TR ; TRIVIAL MR ; AN ANEMIA RXED; NON SEVERE PREECLAMPSIA	3	NIL	MILD			NIL		EMERGENCY REPEAT LSCS			PREV LSCS /CPD IN LABOUR	TERM	ALIVE	HEALTHY	HEALTHY
253	DEEPA		G3P1L1A1	37W 5D	GDM ON OHA ;	1	NIL	MILD			NIL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
254	MARIYA		G2P1L1	36W 5D	PREV LSCS ; AN ANEMIA CORRECTED	1	COUGH	MILD			NIL		ELECTIVE REPEAT LSCS			PREV LSCS / CPD MAJOR	TERM	ALIVE	HEALTHY	HEALTHY
255	JAYANTHI	25	G2P1L1	37W 4D	PREV LSCS	0	SORETHROAT	MILD			NIL		EMERGENCY REPEAT LSCS			PREV LSCS /CPD IN LABOUR	TERM	ALIVE	HEALTHY	HEALTHY
256	DASANATHI	26	G2P1L1	37W 3D	AN ANEMIA CORRECTED	1	FEVER / COUGH / SPO2 90% TO 94%		MODERATE		NIL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
257	HARIPRIYA	24	PRIMI	35W 6D	OLIGOHYDRAMNIOS	1	COUGH WITH SHORTNESS OF BREATH SPO2 90 TO 94%		MODERATE		NIL	LABOUR NATURAL WITH EPISIOTOMY					PRETERM	ALIVE	HEALTHY	HEALTHY
258	LAVANYA	30	G2P1L1	37W 6D	PREV LSCS	0	NIL	MILD			NIL		EMERGENCY REPEAT LSCS			PREV LSCS / CPD MAJOR	TERM	ALIVE	HEALTHY	HEALTHY
259	JAYA BHARATHI	22	G2P1L1	37W 4D	GDM ON MEAL PLAN ; PREV LSCS	1	NIL	MILD			NIL		EMERGENCY REPEAT LSCS			PREV LSCS / CPD MAJOR	TERM	ALIVE	HEALTHY	HEALTHY
260	GAYATHRI	25	PRIMI	39W 4D	AN ANEMIA CORRECTED	1	NIL	MILD			NIL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
261	JANAKI	24	PRIMI	36W 3D	HYPOTHYROID ; GHTN	2	SHORTNESS OF BREATH (SPO2 90% TO 93%)		MODERATE		FOLEY / PGE2 GEL		EMERGENCY PRIMARY LSCS			FETAL DISTRESS	TERM	ALIVE	HEALTHY	HEALTHY
262	SARALA	25	PRIMI	35W 3D	NIL	0	COUGH	MILD			FOLEY / PGE2 GEL	LABOUR NATURAL WITH EPISIOTOMY				OLIGOHYDRAMNIOS	PRETERM	ALIVE	HEALTHY	HEALTHY
263	AKSHAYA	20	G3P2L2	38W ,	GDM ON INSULIN ; GHTN	2	FEVER	MILD			FOLEY / PGE2 GEL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
264	THARANI	22	G2P1L1	38W 6D	NIL	0	SORETHROAT	MILD			NIL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
265	SUGANTHI	26	PRIMI	40W 3D	HYPOTHYROID	1	NIL	MILD			FOLEY / PGE2 GEL		EMERGENCY PRIMARY LSCS			FETAL DISTESS/MSL	TERM	ALIVE	HEALTHY	HEALTHY
266	FATHIMA AFRIN	20	PRIMI	37W 3D	NIL	0	NIL	MILD			NIL		EMERGENCY PRIMARY LSCS			FETAL DISTRESS	TERM	ALIVE	HEALTHY	HEALTHY
267	HEMALATHA	22	PRIMI	35W 6D	TRIVIAL TR ;	1	NIL	MILD			NIL	LABOUR NATURAL WITH EPISIOTOMY					PRETERM	ALIVE	HEALTHY	HEALTHY
268	CHAMUNDESWARI	36	G2A1	30W 5D	DCDA TWINS ; NON SEVERE PREECLAMPSIA ; HYPOTHYROID ;	2	NIL	MILD			NIL				ASSISTED BREECH WITH EPISIOTOMY		PRETERM TWINS	ALIVE	HEALTHY	HEALTHY
269	SUNDARI	23	PRIMI	38W 1D	NIL	0	SORETHROAT	MILD			NIL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
270	HEPSIBA	23	G2A1	35W 6D	NIL	0	FEVER ; TACHYPNOEA (RR 24 TO 28bpm)		MODERATE		NIL		EMERGENCY PRIMARY LSCS			FOOTLING BREECH IN LABOUR	PRETERM	ALIVE	HEALTHY	HEALTHY
271	MAHALAKSHMI	27	G2A1	34W 3D	OILGOHYDRAMNIOS	1	NIL	MILD			NIL		EMERGENCY PRIMARY LSCS			FETAL DISTESS/MSL	PRETERM	ALIVE	HEALTHY	HEALTHY
272	TAMILSELVI	29	PRIMI	39W 5D	RH NEGATIVE PREGNANCY	0	NIL	MILD			NIL		EMERGENCY PRIMARY LSCS			FETAL DISTRESS	TERM	ALIVE	HEALTHY	HEALTHY
273	UMAMAHESWARI	22	G3P1L1A1	34W 6D	HYPOTHYROID	2	COUGH / SORETHROAT /FEVER ;SPO2 92% TO 94%		MODERATE		FOLEY / PGE2 GEL	LABOUR NATURAL WITH EPISIOTOMY				SEVERE OLIGOHYDRAMNIOS / FETAL	PRETERM	ALIVE	HEALTHY	HEALTHY

