RETINAL THICKNESS VARIATION IN PATIENTS WITH GESTATIONAL DIABETES MELLITUS



Thesis

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Doctor of Medicine (MD)

Ophthalmology

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Dr. Shadman Parveen



All India Institute of Medical Sciences, Jodhpur

DECLARATION

I hereby declare that this project titled "**Retinal thickness variation in patients with Gestational Diabetes Mellitus**" is the bonafide record of my original research. It has not been submitted to any other institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.

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CERTIFICATE

This is to certify that the thesis titled "**Retinal thickness variation in patients** with Gestational Diabetes Mellitus" is the bonafide work of Dr. Shadman Parveen under my guidance and supervision, in the Department of Ophthalmology, All India Institute of Medical Sciences, Jodhpur.

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Certified that the project titled "**Retinal thickness variation in patients with Gestational Diabetes Mellitus**" is the record of research done in this department by **Dr. Shadman Parveen.** She has fulfilled all the necessary conditions for the submission of this research work.

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Dr. Kavita R. Bhatnagar Professor and Head Department of Ophthalmology AIIMS, Jodhpur.

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I apologize to all those whose name is not mentioned in this acknowledgement. All those who have contributed in this project will always have a special place in my heart.

Dr. Shadman Parveen

LIST OF ABBREVIATIONS

GDM	Gestational Diabetes Mellitus
DR	Diabetic Retinopathy
PDR	Proliferative Diabetic Retinopathy
NDR	No Diabetic Retinopathy
PPDR	Pre-Proliferative Diabetic Retinopathy
DPN	Diabetic Polyneuropathy
OCT	Optical Coherence Tomography
RNFL	Retinal Nerve Fibre Layer
GCL	Ganglion Cell Layer
MT	Macular Thickness
ІОР	Intra Ocular Pressure
ССТ	Central Corneal Thickness
VA	Visual Acuity
BCVA	Best Corrected Visual Acuity
UDVA	Uncorrected Distance Visual Acuity
RE	Right Eye
LE	Left Eye
HD-OCT	High Definition -Optical Coherence Tomography
SD-OCT	Spectral Domain-Optical Coherence Tomography

DCCT	Diabetes Control and Complications Trial
ADA	American Diabetes Association
DIEP	Diabetes In Early Pregnancy
ROC	Receiver Operator Characteristic
SITA	Swedish Interactive Threshold Algorithm
IQR	Inter Quartile Range
ONH	Optic Nerve Head
VEGF	Vascular Endothelial Growth Factor
ETDRS	Early Treatment Diabetic Retinopathy Study
SFCT	Sub-Foveal Choroidal Thickness
NDGG	National Diabetes Data Group
SIM	Superior Inner Macula
GLV	Global Loss Volume
FLV	Focal Loss Volume
GCC	Ganglion Cell Complex
CSF	Central Foveal Subfield
СРТ	Central Point Thickness
CSCR	Central Serous Chorio-Retinopathy
CNVM	Choroidal Neo-Vascular Membrane
SD	Standard Deviation
OGTT	Oral Glucose Tolerance Test

GCT	Glucose Challenge Test
IADPSG	International Association of Diabetes And Pregnancy Study Group
TBUT	Tear film Break-Up Time
MGD	Meibomian Gland Dysfunction
OSSS	Ocular Surface Staining Score
IPL	Inner Plexiform Layer
OPD	Out Patient Department
DM	Diabetes Mellitus
HbA1c	Glycated Haemoglobin
AIIMS	All India Institute of Medical Sciences
SPSS	Statistical Package of Social Sciences

SYNOPSIS

Optical Coherence Tomography (OCT) is a diagnostic technique that is non-invasive and provides an in vivo cross-sectional view of the retina. OCT utilizes a concept of low coherence interferometry to create a cross-sectional map of the retina that is accurate to within at least 10-15 microns. ^[1] OCT was first introduced in 1991 and has also found many uses outside of ophthalmology, where it has been used to image certain non-transparent tissues. Due to the transparency of the eye (i.e. the retina can be viewed through the pupil), OCT has gained wide popularity as an ophthalmic diagnostic tool. From its inception, OCT images were acquired in a time domain fashion. Time domain systems acquire approximately 400 A-scans per second using 6 radial slices oriented 30 degrees apart. Because the slices are 30 degrees apart, care must be taken to avoid missing pathology between the slices.

Spectral domain technology, on the other hand, scans approximately 20,000-40,000 scans per second. ^[2] This increased scan rate and number diminishes the likelihood of motion artifact, enhances the resolution and decreases the chance of missing lesions. Whereas most time domain OCTs are accurate to 10-15 microns, newer spectral domain machines may approach 3-micron resolution. They image 6 radial slices whereas spectral domain systems continuously image a 6mm area. This diminishes the chance of inadvertently missing pathology.

Diagnostic criteria for GDM (American Diabetes Association 2015 guidelines)-2 step strategy:

50g GCT (glucose challenge test-non fasting) with blood sugar measurement after 1 hour: if blood sugar levels more than or equal to 140mg/dl.^[3,4,]

Proceed to 100g Oral Glucose Tolerance Test (OGTT). GDM is diagnosed when 2 or more blood sugar values meet or exceed: fasting: 95 mg/dl;1 hour:180mg/dl;2 hours:155mg/dl; 3 hours:140mg/dl.

At our institution, in the Department of Obstetrics and Gynaecology, the World Health Organisation (1998) and ADA (2013) guidelines are being followed. It is a single step strategy which recommends 75 grams 2 hours oral glucose tolerance test.

fasting: 95 mg/dl;1 hour:180mg/dl;2 hours:155mg/dl.

Pre-gestational Diabetes-

Pre-gestational diabetes is defined as Type I or Type II DM that existed before conception with a random plasma glucose level more than 200 mg/dl plus classic signs and symptoms such as polydipsia, polyuria and unexplained weight loss or those with a fasting glucose level exceeding 125 mg/dl are considered by the ADA (2013) to have overt diabetes.^[5]

The aim of this study is to compare Optical Coherence Tomography based Retinal Nerve Fibre Layer thickness at the Disc and Macula and Ganglion Cell Layer thickness in women with GDM vs healthy pregnant females.

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INTRODUCTION

INTRODUCTION

OCT (optical coherence tomography) is a brand-new form of optical imaging modality. OCT provides high-resolution cross-sectional tomographic imaging of the interior microstructure of materials and biologic systems. The optical backscattering in a cross-sectional plane through the tissue is represented by OCT pictures, which are two-dimensional data sets. Imaging can be performed in situ and in real time. ^[6] It is a non-invasive diagnostic technique, that provides an in vivo cross-sectional view of the retina. OCT utilizes a concept of low coherence interferometry to create a cross-sectional map of the retina that is accurate to within at least 10-15 microns, that is one to two orders magnitude higher than the conventional ultrasound.^[7]

OCT has grown in popularity as an ophthalmic diagnostic and screening technique due to the eye's transparency (the retina can be seen via the pupil). OCT pictures have been collected in the time domain since the beginning. Using six radial slices aligned 30 degrees apart, time domain systems gather roughly 400 A-scans per second. Because the slices are 30 degrees apart, it's important to keep an eye out for missed pathologies in the gaps.

On the other hand, spectral domain technology scans at a rate of 20,000-40,000 scans per second. ^[2] This higher scan rate and quantity reduces motion artefact, improves resolution, and lowers the risk of missing lesions. Newer spectral domain machines may attain 3-micron resolution, although most time domain OCTs are accurate to 10-15 microns. Spectral domain systems continually image a 6mm area, whereas most time domain OCTs capture six radial slices. This reduces the likelihood of missing pathology by accident.

The development of these newer generations of 3D-OCT with improvement in resolution power, has led to easy accessibility of the RNFL and retinal ganglion complex.^[7]

The retinal nerve fibre layer (RNFL) is made up of the retinal ganglion cell axons that converge to form the optic nerve.^[8,9]

The nerve fibres lose their medullary sheaths as they pass through the lamina cribrosa sclerae and proceed as simple axis-cylinders through the choroid and retina. Over the retinal surface they are arranged as a radiating plexus. The majority of the fibres are centripetal and are direct continuations of the axis-cylinder processes of the ganglionic layer's cells, but a few are centrifugal and ramify in the inner plexiform and inner nuclear layers, where they terminate in enlarged extremities. Retinal Nerve Fibre Layer is made up of axons of ganglion cells and approximately 50% of retinal ganglion cells are located within the macula, hence macular imaging is a valuable scanning location for assessment of variation in retinal ganglion cell and RNFL thickness.^[10,11] As these cells are transparent, the imaging of retinal ganglion cells is difficult. Histologically ganglion cell and inner plexiform layer (GCL+) is the next best possible layer that can be used to quantify retinal ganglion cells.^[12,13]

The RNFL can be measured qualitatively during ophthalmoscopy and RNFL-enhanced photography in the clinical context, as well as statistically utilising a variety of imaging technologies designed for diagnosis and follow-up. On OCT the RNFL thickness map provides an overview on the distribution profile of the RNFL over the optic disc (peripapillary area) and the macular area. The RNFL thickness map and the RNFL thickness deviation map make RNFL faults easier to see. In the RNFL thickness deviation map, RNFL readings below the lower 95 percent normal distribution range in each super-pixel are highlighted and color-coded based on the probability of normality. Outside the lower 95th and 99th centiles, RNFL measurements are coded in yellow and red, respectively.^[7]

Pregnancy induces many multiorgan changes, like hemodynamic changes, which include increased blood volume, cardiac output and increased water retention due to decreased plasma osmolality.^[14,15]

In pregnancy ocular changes include increased pigmentation in the skin around the eyes, dry eye syndrome, decrease in corneal sensitivity, increase in corneal thickness and increased ocular blood flow.^[16,17]

The most common medical disorder co-existing with pregnancy is Diabetes. ^[18] Diabetes developed during pregnancy increases the likelihood of type II diabetes later in life and leads to mother and child morbidity. Pregnancy is a diabetogenic state because the placenta secretes substances like corticotrophin releasing hormone, placental lactogen, and progesterone. ^[19]

The retina, as one of the body's most metabolically active organs, is especially vulnerable to substrate imbalance or ischemia. Early on in diabetes, retinal pericytes and microvascular endothelial cells are destroyed. Proliferative diabetic retinopathy is a serious consequence of diabetes that puts our vision at danger.^[20]

In women with pregestational type I or II diabetes, pregnancy causes PDR to deteriorate. According to previous research, the prevalence of DR is 57–62 percent at the initial examination in type I DM pregnancy and 17–28 percent in type II DM pregnancy. The Diabetes Control and Complications Trial (DCCT) and Research Group, as well as the Diabetes in Early Pregnancy (DIEP) studies discovered that retinopathy progression in pregnancy ranged from 8% to 70%. ^[21,22,23]

Gestational Diabetes Mellitus (GDM), is diabetes that is diagnosed for the first time during pregnancy, usually in the second or third trimester, and is not pre-existing type 1 or type 2 diabetes. Globally, the burden of GDM ranges between 2% and 14%. The occurrence of GDM among India's urban population has been estimated to be between 16% to 17.8%. ^[24,25,26]

The American Diabetes Association (ADA) (2013) defines pre-existing diabetes mellitus as Type I or Type II DM with a random plasma glucose level greater than 200 mg/dl and classic signs and symptoms such as polydipsia, polyuria, and unexplained weight loss, or those with a fasting glucose level greater than 125 mg/dl.^[5,27]

Screening for Diabetic retinopathy is important, due to the fact that patient may remain asymptomatic till they develop the farfetched sequelae, such as diabetic macular oedema or severe non proliferative and proliferative diabetic retinopathy.

There are few studies depicting variation in the macular thickness and peripapillary retinal nerve fibre layer thickness occurring in patients with gestational diabetes mellitus, so these can be used as screening test for development of diabetic retinopathy in pregnancy before development of microvascular changes.^[28]

The present study will assess any variation in Macular and peripapillary Retinal Nerve Fibre layer thickness, Ganglion cell +Inner Plexiform Layer (GCL+) changes in pregnant women with gestational diabetes mellitus and healthy pregnant women.

AIM & OBJECTIVES

AIM AND OBJECTIVES

RESEARCH QUESTION:

Is there any significant difference between the OCT based Macular and Peripapillary Retinal Nerve Fibre layer thickness and GCL+ thickness between pregnant females with gestational diabetes mellitus, when compared to healthy pregnant females.

AIM:

Comparison of Macular and Peripapillary Retinal Nerve Fibre layer thickness, Ganglion cell layer + Inner Plexiform layer thickness, between patients with gestational diabetes mellitus and healthy pregnant females.

OBJECTIVES:

- Analysis of the changes, in Retinal Nerve Fibre layer thickness in Peripapillary and Macular area, in patients with Gestational Diabetes Mellitus at ≥ 24 weeks of gestation.
- Analysis of the changes, in Ganglion cell + Inner plexiform layer (GCL+) thickness in Gestational Diabetes Mellitus at ≥ 24weeks of gestation.
- 3. A comparative analysis of these OCT parameters, with those of healthy pregnant women of ≥ 24 weeks of gestation.

REVIEW OF LITERATURE

REVIEW OF LITERATURE

Optical coherence tomography (OCT) is a type of optical imaging modality. OCT provides high-resolution cross-sectional tomographic imaging of interior microstructure in materials and biologic systems. The photos are two-dimensional data sets that depict optical backscattering in a cross-sectional plane across the tissue. In situ and real-time imaging are also possible options. It's a non-invasive diagnostic procedure that gives you a cross-sectional image of our retina in real time.^[6]



Figure 1: Optical Coherence Tomography (OCT) Machine (Adapted from: https://visionsource-visionhealthinstitute.com/vision-careproducts/advanced-diagnostic-testing/optical-coherence-tomography-oct/)

OCT was originally employed in a clinical setting in 1991, and it has since been employed in domains other than ophthalmology to examine a range of non-transparent tissues.

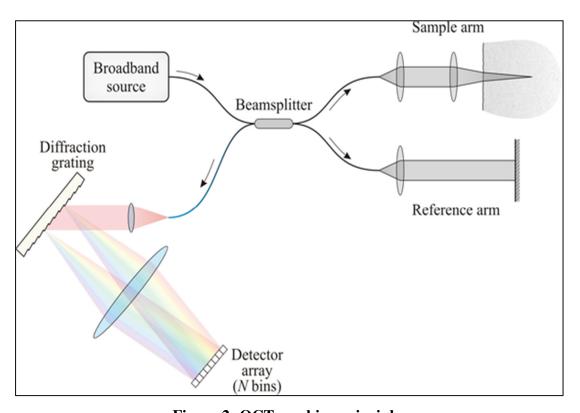
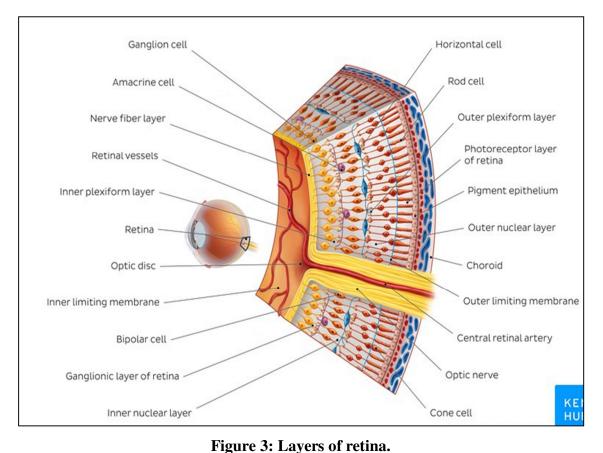


Figure 2: OCT machine principle. (Adapted from : http://obel.ee.uwa.edu.au/research/fundamentals/introduction-oct/)

As we can view the retina through the pupil, the OCT technique has proved an important diagnostic and screening tool in ophthalmology. In the beginning, OCT images were acquired in a time domain fashion. Using 6 radial slices aligned 30 degrees apart, time domain systems gather roughly 400 A-scans per second. Because the slices are 30 degrees apart, it's important to keep an eye out for missed pathologies between them.

