Case Study for Anatomy

24 March 2022

Online class for everyone

A case is presented as a patient-based opportunity to understand real life cases and all the different variables that come into patient centred approach to whole healing.

So today we will discuss a basic situation so we can get the hang of the variables and ways to approach a pregnant lady and support her in the best way – deepening our understanding of a Sacred Model of Birth and hopefully also elucidating the details of anatomy.

We will also learn the way to present a case in medicine and in midwifery so if we need to consult with a medical professional we sound clear and professional too.

We will call her SM.

**SM is a 23 year old G1 P0 at 15 weeks pregnant.**

**Her booking bloods are normal.**

She lives in the city with her husband. For the last 2 weeks she has been having painful, burning sensation on urination and some mild discomfort around her bladder area.

As you are a holistic midwife part of your questions include asking about her diet, water intake and previous history of infections and uti’s.

Her diet is haphazard and she is sometimes skipping breakfast or having cereal like wheat bix with milk and sugar. She has 3 cups of tea a day with 1.5 teaspoons of sugar in each. She makes lunch and it includes salad, veggies, and with pasta, rice or bread.

She has leftovers or toast and avo or peanut butter for supper. Snacks are fruit, crackers or fruit juice. She makes sure she drinks 1 whole flask everyday of water.

She has been swimming in the local river lately. But otherwise is quite sedentary as she works online and is in front of her computer about 6-7 hours a day.

She has started drinking cranberry juice as she heard it is good for uti’s and she thinks that is what she has.

On reflection she adds that in the 2 weeks she has been feeling quite stimulated and she has been enjoying making love with her husband more than usual.

And she tells you yesterday was her sister’s birthday party and she had a slice of rich cake that she doesn’t normally have,

Today when she woke up the burning urine was intense so she thought to bring it up in the consult today.

**What else would you like to ask her about her symptoms?**

* Other symptoms like nausea, backache, vomiting, fever, pain over kidneys
* Pain is sharp or dull
* Other infections in vagina like thrush (can cause similar symptoms of dysuria)

**Any other questions you would like to ask her?**

* Exercise
* Caffeine intake
* Hygiene
* Wash after sex
* Fermented foods in her diet?

**How will you explain to her about uti and pregnancy and bladder health?**

* Urethra short and exposed for infections
* Vagina change pH and easy to get infections
* Need for fluids
* Sugar affects immunity
* Nutrition affects
* Sitting all day and circulation and stagnation of pelvic area

We are going to understand all the models approach and see that there is overlaps, not mutually exclusive and how to use and navigate through all.

**What tests or examinations will you do in relation to UTI?**

Clinical model / Medical / Technological Model

* Dipstix
* Urine culture
* Blood test
* Antibiotics
* Tests underlying – HIV, Diabetes

Midwifery model

* Dipstix
* Lifestyle suggestions and inquiries

Sacred Model

* Dipstix?
* How feeling? Pissed off?
* Self-care

Dipstix shows leukocytes and trace blood but no nitrates.

Her Dr all ready did a culture and the culture comes back showing mild growth of E. Coli.

**What do you know about this?**

**What suggestions would you make?**

* Exercise, take standing breaks, don’t sit for too long
* Wash after swimming in river
* Add fermented foods
* Decrease or stop sugars
* And caffeinated drinks
* No fruit juices
* Add probiotics
* Wash after sex
* Wipe front to back

**What would make you more concerned about revving up the treatment and starting antibiotics?**

**Why are you hesitant to start them now?**

<https://avivaromm.com/preventing-urinary-tract-infections-naturally/>

* Pads, bubble baths, previous OCP, previous antibiotics (her birth and microbiome)

Learning Objectives

* Basic anatomy of urinary tract
* Functions of kidney
* Functions of bladder
* UTI – symptoms, pathology, presentation in pregnancy
* Differentials
* Causes including lifestyle, risk, approach, management and referrals
* Changes to vagina during pregnancy (that increase susceptibility to UTI)
* An approach to a mum with a UTI
* Reality of antibiotics and overuse – consider the infant microbiome and the importance of this time
* Prevention
* Filtering your information

Treatments

* Fluids (water)
* Cut out sugars and simple starches
* Wiping
* Bubble baths
* Pads
* Wash after sex
* Stress – triggers?
* Burnout / overwhelm / irritability
* Mannose-d – stops e coli from sticking on cell walls
* Cranberry prevent
* Probiotics (Lacto-bacillus prevents E coli)
* Boost immunity – Vit C, Echinacea,
* Fats and oils (diet and nutrition )
* Panties / thongs / cotton