momstory times

OFFICIAL NEWSLETTER OF MANIPAL HOSPITALS MOMSTORY

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Beyond the Celebration, A Beautiful New Beginning

Celebrating the joy, love and anticipation of welcoming a little one into the world.



EDITOR MOMSTORY TIMES

"A healthy mother is not just physically well but emotionally supported, understood, and cared for."



Mahima Bakshi

Chief Consultant
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World Mental Health Day, observed on October 10, reminds us of the importance of emotional well-being, especially during the journey of pregnancy, childbirth, and parenthood. Becoming a mother is a beautiful experience, but it also brings significant physical, hormonal, and emotional changes. While much attention is given to a mother's physical health, her mental health deserves equal care and attention.

Pregnancy and the postpartum period can bring a range of emotions. Hormonal changes, physical discomfort, sleep deprivation, breastfeeding challenges, and the responsibilities of caring for a newborn can sometimes lead to stress, anxiety, sadness, or emotional exhaustion. Some mothers may also experience postpartum depression, which requires timely recognition and professional support. It is important to understand that these feelings are not a sign of weakness, and no mother should feel guilty about experiencing them.

Taking care of a mother's mental health begins with recognising her emotional needs. Support from family members, adequate rest, open communication, a healthy routine, and regular interactions with healthcare professionals can make a meaningful difference. Partners and family members also play an important role by sharing responsibilities, listening without judgment, and ensuring that mothers do not feel alone during this transition. Seeking professional help when emotional difficulties persist is equally important.

At Momstory, we believe that maternal care goes beyond pregnancy and delivery. Supporting a mother means caring for her physical, emotional, and mental well-being at every stage of her journey. This World Mental Health Day, let us encourage conversations around maternal mental health, break the stigma associated with postpartum depression, and remind every mother that asking for help is a sign of strength. Because every mother deserves to be cared for, supported, and understood, just as much as the little life she brings into the world. Understanding and kindness can make a big difference.

ABSENT LOCHIA IN A CASE OF TAKAYASU'S ARTERITIS – A CASE REPORT

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INTRODUCTION

Postpartum haemorrhage is a dreaded complication following delivery. Consequently, there is always concern about excessive per-vaginal bleeding in the parturient during the first six hours after delivery. On the contrary, the absence of appreciable lochia is also a cause for concern, as membranes may be obstructing the internal os. An ultrasound examination usually reveals a collection of blood in the uterine cavity in such cases. We present a case of absent lochia for up to 22 hours following caesarean delivery in a patient with Takayasu's arteritis, in whom no cervical obstruction was identified.

CASE REPORT

A 27-year-old G3P1L1A1 woman with Rhesus-negative status presented to us at 7 weeks and 5 days of gestation with a severe headache and multiple episodes of vomiting lasting one day. She was a known case of Takayasu's arteritis with hypertension and had been taking Tablet Azathioprine 50 mg for nine years. She had a history of LSCS four years previously and a spontaneous first-trimester miscarriage one year previously.

On arrival, her BP was 200/100 mmHg, pulse was 82 bpm, respiratory rate was 20 cycles/min and SpO_2 was 98%.

She was admitted for blood pressure control. Opinions were sought from the cardiologist and rheumatologist, and she was started on Tablet Labetalol 200 mg TID and Tablet Nicardia Retard 10 mg TID. Tablet Azoran 50 mg was continued. She was also started on folic acid 5 mg, antiemetics and micronised progesterone. She was closely monitored during her antenatal visits. Prophylactic Anti-D 300 mcg was administered at 28 weeks of gestation, followed by prophylactic corticosteroids at 32 weeks. Interval growth scans were normal, and an elective LSCS with bilateral tubal ligation was performed at 37 weeks and 3 days of gestation.

She delivered a male baby weighing 2.8 kg. The placenta and membranes were extracted in toto, the cervix was dilated digitally, and the uterus was closed in two layers. Injection Carbetocin 100 mcg was administered slowly intravenously following the extraction of the baby to prevent postpartum haemorrhage.