																ALARM SIGNAL				
274	SRIDEVI	23	G3P1L1A1	37W 3D	HYPOTHYROID; K/C/O RHEUMATOID ARTHRITIS FOR 3 YEARS	1	SORETHROAT	MILD			NIL		EMERGENCY REPEAT LSCS			PREV LSCS/THREATENED SCAR RUPTURE	TERM	ALIVE	HEALTHY	HEALTHY
275	YUVABHARATHI	27	G2P1L1	38W .	PREV LSCS	0	FEVER	MILD			NIL		EMERGENCY REPEAT LSCS			PREV LSCS /CPD IN LABOUR	TERM	ALIVE	HEALTHY	HEALTHY
276	SAMANTHI	23	G3P1L1A1	39W 1D	NIL	0	NIL	MILD			NIL	LABOUR NATURAL WITH INTACT PERINEUM					TERM	ALIVE	HEALTHY	HEALTHY
277	PADMAPRIYA	28	PRIMI	39W 4D	NIL	0	NIL	MILD			NIL		EMERGENCY PRIMARY LSCS			CPD IN LABOUR	TERM	ALIVE	HEALTHY	HEALTHY
278	PRAVEENA	30	G2P1L1	38W 3D	HYPOTHYROID	1	NIL	MILD			NIL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
279	PRIYA	32	G3P1L1A1	36W 5D	PREV LSCS	0	SPO2 92% TO 94%		MODERATE		NIL		EMERGENCY REPEAT LSCS			FETAL DISTRESS	PRETERM	ALIVE	HEALTHY	HEALTHY
280	KANIMOZHI	26	PRIMI	35W 2D	SEVERE PREECLAMPSIA	1	RHINORRHEA	MILD			FOLEY / PGE2 GEL		EMERGENCY PRIMARY LSCS			SEVERE PREECLAMSIA WITH UNFAVOURABLE CERVIX	PRETERM	ALIVE	HEALTHY	HEALTHY
281	DURGA	21	PRIMI	37W 4D	GHTN ; MILD MR/ TR ;	2	NIL	MILD			NIL		EMERGENCY PRIMARY LSCS			FETAL ALARM SIGNAL	TERM	ALIVE	HEALTHY	HEALTHY
282	SHIFAYA BANU	31	G2A1	36W	SEVERE PREECLAMPSIA	1	DIARRHOEA	MILD			NIL		EMERGENCY PRIMARY LSCS			IMMINENT SYMPTOM	PRETERM	ALIVE	HEALTHY	HEALTHY
283	PRIYA	27	PRIMI	36W 1D	HYPOTHYROID	1	NIL	MILD			NIL	LABOUR NATURAL WITH EPISIOTOMY					PRETERM	ALIVE	HEALTHY	HEALTHY
284	SARANYA	28	G2A1	33W 4D	HUN	0	SORETHROAT / COUGH ; SPO2 90% TO 94%		MODERATE		PGE2 GEL	LABOUR NATURAL WITH EPISIOTOMY				PPROM	PRETERM	ALIVE	HEALTHY	HEALTHY
285	MEENAKSHI	21	PRIMI	38W 5D	NIL	0	NIL	MILD			NIL		EMERGENCY PRIMARY LSCS			FETAL DISTRESS	TERM	ALIVE	HEALTHY	HEALTHY
286	KALPANA	26	G2P1L1	40W 1D	POSTDATED PREGNANCY		FEVER	MILD			NIL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
287	PARVEEN	29	G3P1L1A1	38W ,	OVERT DM ; HYPOTHYROID ;PREV LSCS	2	SORETHROAT	MILD					EMERGENCY REPEAT LSCS			PREV LSCS /CPD IN LABOUR	TERM	ALIVE	HEALTHY	HEALTHY
288	DHIVYABHARATHI	25	G4P1L1A2	39W 3D	HYPOTHYROID	1	NIL	MILD			NIL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
289	ANBUSELVI	27	G2P1L0	36W 6D	BREECH	0	NIL	MILD			NIL		EMERGENCY PRIMARY LSCS			FPD IN LABOUR	PRETERM	ALIVE	HEALTHY	HEALTHY
290	KAMALA JOTHI	26	G3A2	37W1D	NIL	0	DIARRHOEA	MILD			NIL		EMERGENCY PRIMARY LSCS			FETAL ALARM SIGNAL	TERM	ALIVE	HEALTHY	HEALTHY
291	RADHIKA	24	PRIMI	36W,	NIL	0	NIL	MILD			NIL		EMERGENCY PRIMARY LSCS			CPD IN LABOUR	PRETERM	ALIVE	HEALTHY	HEALTHY
292	KAVITHA	35	G3P2L2	30W 4D	GDM ON OHA ; GHTN	2	NIL	MILD			NIL		EMERGENCY REPEAT LSCS			PREV LSCS / PPROM	PRETERM	ALIVE	HEALTHY	HEALTHY
293	AMBIKA	35	G3P2L2	39W 1D	NIL	0	FEVER	MILD			NIL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
294	SONA	21	PRIMI	37W 6D	NIL	0	NIL	MILD			NIL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
295	DHANALAKSHMI	35	PRIMI	37W 6D	GDM ON INSULIN ; AN AENMIA CORRECTED	2	COUGH	MILD			NIL		EMERGENCY PRIMARY LSCS			FETAL DISTRESS	TERM	ALIVE	HEALTHY	HEALTHY
296	JAYANTHI	29	G2P1L1	37W 3D	NIL	0	SPO2 92% TO 94%		MODERATE		NIL		EMERGENCY PRIMARY LSCS			NON REASSURING CTG	TERM	ALIVE	HEALTHY	HEALTHY
297	BOMI	20	PRIMI	35W 4D	NIL	0	COUGH / SORETHROAT /FEVER ;SPO2 92% TO 94%		MODERATE		NIL	LABOUR NATURAL WITH EPISIOTOMY					PRETERM	ALIVE	HEALTHY	HEALTHY