On the other hand, Spectral domain technology scans approximately 20,000-40,000 scans in one second. ^[2] This enhanced scan rate and frequency reduces motion artefact, improves resolution, and reduces the likelihood of missing lesions. While most time domain OCTs have a resolution of 10-15 microns, newer spectral domain devices may have a resolution of 3-microns. Spectral domain systems continually image a 6mm area, whereas most time domain OCTs image 6 radial slices. This reduces the chances of missing pathology by accident. The development of these newer generations of 3D-OCT with improvement in resolution power, has led to easy accessibility of the RNFL and retinal ganglion complex.^[7]



(Adapted from : https://www.kenhub.com/en/library/anatomy/photoreceptors)

Figure 3 shows cross-sectional view of the different retinal layers. The retinal nerve fibre layer (RNFL) is basically the axons of the retinal ganglion cell that converge to form the optic nerve which leaves the eye. ^[8] The nerve fibres shed their medullary sheaths as they travel through the lamina cribrosa of the sclera and are continued as simple axis-cylinders through the choroid and retina.

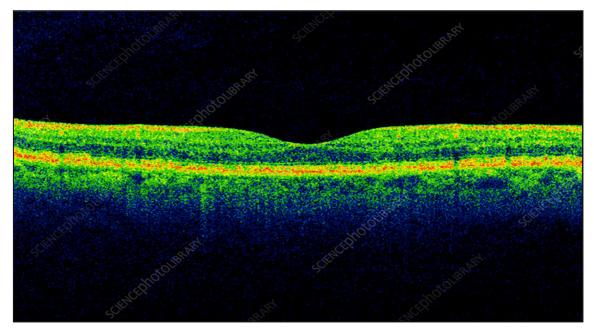


Figure 4: Retinal layers shown on an OCT (Adapted from : https://www.sciencephoto.com/media/690599/view/normal-retina-octscan)

Approximately 50% of retinal ganglion cells are located within the macula, hence macular imaging is a valuable scanning location for assessment of variation in retinal ganglion cell and RNFL thickness. As these cells are transparent, the imaging of retinal ganglion cells is difficult. Histologically ganglion cell and inner plexiform layer (GCL+) is the next best possible layer that can be used to quantify retinal ganglion cells.^[12]

Clinically RNFL can be assessed qualitatively during ophthalmoscopy and through RNFLenhanced photography. Quantitatively RNFL can be assessed using several imaging devices designed for diagnosis and follow up. On OCT the RNFL thickness map provides an overview on the distribution profile of the RNFL over the optic disc (peripapillary area) and the macular area.

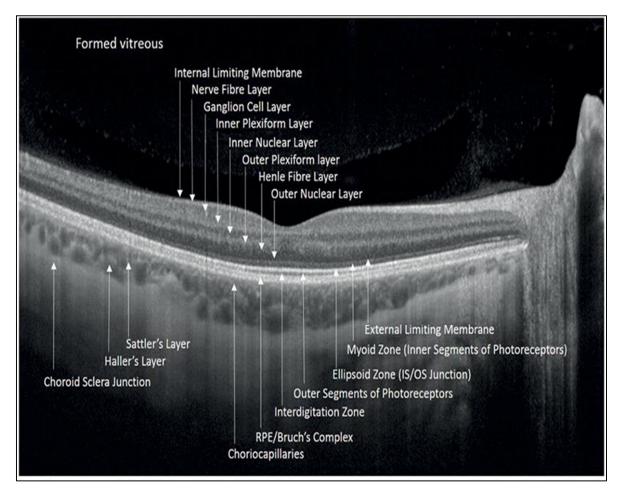


Figure 5: Different layers of retina on OCT. (Adapted from : https://www.opticianonline.net/cet-archive/153)

The RNFL thickness map and the RNFL thickness deviation map facilitate visualization of RNFL defects. In the RNFL thickness deviation map, RNFL readings below the lower 95 percent normal distribution range in each super-pixel are highlighted and color-coded based on the probability of normality. Outside the lower 95th and 99th centiles, RNFL measurements are coded in yellow and red, respectively.^[7]

Pregnancy is an overwhelming experience which induces many multiorgan changes, one of them being changes in retinal thickness which is more pronounced in patients with Gestational Diabetes Mellitus (GDM).^[14]

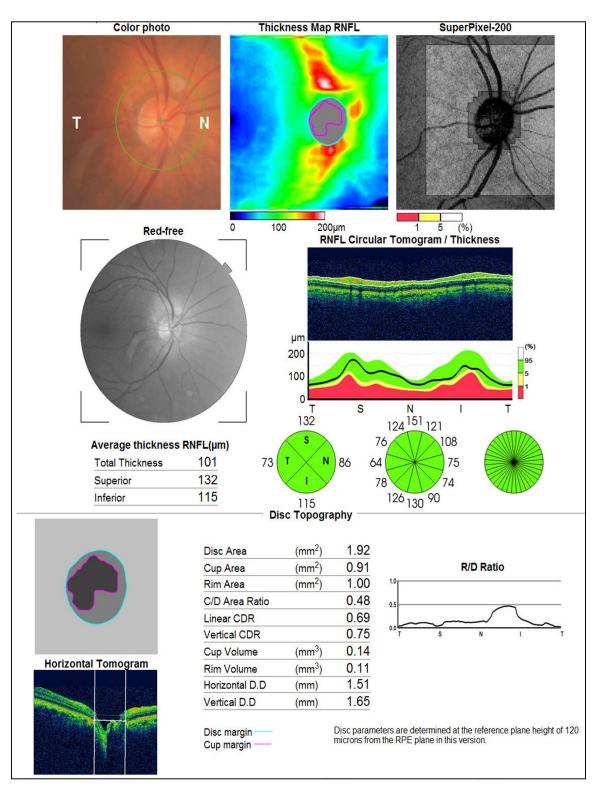


Figure 6: OCT report showing peripapillary RNFL thickness. (Source: Department Of Opthalmology, AIIMS Jodhpur)

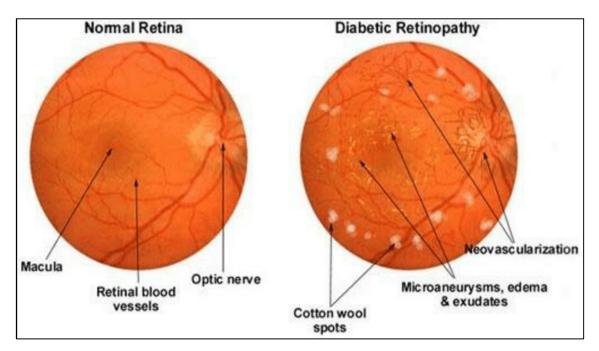


Figure 7: Diabetic Retinopathy changes in the fundus. (Adapted from: https://www.researchgate.net/figure/Difference-between-Normal-Retina-and-Diabetic-Retinopathy_fig2_282609747)

In pregnancy ocular changes include increased pigmentation in the skin around the eyes, dry eye syndrome, decrease in corneal sensitivity, increase in corneal thickness and increased ocular blood flow.^[16,17]

The most common medical disorder co-existing with pregnancy is Diabetes. ^[18] Diabetes developed during pregnancy increases the likelihood of type II diabetes later in life and leads to mother and child morbidity. Pregnancy is a diabetogenic state because the placenta secretes substances like corticotrophin releasing hormone, placental lactogen, and progesterone. ^[19]

The retina, as one of the body's most metabolically active organs, is especially vulnerable to substrate imbalance or ischemia. Early on in diabetes, retinal pericytes and microvascular endothelial cells are destroyed. Proliferative diabetic retinopathy is a serious consequence of diabetes that puts our vision at danger.^[20]

In women with pregestational type I or II DM, pregnancy causes PDR to worsen. According to previous studies, the prevalence of DR is 57–62 percent at the first examination in type I DM pregnancy and 17–28 percent in type II DM pregnancy at the first examination. According to the Diabetes Control and Complications Trial (DCCT) and Research Group, as

well as the Diabetes in Early Pregnancy (DIEP) trials, retinopathy progression in pregnancy ranges from 8% to 70%.^[21]

Gestational Diabetes Mellitus (GDM) is a type of diabetes that is diagnosed in the second or third trimester of pregnancy and is not clearly type 1 or type 2. Globally, the prevalence of GDM ranges between 2% and 14%. The frequency of GDM in India's urban population has been estimated to be between 16 and 17.8%.^[25]

The American Diabetes Association (ADA) (2013) defines pre-existing diabetes mellitus as Type I or Type II DM with a random plasma glucose level greater than 200 mg/dl and classic signs and symptoms such as polydipsia, polyuria, and unexplained weight loss, or those with a fasting glucose level greater than 125 mg/dl.^[5]

Screening for Diabetic retinopathy is important, due to the fact that patient may remain asymptomatic till they develop the farfetched sequelae, such as diabetic macular oedema or severe non proliferative and proliferative diabetic retinopathy.

There are few studies depicting variation in the macular thickness and peripapillary retinal nerve fibre layer thickness occurring in patients with gestational diabetes mellitus, so these can be used as screening test for development of diabetic retinopathy in pregnancy before development of microvascular changes.^[28,29,30]

The present study will assess any variation in Macular and peripapillary Retinal Nerve Fibre layer thickness, Ganglion cell +Inner Plexiform Layer (GCL+) changes in pregnant women with gestational diabetes mellitus and healthy pregnant women.

Thus, screening for diabetic retinopathy becomes crucial in such cases, as the patients with early diabetic retinopathy may be completely asymptomatic, until advanced microvascular changes like, macular edema and/or proliferative diabetic retinopathy (PDR) evolve.

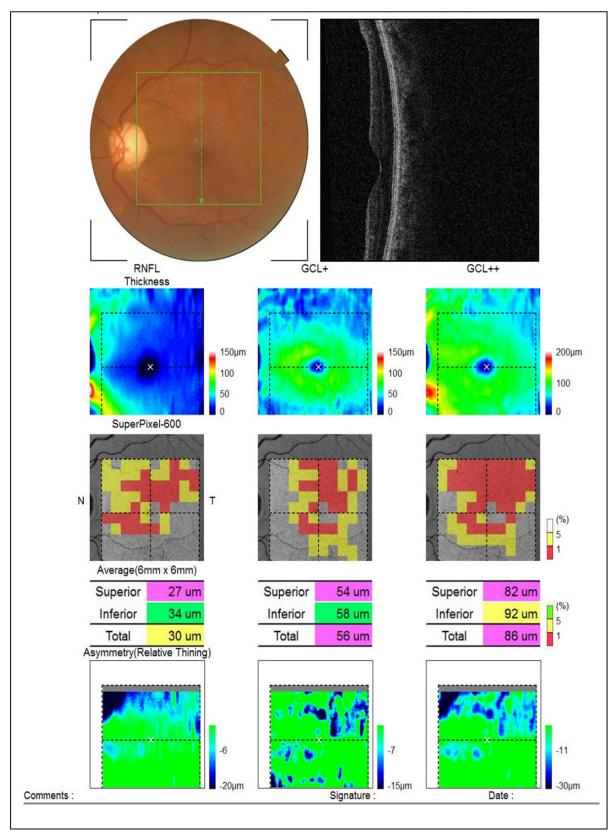


Figure 8: OCT report showing macular, GCL+ and GCL++ thickness. (Source: Department Of Opthalmology, AIIMS Jodhpur)

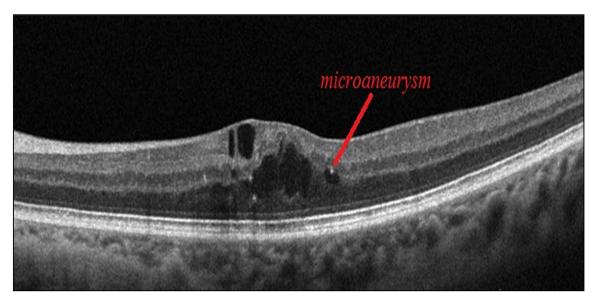


Figure 9: OCT image showing microaneurysm in a patient of diabetic retinopathy. (Adapted from: https://www.octscans.com/diabetic-retinopathy.html)

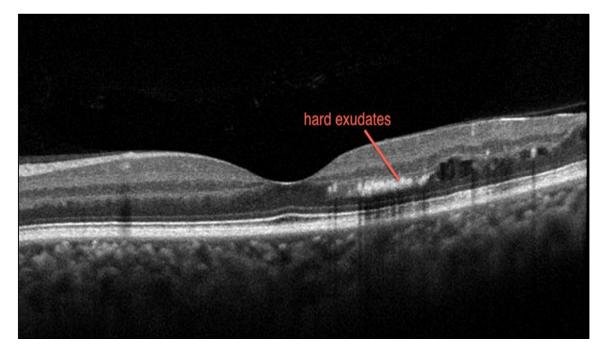


Figure 10: OCT image showing hard exudates in a patient of diabetic retinopathy. (Adapted from: https://www.octscans.com/diabetic-retinopathy.html)

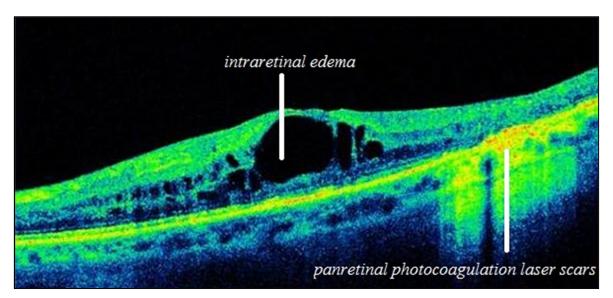


Figure 11: Diabetic macular edema with large intraretinal cysts located in multiple retinal layers. (Adapted from: https://www.octscans.com/diabetic-retinopathy.html)

The various studies conducted are as follows-

1. Sugimoto M et al in 2005 conducted a research employing optical coherence tomography (OCT) to detect early diabetic damage in type 2 diabetes mellitus patients with no diabetic retinopathy (NDR) and to evaluate OCT as a clinical diagnostic tool. A total of 32 patients with NDR (n = 32) were included in the study. OCT was used to assess the thickness of the retina and the retinal nerve fibre layer (RNFL). The retinal thickness (n = 48) and RNFL thickness (n = 34) were measured in two healthy normal populations. Both OCT measurements were taken in four different locations (temporal, superior, nasal and inferior). To evaluate the predictor variables, the receiver operator characteristic (ROC) curve was created. They discovered that in the superior portions, retinal thickness rose (p = 0.03) and RNFL thickness had a 0.65 area under the ROC curve, while the superior RNFL thickness had a 0.63 area under the ROC curve. Both OCT assessments can detect early retinal degeneration in NDR patients, according to the researchers.^[31]