During vaginal toileting, it was noticed that there was no bleeding. Two hours post-operatively, there was still no per-vaginal bleeding. The uterus was well contracted and retracted. Six hours after delivery, a bedside sonogram was performed, which showed an endometrial thickness of 10 mm, with no collection in the uterine cavity. After approximately 22 hours, she started having a serous discharge, followed by lochia rubra.

DISCUSSION

Takayasu's arteritis, also known as occlusive thromboaortopathy, is a primary systemic vasculitis that causes stenosis of the arteries. It was first described by the Japanese ophthalmologist Mikito Takayasu in 1908. The condition involves chronic inflammation of the arteries, causing fibrosis and stenosis, particularly of the aorta and its main branches. This can lead to secondary hypertension, retinopathy, stroke and congestive heart failure.

The American College of Rheumatology has established six diagnostic criteria, of which at least three must be present to qualify for Takayasu's arteritis. These criteria are:

- Age at disease onset below 40 years.
- Claudication of the extremities.
- Decreased brachial artery pulses.
- A systolic blood pressure difference of more than 10 mmHg.
- Bruit over the subclavian arteries or aort a
- Arteriographic evidence of narrowing or occlusion of the aorta, its primary branches, or large arteries in the proximal upper or lower extremities.

Effect of the Disease on Pregnancy

There is no increased risk of miscarriage, pre-eclampsia, intrauterine growth restriction (IUGR) or placental abruption due to bilateral renal artery involvement.

Effect of Pregnancy on the Disease

Pregnancy does not worsen the disease.
In the present case, Carbetocin 100 mcg was administered slowly intravenously as prophylaxis against postpartum haemorrhage. It is considered better than oxytocin because it is long-acting, requires fewer intravenous fluids compared with an oxytocin infusion, and reduces the risk of fluid overload.[1]

It is contraindicated in patients with severe cardiac, renal or hepatic disorders and in those with epilepsy.

A literature review on absent lochia revealed an article by S. S. Bollapragada and L. C. Edozien, in which two cases of pre-eclamptic toxaemia were reported. Ultrasonography was performed in both cases 4–7 days after LSCS and revealed a distended uterine cavity. Both women underwent dilatation and curettage (D&C). The authors favoured dilating the cervix during LSCS and concluded that any woman with an absence of lochia following elective LSCS should undergo ultrasonography to exclude an intrauterine collection.[2]

CONCLUSION

The apparent absence of lochia for 22 hours following LSCS cannot be attributed solely to the use of uterotonics; the arteritis itself may have contributed to this presentation. Further research is required to investigate this phenomenon in women with Takayasu's arteritis.



THE RIGHT AGE FOR PREGNANCY: WHAT TO EXPECT IN YOUR 20S, 30S & 40S

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Pregnancy is a deeply personal journey, and there is no single "perfect" age to become a parent. While age can influence fertility, pregnancy risks and the likelihood of certain complications, factors such as overall health, lifestyle, reproductive history and pre-existing medical conditions also play an important role. Whether you are planning a pregnancy in your 20s, 30s or 40s, understanding what to expect can help you make informed decisions and prepare for a healthy pregnancy.

Pregnancy in Your 20s: Fertility at Its Peak

For many women, their 20s are associated with higher fertility and a lower likelihood of certain age-related pregnancy complications. However, being younger does not automatically mean that every pregnancy will be complication-free.

What you can generally expect:

- Fertility is typically higher compared with later reproductive years.
- The chances of conceiving naturally are generally favourable.
- The risk of miscarriage and chromosomal abnormalities is generally lower than in later reproductive years.
- Most healthy women can expect to recover well from pregnancy and childbirth.

What to focus on:

Your 20s can be a good time to establish healthy habits before pregnancy. Maintaining a healthy weight, eating a balanced diet, staying physically active, avoiding smoking and alcohol, and taking recommended prenatal supplements such as folic acid can help support a healthy pregnancy.