298	NALINI	21	G2P1L1	39W 5D	NIL	0	NIL	MILD			NIL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
299	NIVETHA	20	PRIMI	39W 1D	BREECH	0	FEVER WITH SPO2 >96%	MILD			NIL		EMERGENCY PRIMARY LSCS			BREECH IN LABOUR	TERM	ALIVE	HEALTHY	HEALTHY
300	LAXMI	28	PRIMI	37W 1D	BREECH	0	NIL	MILD			NIL		ELECTIVE PRIMARY LSCS			FETOPELVIC PELVIC DISPROPORTION	TERM	ALIVE	HEALTHY	HEALTHY
301	REVATHI	30	PRIMI	38W 4D	SHORT PRIMI ; AN ANEMIA CORRECTED	1	NIL	MILD			NIL		ELECTIVE PRIMARY LSCS			CPD MAJOR	TERM	ALIVE	HEALTHY	HEALTHY
302	MANJU	23	PRIMI	39W 1D	NIL	0	COUGH	MILD			NIL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
303	SUDHA	27	PRIMI	38W 3D	HYPOTHYROID; GDM ON INSULIN	2	SORETHROAT	MILD			FOLEY / PGE2 GEL	LABOUR NATURAL WITH LACERATED PERINEUM					TERM	ALIVE	HEALTHY	HEALTHY
304	DIVYA	26	G3P1L1A1	37W	GHTN ; GDM ON INSULIN ;PREV LSCS	2	NIL	MILD			NIL		EMERGENCY REPEAT LSCS			PREV LSCS /CPD IN LABOUR	TERM	ALIVE	HEALTHY	HEALTHY
305	KOWSALYA	26	G5P1L1A3	37W 1D	PREV LSCS ; GHTN IN PREV PREGNANCY	0	NIL	MILD			NIL		EMERGENCY REPEAT LSCS			PREV LSCS/THREATENED SCAR RUPTURE	TERM	ALIVE	HEALTHY	HEALTHY
306	VIJAYALAKSHMI	24	G2P1L1	37W 6D	PREV LSCS	0	FEVER	MILD			NIL		ELECTIVE REPEAT LSCS			PREV LSCS / CPD MAJOR	TERM	ALIVE	HEALTHY	HEALTHY
307	SIVAGAMI	37	PRIMI	39W 1D	RH NEGATIVE ; GHTN	1	NIL	MILD			FOLEY / PGE2 GEL		EMERGENCY PRIMARY LSCS			FETAL DISTESS/MSL	TERM	ALIVE	HEALTHY	HEALTHY
308	THILAGAVATHY	19	PRIMI	37W 5D	NIL	0	NIL	MILD			NIL		EMERGENCY PRIMARY LSCS			CPD IN LABOUR	TERM	ALIVE	HEALTHY	HEALTHY
309	SHOBANA	19	PRIMI	39W 3D	GHTN	1	COUGH WITH SHORTNESS OF BREATH SPO2 90 TO 94%		MODERATE		FOLEY / PGE2 GEL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
310	SHANMUGAPRIYA	26	G2P1L1	38W 3D	AN ANEMIA CORRECTED	1	NIL	MILD			NIL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
311	SHANTHI	36	PRIMI	37W 3D	AN ANEMIA CORRECTED	1	MYALGIA	MILD			NIL		EMERGENCY PRIMARY LSCS			FETAL DISTRESS	TERM	ALIVE	HEALTHY	HEALTHY
312	SUGUNA	25	PRIMI	36W 3D	NIL	0	NIL	MILD			NIL	LABOUR NATURAL WITH EPISIOTOMY					PRETERM	ALIVE	HEALTHY	HEALTHY
313	GAJALAKSHMI	32	P2L2A1	37W 5D	GDM ON MEAL PLAN	1	NIL	MILD			NIL		EMERGENCY REPEAT LSCS			PREV LSCS/THREATENED SCAR RUPTURE	TERM	ALIVE	HEALTHY	HEALTHY
314	RUTHMARY	22	G3P2L2	37W 5D	NIL	0	NIL	MILD			NIL		ELECTIVE REPEAT LSCS			PREV LSCS / CPD MAJOR	TERM	ALIVE	HEALTHY	HEALTHY
315	KALAIARASI	24	PRIMI	39W 4D	NIL	0	RHINORRHEA	MILD			NIL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
316	JOTHIKA	20	PRIMI	37W 3D	GDM ON INSULIN	1	NIL	MILD			PGE2 GEL		EMERGENCY PRIMARY LSCS			FAILED INDUCTION	TERM	ALIVE	HEALTHY	HEALTHY
317	GEETHAPRIYA	25	G2P1L1	36W 5D	PREV LSCS	0	COUGH	MILD			NIL		EMERGENCY REPEAT LSCS			PREV LSCS /CPD IN LABOUR	PRETERM	ALIVE	HEALTHY	HEALTHY
318	SOUNDARYA	20	G2P1L1	39W 6D	NIL	0	FEVER	MILD			NIL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
319	THANGAMALAR	30	G4P1L1A2	38W 2D	PROM	0	NIL	MILD			PGE2 GEL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
320	NANDHINI VIJAYAKUMAR	25	G3P1L1A1	35W 3D	NIL	0	NIL	MILD			NIL		EMERGENCY REPEAT LSCS			PREV LSCS IN LABOUR	PRETERM	ALIVE	HEALTHY	HEALTHY
321	LAVANYA SIVAKUMAR	22	G2A1	37W 1D	NIL	0	SORETHROAT	MILD			NIL		EMERGENCY PRIMARY LSCS			PERSISTENT FETAL BRADYCARDIA	TERM	STILLBORN	HEALTHY	-