2. T Oshitari et al in the year 2009 used Stratus optical coherence tomography to investigate the early changes in the thicknesses of the macula and retinal nerve fibre layer (RNFL) in diabetic patients. With the help of fundus examination, the macular thickness was measured in 31 normal participants (control; 19 men and 12 women), 45 diabetic patients classified as NDR (25 men and 20 women), and 24 diabetic patients (17 men and 7 women)

with PPDR but without macular oedema. The thickness of the RNFL was measured in 30 control participants (16 men and 14 women), 45 diabetic patients classified as NDR (25 men and 20 women), and 22 diabetic patients classified as PPDR (16 men and 6 women). The mean ages of the control, NDR, and PPDR groups were 60.0±12.8, 61.6±11.2, and 65.6±8.8 years, respectively. The differences in the mean ages were not significant among the three groups. The programs for the fast macular thickness and the fast RNFL thickness measurements were used. Six radial scans of 6 mm length through the fovea are used in the rapid macular thickness protocol. The distance between the vitreoretinal interface and the anterior surface of the retinal pigment epithelium along each A-scan was used to calculate the retinal thickness. Five sectors in the inner rings with a diameter of 3 mm, the centre, superior, nasal, temporal, and inferior sectors, were examined using the retinal map analysis methodology. The average thickness of the central 1 mm diameter ring was used to determine the thickness of the centre sector. The outer sectors with a diameter of 3 to 6 mm were eliminated due to lower measurement reliability than the inside sectors. The fast RNFL thickness protocol consisted of three circular peripapillary scans of 3.4 mm diameter centred on the optic disc. Each scan consisted of 256 measurements along the circumference. The average overall peripapillary thickness and the thickness of the superior and inferior quadrants were analysed. Scans with a signal strength of less than 5, error messages, or poor fixation during the scans were all rejected. Due to scan quality issues, three scans were discarded from the RNFL research. The mean macular thickness in the centre sector of the NDR group was considerably lower than that of the control group. The macular thickness of the centre sector in the PPDR group was substantially thicker than in the NDR group. The coefficient of correlation between the duration of the DM and the macular thickness of the centre sector was significant for both diabetic groups. Thus, the central macula was thicker in eyes with longer duration of DM. In the NDR group, the mean, superior, and inferior RNFL thicknesses were thinner than the corresponding sectors of the control group, but the differences were not significant. In the PPDR group, the mean RNFL and the superior and inferior peripapillary sectors were significantly thinner than the corresponding sectors of the control. The mean RNFL and superior and inferior sectors of the PPDR group were substantially thinner than those of the NDR group. For both the diabetic groups, the coefficient of correlation between the duration of DM and the mean RNFL thickness was low but significant. Thus, the RNFL thickness was thinner in eyes with longer duration of DM. In normal participants, the differences of the macular and RNFL thicknesses between men and women were not significant. In the women with NDR, however, the macular thicknesses of all areas (centre, superior, nasal, temporal, inferior) were significantly thinner than those of men with NDR. In addition, in women with NDR the nasal and temporal sectors of the macular thickness were significantly thinner than that of the normal women. As a result, the macular thickness of women with NDR is more vulnerable to the effects of diabetes in the early stages than it is in males. In the normal, NDR, and PPDR groups, there were no significant variations in RNFL thickness between men and women. The mean, superior, and inferior RNFL thicknesses of men with PPDR, on the other hand, were substantially thinner than those of normal males. As a result, men's RNFL thickness is more susceptible to the effects of diabetes than women's. The macular and RNFL thicknesses are altered in the early stages of diabetic retinopathy. Men and women have varied macular and RNFL thicknesses. ^[32]

3. Tarannum Mansoori et al conducted a study to measure RNFL thickness around disc using SD-OCT in normal Indian eyes, for which, he recruited 210 normal subjects. All subjects underwent comprehensive ophthalmic examination, automated perimetry using SITA, Standard 24-2 program with Humphrey visual field analyzer after informed consent. Subjects with best corrected visual acuity of > 20/30, refractive error within $\pm 3D$ of sphere and ± 1.5 D of cylinder, intraocular pressure < 21 mm of Hg, clear ocular media, open angles on gonioscopy, healthy optic disc and normal visual field, were designated as having normal eyes. Those with ocular disease or a history of intraocular surgery were excluded from the study. After dilatation, one participant's eye was randomly selected for RNFL scanning using spectral OCT. A circular scan with a 3.4 mm circle diameter was centred around the ONH using an internal fixation target, and the location for optimal scan positioning in relation to the ONH was noted on the SLO image. RNFL parameters evaluated were: average peripapillary RNFL thickness, four quadrants, and eight sectors RNFL thickness. Student's ttest was used to compare RNFL thickness between gender. 110 males (age, 41.27 ± 19.9 years) and 100 females (age, 41.7 ± 16.4 years) were there. The average peripapillary RNFLT was $114.03 \pm 9.6 \ \mu m$ (range, 90–139). RNFL thickness was thickest in inferior quadrant, followed by superior quadrant, nasal quadrant, and thinnest in temporal quadrant. Various RNFL metrics collected were examined between males and females but none demonstrated statistical significance. Mean values of superior quadrant and sector, nasal quadrant and sector, superior temporal sector, inferior nasal sector and inferior temporal sector were significantly different across the age groups. They found that age had a statistically significant negative correlation with average RNFL thickness. Except for inferior quadrant, other quadrants showed statistically significant inverse correlation with age. One eye of each participant underwent RNFL scanning around optic nerve using SD OCT. The average peripapillary RNFL thickness was 114.03 \pm 9.59 µm. Gender had no effect on the RNFL thickness parameters. Age had significant negative correlation with average (p = 0.005), superior (p = 0.04), temporal (p = 0.049), and nasal quadrants (p = 0.01) RNFL thickness. Inferior quadrant RNFL thickness also had a negative correlation with age, but it was not statistically significant (p = 0.15). The results showed significantly higher values of RNFL thickness when compared to White eyes and lower value when compared to RNFL thickness in normal Latino population. The study's limitation was that it was based on crosssectional data, and it would be ideal to assess RNFL thickness longitudinally across time to determine the effect of ageing on RNFL thickness. Furthermore, the patients' disc sizes were not determined; nonetheless, a recent investigation on Indian eyes found that ONH size had no effect on RNFL thickness. Finally, the work provides a normative database for RNFL thickness in Indian eyes using SD-OCT. When assessing structural changes in glaucoma, age-related and geographical differences in RNFL thickness should be taken into account.^[33]

4. Park HY et al in 2011 conducted a study in 2011 to detect early nerve fibre layer (NFL) changes around the optic disc and macula in diabetic patients using Cirrus HD-optical coherence tomography (OCT). Forty normal patients without any optic nerve or retinal disease, 37 patients with diabetes with no diabetic retinopathy (NDR) and 89 patients with diabetic retinopathy (DR) of differing severity were enrolled. They found that the NFL thickness around the optic disc was measured using Cirrus HD-OCT. The NFL thickness at the macula was also determined by scanning the macula with the optic disc scanning techniques. The NFL thickness around the optic disc differed statistically among all groups and tended to become thinner as the degree of DR progressed. The mean, superior and inferior peripapillary NFL thickness differed among groups. As the severity of DR progressed, the mean, superior, temporal, inferior and nasal macular NFL thickness tended to become thinner. However, only the macular NFL thickness of the superior sector differed significantly among the groups and especially between the control and NDR groups. They concluded that the difference in NFL was first detected in the superior macular region, which differed significantly between the control group and diabetic group without clinical DR. This could be detected simply by modifying the Cirrus HD-OCT scan technique to detect the NFL thickness in the macular area.^[34]

5. Camila Zanella Benfica et al in their cross-sectional study divided 144 eyes of 72 pregnant women in the third trimester into four groups. Group 1 included 27 non-diabetic pregnant women (control group); Group 2 included 15 pregnant women with GDM; Group 3 included 16 pregnant women with type 2 diabetes mellitus (type 2 DM); and Group 4 included 14 pregnant women with type 1 diabetes mellitus (type 1 DM) (type 1 DM). Subjects with a history of laser photocoagulation, anti-vascular endothelial growth factor (VEGF) treatment, ocular surgery or any ocular pathology except for DR were excluded. The criteria used for GDM diagnosis was International Association of Diabetes in Pregnancy Study Groups (IADPSG). The glycosylated haemoglobin A1c (HbA1c) of all diabetic patients was analysed. DR grading was performed according to the international severity scale. The diagnosis for each individual was based on the grading of the worse eye per subject. The detailed ophthalmic examination was done which included uncorrected visual acuity, best-corrected visual acuity, applanation tonometry, slit-lamp assisted biomicroscopy, indirect ophthalmoscopy and SD-OCT. CT was measured at ten different locations: at the fovea and every 500 µm from the fovea up to 2,500 µm temporally and up to 2,000 µm nasally. The OCT scans were performed in 54 eyes of 27 healthy pregnant women, 30 eyes of 15 pregnant women with GDM, 32 eyes of 16 pregnant women with type 2 DM and 28 eyes of 14 pregnant women with type 1 DM. No significant difference was found with age, ethnicity and gestational age between groups. HbA1c values were significantly higher in patients with type 1 DM (7.4% \pm 1.2%) compared with GDM patients (5.7% \pm 0.8%) (p=0.06). Two patients from group 2 and six patients from group 3 had chronic hypertension diagnosis (p=0.001), requiring adjustment in CT analysis. Of the 14 subjects with type 1 DM, 6 (42.9%) were diagnosed with DR. In comparison, only one patient (6.3%) with type 2 DM was diagnosed with moderate nonproliferative retinopathy (p=0.031). On OCT, none of the DR individuals showed retinal edoema, and they were all treatment-naive at the time of the exam. When the 10 CT measures of the four groups were compared, the choroid in individuals with type 1 DM was always thinner, even when hypertension was taken into account. Nondiabetic, GDM, and type 2 DM groups showed no significant differences. Macular thickness was significantly higher in pregnant women with GDM from macular points T5 to T1 than in pregnant women with type 1 DM. Macular thickness was considerably higher in pregnant women with type 2 DM compared to pregnant women with type 1 DM in the subfoveal assessment. There were no statistically significant differences in nasal to fovea measurements between the groups. They assessed only the groups with diabetic patients, adjusting also for HbA1c levels, the choroid was thinner in patients with

type 1 DM in comparison with patients with GDM or type 2 DM. CT measurements in T5, T3, T2, T1 and SF macular points were significantly thinner in patients with type 1 DM in comparison with patients with GDM and type 2 DM. The choroid in T4 and N1 macular points, however, was significantly thinner in patients with type 1 DM only in comparison with patients with DMG. They also did an analysis exclusively between the type 1 DM and type 2 DM groups in order to examine CT while controlling for the period of DM diagnosis and the presence of DR. At all macular stages, CT of patients with type 1 DM remained thinner than CT of patients with type 2 DM, although statistical significance was found only in T4, T3, T2, T1 and SF points. During the third trimester, the study found no statistically significant difference in CT between non-diabetic pregnant women, pregnant women with GDM, and pregnant women with type 1 DM had considerably thinner CT readings.^[35]

6. Acmaz G et al conducted a prospective cross-sectional study in 2015. Three groups participated in the research. The first group included 36 singleton-pregnant women who were diagnosed with GDM according to the NDDG Criteria after 24 weeks of pregnancy, had no physical condition other than diabetes, and had not received any medication (such as insulin) prior to the study. After 24 weeks of pregnancy, the second group consisted of 24 healthy singleton-pregnant women. The third group consisted of 38 healthy reproductive-age women who were not pregnant. All types of hypertension, renal disease, vascular disease, arteritis, and auto-immune disease, multiple pregnancies, and anyone on medication were excluded from all groups. Women with glaucoma, cystoid macular edema, macular degeneration, optic atrophy, intraocular pressure higher than 21 mmHg, cataract, best corrected visual acuity poorer than 20/30, high spherical (3) or cylindrical (2) diopters refractive errors, or uveitis were also excluded. After a thorough ophthalmologic examination, a Spectralis OCT device was utilised to evaluate the patient without pupillary dilation and in the same dim room lighting. The SD-OCT tests used in the study were all completed by the same expert (MA). Each of the 9 subfields established by the Early Treatment Diabetic Retinopathy Study (ETDRS) group was displayed using the macular map analysis procedure. The central foveal subfield (CSF) thickness was calculated as the average of all locations inside a 1-mm radius inner circle. The central point thickness (CPT), which was defined as an average of 6 radial scans at the foveola, was recorded for each of the individuals. The peripapillary RNFL thickness parameters that were automatically calculated by the SD-OCT and divided into regions: temporal quadrant, temporal superior quadrant, nasal superior quadrant, nasal quadrant, nasal inferior quadrant, temporal inferior quadrant, and average thickness. Non centered and low-quality scans were excluded from the study. Spectralis optical coherence tomography (OCT) was used for the assessment. Macular, choroid, and retinal nerve fibre layer (RNFL) thicknesses were evaluated in patients with GDM and comparisons were made among pregnant women with GDM, healthy pregnant women, and healthy non-pregnant women for these parameters. Mean age of the healthy non-pregnant group was 31.87 ± 7.76 , mean age of healthy pregnant group was 27.72±5.12 and mean age of GDM group was 32.51±4.88. GDM group was significantly older than healthy pregnant group Macular central subfield and foveal center thickness were significantly thinner and choroidal thickness was significantly thicker in the healthy pregnant and GDM groups (p < 0.001). However, there was no significant difference between the GDM group and the healthy pregnant group. The nasal part of the RNFL was significantly thinner in the GDM group than the healthy pregnant group. None of the patients had retinopathy at the time of examination. The decreased nasal part of RNFL thickness may be the first retinal change in patients with GDM. The study suggested that OCT should be performed for patients with GDM for detection of early retinal changes associated with GDM. They concluded that decreased nasal part of RNFL thickness may be the first retinal change in patients with GDM and OCT should be performed for the patients with GDM for detection of early retinal changes associated with GDM.^[21]

7. LauraSalvi et al conducted a study in 2015 to compare optical coherence tomography (OCT)-derived neuro-retinal parameters in patients with type 2 diabetes and non-diabetic controls and to evaluate their correlation with diabetic retinopathy (DR) and polyneuropathy (DPN). One-hundred consecutive patients with type 2 diabetes were examined by spectral-domain (SD) OCT for evaluating ganglion cell complex (GCC) and retinal nerve fibre layer (RNFL) thickness and two new pattern-based quantitative measures of GCC damage, global and focal loss volume (GLV and FLV). Fifty-six and age-matched non-diabetic subjects served as control. They found that RNFL thickness (101.0 ± 10.6 vs. 106.4 ± 10.3 μ m, *p* = 0.003) was significantly lower and GLV (6.58 ± 4.98 vs. 4.52 ± 3.10 %, *p* = 0.008) and FLV (1.90 ± 1.97 vs. 0.89 ± 0.84 %, *p* < 0.0001) were significantly higher in diabetic versus control subjects. The OCT parameters did not differ significantly according to DR grade. Conversely, RNFL thickness was lower and GLV and FLV were higher in patients with versus those without DPN, and the extent of changes increased significantly with quartiles of DPN score. At both bivariate and multivariate analysis, OCT parameters, especially FLV, correlated significantly with DPN measures. They concluded that the GCC is significantly

affected in patients with type 2 diabetes and SD-OCT might represent a useful tool to detect DPN, but not DR in these individuals.^[36]

8. Amir Tengku-Fatishah et al conducted a prospective cross-sectional study from December 2016 to June 2018. They included 220 eyes from 78 pregnant women with GDM (78 eyes), 72 healthy pregnant women (72 eyes), and 70 healthy non-pregnant women (70 eyes) in this study. All participants were 20-45 years old. Inclusion criteria for pregnant women with GDM included confirmed diagnosis of GDM based on the following: (i) 75gram oral glucose tolerance test (OGTT) with the cut-off value for fasting glucose concentration at \geq 5.1 mmol/l, (ii) and/or the 2-hour postprandial level at \geq 7.8 mmol/l. The lack of pre-existing medical ailment was one of the inclusion criteria for both pregnant and non-pregnant women. Patients with a history of ocular trauma or any intraocular surgery, including refractive surgery, refractive error greater than ± 4.0 D, axial length greater than 22-25 mm, and best-corrected visual acuity worse than 6/12 (20/40) were excluded from the study. The study included pregnant women with GDM and healthy pregnant women with a singleton pregnancy and gestational weeks in the third trimester who visited the Obstetrics or Ophthalmology Clinics. The non-pregnant participants were recruited among institution's female personnel who were of reproductive age. data included age, duration of GDM, type of treatment, family history and previous history of GDM were recorded. Macular and RNFL thickness was measured with spectral-domain optical coherence tomography (OCT), Cirrus HD OCT (Carl Zeiss Meditec, USA). Mean macular image was captured based on the macular map protocol, using Early Treatment Diabetic Retinopathy Study circles of 1mm (central fovea), 3mm (inner macula), and 6mm (outer macula). The peripapillary RNFL region was divided into four quadrants: superior, inferior, nasal, and temporal. Analysis was performed on the right eye. Images with signal strength >5 were analyzed. The thickness measurement was only taken once during the third trimester. All individuals had good vision, with an acuity of at least 6/9 (20/30) or better. During the evaluation, none of the individuals had clinical diabetic retinopathy or retinal oedema. In pregnant women with GDM, the mean macular and RNFL thickness appeared to be comparable to that of healthy pregnant women and healthy non-pregnant women. In pregnant women with GDM, age, HbA1c, duration of diabetes, therapy received, history of GDM, and spherical equivalent had no effect on mean macular and retinal thickness.^[37]