Remember, fertility is not the only consideration. Emotional readiness, personal circumstances and overall health are equally important when planning a family.

Pregnancy in Your 30s: Planning with Confidence

Many women today choose to start or expand their families in their 30s. Pregnancy during this decade is common, and many women have completely healthy pregnancies and babies. However, fertility gradually begins to decline with age, particularly after the mid-30s. Some pregnancy-related risks also become more relevant.

What you can generally expect:

- Fertility may gradually decline, with a more noticeable change after the mid-30s.
- It may take longer to conceive compared with your 20s.
- The risk of miscarriage and chromosomal abnormalities gradually increases with age.
- Certain pregnancy complications, such as gestational diabetes and high blood pressure, may become more common.

What to focus on:

If you are planning a pregnancy in your 30s, consider a preconception consultation. Your doctor can review your medical history, medications, vaccinations and lifestyle, and advise you on appropriate investigations and supplements. If you have been trying to conceive without success, speaking to a fertility specialist sooner rather than later can be particularly helpful, especially as fertility declines with age.

Pregnancy in Your 40s: Preparation Matters

Pregnancy in your 40s is increasingly common, and many women go on to have healthy pregnancies. However, conception may be more challenging, and pregnancy requires closer monitoring because some risks increase with maternal age.

What you can generally expect:

- Natural fertility is considerably lower than in your 20s and early 30s.
- It may take longer to conceive.
- The risk of miscarriage and chromosomal conditions is higher.

- Conditions such as gestational diabetes, high blood pressure and other pregnancy complications may be more common.
- Your doctor may recommend additional screening or closer monitoring during pregnancy.

What to focus on:

If you are considering pregnancy in your 40s, a preconception consultation is particularly valuable. Your doctor can assess your overall health and discuss fertility, pregnancy risks, screening options and appropriate care. The key is not to be discouraged by age, but to plan proactively and seek the right medical guidance early.

Planning Pregnancy with Pre-existing Medical Conditions

If you have a pre-existing medical condition, a preconception consultation is especially important. Your healthcare team can review your condition and medications, assess potential pregnancy-related risks and develop a monitoring plan before and during pregnancy.

These conditions include:

- **Diabetes:**Pre-existing diabetes can increase the risk of complications for both mother and baby, particularly when blood glucose levels are not well controlled. Careful glucose monitoring, nutritional guidance, medication management and fetal monitoring may be needed.
- **Thyroid disorders:** Both an underactive and an overactive thyroid can affect pregnancy if not well controlled. Appropriate thyroid testing and medication adjustments can help maintain healthy thyroid levels during pregnancy.
- **High blood pressure:** Pre-existing hypertension can increase the risk of complications such as worsening blood pressure, pre-eclampsia and problems with placental function. It may require closer blood pressure monitoring and a review of medications during pregnancy.

Other chronic conditions, including heart disease, kidney disease, asthma, autoimmune conditions and other long-term health problems, may also affect pregnancy and require individualised planning and specialist care.

So, What Is the "Right" Age for Pregnancy?

There is no universal answer.

From a biological perspective, fertility is generally highest in the 20s and gradually declines with age. However, the decision to have a child involves much more than biology. Your health, fertility, emotional readiness, lifestyle, family circumstances and personal goals all matter. The most important step is to understand your individual situation rather than comparing your journey with someone else's.

Planning a Pregnancy? Start Before You Conceive

Whatever your age, a preconception consultation can help you prepare for pregnancy.

Discuss:

- Your medical and family history
- Current medications and health conditions
- Vaccinations
- Nutrition and lifestyle
- Folic acid supplementation
- Fertility concerns
- Appropriate screening and investigations

One Message to Take Away

There may not be a perfect age for pregnancy, but there is a right time to start planning. Whether you are in your 20s, 30s or 40s, understanding your fertility and health early can help you make informed choices and take the right steps towards a healthy pregnancy. Always remember to consult your doctor before planning a pregnancy and create a plan that is right for you.