322	SUBHASRI	27	PRIMI	39W	NIL	0	NIL	MILD			NIL		EMERGENCY PRIMARY LSCS			FETAL DISTRESS	TERM	ALIVE	HEALTHY	HEALTHY
323	JAYANTHI	30	G3P1L1A1	38W 5D	GHTN	1	NIL	MILD			FOLEY / PGE2 GEL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
324	SUNICHA	36	G2P1L1	37W 1D	NIL	0	COUGH	MILD			NIL		EMERGENCY PRIMARY LSCS			NON REASSURING CTG	TERM	ALIVE	HEALTHY	HEALTHY
325	SHOBHANA GUNASINGH	24	PRIMI	39W	GDM ON OHA	1	NIL	MILD			PGE2 GEL		EMERGENCY PRIMARY LSCS			FETAL DISTRESS	TERM	ALIVE	HEALTHY	HEALTHY
326	MALATHY JANAKIRAMAN	26	G2P1L1	37W	NIL	0	NIL	MILD			NIL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
327	VIJAYALAKSHMI	31	G3P2L1	36W 1D	HYPOTHYROID ; IUGR	2	RHINORRHEA	MILD			PGE2 GEL	LABOUR NATURAL WITH EPISIOTOMY				IUGR	PRETERM	ALIVE	HEALTHY	HEALTHY
328	RAMYA SURESH	24	PRIMI	38W 5D	HYPOTHYROID ; AN ANEMIA CORRECTED	2	NIL	MILD			NIL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
329	VINOTHINI	22	G2A1	38W 6D	AN ANEMIA TREATED	1	NIL	MILD			NIL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
330	POORNIMA	23	G2P1L1	38W 2D	PREV LSCS	0	SORETHROAT / COUGH /FEVER / TACHYPNOEA 28 TO 32bpm		MODERATE		NIL		ELECTIVE REPEAT LSCS			PREV LSCS / CPD MAJOR	TERM	ALIVE	HEALTHY	HEALTHY
331	RAMA DINESH	27	PRIMI	38W	GDM ON INSULIN	1	NIL	MILD			FOLEY / PGE2 GEL		EMERGENCY PRIMARY LSCS			FAILED INDUCTION	TERM	ALIVE	HEALTHY	HEALTHY
332	ANITHA	30	G3P1L1A1	38W 1D	PROM / OLIGOHYDRAMNIOS	1	NIL	MILD			PGE2 GEL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
333	SUBHATHRA	24	PRIMI	39W 5D	GDM ON INSULIN	1	DIARRHOEA	MILD			PGE2 GEL			VACCUM ASSISTED DELIVERY		FAILURE OF SECONDARY MATERNAL EFFORTS	TERM	ALIVE	HEALTHY	HEALTHY
