Rainbow Children's Hospital | BirthRight by Rainbow

Rainbow Childrens Hospital-Himayatnagar

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Rainbow Children's Hospital, Door no. 3-6-267, opp. Cafe niloufer, Old MLA quarters road AP State Housing Board Himayatnagar Hyderabad Telangana

OPD Summary

UHID	HNH-00007605	**Visit No**	2607-000683
Patient Name	Mrs NAVYA R	**Visit Date**	04-07-2026 09:27 AM
DOB / Age /	24-05-1995 / 31 Y 1 M 10 D / Female	**Consultation**	First Visit
Doctor Name	Dr. PADMAJA YELISETTY		
Department	OBSTETRICS AND GYNECOLOGY		
Specialization			

Ht : 168.00 Cms **Wt** : 85.10 kg **BSA** : 1.95 **BMI** : 30.15 Kg/m2 **Syt** : 124.00 mm Hg **Dia** : 88.00 mm Hg

Chief Complaints :

30 Years G1 with IHCP GDM on OHA and Insulin at 35 +3 weeks
Came today for AN visit
Complaints nil
Happy with movements
NST done today and it is reassuring
Monitoring sugars at home with sub optimal control
A growth scan was done on 12/6/26 at 32 + 2 weeks: SLF, cephalic, EFW: 1878 g (31 % centile), AC 15 % AFI: 18.7 cms, Placenta: Posterior, High
Fetal and uterine artery doppler: Normal
Scan done on 4/7/26 at 35+3 weeks SLIUP, Cephalic ,AFI: 15.5 cms, Placenta: Posterior / High

Past History :

Nil

Family History :

Mother: DM,HTN
Sister: Hypothyroid

Personal History :

Nil No known allergies

Examination :

P/A: Soft, Uterus 36 weeks, SFH 34 cms, Cephalic, FHR 162/min

Diagnosis :

30 Years G1 with IHCP GDM on OHA and Insulin at 35 + 3 weeks

OB History :

OBSTETRIC HISTORY G 1
Years of Marriage 1 and half
Menstrual cycles Irregular LMP 22/10/25 EDD 29/7/26
Corrected EDD 5/8/26 EDD VERIFIED 5/8/26
Conception Spontaneous
Consanguinity No
BLOOD GROUP O Positive
Booked at 15 weeks
Immunization: First dose TT on 21/3/26/ Flu on 25/2/26/ Tdap on 12/6/26
Viability scan done on 27/12/25 at 9+3 weeks: SLIUG, CRL 20.5 mm, FHR seen. EDD: 29/7/26
Baseline investigations done on 31/1/26: Blood group O Positive, CBP Hb 9.8 g Platelets 2.6

** This Card is Valid upto 11-07-2026 or First Visit - Which ever is the earliest **

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lakhs, HPLC Normal Hb 10.4 g, HbA1c, VDRL NR, HIV NR, HBsAg NR, HCV NR, TSH on 5/2/26 4.5, Sr Creatinine 0.5, CUE 1-2 pus cells, Urine c/s Sterile
On 30/1/26 SGPT 510/ SGOT249 GGT 103 1/2/26 SGPT 125/ SGOT 30 GGT 85 1/2/26 SGPT 79/ SGOT 23 GGT 56 24/2/26 LFT Normal HBA1c 6.6 TSH 7.2 OGTT 94/212/183 16/4/26 LFT Normal , Hb 11.1g Platelets 1.87 lakhs, 15/4/26 Urine C/S E Faecalis treated with Nitrofurantoin 26/4/26 LFT Normal, TBA on 28/4/26 1.9 Hb 11.1g platelets 1.73 lakhs 16/5/26 Urine C/S Klebsiella Pnuemoniae Augmentin given Done on 8/6/26 Hb 12.6 g Platelets 1.60 lakhs Urine C/S Acinetobacter baumannii complex Treated with Amikacin Done on 27/6/26 Urine C/S Sterile
NT scan+ e FTS done on 28/1/26 at 13 weeks. EDD verified.5/8/26 Normal and low risk
TIFFA done on 25/3/26 at 21 weeks, Normal, Cx length: 2.8 cms. AFI: LP 6 cm Placenta: Posterior. High. Uterine artery Doppler: Normal
Fetal ECHO at RCHI on 4/4/26 at 22 + 3 weeks Normal
Cervical length scan on 18/4/26 at 24+3 weeks. SLIUP, breech AFI LP 5.7 cms Placenta Posterior. High Cervical length 32 mm
A growth scan was done on 29/4/26 at 26 weeks: SLF, cephalic, EFW: 888 g (42 %centile), AFI: LP 5.6 cms, Placenta: Posterior, High
Fetal and uterine artery doppler: Normal
A growth scan was done on 20/5/26 at 29 weeks: SLF, cephalic, EFW: 1282 g (30 % centile), AC 16 % AFI: 12.7 cms, Placenta: Posterior, High
Fetal and uterine artery doppler: Normal
A growth scan was done on 12/6/26 at 32 + 2 weeks: SLF, cephalic, EFW: 1878 g (31 % centile), AC 15 % AFI: 18.7 cms, Placenta: Posterior, High
Fetal and uterine artery doppler: Normal
Scan done on 27/6/26 at 34+3 weeks SLIUP, Cephalic ,AFI: 12.2 cms, Placenta: Posterior / High

Investigations :

1. NST (NON-STRESS TEST)

Doctor Recommendations :

Growth scan on 10/7/26 and Review weekly NST
PAC today
To continue with gastroenterologist follow up and endocrinologist
16 weeks onwards- Iron and calcium supplements and continue throughout pregnancy.
Iron and calcium should not be taken together. Iron supplements are to be taken before and calcium and Vitamin D after food.
Tab LIVOGEN once daily 30 minutes before meals.
Tab SHELCAL 500 mg 2 tabs after lunch.
Cap D-Rise 2K once daily after dinner.
Plenty of oral fluids/ Iron rich High protein diet/ physical activity
Avoid spicy food, oily food, and outside food intake.
Review to 4th floor/Emergency SOS if c/o pain abdomen, bleeding p/v, or any other complaints.
For EMERGENCY Contact:9154865024
GDM Advice - For Medical Nutritional Therapy for control of blood sugars (Dietician counselling).
To monitor sugars as a 4-point check, that is fasting, 2 hours after breakfast, lunch, and dinner.
Aim to maintain sugars < 95 mg/dl in fasting and < 120 mg/dl as a two-hour post-meal

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value
and meet an Endocrinologist.
Frequency of monitoring: Daily
Explained about FKC. To check movements from 26 weeks. To come immediately if any concerns with the fetal movements.

Dr. PADMAJA YELISETTY
MBBS, MD, MRCOG,FRCOG
52427