9. Dondu Melek Ulusoy et al conducted a prospective comparative study which was conducted in the Departments of Obstetrics, Gynecology, and Ophthalmology at Kayseri Education and Research Hospital. All participants received both oral and written information about the study, and each participant provided written informed consent. The study group included 29 healthy pregnant women in their third trimester, the control group included 36 healthy non-pregnant women of reproductive age. Prior history of significant ocular disease, a refractive error of less than -2 diopters (D) or more than +2 D, a best corrected visual acuity (BCVA) worse than 20/20, amblyopia, IOP readings greater than 21 mm Hg, glaucoma, history of uveitis, retinal disease, ocular trauma or tumour, poor image quality, and dense media opacities were all exclusion criteria for this study. A history of systemic disease, such as hypertension or diabetes mellitus, as well as the development of problems in pregnant women, such as gestational diabetes mellitus, preeclampsia, and pregnancy-induced hypertension, were also exclusion factors. A Snellen BCVA, biomicroscopy, IOP assessed by Goldmann applanation tonometry, and dilated fundus examination were all performed on all subjects in both groups. The third-generation Spectralis OCT equipment (software version 5.6.3.0; Spectralis OCT, Heidelberg Engineering, Dossenheim, Germany) was employed for assessment after this thorough ophthalmologic examination. Mean SFCT measurements differed with statistical significance between the pregnant women of the study group and control group (p=0.000). However, the mean foveal and parafoveal macular thickness values did not differ with any statistical significance between the pregnant women of the study group and control group (p>0.05). There was also a statistically significant difference in the mean SFCT values between those taken during pregnancy and those taken 3mo after delivery (p=0.000). There was, however, no significant difference in the mean foveal and parafoveal macular thickness measured during pregnancy and those measured 3mo after delivery (p>0.05). The SFCT value was not significantly associated with AL, IOP, MABP, OPP, BCVA or age in either the study or control group. SFCT was also not significantly associated with gestational age during pregnancy.^[38]

10. Morteza Entezari et al conducted a study in 2018 where they used RNFL measurements in pregnant women before and after delivery to assess pregnancy-induced oedema in the retina. The study was conducted between April 2013 and March 2015 at the Department of Obstetrics and Gynaecology at Imam Hossein Medical Center connected with Shahid Beheshti University of Medical Sciences in Tehran, Iran, in collaboration with the Department of Ophthalmology. 32 pregnant women with a gestational age of 28 weeks or

more were compared during pregnancy and the postpartum period in a prospective cohort study. From April 2013 to July 2015, 43 out of 157 pregnant women (16 to 38 years old) with a gestational age of 28 weeks or more and a maximum of 48 hours postpartum who were referred to the Obstetrics and Gynecology Department were found to be in good health. Gestational age was based on the precise data of the last menstrual period and/or ultrasound gestational age measurement in the first trimester. Potential participants were clinically examined and excluded in case of history of any medical or obstetrical problems, taking any medication or prediagnosed with hypertension, diabetes or other systemic disease and lack of informed consent and/or authorisation form to the processing of personal data. Finally, demographic data collection form was completed for each participant The RNFL thickness was measured by Optical Coherence Tomography (OCT). After delivery, all studied women were called at least three times for the second OCT analysis. Above mentioned assessment was repeated, once again during 2 to 8 months in postpartum period. Two months' time period was selected due to complete regression of pregnancy-induced changes. All measurements were carried out by the same professional. RNFL thickness as main outcome was compared during pregnancy and 2-8 months after delivery. The study revealed an increase in RNFL thickness in late pregnancy, with regression to normal range, 2-8 months after delivery. In common medical diseases during pregnancy, such as diabetes and chronic hypertension with decreased RNFL thickness before pregnancy, these two contra-effects should be considered. More prospective studies should be conducted to investigate final effect of increased RNFL thickness in pregnancy of hypertensive and diabetic women in comparison to normal pregnancy. They found that the mean RNFL thickness was significantly more during pregnancy in comparison with the postpartum period, $107\pm9 \ \mu m$ versus $103\pm9 \ \mu m \ (p=0.013)$. They concluded that RNFL thickness in diabetes and chronic hypertension or other chronic diseases might be misdiagnosed in pregnancy due to pregnancy induced increased thickness.^[20]

11. Keerti Mundey et al conducted a study on the assessment of Foveal and Parafoveal Retinal Thickness in Healthy Pregnant Rural North Indian Women. 60 healthy pregnant women (60 eyes) and 20 healthy non-pregnant women (20 eyes) who were taken as a control group, were included in the study. Group 1 consisted of 20 healthy eyes from 20 pregnant women in the first trimester; Group 2 consisted of 20 healthy eyes from 20 pregnant women in the second trimester; Group 3 consisted of 20 healthy eyes from 20 pregnant women in the third trimester; and Group 4 (control group) consisted of 20 healthy eyes from 20 non-

pregnant women in the fourth trimester. All of the participants were recruited from a single medical college in a rural area of north India. The study followed the principles of the Declaration of Helsinki for human subjects research. The study protocol was approved by the Institutional Ethics Committee and informed consent from all the participants was taken. All healthy pregnant rural women were recruited from the Department of Gynaecology and Obstetrics and healthy rural non-pregnant patients were selected from women reporting to Department of Ophthalmology for minor anterior segment ailments such as chalazion, mild allergic conjunctivitis, blepharitis and meibomitis. Inclusion criteria: The study group included healthy pregnant women in first, second and third trimester between 18 to 30 years of age while the control group included healthy non-pregnant women in a comparable age group. Common inclusion criteria for all groups included best corrected visual acuity (BCVA) 20/20 (Snellen). Exclusion Criteria: Women with refractive errors higher than - 0.50 or \pm 0.50, having systemic diseases such as diabetes mellitus and hypertension, ocular diseases such as glaucoma, uveitis, retinopathy, amblyopia or history of laser therapy and trauma or intraocular surgical intervention. This study included 60 healthy pregnant women (60 eyes) and 20 healthy non-pregnant women (20 eyes) who served as a control group. Group 1 consisted of 20 eyes of 20 healthy women in the first trimester; Group 2 consisted of 20 eyes of 20 healthy women in the second trimester; Group 3 consisted of 20 eyes of 20 healthy women in the third trimester; and Group 4 (control group) consisted of 20 eyes of 20 healthy non-pregnant women. The age group of all participants was in a defined, narrow band of 18-30 years. A statistically significant difference for foveal thickness was found among the Group 1–3 (p < 0.001) and Group 3-4 (p < 0.0001). A statistically significant difference in the parafoveal region was found only in superior inner macula (SIM) region between Groups 2-3 (p < 0.03), 3-4 (p < 0.01). They found that pregnancy affects the retinal thickness, especially in the third trimester. Normative data on the changes in the retina in healthy pregnant women will be valuable in differentiating early pathological changes and may have prognostic and diagnostic significance in various conditions such as pregnancy induced hypertension, preeclampsia, gestational diabetes and pre-existing diabetes mellitus with pregnancy. They found that more population-based studies on pregnant women are needed to establish a normative database of retinal thickness with each commercially available OCT machine as data is not interchangeable between different OCT machines.^[39]

12. Mehmet Demir et al investigated the thickness of the retinal nerve fibre layer and ganglion cell complex in patients with type 2 diabetes mellitus. 246 eyes of 123 patients were

evaluated prospectively. Inclusion criteria for diabetic patients were type 2 DM. Group 1 (n =33) included patients who had no DR, Group2 included 30patients who had mild NPDR(n=30 patients) and Group 3 (n = 30) included patients who had moderate NPDR. The control Group 4, included 30 healthy patients who had no systemic or ophthalmologic problems. All patients in the control group were evaluated for undiagnosed DM. All participants evaluated by retinal specialists through indirect fundoscopy, slit-lamp stereo biomicroscopy and fundus fluorescein angiography. Mild NPDR was defined as microaneurysms only, moderate NPDR was defined more than just microaneurysms, but less than severe NPDR by international clinical DR disease severity scale. Exclusion criteria were refractive error (spheric Equivalent) > $\pm 3.00D$, visual acuity below 0.1 logarithm of the minimum angle of resolution, had significant media opacity, a history of glaucoma, uveitis, retinal disease, grade of DR >moderate DR and history of intraocular surgery in the last 6 months. All subjects underwent pupillary dilation (Tropicamide 1%, Alcon Lab, Inc., USA) and an ophthalmologic examination, including slit-lamp biomicroscopy (SL, Tokyo, Japan) with a +78D handheld lens and OCT. Fundus fluorescein angiography (Kowa VX-10i, Kowa Company, Ltd., Tokyo, Japan) was performed in diabetic patients for excluded severe or proliferative retinopathy. The mean glycosylated hemoglobin (HbA1c) was calculated from all available HbA1c measurements in the last 6 months preceding the study visit in the diabetic patients. RNFL and GCC thickness were measured using spectral domain OCT (RTVue-100, Optovue Inc., Fremont, CA, USA). One hundred and twenty-three patients (246 eyes) were analysed. HbA1c level significantly higher in the patients with DM compared to the controls. The ratio of HbA1c was similar in diabetic patients. GCC and RNFL were thinner in patients with DM compared to control but this difference was not statistically significant. They found that the RNFL and GCC thickness were thinner in patients with type 2 diabetes than controls, but this thinning was not statistically significant. [40]

13. Minu Sasikumar et al in 2018 used OCT measures to estimate RNFL thickness in women with gestational diabetes mellitus. Patients attending the Obstetrics and Gynecology OPD at Jubilee Mission Medical College were studied in a prospective observational study. The study involved two groups of women aged 18 to 40 years old who were 32 to 34 weeks pregnant. Group 1: Pregnant women who are in good health. Group 2: GDM-affected pregnant women. Peripapillary RNFL is quantified in superior, inferior, nasal, and temporal domains using CIRRUS HD OCT. 2 stage technique for GDM diagnosis (American Diabetes

Association 2015 guidelines): If blood sugar levels are more than or equivalent to 140mg/dl after a 50g glucose challenge test (non-fasting) with blood sugar measurement after 1 hour, proceed to the 100g Oral Glucose Tolerance Test (OGTT). When two or more blood sugar levels reach or exceed: fasting: 95 mg/dl; 1 hour: 180 mg/dl; 2 hour: 155 mg/dl; 3 hour: 140 mg/dl, GDM was diagnosed. Data was taken from 182 patients, who were divided into two groups based on their pregnancy status: 94 healthy pregnant women and 88 pregnant women with gestational diabetes mellitus. In both healthy pregnant women and GDM patients, all four quadrants of the peripapillary RNFL were thinned, with substantial thinning in all except the temporal and inferior quadrants, which exhibited greatest thickness and the temporal quadrant, which showed minimal thickness. The maximum thickness measured in healthy pregnant women was 131.4159.05m, while in GDM patients it was 118.8518.24m. The superior and temporal RNFL quadrants, as well as fasting GTT values, revealed a strong positive connection with mean RNFL thickness. Peripapillary RNFL thinning in GDM patients observed in their third trimester suggests a neurodegenerative process prior to microvascular alterations in gestational diabetes mellitus, according to the researchers. The degree of retinal thinning in the macula was connected to the patients' glycaemic state. As a result, all GDM patients must have a routine retinal evaluation using OCT to detect early neurodegenerative changes and to keep blood glucose levels in the normal range to prevent diabetic retinopathy.^[41]

The aim of this study is to determine, if the OCT parameters being assessed, can prove to be potential screening tools, to recognise early changes of diabetic retinopathy, by comparing Retinal Nerve Fibre layer thickness in macular and peripapillary region and Ganglion cell layer + Inner Plexiform layer thickness between patients with gestational diabetes mellitus and healthy pregnant females.

MATERIALS & METHODS

MATERIALS AND METHODS

STUDY SITE:

Study was conducted in the Department of Ophthalmology, All India Institute of Medical Sciences, Jodhpur

TYPE OF STUDY:

Analytical cross-sectional study.

INCLUSION CRITERIA:

- 1. Pregnant women with gestational age of 24 weeks or more, diagnosed with gestational diabetes mellitus.
- 2. Healthy pregnant women with gestational age of 24 weeks or more.

EXCLUSION CRITERIA:

- 1. Women not giving consent for inclusion in the study.
- 2. Pregnant women with gestational age less than 24 weeks.
- 3. Women with known diabetes before pregnancy.
- 4. Any co-existing systemic illness like hypertension, auto-immune diseases, vascular disease or renal diseases.
- 5. Any pre-existing retinal disease like optic disc coloboma, optic disc pit maculopathy, glaucoma, CSCR, macular hole, CNVM that may affect the OCT parameters being evaluated.

SAMPLE SIZE

With reference to the study conducted by Minu Sasikumar et al: "**RNFL variation in** gestational diabetes mellitus: An optical coherence tomography based study", 2018, they have reported the Peripapillary RNFL in GDM group as 91.16 ± 13.25 and in control group as 100.75 ± 41.55 . Considering this, we estimate a sample size of 162 in each group i.e. 324 patients at 95% confidence interval and 80% power.

This is a comparison of two means from 2 different samples.

$$n = \frac{(Z_{1-\alpha_{/2}} + Z_{1-\beta})^2 X 2S_p^2}{d^2}$$

Where, pooled standard deviation, $S_p^2 = \frac{\sigma 1^2 + \sigma 2^2}{2}$ difference of mean, $d = \mu_1 - \mu_2$ $Z_{(1-\alpha/2)} = 1.96$ at 5% level of significance. $Z_{(1-\beta)} = 0.842$ at $\beta = 20\%$ (80% power) $\sigma_1 = 13.25$ $\sigma_2 = 41.55$ $\mu_1 = 91.16$ $\mu_2 = 100.75$

METHODOLOGY

The study was an analytical cross-sectional study conducted at the Department of Ophthalmology, All India Institute of Medical Sciences, Jodhpur in collaboration with the Department of Obstetrics and Gynaecology, All India Institute of Medical Sciences, Jodhpur. Data collection was started on January 6, 2020. Patients were recruited till the sample size was met (last patient was recruited on June 21, 2021.)

During this time frame, the pregnant females diagnosed with Gestational Diabetes Mellitus (GDM) in the Department of Obstetrics and Gynaecology, were advised to visit the Department of Ophthalmology.

Diagnostic criteria for GDM (American Diabetes Association 2015 guidelines)- Two step strategy:

50g glucose challenge test-non fasting, with measurement of blood sugar after 1 hour: if levels more than or equal to 140mg/dl

We then proceeded to 100g Oral Glucose Tolerance Test. We diagnosed patients as GDM when 2 or more blood sugar values meet or exceed:

Fasting blood sugar: 95 mg/dl; 1-hour blood sugar:180mg/dl; 2 hours blood sugar:155mg/dl; 3 hours blood sugar:140mg/dl.

At our institution, in the Department of Obstetrics and Gynaecology, the International Association of Diabetes and Pregnancy Study Group (IADPSG) criteria was followed. In the fasting state an OGTT was done, using 75 g of glucose at 24-28 weeks and if any one of the following cut-offs was met GDM was diagnosed i.e.

a. Fasting $\ge 92 \text{ mg/dl} (\ge 5.2 \text{ mmol/l}) \text{ or}$

b. Blood glucose $\geq 180 \text{ mg/dl} (\geq 10 \text{ mmol/l})$ at 1-hour or

c. Blood glucose \geq 153mg/dl (\geq 8.5 mmol/l) at 2-hour.