334	MANGALALAKSHMI	30	G3P1L1A1	37W	CHRONIC HTN ; HYPOTHYROID ; PREV LSCS	2	SPO2 90% TO 93%		MODERATE		NIL		ELECTIVE REPEAT LSCS			PREV LSCS / CPD MAJOR	TERM	ALIVE	HEALTHY	HEALTHY
335	SAVITHA	27	G2A1	37W 5D	GDM ON INSULIN ; DERMATOPHYTOSIS	1	NIL	MILD			NIL		ELECTIVE PRIMARY LSCS			CPD MAJOR	TERM	ALIVE	HEALTHY	HEALTHY
336	SUJITHRA	24	PRIMI	38W	GDM ; GHTN ;RH NEG	2	NIL	MILD			FOLEY / PGE2 GEL		EMERGENCY PRIMARY LSCS			FETAL DISTRESS	TERM	ALIVE	HEALTHY	HEALTHY
337	JAYANTHI PADHERI	20	G4P2L2A1	38W 3D	BRONCHIAL ASTHMA	0	SORETHROAT	MILD			NIL		EMERGENCY PRIMARY LSCS			CPD IN LABOUR	TERM	ALIVE	HEALTHY	HEALTHY
338	LAKSHIMI SUBRAMANIYAN	25	G2P1L1	38W 5D	HYPOTHYROID ; AN ANEMIA CORRECTED	2	FEVER	MILD			NIL		EMERGENCY PRIMARY LSCS			FETAL DISTESS/MSL	TERM	ALIVE	HEALTHY	HEALTHY
339	SARANYA RAJESH	33	G4P1L1A2	37W 4D	NIL	0	CHEST DISCOMFORT WITH SPO2>97%	MILD			NIL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
340	VIJAYAKUMARI	31	G3P2L1	38W 1D	NIL	0	NIL	MILD			NIL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
341	FARHEEN ANJUM	23	G2A1	38W 2D	HYPOTHYROID	1	NIL	MILD			NIL		EMERGENCY PRIMARY LSCS			CPD IN LABOUR	TERM	ALIVE	HEALTHY	HEALTHY
342	CHANDRIKA	31	G2A1	39W 1D	HYPOTHYROID	1	COUGH	MILD			NIL		EMERGENCY PRIMARY LSCS			FETAL DISTESS/MSL	TERM	ALIVE	HEALTHY	HEALTHY
343	MANJULA	27	G3P1L1A1	38W	AN ANEMIA TREATED	1	MYALGIA	MILD			NIL		EMERGENCY PRIMARY LSCS			NON REASSURING CTG	TERM	ALIVE	HEALTHY	HEALTHY
344	MEERA JAYAGOPAL	30	G5P1L1A2	39W	HYPOTHYROID	1	NIL	MILD			NIL	LABOUR NATURAL WITH LACERATED PERINEUM					TERM	ALIVE	HEALTHY	HEALTHY
345	SUMATHI	30	PRIMI	37W 6D	PROM	0	NIL	MILD			PGE2 GEL		EMERGENCY PRIMARY LSCS			FETAL DISTESS/MSL	TERM	ALIVE	HEALTHY	HEALTHY
346	SAVEETHA ANAND	27	G2P1L1	38W	GHTN	1	NIL	MILD			PGE2 GEL	LABOUR NATURAL					TERM	ALIVE	HEALTHY	HEALTHY