VITAMIN D DEFICIENCY IN PREGNANCY: WHY IT MATTERS FOR MOTHER AND BABY

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Pregnancy is a time when a woman's nutritional needs change dramatically. Nutrients such as iron, folic acid, calcium and protein receive plenty of attention, but vitamin D is just as important for a healthy pregnancy. It plays a vital role in calcium absorption, bone health, muscle function and the normal functioning of the immune system.

Despite its importance, vitamin D deficiency is common during pregnancy. Risk factors may include limited exposure to sunlight, insufficient dietary intake, darker skin pigmentation, obesity and certain medical conditions. This makes identifying and managing low vitamin D levels an important part of antenatal care.

What Is Vitamin D and Why Is It Important During Pregnancy?

Vitamin D is a fat-soluble vitamin that helps the body absorb calcium and maintain healthy bones and teeth. It helps maintain the mother's bone health during pregnancy and supports the development of the baby's bones and teeth. Vitamin D also plays a role in muscle and immune function. Maintaining adequate vitamin D levels during pregnancy is particularly important because the developing baby depends on the mother for essential nutrients.

What Happens When Vitamin D Levels Are Low?

Vitamin D deficiency may not always cause noticeable symptoms. Some women may experience tiredness, muscle weakness or aches, but these symptoms can easily be mistaken for common pregnancy-related discomforts.

Low vitamin D levels during pregnancy have also been associated with certain adverse maternal and pregnancy outcomes. However, these associations do not necessarily mean that vitamin D deficiency directly causes such complications, and the evidence varies across studies.

For this reason, women should not assume they have a deficiency based on symptoms alone. A healthcare professional can assess whether testing is necessary and whether supplementation is appropriate.

Who Is More Likely to Develop Vitamin D Deficiency?

The risk of vitamin D deficiency may be higher in women who:

- Have limited exposure to sunlight.
- Have darker skin.
- Follow a diet low in vitamin D.
- Have obesity.
- Have conditions that affect nutrient absorption.
- Have certain liver or kidney disorders.
- Take medications that affect vitamin D metabolism.
- Have previously been diagnosed with vitamin D deficiency.

How Can Vitamin D Levels Be Supported During Pregnancy?

1. Get the Right Amount of Sun Exposure

When the skin is exposed to sunlight, the body produces vitamin D. However, the amount produced depends on several factors, including skin type, geographical location, season, time of day, clothing and sunscreen use. Therefore, sun exposure should be sensible and should not involve prolonged or unprotected exposure that increases the risk of skin damage.

2. Eat Foods Rich in Vitamin D

Diet can play an important role in maintaining vitamin D levels. Suitable dietary sources may include fortified milk and other fortified foods, egg yolks, and oily fish such as salmon and sardines. A balanced pregnancy diet should also provide other essential nutrients needed by the mother and developing baby.

3. Take Supplements Only as Advised

Many pregnant women are prescribed prenatal supplements. Some contain vitamin D, while others may require additional supplementation depending on individual needs.

More is not necessarily better. High doses of vitamin D can be toxic when taken without medical advice. Your obstetrician may recommend supplementation based on your diet, risk factors and blood test results, where indicated.

4. Should Every Pregnant Woman Be Tested for Vitamin D Deficiency?

Routine vitamin D testing is not recommended for all pregnant women. Testing may be considered for women with risk factors for deficiency or for other clinical reasons.

If you have concerns about your vitamin D levels, speak to your obstetrician about appropriate testing and supplementation. Avoid self-medicating with high doses.

Promoting a Healthy Pregnancy

Getting enough vitamin D is part of a much wider approach to a healthy pregnancy. Regular antenatal check-ups, a well-balanced diet, appropriate physical activity, prescribed supplements and timely screening are among the important factors that contribute to maternal and foetal well-being.

If you are pregnant or planning to become pregnant, speak to your healthcare provider about your individual nutritional needs. With the right advice at the right time, you can take positive steps towards supporting your health and your baby's development.