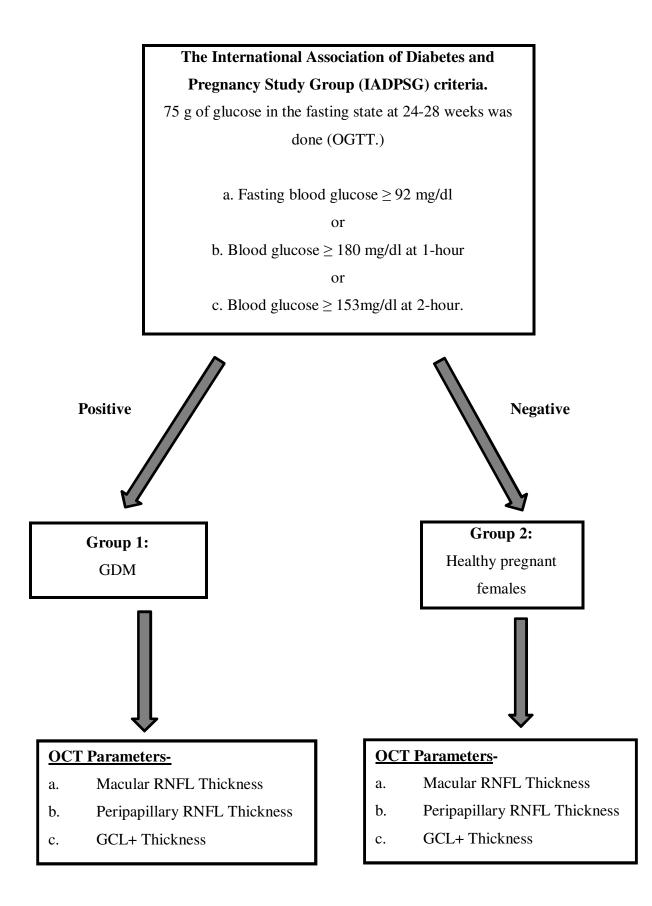
The patients were classified into two groups.

Group 1 included pregnant women, with 24 weeks or more gestational age, with gestational diabetes mellitus.

Group 2 included the healthy pregnant women, with 24 weeks or more gestational age.

These are the pregnant women with gestational age of 24 weeks or more, without any coexisting systemic illness like hypertension, auto-immune diseases, vascular disease, renal diseases or any pre-existing retinal disease like optic disc coloboma, optic disc pit maculopathy, glaucoma, CSCR, macular hole, CNVM.

Patients who met the inclusion criteria were categorized into 162 healthy pregnant women and 162 gestational diabetes mellitus patients according to IADPSG Criteria.



The patients who met the inclusion criteria, were recruited, after obtaining the due clearance from the ethical committee.

The patient was informed about the nature of study and each patient was given a patient information sheet. After obtaining a written informed consent from the patient a detailed history regarding onset of ocular symptoms, if any, duration, progression and any associated complaints was assessed. History regarding any co-existing medical illness or addictions, and history of any previous surgeries ocular or non-ocular, was recorded. After ensuring that the patient satisfied our inclusion criteria, she was assessed for visual acuity of both eyes unaided and with best correction possible using Snellen's Chart.

Intraocular pressure of both eyes was recorded by applanation tonometry (Goldman applanation tonometry/ Perkin's tonometer), central corneal thickness with autorefractometer and Schirmer test using the Whatman filter paper 41 and assessment of corneal sensations was performed in all four quadrants using a wisp of the cotton-tipped applicator.



Figure 12: Measurement of Central Corneal Thickness (CCT) using Autorefractometer. (Source: Department Of Opthalmology, AIIMS Jodhpur)



Figure 13: Measurement of intra-ocular pressure using Goldman applanation tonometry. (Source: Department Of Opthalmology, AIIMS Jodhpur)



Figure 14: Schirmer test using Schirmer strips (Whatman filter paper 41). (Source: Department Of Opthalmology, AIIMS Jodhpur)

The Schirmer test was done with the help of a Schirmer paper strip and placing it in the lower fornix of the eye. It was placed at the junction of the outer one-third and medial two-thirds of the lower eyelid for 5 minutes. After 5 minutes the strip was removed from the eye and the wet portion was measured.

The patient then underwent a thorough slit-lamp examination to evaluate the anterior segment and we also measured Tear film Break-Up Time and Ocular Surface Staining Score (OSSS).



Figure 15: Slit-lamp examination to evaluate the anterior segment of the patient. (Source: Department Of Opthalmology, AIIMS Jodhpur)

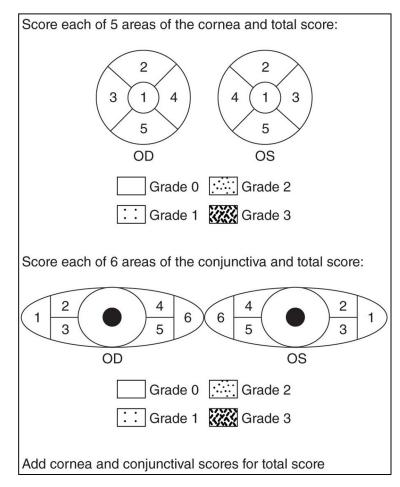


Figure 16: Ocular Surface Staining Score done using National Eye Institute/ Industry (NEI) Grading Scale. (Adapted from https://www.aao.org/image/neiindustry-gradingsystem)

The Ocular Surface Staining Score was done after staining both the eyes of the patient with 1 mg of Fluorescein sodium strip. The patient's eyes were then examined under cobalt blue filter of a slit lamp biomicroscope. The National Eye Institute/ Industry (NEI) Grading Scale was used to calculate OSSS. The NEI grading scale consists of a grid that divides corneal area into five sections and conjunctival area into six sections, each of which is given a score between zero and three depending on the amount corneal and conjunctival fluorescein staining. The total Ocular Surface Staining Score is achieved by adding corneal and conjunctival scores. Grade 0 is specified when no staining is present, and the maximum score is 15.^[42]

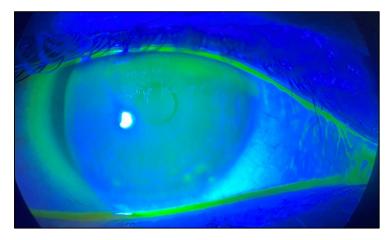


Figure 17: Ocular Surface Staining Score measurement using NEI grading scale. (Source: Department Of Opthalmology, AIIMS Jodhpur)

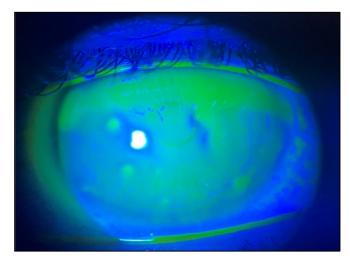


Figure 18: Tear film Break-Up Time measurement under cobalt blue filter of a slitlamp biomicroscope. (Source: Department Of Opthalmology, AIIMS Jodhpur)

Likewise, the Tear film Break-Up Time (TBUT) was also measured by staining the eyes with sodium fluorescein impregnated strips (1%) and observed using a slit-lamp biomicroscope under cobalt blue filter and the time was noted after instructing the patient to blink. The time taken for the first appearance of a 'dark' dry spot was recorded as the 'tear-film break-up time'. A tear film break-up time of less than 10 seconds was suggestive of a dry eye.^[43]

Posterior segment examination by slit lamp bio-microscopy with +90 D lens and fundus evaluation was also done by indirect ophthalmoscope using +20 D lens, after obtaining an adequate pharmacological mydriasis.



Figure 19: Fundus evaluation by indirect ophthalmoscope using +20 D lens. (Source: Department Of Opthalmology, AIIMS Jodhpur)

Optical Coherence Tomography was done in both groups using Spectral Domain 3D OCT after pupillary dilation and following parameters were evaluated-

- 1. Macular RNFL Thickness of the scanned retina.
- 2. Peripapillary RNFL thickness in all four quadrants.
- 3. GCL+ thickness in superior and inferior half of the scanned retina.



Figure 20: Optical Coherence Tomography was done using Spectral Domain 3D OCT machine. (Source: Department Of Opthalmology, AIIMS Jodhpur)

The findings were then recorded and the data was entered and analysed using Statistical Software Package for Social Sciences (SPSS) version 23.

STATISTICAL ANALYSIS

- Data was entered, cleaned and analysed using (Statistical Software Package for Social Sciences) SPSS version 23.
- All nominal variables like gender were described using frequency and percentages and analysed using Chi Square test or Fischer's Exact test.
- All Ordinal variables were described using median and IQR (Inter Quartile Range) and analysed using Mann Whitney U test.
- All continuous variables were described using mean and Standard Deviation and analysed using Independent Sample t test.
- The analysed data was organised in frequency distribution tables.
- Graphs like bar charts and pie-charts were plotted where ever necessary.
- A *p* value of less than 0.05 was considered statistically significant.

ETHICAL CONSIDERATION

- The following study was conducted after approval from the Institutional Ethics Committee.
- Informed consent was taken from the women being enrolled for the study by providing them a proper printed consent form along with patient information sheet, after properly explaining the purpose and the nature of the study.

RESULTS

RESULTS

The study was conducted at Department of Ophthalmology, All India Institute of Medical Sciences, Jodhpur in collaboration with the Department of Obstetrics and Gynaecology, All India Institute of Medical Sciences, Jodhpur, Rajasthan.

Data collection was started on 6th January 2020. Patients were recruited till the sample size was met (last patient was recruited on June 21, 2021). 324 patients attending OPD of the Department of Obstetrics and Gynaecology, All India Institute of Medical Sciences, Jodhpur were recruited for this study. Patients who met the inclusion criteria were categorized into 162 healthy pregnant female group and 162 gestational diabetes mellitus patients according to IADPSG Criteria.

The patients diagnosed with Gestational Diabetes Mellitus in the outpatient department of Obstetrics and Gynaecology were advised to visit the Department of Ophthalmology. The patients who met the inclusion criteria, were recruited.

The data from 648 eyes (of 324 patients) was coded, cleaned and entered into a Microsoft Excel spreadsheet before being analyzed with SPSS vs 23.

GDM women's median monthly income, female occupation, and educational level were not statistically different from healthy pregnant women, according to the statistics. However, there were substantial differences in parity, family history of diabetes, and previous history of GDM between the two groups. (Table 1)

Variables	Categories	GDM	Healthy		
		(n=162)	pregnant women	<i>p</i> - value	
			(n=162)		
Occupation	Housewife	148 (91.35%)	144 (88.88%)	0.456	
	Professional	14 (8.64%)	18 (11.11%)	0.450	
Income*	Median monthly	30500	31500	0.464#	
	income (IQR)	(23000-37000)	(20000-46500)	0.404#	
Residence	Urban	150 (93.82%)	148 (91.35%)	0.682	
	Rural	12 (7.40%)	14 (8.64%)	0.002	
Previous	Yes	40 (24.69%)	20 (12.34%)		
history of	No	122 (75.30%)	142 (87.65%)	0.0042	
GDM					
Family	Yes	121 (74.69%)	22 (13.58%)		
history of	No	41 (25.30%)	140 (86.41%)	<0.0001	
Diabetes					
Education	Illiterate	60 (37.03%)	62 (38.27%)		
level	School's education	62 (38.27%)	66 (40.74%)	0.724	
	Above school's	40 (24.69%)	34 (20.98%)	0.724	
	education				
Parity	Primiparous	88 (54.32%)	94 (58.02%)		
	Multiparous	72 (44.44%)	66 (40.74%)	0.795	
	Grand multiparous	2 (1.23%)	2 (1.23%)		

*Calculated only for participants with occupation, GDM group (n=14) and healthy pregnant group (n=18) # p value by Mann Whitney U test, p value for other variables calculated by Chi square test.

Table 1 shows the sociodemographic details of the study population in healthy pregnant women and pregnant women with GDM. The data showed that in the GDM group 14 women were with the occupation (professionals) while in the healthy pregnant group only 18 were professionals. The median monthly income was Rs. 30,500 in GDM group and Rs. 31,500 in healthy pregnant women group (which was calculated only for the participants with occupation). The difference between the two groups was not statistically significant.

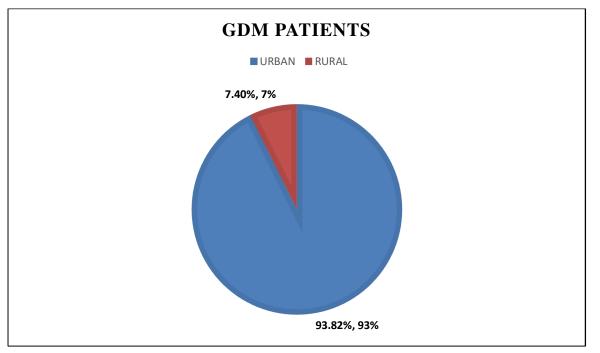


Figure 21: Geographic distribution of GDM patients

The data indicated that 93.82% women in GDM group resided in the urban areas and 7.40% resided in the rural areas. (Figure 21)

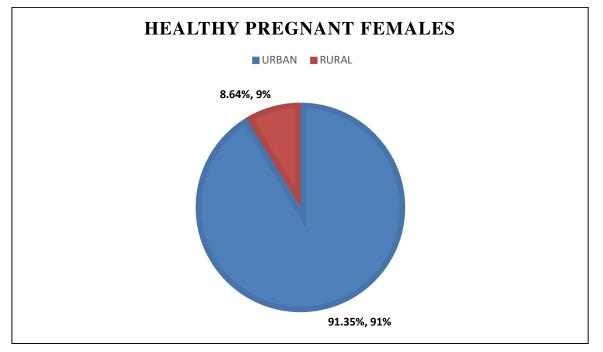


Figure 22: Geographic distribution of Healthy pregnant females.

Figure 22 depicts that 91.35% women in the healthy pregnant group resided in the urban areas whereas 8.64% belonged to rural area.

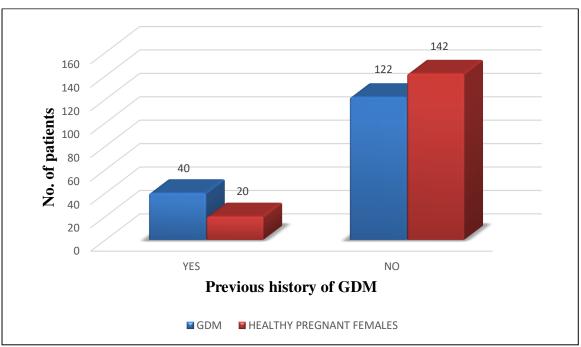


Figure 23: Previous history of GDM in the study population.

Figure 23 shows that previous history of GDM was present in 40 women in GDM group while only in 20 women in healthy pregnant group. The data was statistically significant. (p = 0.0042).

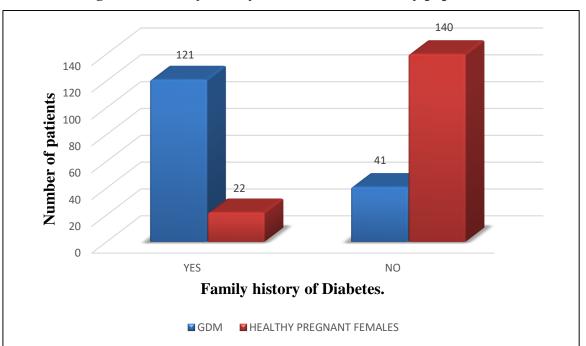


Figure 24: Family history of Diabetes in the study population.

121 (74.69%) GDM women and 22 (13.58%) healthy pregnant women had history of Diabetes in their family. While 41(25.30%) women in GDM group and 140 (86.41%) in healthy pregnant group had no family history of Diabetes (Figure 24)

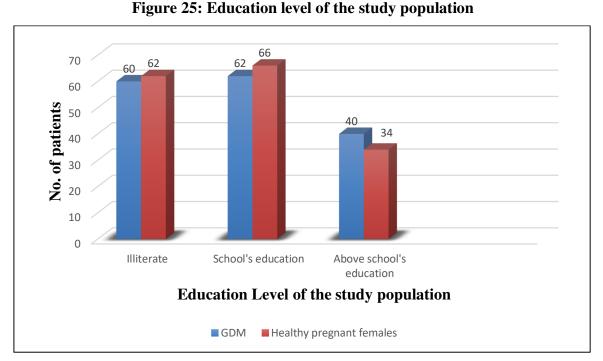


Figure 25 shows that majority of the patients were 'illiterate' or fall in 'school's education' category in both the groups. 40 (24.69%) women in the GDM group and 34 (20.98%) in the healthy pregnant group were in 'above school's education' category.