													WITH EPISIOTOMY							
347	RAMALAKSHMI	23	PRIMI	38W 5D	GHTN	1	NIL	MILD			NIL		EMERGENCY PRIMARY LSCS			CPD IN LABOUR	TERM	ALIVE	HEALTHY	HEALTHY
348	ANITHA	27	PRIMI	38W 4D	GDM ; GHTN	2	SPO2 92% TO 94% / COUGH		MODERATE		FOLEY / PGE2 GEL		EMERGENCY PRIMARY LSCS			FETAL DISTESS/MSL	TERM	ALIVE	HEALTHY	HEALTHY
349	AMMU SURESH	31	G2P1L1	38W 4D	NIL	0	NIL	MILD			NIL		EMERGENCY PRIMARY LSCS			FETAL ALARM SIGNAL	TERM	ALIVE	HEALTHY	HEALTHY
350	DHIVYA	29	PRIMI	38W	TRIVIAL MR	1	RHINORRHEA	MILD			NIL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
351	PAVITHRA SENTHIL	26	PRIMI	39W 3D	AN ANEMIA TREATED	1	COUGH	MILD			NIL		EMERGENCY PRIMARY LSCS			CPD IN LABOUR	TERM	ALIVE	HEALTHY	HEALTHY
352	DHANALAKSHMI GOPI	28	PRIMI	38W 3D	AN ANEMIA CORRECTED	1	NIL	MILD			NIL		EMERGENCY PRIMARY LSCS			NON REASSURING CTG	TERM	ALIVE	HEALTHY	HEALTHY
353	PRIYANKA SANJAY	22	PRIMI	36W 1D	GDM ON MEAL PLAN	1	NIL	MILD			NIL	LABOUR NATURAL WITH EPISIOTOMY					PRETERM	ALIVE	HEALTHY	HEALTHY
354	MANIMEGALAI	21	PRIMI	38W 2D	CHRONIC HTN	1	FEVER ; TACHYPNOEA (RR 24 TO 28bpm)		MODERATE		FOLEY / PGE2 GEL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
355	GOMATHI BALRAJ	22	PRIMI	38W 1D	AN ANEMIA CORRECTED	1	NIL	MILD			NIL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
356	KARPAGAVALLI SHANKAR	25	G3P2L2	39W 3D	AN ANEMIA TREATED	1	NIL	MILD			NIL	LABOUR NATURAL WITH INTACT PERINEUM					TERM	ALIVE	HEALTHY	HEALTHY
357	SARANYA RAJU	24	PRIMI	36W	NIL	1	NIL	MILD			FOLEY / PGE2 GEL	LABOUR NATURAL WITH EPISIOTOMY				IUGR	PRETERM	ALIVE	HEALTHY	HEALTHY
356	RENUKA	21	PRIMI	39W	GDM ON MEAL PLAN ; AN ANEMIA TREATED	2	NIL	MILD			NIL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
359	JAYASUDHA	37	G3P1L1A1	38W 2D	HYPOTHYROID ; PREV LSCS	1	NIL	MILD			NIL		ELECTIVE REPEAT LSCS			PREV LSCS / CPD MAJOR	TERM	ALIVE	HEALTHY	HEALTHY
360	SELVI	39	G2P1L1	36W 2D	OLIGOHYDRAMNIOS ; PREV LSCS	1	HEADACHE / REDNESS OF EYES / TACHYPNOEA 24 TO 28bpm		MODERATE		NIL		ELECTIVE REPEAT LSCS			PREV LSCS /SEVERE OLIGOHYDRAMNIOS	PRETERM	ALIVE	HEALTHY	HEALTHY
361	PRIYANKA SARAVANAN	23	PRIMI	36W 6D	BRONCHIAL ASTHMA	0	NIL	MILD			NIL		EMERGENCY PRIMARY LSCS			FETAL DISTESS/MSL	PRETERM	ALIVE	HEALTHY	HEALTHY
362	NANDHINI JACOB	27	G2P1L1	37W	SEVERE PREECLAMPSIA ; AN ANEMIA CORRECTED ; TRIVIAL MR/TR	3	NIL	MILD			FOLEY / PGE2 GEL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
363	JEYASHREE	23	PRIMI	38W 4D	GHTN ; BRONCHIAL ASTHMA	1	COUGH WITH SPO2 90% TO 94%		MODERATE		FOLEY / PGE2 GEL		EMERGENCY PRIMARY LSCS			DEEP TRANSVERSE ARREST	TERM	ALIVE	HEALTHY	HEALTHY
364	AMMU SHANKAR	24	G2P1L1	38W 3D	GHTN ; PREV LSCS	1	NIL	MILD			NIL		EMERGENCY REPEAT LSCS			PREV LSCS IN LABOUR	TERM	ALIVE	HEALTHY	HEALTHY
365	MONIKA SURESH	28	G2P1L1	32W 6D	PREV LSCS	0	NIL	MILD			NIL		EMERGENCY REPEAT LSCS			PREV LSCS / PPROM	PRETERM	ALIVE	HEALTHY	HEALTHY
366	POORNIMA	24	G2P1L1	38W	AN ANEMIA CORRECTED ; GHTN ;VSD CORRECTED	3	COUGH	MILD			NIL	LABOUR NATURAL WITH INTACT PERINEUM					TERM	ALIVE	HEALTHY	HEALTHY
367	LAKSHMI PRIYA	24	PRIMI	37W 2D	NIL	0	NIL	MILD			NIL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
368	CHITHRA	26	G3P1L1A1	35W 4D	RH NEG ; PREV PREG GDM	0	NIL	MILD			NIL	LABOUR NATURAL WITH EPISIOTOMY					PRETERM	ALIVE	HEALTHY	HEALTHY
369	CHINTHAMANI	27	G3P2L2	36W	NIL	0	NIL	MILD			NIL	LABOUR NATURAL WITH					PRETERM	ALIVE	HEALTHY	HEALTHY