FAQs

1. Why Is Vitamin D Important During Pregnancy?

Vitamin D helps the body absorb calcium and supports healthy bones and teeth. It also contributes to the development of the baby's bones and teeth and supports normal muscle and immune function during pregnancy.

2. What Are the Signs of Vitamin D Deficiency During Pregnancy?

Vitamin D deficiency often has no obvious symptoms. Some women may experience tiredness, muscle weakness or aches, but these symptoms can also occur for other reasons during pregnancy. A blood test may be necessary to confirm a deficiency.

3. Can Vitamin D Deficiency Affect My Baby?

Low vitamin D levels during pregnancy have been associated with certain pregnancy and foetal health complications. However, the evidence is mixed, and a deficiency does not necessarily mean that a complication will occur. Adequate vitamin D levels are important for supporting the health of both the mother and the developing baby.

4. How Can I Increase My Vitamin D Levels During Pregnancy?

Adequate vitamin D levels can be supported through sensible sun exposure, vitamin D-rich foods and supplements as advised by your healthcare provider. Fortified foods, egg yolks and oily fish are some good dietary sources. The most appropriate approach will depend on your individual nutritional needs.

5. Should I Take Vitamin D Supplements During Pregnancy?

Some pregnant women may require vitamin D supplements, particularly if they have a deficiency or certain risk factors. However, high doses should only be taken on a doctor's advice. Your obstetrician can determine the appropriate dosage based on your individual circumstances. There may not be a perfect age for pregnancy, but there is a right time to start planning. Whether you are in your 20s, 30s or 40s, understanding your fertility and health early can help you make informed choices and take the right steps towards a healthy pregnancy. Always remember to consult your doctor before planning a pregnancy and create a plan that is right for you.

EVENTS & ACTIVITIES

SHIVAJI NAGAR, PUNE

PREMOMS SUNDAY CLASS

Empowering Moms-to-Be Through Expert Guidance

Momstory's Premoms Sunday Classes brought together expectant mothers at Shivajinagar unit – for informative and interactive learning sessions.

The programme featured expert-led sessions by a gynaecologist, dietician and psychologist. The sessions focused on important aspects of pregnancy, including maternal health, nutrition and emotional well-being.

Mothers-to-be gained valuable insights into maintaining a healthy lifestyle throughout pregnancy. The interactive discussions also provided an opportunity to address common concerns and seek expert advice.

The initiative aimed to help expectant mothers feel informed, confident and prepared for motherhood. At Momstory, we believe that every journey to motherhood deserves the right care, knowledge and support.



EVENTS & ACTIVITIES
NAGAR ROAD, SHIVAJINAGAR AND HADAPSAR

CELEBRATING NEW BEGINNINGS WITH A JOYFUL BABY SHOWER

Momstory celebrated the beautiful journey to motherhood with heartwarming baby showers across all three of its Pune units – Nagar Road, Shivajinagar and Hadapsar. The celebrations brought together mothers-to-be, families and the care teams to share in the joy of welcoming a new life. Filled with love, laughter, thoughtful gestures and warm wishes, each gathering created special moments for the mothers-to-be and their little ones on the way. It was a wonderful opportunity to cherish motherhood, strengthen connections and create lasting memories. At Momstory, every new beginning is worth celebrating!





EVENTS & ACTIVITIES

SOME MORE MOMENTS FROM OUR BABY SHOWER







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PRE-CONCEPTION



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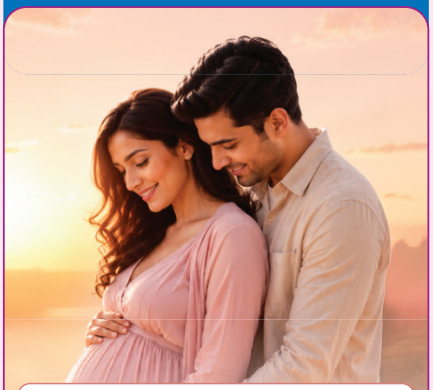

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POST DELIVERY



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