Age (years)	GDM (n=162)		Healthy pregnant women (n=162)		<i>p</i> - value
	Ν	%	Ν	%	
19-25	67	41.36	74	45.68	0.853*
26-30	38	23.46	37	22.84	
31-35	33	20.37	31	19.14	
36-40	24	14.81	20	12.35	
Mean±SD	28.72±5.29		28±5.27		0.219#

 Table 2: Age distribution of the study population

*Chi square test # independent t test

The mean age in GDM group was 28.72 ± 5.29 years and in healthy pregnant group was 28 ± 5.27 years. Age ranged from 19-39 years in both the groups. Median age of GDM group was 28 years (24.75-34.00) while it was 26 years (24.00 - 32.00) in healthy pregnant group. Maximum patients in both the groups belonged to the age group of 19-30 years.

In our study, age was not a comparable factor as the *p*-value was not significant between healthy pregnant and GDM patients. Thereby age does not influence retinal thickness at the level of RNFL in both groups. (Table 2).

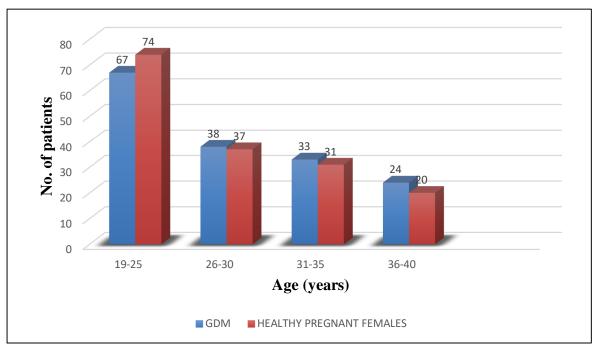




Figure 26 shows that maximum patients in our study population were in the age group of 19-25 years in both the groups.

Variable	Values	GDM (n=162)	Healthy pregnant women (n=162)
HbA1c levels (%)	<4.5	0 (00%)	5 (3.08%)
	4.5-4.9	3 (1.85%)	48 (29.62%)
	5.0-5.4	2 (1.23%)	75 (46.29%)
	5.5-5.9	5 (3.08%)	22 (13.58%)
	6.0-6.4	21 (12.96%)	10 (6.17%)
	6.5-6.9	58 (35.80%)	2 (1.23%)
	<u>≥</u> 7	73 (45.06%)	0 (00%)

Table 3: HbA1c levels of the study population.

Table 3 showed HbA1c levels in the study population in healthy pregnant women and pregnant women with GDM patients. The data indicated that 1.85% of GDM patients and 29.62% of healthy pregnant group had HbA1c level in the range of 4.5 to 4.9, 1.23% in GDM group and 46.29% in healthy pregnant group had HbA1c level in the range of 5.0 to 5.4. Furthermore, 3.08% of GDM patients and 13.58% of healthy pregnant females had HbA1c level in the range of 5.5 to 5.9. While majority of the GDM patients had HbA1c levels of more than 7 (45.06%), 12.96% of GDM and 6.17% of healthy pregnant group had HbA1c level in the range of 6.0 to 6.4 and 35.80% of GDM and 1.23% of healthy pregnant women had HbA1c level in the range of 6.5 to 6.9.

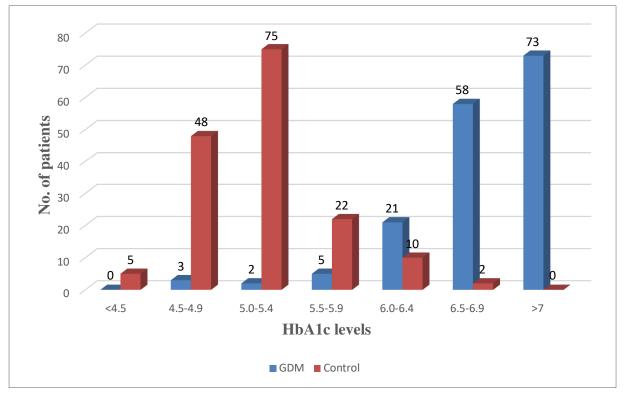


Figure 27: HbA1c levels in study population.

Figure 27 shows that none of the GDM patients had HbA1c levels of less than 4.5. On the other hand, none of the patients in the healthy pregnant group had HbA1c level of \geq 7.

UDVA RE	GDM (I	GDM (n=162)		pregnant (n=162)	<i>p-</i> value*
	N	%	N	%	
0.00	76	46.91	79	48.77	
0.20	38	23.46	33	20.37	
0.60	22	13.58	21	12.96	0.955
0.80	17	10.49	18	11.11	
1.0	9	5.56	11	6.79	
Total	162	100.00	162	100.00	

 Table 4: Uncorrected Distance Visual Acuity (RE) in the study population

**p* value calculated by Chi square test.

Unaided Distance Visual Acuity (UDVA) of right eye on logMAR chart was 0.00 (6/6) in 46.91 % in GDM patients and 48.77% in healthy pregnant group. 23.46% patients in GDM

group and 20.37% in healthy pregnant group had UDVA of 0.20. The BCVA of both the groups was 0.00 (6/6) on logMAR scale.

Likewise 13.58% patients in GDM group and 12.96% patients in healthy pregnant group have UDVA of 0.60. 10.49% patients in GDM group and 11.11% in healthy pregnant group have UDVA of 0.80. While logMAR 1.0 UDVA was seen in 5.56% in GDM group and in 6.79% in healthy pregnant group. The data obtained was statistically insignificant (p = 0.955) (Table 4).

UDVA LE	GDM (n=162)		Healthy pregnant women (n=162)		<i>p</i> - value*
	N	%	Ν	%	
0.00	78	48.15	79	48.77	
0.20	32	19.75	33	20.37	
0.60	20	12.35	21	12.96	
0.80	20	12.35	18	11.11	0.990
1.1	4	2.47	5	3.09	
1.3	8	4.94	6	3.70	
Total	162	100.00	162	100.00	

Table 5: Uncorrected Distance Visual Acuity (LE) in the study population

*p value calculated by Chi square test.

Similarly, maximum number of patients had a distance visual acuity of 0.00 on the logMAR scale in left eye as well.(Table 5)

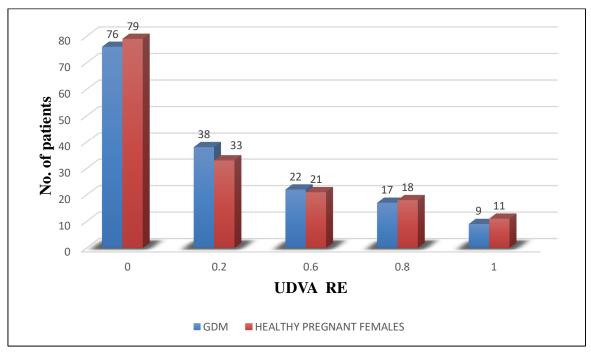


Figure 28: Uncorrected Distance Visual Acuity RE in the study population

Figure 28 shows that most patients in both the groups have a good uncorrected distance visual acuity i.e. on logMAR chart it was 0.00 (6/6) and few females have logMAR 1.0 UDVA which was seen in 5.56% in GDM group and in 6.79% in healthy pregnant group.

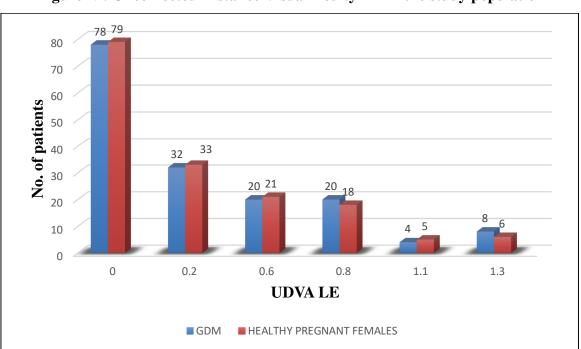


Figure 29: Uncorrected Distance Visual Acuity LE in the study population

Similarly, Figure 29 shows that most patients in both the groups have a good uncorrected distance visual acuity i.e. on logMAR chart it was 0.00 (6/6).

DVA with PH RE	GDM (n=162)		Healthy pregnant women (n=162)		<i>p</i> -value*
	Ν	%	Ν	%	
0.00	149	91.98	141	87.03	0.040
0.20	11	6.79	18	11.11	0.348
0.80	2	1.23	3	1.85	
Total	162	100.00	162	100.00	

Table 6: Distant Visual Acuity with Pin-hole (RE) in the study population

**p* value calculated by Chi square test.

DVA with pin hole in right eye on logMAR chart was 0.00 (6/6) in 91.98 % in GDM patients and 87.03% in healthy pregnant group. 6.79% patients in GDM group and 11.11% in healthy pregnant group had UDVA of 0.20. 1.23% patients in GDM group and 1.85% patients in healthy pregnant group have UDVA of 0.80.(Table 6)

DVA with PH LE	GDM (n=162)		Healthy pregnant women (n=162)		<i>p</i> -value*
LE	Ν	%	Ν	%	
0.00	148	91.36	141	87.03	
0.20	11	6.79	18	11.11	
0.80	3	1.85	3	1.85	0.394
Total	162	100.00	162	100.00	

Table 7: Distant Visual Acuity with Pin-hole (LE) in the study population

**p* value calculated by Chi square test.

The similar findings were noted in the left eye as well in terms of 'DVA with pin hole' in the study population. Maximum number of patients had a distance visual acuity with pin hole of 0.00 on the logMAR scale in both the groups (Table 7)

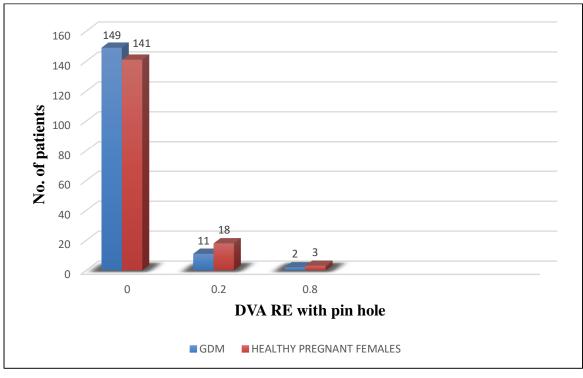


Figure 30: Distant Visual Acuity RE with Pin-hole in the study population

Figure 30 shows that in right eye of most of the patient, they had a distance visual acuity with pin hole of 0.00 on the logMAR scale in both the groups.

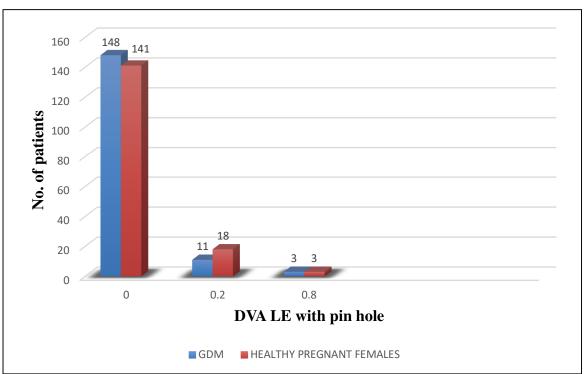


Figure 31: Distant Visual Acuity LE with Pin-hole in the study population

From Figure 31 we can see that majority females had distance visual acuity with pin hole as 6/6 (i.e., on logMAR chart it was 0.00).

Variables		GDM (n=162) (Mean±SD)	Healthy pregnant women (n=162) (Mean±SD)	<i>p</i> -value*
	RE	14.12±2.02	13.99±1.89	0.534
IOP (mm of Hg)	LE	14.96±2.03	14.67±2.20	0.210
lig)	Combined ^{\$}	14.54±2.06	14.32±2.08	0.186
	RE	537.40±13.23	534.82±28.78	0.301
CCT (µ m)	LE	535.82±12.28 537.25±13.26		0.316
	Combined ^{\$}	536.61±12.77	536.04±22.40	0.689
	RE	24.13±2.84	24.11±2.87	0.953
Schirmer	LE	23.66±2.54	23.72±2.58	0.845
test (mm)	Combined ^{\$}	23.90±2.71	23.92±2.73	0.931
	RE	12.38±1.09	12.40±1.08	0.919
TBUT (sec)	LE	12.98±1.78	12.86±1.71	0.545
	Combined ^{\$}	12.68±1.50	12.63±1.45	0.651

Table 8: Intra Ocular Pressure, Central Corneal Thickness, Schirmer test and TearFilm Break Up Time of the study population.

*p value calculated by Independent t-test. Combined mean for RE and LE for each group.

Both groups were comparable in terms of IOP, CCT, Schirmer test and TBUT.

The intra-ocular pressure was comparable in both the groups. The mean IOP in the right eye was 14.12 ± 2.02 in GDM group and 13.99 ± 1.89 in the healthy pregnant women group (p = 0.534). IOP was 14.96 ± 2.03 in left eye in GDM group and 14.67 ± 2.20 in healthy pregnant group (p = 0.210) (Table 8)

The central corneal thickness (CCT) was also comparable in both groups, 537.40 ± 13.23 in right eye in GDM group and 534.82 ± 28.78 in healthy pregnant women group (p = 0.301) and 535.82 ± 12.28 in left eye in GDM group and 537.25 ± 13.26 in left eye in healthy pregnant women group (p = 0.316). (Table 8)

Schirmer test (type -1) done in both the groups, showed no significant difference between the two groups. In GDM patients, value of Schirmer test in the right eye was 24.13 \pm 2.84 mm and in the healthy pregnant group its value was 24.11 \pm 2.87 mm (p = 0.953). Similarly in the left eye of GDM patients it was 23.66 \pm 2.54 mm and in the healthy pregnant group it was 23.72 \pm 2.58 mm (p = 0.845). (Table 8)

Tear film break-up time (TBUT) was also comparable in both the groups. In GDM patients it was 12.38 ± 1.09 seconds in right eye and 12.40 ± 1.08 seconds in the right eye of healthy pregnant women (p = 0.919). Whereas in the left eye TBUT was 12.98 ± 1.78 seconds in GDM group and 12.86 ± 1.71 seconds in healthy pregnant group (p = 0.545). (Table 8)

On dilated fundus examination of the patients, we found normal physiological findings in all the patients. The media was clear, with C:D ratio ranged from 0.2 to 0.5 with a healthy neuroretinal rim. The retinal vasculature was normal in all patients and background was within normal physiological limits. The foveal reflex was normal in all patients.

Peripapillar thickness (μ	•	GDM (n=162) (Mean±SD)	Healthypregnantwomen(n=162)(Mean±SD)	<i>p</i> value*
	Ι	132.28±10.43	136.36±20.48	0.025
	S	127.97±14.25	131.96±15.90	0.018
Right eye	Ν	62.29±12.71	72.29±6.77	<0.0001
	Т	61.27±11.87	69.33±10.12	<0.0001
	Total	96.09±7.18	102.60±9.01	<0.0001
	Ι	140.33±8.79	141.51±10.84	0.283
	S	127.86±21.35	135.78±13.85	<0.0001
Left eye	Ν	82.60±7.92	86.16±7.73	<0.0001
	Т	70.36±6.90	79.72±6.45	<0.0001
	Total	105.42±6.70	110.79±5.15	<0.0001
Combined ^{\$}	1	100.75±8.36	106.77±8.44	<0.0001

Table 9: Peripapillary RNFL thickness in the study population.