												LACERATED PERINEUM								
370	NITHYA RAKESH	19	PRIMI	38W 1D	BREECH ; TEENAGE PREGNANCY	0	NIL	MILD			NIL		EMERGENCY PRIMARY LSCS			FLEXED BREECH IN LABOUR	TERM	ALIVE	HEALTHY	HEALTHY
371	VINITHA	25	G2P1L1	37W 4D	PREV LSCS ; LRI	0	FEVER / SHORTNESS OF BREATH WITH SPO2 90% TO 92%		MODERATE		NIL		ELECTIVE REPEAT LSCS			PREV LSCS / CPD MAJOR	TERM	ALIVE	HEALTHY	HEALTHY
372	MALATHY SIVA	32	PRIMI	35W 4D	SEVERE PREECLAMPSIA ; SEVERE OLIGO ; IUGR	3	MYALGIA	MILD			NIL		EMERGENCY PRIMARY LSCS			NON REASSURING CTG	PRETERM	ALIVE	HEALTHY	HEALTHY
373	MANJU PARKAVI	27	PRIMI	37W 4D	GHTN ; GDM ON INSULIN	2	NIL	MILD			FOLEY / PGE2 GEL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
374	JANANI RANJITH	26	PRIMI	36W	NIL	0	FEVER WITH SPO2 90% TO 92%		MODERATE		FOLEY / PGE2 GEL	LABOUR NATURAL WITH EPISIOTOMY				CPD IN LABOUR	PRETERM	ALIVE	HEALTHY	HEALTHY
375	SUDHA SIVA	23	G2P1L1	38W 3D	NIL	0	NIL	MILD			NIL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
376	MAHESHWARI SARATHKUMAR	19	PRIMI	39W 4D	AN ANEMIA TREATED ; PROM	1	COUGH	MILD			PGE2 GEL	LABOUR NATURAL WITH EPISIOTOMY					TERM	ALIVE	HEALTHY	HEALTHY
377	REKHA	26	G5P2L2A2	37W	AN ANEMIA TREATED ; HYPOTHYROID	2	COUGH	MILD			NIL	LABOUR NATURAL WITH INTACT PERINEUM					TERM	ALIVE	HEALTHY	HEALTHY
378	SHARON GRACE	31	PRIMI	34W 2D	GHTN ; HYPOTHYROID	2	NIL	MILD			NIL		EMERGENCY PRIMARY LSCS			FETAL DISTESS/MSL	PRETERM	ALIVE	HEALTHY	HEALTHY
379	SIVAPRIYA	25	PRIMI	35W	BREECH ; GHTN	1		MILD			NIL		EMERGENCY PRIMARY LSCS			FETAL DISTESS/MSL / BREECH IN LABOUR	PRETERM	ALIVE	HEALTHY	HEALTHY
380	PRABHA MARIARAJ	27	G2P1L1	37W 3D	AN ANEMIA TREATED	1	SPO2 90% TO 94%		MODERATE		NIL	LABOUR NATURAL WITH LACERATED PERINEUM					TERM	ALIVE	HEALTHY	HEALTHY

