

# A Father's Journey of Triumph over Spontaneous Premature Rupture to Welcome a Healthy Baby

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## Abstract

This case study presents the journey of a married couple who faced significant emotional and medical challenges due to a spontaneous premature rupture of membranes (PROM) during their second pregnancy. The narrative highlights their resilience, medical interventions, and ultimate success in achieving a healthy pregnancy outcome.

**Keywords:** Triumph; Spontaneous Premature Rupture; Initial Pregnancy; urinary tract infections; high-risk pregnancies; Perinatal Care

## Abbreviations

PROM: Premature Rupture of Membranes; RRC: Raja Raja Chozhan; NICU: Neonatal Intensive Care Unit; RDS: Respiratory Distress Syndrome; UTIs: Urinary Tract Infections; APGAR: Appearance, Pulse, Grimace, Activity and Respiration.

## Background

The couple married on April 14, 2013, and welcomed their first child, a baby girl, on November 8, 2014. Due to various social and economic factors, they decided to delay having a second child. However, by July 2022, they felt the societal and familial pressure to expand their family and thus decided to conceive again [1].

## Initial Pregnancy and PROM

Natural conception occurred, with an expected delivery date of May 15, 2023. On February 7th, at 26 weeks and 2

days gestation, the mother experienced a sudden premature rupture of membranes (PROM) at home. They rushed to the hospital where her vitals were found to be normal, the baby was active, and the amniotic fluid index was measured at 5.5. The gynecologist recommended bed rest with the mother's legs elevated to minimize further leakage. The days following the PROM were fraught with anxiety and discomfort as the amniotic fluid continued to leak, especially during urination and defecation. Despite their best efforts to manage the situation, labor commenced on February 11th at 7:30 AM.

## Delivery and Neonatal Intensive Care

The baby, named Raja Raja Chozhan (RRC), was born with an APGAR score of 8 but weighed only 900 grams. He was immediately admitted to the Neonatal Intensive Care Unit (NICU) at Chennai Egmore Hospital. The week spent at the NICU was one of the most challenging periods of our lives. Managing the care of both mother at the Maternity Hospital and the baby at the RRC in Egmore NICU, 15 kilometers away, required frequent and exhausting travel. Our only hope was

in divine intervention, which gave us the strength to believe in our baby's recovery and plan for his future health and wellbeing. This experience brought many sleepless nights, marking a profoundly difficult chapter in our lives.

Although RRC's vitals were stable initially, and he had the same blood type as his father (B-positive), he developed respiratory distress syndrome (RDS) and internal bleeding due to lung immaturity. Tragically, he passed away on February 17th at 1:30 PM. The loss was devastating, leaving the couple in profound grief.

### Medical Consultations and Subsequent Pregnancy

As a professional in the medical and gynaecology sector, the father consulted numerous gynaecologists to understand the root cause of the PROM. Despite various potential factors such as urinary tract infections (UTIs), hormonal irregularities, and maternal weight, the exact cause remained uncertain. Despite the emotional trauma, the mother was determined to have another child. The couple decided to wait a year before trying again, but the mother conceived naturally within eight months. On October 24th, the father's birthday, they discovered the new pregnancy.

### Managing the High-Risk Pregnancy

Given the history of PROM, the couple was extremely cautious. Initial screenings and ultrasounds were normal, but in the third month, the mother developed a UTI caused by multi-drug resistant *Klebsiella pneumoniae*. Treatment with intravenous Piperacillin-Tazobactam was administered, which was challenging and stressful. Additionally, she developed a bright red rash, which was initially concerning but was successfully treated with Candid cream.

Given the previous PROM, the gynaecologist recommended administering steroids to accelerate fetal lung maturity. Betamethasone was given in two shots during the 26th week. The pregnancy progressed with intense monitoring and adherence to strict guidelines to avoid any risk of recurrence.

### Outcome

Despite the anxiety and mental stress from weeks 26 to 35, the couple followed all medical advice diligently. They avoided traveling to any family functions or temples, and

the mother limited her travel strictly to medical visits. There was significant mental pressure to count each day during this period, as the risk of premature rupture of membranes (PROM) loomed constantly. However, with utmost care and precautions, they were able to sustain the pregnancy until 39 weeks. This journey, marked by emotional and physical challenges, ultimately resulted in a joyful and successful outcome when they welcomed a healthy boy baby – Mr MG. Shiva Mithran.

### Purpose of this Case Study

Every day in India, hundreds of cases of premature rupture of membranes (PROM) occur, leading to the loss of many pregnancies at various stages. This devastating experience deeply affects couples, causing significant emotional and mental distress, compounded by social and family pressures. Despite these challenges, if a mother maintains a strong belief in having a healthy baby, it is highly possible with the support of her partner and siblings. Miracles happen when we believe in them.

To achieve this goal, it is crucial to follow clinicians' guidelines strictly and adhere to all prescribed medications, especially for conditions like hypothyroidism, gestational diabetes, and other minor infectious etiologies [2].

### Conclusion

This case study underscores the importance of comprehensive medical care, emotional support, and adherence to clinical guidelines in managing high-risk pregnancies. The couple's journey from the pain of loss to the joy of a successful pregnancy outcome serves as an inspiring testament to resilience and the critical role of medical interventions in perinatal care.

### References

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