**p* value calculated by Independent t-test. ^{\$}Combined mean for RE and LE for each group.

Peripapillary RNFL thickness was decreased significantly in the GDM group. OCT was used to assess the peripapillary RNFL thickness in 648 eyes. The thickness of peripapillary RNFL was measured in four quadrants: superior, inferior, nasal, and temporal quadrants. All 4 quadrants of peripapillary RNFL analyzed showed thinning with significant thinning in superior (p < 0.0001), nasal (p < 0.0001) and temporal (p < 0.0001) quadrants except inferior quadrant (p = 0.283) in GDM group when compared with healthy pregnant group.(Table 9)

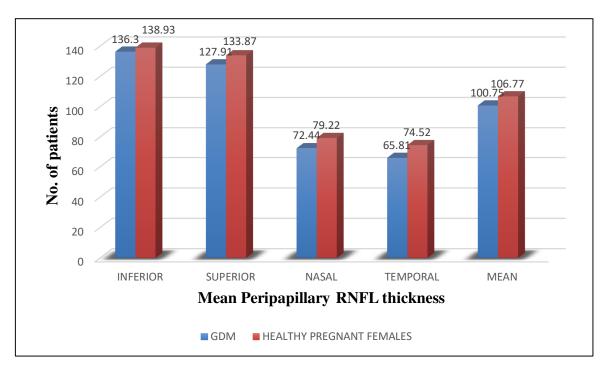


Figure 32: Mean Peripapillary RNFL thickness in the study population

Figure 32 shows that inferior quadrant showed maximum thickness of 140.33 ± 8.79 in the GDM group and 141.51 ± 10.84 in the healthy pregnant group (p = 0.283) and temporal quadrant showed minimum thickness of 70.36 ± 6.90 in the GDM group and 79.72 ± 6.45 in the healthy pregnant group (p < 0.0001). It was found to be statistically significant between the two groups.

Macular thickness (µ n	RNFL n)	GDM (n=162) (Mean±SD)	Healthy pregnant women (n=162) (Mean±SD)	<i>p</i> value*
	Ι	33.77±4.24	35.27±5.42	0.006
Right eye	S	31.48±4.06	34.52±3.46	<0.0001
	Total	32.80±3.49	35.17±3.37	<0.0001
	Ι	34.87±4.40	36.52±3.66	<0.0001
Left eye	S	33.51±3.65	35.95±3.84	<0.0001
	Total	34.44±3.73	36.45±3.20	<0.0001
Combined ^{\$}		33.62±3.70	35.81±3.34	<0.0001

Table 10: Macular RNFL thickness in the study population

**p* value calculated by Independent t-test. ^{\$}Combined mean for RE and LE for each group.

Macular RNFL thickness was significantly decreased in the GDM group.

We compared RNFL thickness around macular area in both the groups. It was assessed in two quadrants- inferior and superior. We found that there was significant difference between the GDM group and the healthy pregnant group. The macular RNFL thickness in the inferior quadrant (in the right eye) was found as 33.77 ± 4.24 in the GDM group and it was 35.27 ± 5.42 in the healthy pregnant female group (p = 0.006). The superior part of the macular RNFL was significantly thinner in GDM group with 31.48 ± 4.06 when compared to healthy pregnant females with superior macular thickness of 34.52 ± 3.46 (p < 0.0001). Similarly, it was found to be significantly decreased in the GDM group in left eye as well. (Table 10).

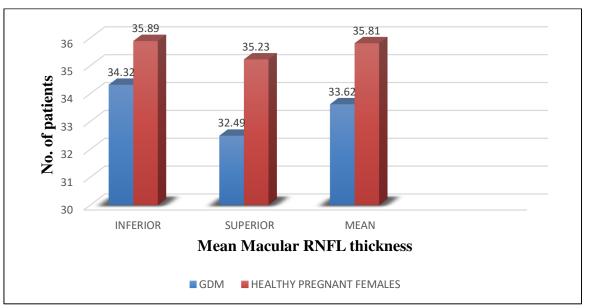


Figure 33: Mean Macular RNFL thickness in the study population

Figure 33. represents that there was significant difference between the GDM group and the healthy pregnant group in terms of macular RNFL thickness.

GCL+ Thickness (μ m)		GDM (n=162) (Mean±SD)	Healthy pregnant women (n=162) (Mean±SD)	<i>p</i> value*
	Ι	67.36±4.75	70.12±5.36	<0.0001
Right eye	S	67.58±4.46	70.83±5.16	<0.0001
	Total	67.68±4.09	70.72±4.14	<0.0001
	Ι	68.13±5.33	70.16±6.02	0.001
Left eye	S	69.25±5.97	72.46±6.68	<0.0001
	Total	68.93±5.42	71.54±5.12	<0.0001
Combined ^{\$}		68.30±4.83	71.13±4.67	<0.0001

 Table 11: GCL+ Thickness in the study population.

**p* value calculated by Independent t-test. ^{\$}Combined mean for RE and LE for each group.

GCL+ thickness was found to be significantly lower in the GDM group. It showed the same trend as macular RNFL thickness. The right eye mean (total) macular RNFL thickness in the GDM group was found to be 67.68±4.09 and in healthy pregnant group was 70.72±4.14 (p < 0.0001) which was statistically significant. Similarly, in left eye as well it followed the same

trend. (Table 11)

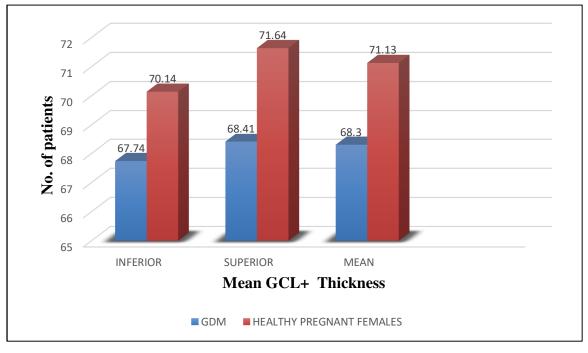


Figure 34: Mean GCL+ Thickness in the study population

Figure 34 shows that GCL+ thickness (GCL + IPL) is less in GDM group as compared to healthy pregnant females group.

GCL++ Thickness (μ m)		GDM (n=162) (Mean±SD)	Healthy pregnant women (n=162) (Mean±SD)	<i>p</i> value*
	I	103.01±8.41	105.36±7.14	0.007
Right eye	S Total	101.96±8.22 102.61±6.93	103.92±7.20 104.85±5.70	0.023 0.002
Left eye	I S	101.85±6.24 101.79±6.97	106.96±8.07 106.79±7.84	<0.0001 <0.0001
Combined ^{\$}	Total	102.06±5.76 102.33±6.36	107.07±6.40 105.95±6.16	<0.0001 <0.0001

*p value calculated by Independent t-test. ^{\$}Combined mean for RE and LE for each group.

Furthermore, **GCL** ++ thickness was found to be significantly lower in GDM group. The mean GCL++ thickness of both the eyes followed the same trend as macular and GCL+

thickness, with statistically significant thinning in inferior and superior quadrants in GDM group when compared to healthy pregnant group. In right eye it was found to be 102.61 ± 6.93 in GDM group and 104.85 ± 5.70 in healthy pregnant group (p = 0.002).(Table 12)

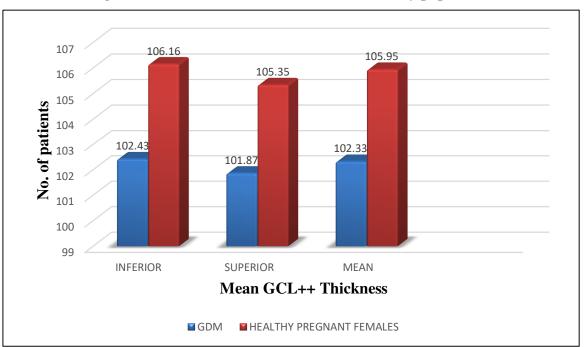




Figure 35 demonstrates that GCL++ thickness is more in healthy pregnant female group as compared to GDM patients.

DISCUSSION

DISCUSSION

Optical coherence tomography (OCT) is a three-dimensional imaging technology that uses light to acquire images from a scattering area.^[6] OCT uses a technique known as low coherence interferometry to produce a cross-sectional map of the retina that is accurate to within 10-15 microns, which is one to two orders of magnitude better than conventional ultrasonography.^[7] Diabetes developing during pregnancy, increases the incidence of Type II diabetes and contributes to mother and child morbidity. Gestational Diabetes Mellitus (GDM) is a type of diabetes that is diagnosed in the second or third trimester of pregnancy and is not type 1 or type 2.^[25] Because patients with diabetic retinopathy are asymptomatic until they develop macular oedema or proliferative diabetic retinopathy, screening is critical.

The RNFL can be measured qualitatively during ophthalmoscopy and RNFL-enhanced photography in the clinical context, as well as statistically utilising a variety of imaging technologies designed for diagnosis and follow-up. The RNFL thickness map on OCT provides a view of the RNFL distribution profile over the optic disc (peripapillary area) and macular area. The RNFL thickness map and the RNFL thickness deviation map make RNFL faults easier to see. In the RNFL thickness deviation map, RNFL readings below the lower 95 percent normal distribution range in each super-pixel are highlighted and color-coded based on the probability of normality. Outside the lower 95th and 99th centiles, RNFL measurements are coded in yellow and red, respectively.^[7]

There are studies which have evaluated the retinal nerve fibre layer thickness in peripapillary region mostly and few compared macular thickness in normal pregnancy and in gestational diabetes mellitus patients. In our study we included retinal nerve fibre layer thickness in macular and peripapillary region and Ganglion cell layer + Inner Plexiform layer thickness between patients with gestational diabetes mellitus and healthy pregnant females.

This study was a cross-sectional analytical study conducted on 324 patients (648 eyes) out of which 162 patients belonged to GDM group and 162 belonged to healthy pregnant group. The study was conducted at Department of Ophthalmology, All India Institute of Medical Sciences, Jodhpur in collaboration with the Department of Obstetrics and Gynaecology, All India Institute of Medical Sciences, Jodhpur. All patients in the study were assessed at 24 weeks or more gestational age.

Patients ranged in age from 19 to 40 years old, and statistical analysis revealed no significant age difference between the two groups. Pradhan et al^[44] found a positive link between age and foveal thickness, but a negative correlation between age and other macula quadrants, i.e., his study showed that with advancing age, foveal thickness increases while the superior and inferior macula thins. Alamouti et al^[45] found that both the total retinal thickness and the nerve fibre layer thickness significantly decrease with age. Foveal thickness decreased with age, according to Eriksson et al,^[46] although research done by Chan A et al^[47] and Kanai K et al^[48] refuted this. Because the p value in our age comparison research was not significant, it had no effect on the RNFL variances in either group. There is no significant relationship between age and retinal thinning in our study. There was no significant relationship between age and retinal thinning in the macula, peripapillary RNFL, GCL+ or GCL++ thickness in our study. Average age was 28 years in GDM group and 26 years in the healthy pregnant group, with majority of the subjects in the age group of 19-30 years. 68.52 % of healthy pregnant and 64.82% of GDM patients belonged to this category. Youngest female was 19 years old and oldest was 39 years old.

We have evaluated RNFL thickness in macular and peripapillary region with the help of OCT by dividing the paerpapillary region into four quadrants and macular, Ganglion cell layer + Inner Plexiform layer (GCL+) and GCL++ thickness in superior and inferior quadrants. This data was compared between healthy pregnant women and GDM patients, who had thinning in all four quadrants and significant thinning in all three quadrants (superior, nasal, and temporal). The average RNFL thickness also decreased significantly. This information was compared to data provided by Mansoori et al^[33] and Minusasikumar et al^[41] in healthy pregnant females. (Table 13)

Table 13: Comparison of RNFL thickness in healthy pregnant females between ourstudy and Mansoori et al and Minu Sasikumar et al.

RNFL thickness	Present Study	Mansoori et al	Minu Sasikumar et al
Healthy pregnant group	106.77±8.44	113.9±10.7	100.75±41.55

When we compared the results of our study to those of Mansoori et al^[33] in healthy pregnant females the mean values of peripapillary RNFL obtained in our study were lower, whereas values obtained in study done by Minusasikumar et al^[41] in normal subjects were higher in our study. Pregnant women with GDM had even lower values.

Another case-control research by Demir M et al^[40] used spectral domain optical coherence tomography to measure inferior and superior values of RNFL and GCC thickness in 123 individuals. The results of persons with type 2 diabetes were compared to those of healthy people. They discovered that people with type 2 diabetes had lower RNFL and GCC values than people without diabetes, although the difference was not statistically significant. As a result of this investigation, it was discovered that patients with type 2 diabetes have a nonsignificant loss of RNFL and GCC. But in our study, we compared these parameters between GDM and Healthy pregnant females group. We found that GCL+ thickness was found to be significantly lower in GDM group. It followed the same trend as macular RNFL thickness, with statistically significant (p < 0.0001) thinning in GDM group (68.30±4.83) when compared to healthy pregnant group (71.13±4.67).

Study done by T. Oshitari et al^[32] has shown central macula was thicker in eyes with longer duration of DM. Our study showed that there was significant difference between the GDM group and the healthy pregnant group regarding the macular area in two quadrants- inferior and superior. The macular RNFL thickness in the inferior quadrant was found as 33.62 ± 3.70 in the GDM group and it was 35.81 ± 3.34 in the healthy pregnant female group. The superior part of the RNFL in right eye (31.48 ± 4.06) as well as in the left eye (33.51 ± 3.65) was significantly thinner in GDM group (p < 0.0001) when compared to healthy pregnant females with superior macular thickness of 34.52 ± 3.46 in the right eye and 35.95 ± 3.84 in the left eye.

Morteza Entezari et al^[20] found that RNFL thickness increased during late pregnancy, then returned to normal 2-8 months after birth.

When pregnant women with GDM were compared to healthy pregnant groups in a crosssectional study done by Amir et al,^[37] there was no significant difference in mean macular and RNFL thickness. (p > 0.05).

Acmaz et al^[21] studied three groups in a prospective cross-sectional study: There were 36 pregnant women with GDM in Group 1, 24 healthy pregnant women in Group 2, and 38 healthy non-pregnant women of reproductive age in Group 3. The examination was

performed using spectral domain optical coherence tomography (OCT). The thicknesses of the macular, choroid, and retinal nerve fibre layer (RNFL) in patients with GDM were measured, and comparisons were conducted between pregnant women with GDM, healthy pregnant women, and healthy non-pregnant women. They discovered that in the GDM group, the nasal region of the RNFL was substantially thinner than in the healthy pregnant group.

In our study we measured peripapillary RNFL thickness in four quadrants –Superior, inferior, nasal and temporal quadrants. All 4 quadrants of peripapillary RNFL analyzed showed thinning with significant thinning in superior (p < 0.0001), nasal (p < 0.0001) and temporal (p < 0.0001) quadrants except inferior quadrant (p = 0.283) in left eye of GDM group when compared with healthy pregnant group. Inferior quadrant showing maximum thickness (RE= 132.28±10.43 and LE=140.33±8.79) in GDM group when compared to healthy pregnant group (RE= 136.36±20.48 and LE=141.51±10.84) and temporal quadrant showing minimum thickness.