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Protocol ID. No. 550/2021 Meeting held on 06/05/2021
Reg.No. ECR/1385/Inst/TN/2020
CERTIFICATE OF APPROVAL

The Institutional Ethics Committee of Govt. Kilpauk Medical College, Chennai reviewed and discussed the application for "OUTCOME OF PREGNANCY IN COVID POSITIVE PREGNANT WOMEN"-CROSS SECTIONAL STUDY" Submitted by Dr.ABINAYA C P, 2nd Year Post Graduate in Obstetrics and Gynaecology, Government Kilpauk Medical College & Hospital, Chennai-10.

Proposal is APPROVED.

The Institutional Ethics Committee expects to be informed about the progress of the study any Adverse Drug Reaction Occurring in the Course of the study any change in the protocol and patient information /informed consent and asks to be provided a copy of the final report.

15/6/2021

for **DME (OSD)**

Director of Medical Education (OSD)
Govt. Kilpauk Medical College
Kilpauk, Chennai - 10.

15/6/2021

PLAGIARISM CERTIFICATE – II

This is to certify that this dissertation work titled OUTCOME OF PREGNANCY IN COVID POSITIVE PREGNANT WOMEN of the candidate DR.ABINAYA C P with registration Number 221916152 for the award of MS DEGREE in the branch of OBSTETRICS AND GYNAECOLOGY. I personally verified the urkund.com website for the purpose of plagiarism Check. I found that the uploaded thesis file contains from introduction to conclusion pages and result shows 10% percentage of plagiarism in the dissertation.

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