



The Road in the Fulfillment of Maternal Instinct

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ABSTRACT

A 57yrs. aged housewife from suburbs of Kolkata, was seen for the problems of childlessness over last 17yrs. that they lived with normal conjugal relationship. They were thoroughly investigated for the problem and was counselled for help of Assisted Reproductive Technique [In vitro fertilization and embryo transfer]. First In vitro fertilisation (IVF) attempt was made 3yrs. back with double embryo transfer resulted in miscarriage at 12 weeks of gestation. Nearly 18 months later she tried for pregnancy once again by IVF procedure with double embryo transfer. This transfer resulted in successful pregnancy. However her antenatal period was not uneventful. She had a complicated pregnancy with multiple intramural fibroids in the uterus. In late 2nd trimester oligohydramnios and placenta praevia were detected by USG. However to avoid adverse outcome, an emergency LSCS was done at 34 weeks of gestation. A male baby weighing 2.7 kg was delivered. Mother with her healthy baby was discharged on sixth (6th) postpartum day.

INTRODUCTION

Mrs. K.G. a 57yrs. aged housewife from suburbs of Kolkata, was seen for the problems of childlessness over last 17yrs. though they lived with normal conjugal relationship .They were thoroughly investigated for the problem and was counselled for help of Assisted Reproductive Technique[In vitro fertilization and embryo transfer] . First In vitro fertilisation attempt was made 3yrs. back with double embryo transfer (homologous) resulted in miscarriage at 12 weeks of gestation

Nearly 18 months later she tried once again the IVF procedure with double embryo transfer (heterologous). This transfer resulted in successful pregnancy .Calculating from the date of embryo transfer and menstrual history her EDD (Expected date of delivery) was12.10.13.

Prenatal diagnostic test done in 1st and 2nd trimester. She belonged to low risk group. She declined any invasive procedure of diagnostic test. At 17th. Weeks of gestation, she was admitted with the problems of vaginal bleeding. She was admitted for observation& investigation. Investigation showed multiple intramural fibroids both in anterior& posterior wall of uterus, with the largest one 7cmx5cm. She was kept admitted. She responded well to conservative management. Subsequently she developed hypertension in late 2nd, trimester. She was treated with methyldopa. Around 22weeks of gestation repeat USG for assessment fetal wellbeing revealed oligohydramnios with AFI 5 & placenta praevia covering the internal os and cervix was found to be short[2cm] and thinned. Considering the high

risk pregnancy and of rarity of situation, cervical encirclage operation though once thought, was abandoned.

She was kept admitted in this teaching hospital. Conservative management was continued. Around 34weeks she had another episode of moderate vaginal bleeding per vagina.She was resuscitated with blood transfusion& inj. Betamethasone was given to accelerate the lung maturation. Decision was taken for immediate delivery by emergency LSCS after getting CTG report reassuring. A male baby of 2.7 kg was born. No apparent congenital anomaly was detected. Apgar score was 8/10. As it was a preterm delivery and above all a valuable baby it was managed in NICU setup temporarily of the same Institution. The mother nursed the baby. Her postpartum period was uneventful .The baby received the immunization as schedule. She was discharged home on 6th postpartum day with her healthy baby.

The problem of infertility and the entire procedure of assisted reproductive technique were done in a specialized centre in the city, Institute of Reproductive Medicine (IRM), as a part Of teaching and training with reduced cost to the couple. Rest of the management was taken over by this tertiary care teaching institute.

DISCUSSION

Spontaneous pregnancy beyond the age of 50yrs. is uncommon Though the extreme upper age limit of 73yrs.^[1] has been recorded. However with the aid of assisted reproductive technology pregnancy with progressively advanced age is a possibility^[2]. The experience of the first author in managing

pregnancy following spontaneous conception had been at the age of fifty-two. The experience of IRM, Kolkata, for managing pregnancy, had been at the age of fifty-three with homologous oocyte by ART ^[3] procedure. However review of literature revealed spontaneous conception at the age of seventy-three ^[4, 5] and pregnancy following ART procedure at the age of 70^[6, 7] years. The age of female partner ^[8] is more concerned compared to that of a male.

The main concern about conception and child birth are: women's medical risk factors ^[9] for pregnancy and delivery at this advanced age, Risk factors related to perinatal outcome due to complications of pregnancy and risk of genetic abnormality. However major concern remained the parenthood rearing the child also the support in growth and education. Untimed demise of one or both the parents may be a disaster to the child. Therefore Physicians involved in management have to maintain the principles of beneficence and maleficence

In our case the couple mainly the female partner was thoroughly counselled and investigated before management. Except that of the obstetric complications of antepartum haemorrhage we didn't face any other complication. Delivery process had to be completed as an emergency due to the situation that threatened the life of the mother as well as the baby. It was possible with the availability of round the clock emergency services in this tertiary care teaching institute. Maternal perinatal outcome were satisfactory. The couple is still under follow-up and having a joyful parenthood.

ACKNOWLEDGEMENT

The authors sincerely acknowledge the teaching & training of reproductive biology by their teacher Prof. B.N.Chakroborty, Director of Institute of Reproductive Medicine (IRM) Kolkata. The authors are grateful to Prof. S. Ghosh Ray, Principal, Prof. P. P.Pradhan(Past) &Prof P.B. Chakroborty(Present) medical superintendent cum vice principal of the hospital for their generous support.

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