In women with pregestational type I or II diabetes, pregnancy causes PDR to deteriorate. According to previous research, the prevalence of DR is 57–62 percent at the initial examination in type I DM pregnancy and 17–28 percent in type II DM pregnancy. The Diabetes Control and Complications Trial (DCCT) and Research Group, as well as the Diabetes in Early Pregnancy (DIEP) investigations, discovered that retinopathy progression in pregnancy ranged from 8% to 70%.^[21]

The literature is not clear on when the screening of pregnant women with GDM should begin. Because insulin resistance rises throughout the second trimester and glucose levels rise in women who do not make enough insulin to acquire this resistance, screening for GDM is commonly done between 24-28 weeks of pregnancy.^[51]

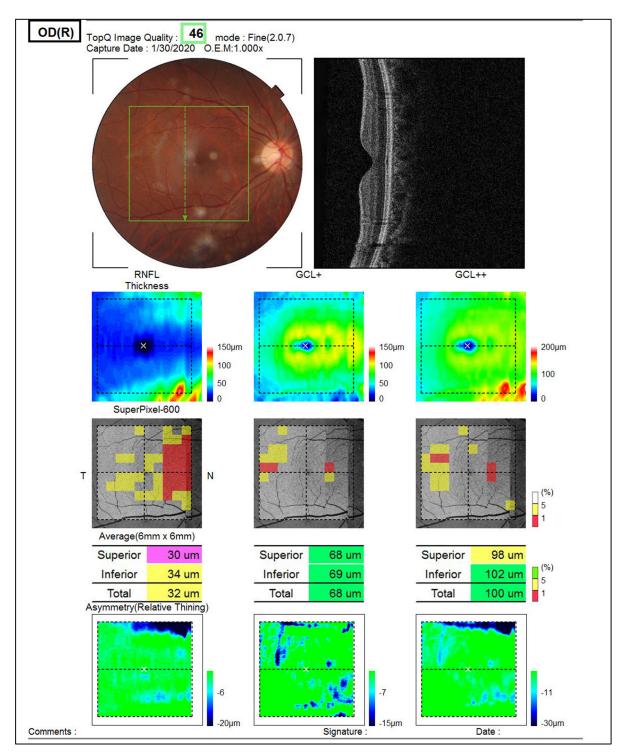


Figure 36: OCT report of our patient showing Macular RNFL, GCL+ and GCL++ thickness. (Source: Department Of Opthalmology, AIIMS Jodhpur)

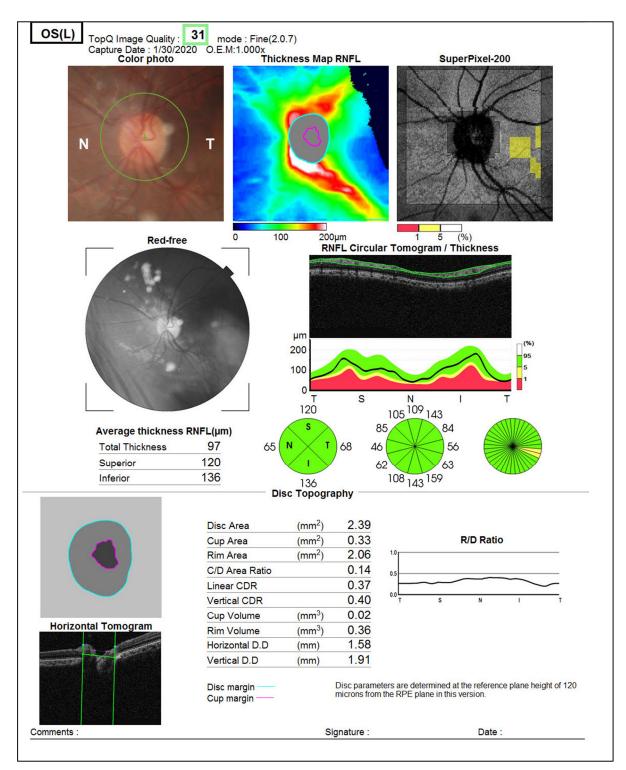


Figure 37: OCT report of our patient showing peripapillary RNFL thickness. (Source: Department Of Opthalmology, AIIMS Jodhpur)

CONCLUSION & LIMITATIONS

CONCLUSION

- 1. A total of 324 patients were enrolled in this study. They were categorized into 162 healthy pregnant group and 162 pregnant women with gestational diabetes mellitus.
- 2. In the GDM group 14 women were with the occupation (professionals) while in the healthy pregnant group only 18 were professionals.
- 3. The median monthly income was Rs. 30,500 in GDM group and Rs. 31,500 in healthy pregnant women group (which was calculated only for the participants with occupation).
- 4. 93.82% women in GDM group resided in the urban areas and 7.40% resided in the rural areas. 91.35% women in the healthy pregnant group resided in the urban areas whereas 8.64% belonged to rural area.
- 5. Previous history of GDM was present in 40 women in GDM group while only in 20 women in healthy pregnant group.
- 6. 121 (74.69%) GDM women and 22 (13.58%) healthy pregnant women had history of Diabetes in their family. While 41(25.30%) women in GDM group and 140 (86.41%) in healthy pregnant group had no family history of Diabetes.
- 7. Majority of the patients were 'illiterate' (37.03% in GDM group and 38.27% in healthy pregnant group) or fall in 'school's education' category (38.27% in GDM group and 40.74% in healthy pregnant group) in both the groups. 40 (24.69%) women in the GDM group and 34 (20.98%) in the healthy pregnant group were in 'above school's education' category.
- 8. The mean age in GDM group was 28.72±5.29 years and in healthy pregnant group was 28±5.27 years. Age ranged from 19-39 years in both the groups. Median age of GDM group was 28 years (24.75-34.00) while it was 26 years (24.00 32.00) in healthy pregnant group. Maximum patients in both the groups belonged to the age group of 19-30 years.
- 9. None of the GDM patients had HbA1c levels of less than 4.5. On the other hand, none of the patients in the healthy pregnant group had HbA1c level of \geq 7.

- 10. Mean Peripapillary RNFL thickness was found to be 100.75 ± 8.36 in the GDM group and 106.77 ± 8.44 in the healthy pregnant group (p < 0.0001).
- 11. Macular RNFL thickness (mean) was significantly decreased in GDM group. There was a significant difference between the GDM group and the healthy pregnant group. The macular RNFL thickness was 33.62±3.70 in the GDM group and it was 35.81±3.34 in the healthy pregnant female group.
- GCL+ thickness mean was found to be significantly lower in GDM group. It showed the same trend as macular RNFL thickness, with statistically significant (p value of < 0.0001) 68.30±4.83 in GDM group when compared to healthy pregnant group (71.13±4.67).
- 13. Furthermore, Mean GCL ++ thickness was found to be significantly lower in GDM group. GCL++ followed the same trend as macular and GCL+ thickness, with statistically significant (p value of < 0.0001) with 102.33±6.36 in GDM group when compared to control group (105.95±6.16).</p>
- 14. Unaided Distance Visual Acuity (UDVA) of right eye on logMAR chart was 0.00 (6/6) in 46.91 % in GDM patients and 48.77% in healthy pregnant group. 23.46% patients in GDM group and 20.37% in healthy pregnant group had UDVA of 0.20. The BCVA of both the groups was 0.00 (6/6) on logMAR scale. Likewise 13.58% patients in GDM group and 12.96% patients in healthy pregnant group have UDVA of 0.60. 10.49% patients in GDM group and 11.11% in healthy pregnant group have UDVA of 0.80. While logMAR 1.0 UDVA was seen in 5.56% in GDM group and in 6.79% in healthy pregnant group. Similarly, maximum number of patients had a distance visual acuity of 0.00 on the logMAR scale in left eye as well.
- 15. DVA with pin hole in right eye on logMAR chart was 0.00 (6/6) in 91.98 % in GDM patients and 87.03% in healthy pregnant group. 6.79% patients in GDM group and 11.11% in healthy pregnant group had UDVA of 0.20. 1.23% patients in GDM group and 1.85% patients in healthy pregnant group have UDVA of 0.80. The similar findings were noted in the left eye as well in terms of 'DVA with pin hole' in the study population. Maximum number of patients had a distance visual acuity with pin hole of 0.00 on the logMAR scale in both the groups.

- 16. The intra-ocular pressure was comparable in both the groups. The mean IOP in the right eye was 14.12 ± 2.02 in GDM group and 13.99 ± 1.89 in the healthy pregnant women group (p = 0.534). IOP was 14.96 ± 2.03 in left eye in GDM group and 14.67 ± 2.20 in healthy pregnant group (p = 0.210).
- 17. The central corneal thickness (CCT) was also comparable in both groups, 537.40 ± 13.23 in right eye in GDM group and 534.82 ± 28.78 in healthy pregnant women group (p = 0.301) and 535.82 ± 12.28 in left eye in GDM group and 537.25 ± 13.26 in left eye in healthy pregnant women group (p = 0.316).
- 18. Schirmer test (type -1) done in both the groups, showed no significant difference between the two groups. In GDM patients, value of Schirmer test in the right eye was 24.13 \pm 2.84 mm and in the healthy pregnant group its value was 24.11 \pm 2.87 mm (p = 0.953). Similarly in the left eye of GDM patients it was 23.66 \pm 2.54 mm and in the healthy pregnant group it was 23.72 \pm 2.58 mm (p = 0.845).
- 19. Tear film break-up time (TBUT) was also comparable in both the groups. In GDM patients it was 12.38 ± 1.09 seconds in right eye and 12.40 ± 1.08 seconds in the right eye of healthy pregnant women (p = 0.919). Whereas in the left eye TBUT was 12.98 ± 1.78 seconds in GDM group and 12.86 ± 1.71 seconds in healthy pregnant group (p = 0.545).

LIMITATIONS

- 1. Our study was a cross-sectional study so we were not able to study the long term effects of diabetes in pregnant females.
- 2. Factors like gestational age were not equally distributed between the groups this may lead to bias.
- 3. The next limitation is that this study was conducted at only 1 center and on a small subset of Asian patients. Thus, caution should be exercised before generalizing these results to other races or ethnicities.
- 4. Comparison of blood glucose levels with retinal thinning has not been done in our study. Some studies has showed positive correlation with levels of fasting and 1 hr GTT levels.

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ANNEXURES

ANNEXURE I (a)

अखिल भारतीय आयुर्विज्ञान संस्थान, जोधपुर All India Institute of Medical Sciences, Jodhpur संस्थागत नैतिकता समिति Institutional Ethics Committee

No. AIIMS/IEC/2020/ 2065

Date: 01/01/2020

ETHICAL CLEARANCE CERTIFICATE

Certificate Reference Number: AIIMS/IEC/2019-20/955

Project title: "Retinal thickness variation in patients with Gestational Diabetes Mellitus"

Nature of Project:	Research Project
Submitted as:	M.D. Dissertation
Student Name:	Dr.Shadman Parveen
Guide:	Dr.Kavita R. Bhatnagar
Co-Guide:	Dr.Pratibha Singh & Dr.Seema Meena

This is to inform that members of Institutional Ethics Committee (Annexure attached) met on 23-12-2019 and after through consideration accorded its approval on above project. Further, should any other methodology be used, would require separate authorization.

The investigator may therefore commence the research from the date of this certificate, using the reference number indicated above.

Please note that the AIIMS IEC must be informed immediately of:

- Any material change in the conditions or undertakings mentioned in the document.
- Any material breaches of ethical undertakings or events that impact upon the ethical conduct of the research.

The Principal Investigator must report to the AIIMS IEC in the prescribed format, where applicable, bi-annually, and at the end of the project, in respect of ethical compliance.

AIIMS IEC retains the right to withdraw or amend this if:

- Any unethical principle or practices are revealed or suspected
- Relevant information has been withheld or misrepresented

AIIMS IEC shall have an access to any information or data at any time during the course or after completion of the project.

On behalf of Ethics Committee, I wish you success in your research.

Enclose: 1. Annexure 1 Dr. Proven Sharma Member secretary Institutional Ethics Committee AlIMS, Jodhpur

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Basni Phase-2, Jodhpur, Rajasthan-342005, Website: www.aiimsjodhpur.edu.in, Phone: 0291-2740741 Extn. 3109 Email: ethicscommittee@aiimsjodhpur.edu.in

ANNEXURE I (b)

Annexure 1

Institutional Ethics Committee All India Institution of Medical Sciences, Jodhpur

Meeting of Institutional Ethics committee held on 23-12-2019 at 10:00 AM at Committee Room, Admin Block AIIMS Jodhpur.

Following members were participated in the meeting:-

S/No.	Name of Member	Qualification	Role/Designation in Ethics Committee
1.	Dr. F.S.K Barar	MBBS, MD (Pharmacology)	Chairman
2.	Justice N.N Mathur	LLB	Legal Expert
3.	Dr. Varsha Sharma	M.A (Sociology)	Social Scientist
4.	Mr. B.S.Yadav	B.Sc., M.Sc. (Physics), B.Ed.	Lay Person
5.	Dr. K.R.Haldiya	MD (General Medicine)	Clinician
6.	Dr. Arvind Mathur	MBBS, MS (General Medicine)	Clinician
7.	Dr. Surajit Ghatak	MBBS, MS (Anatomy)	Basic Medical Scientist
8.	Dr. Vijaya Lakshmi Nag	MBBS, MD (Microbiology)	Basic Medical Scientist
9.	Dr. Sneha Ambwani	MBBS, MD (Pharmacology)	Basic Medical Scientist
10.	Dr. Kuldeep Singh	MBBS, MD (Paediatric), DM (General Medicine)	Clinician
11.	Dr. Abhinav Dixit	MBBS, MD (Physiology), DNB (Physiology)	Basic Medical Scientist
12.	Dr. Pradeep Kumar Bhatia	MBBS, MD (Anaesthesiology)	Clinician
13.	Dr. Tanuj Kanchan	MBBS, MD (Forensic Medicine)	Basic Medical Scientist
14.	Dr. Pankaj Bhardwaj	MBBS, MD (CM&FM)	Clinician
15.	Dr. Praveen Sharma	M.Sc., Ph.D. (Biochemistry)	Member Secretary

Dr. Praven Sharma Member secretary Institutional Ethics Committee AllMS, Jodhpur

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ANNEXURE II

DATA COLLECTION SHEET

DATE	
NAME	
AIIMS ID/	
REGISTRATION	
NUMBER	
AGE	
PERIOD OF	
GESTATION	
RELIGION	
ADDRESS:	
CONTACT NUMBER:	
ALTERNATE	
CONTACT	
NUMBER:	
PRIMARY	
COMPLAINTS WITH	
DURATION	
ORY OF PAST	
ILLNESS	
HISTORY OF	
SYSTEMIC ILLNESS	
WITH DURATION	

PERSONAL HISTORY	
FAMILY HISTORY	

OCULAR EXAMINATION-

	RIGHT EYE	LEFT EYE
CE VISUAL ACUITY		
(UNAIDED)		
DISTANCE VISUAL ACUITY		
WITH PIN-HOLE		
JAL ACUITY BEST		
CORRECTED		
NEAR VISION UNAIDED		
VISION WITH BEST		
CORRECTION		
IOP(mm of Hg)		
CCT(µ m)		
CORNEAL SENSATION		
SCHIRMER'S TEST(mm)		
TEAR FILM BREAK-UP		
TIME(TBUT) (sec)		
OCULAR SURFACE STAINING		
SCORE (Grading)		
MEIBOMIAN GLAND		
DYSFUNCTION (MGD)		
(Grading)		

ANTERIOR SEGMENT EVALUATION:

RIGHT EYE LEFT EYE		

FUNDUS EXAMINATION-

RIGHT EYE	LEFT EYE

OCT FINDINGS-

	RIGHT EYE	LEFT EYE
PERIPAPILLARY RNFL THICKNESS (μ m)		
MACULAR RNFL THICKNESS (μ m)	SUPERIOR	SUPERIOR
	INFERIOR	INFERIOR
	SUPERIOR	SUPERIOR
GCL+ (µm)	INFERIOR	INFERIOR

ANNEXURE III

All India Institute of Medical Sciences Jodhpur, Rajasthan <u>Informed Consent Form</u>

Title of Thesis/Dissertation: Retinal thickness variation in patients with Gestational Diabetes Mellitus.

Name of PG Student: Dr. Shadman	Parveen	Tel. No 094555195	536/ 6394612054
Patient/Volunteer Identification No			

I,	D/o	R/o

give my full, free, voluntary consent to be a part of the study "Retinal thickness variation in patients with Gestational Diabetes Mellitus.", the procedure and nature of which has been explained to me in my own language to my full satisfaction. I confirm that I have had the opportunity to ask questions. I understand that my participation is voluntary and am aware of my right to opt out of the study at any time without giving any reason.

I understand that the information collected about me and any of my medical records may be looked at by responsible individual from Department of Ophthalmology, ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS) or from regulatory authorities. I give permission for these individuals to have access to my records.

Place :_____

Signature/Left thumb impression

This to certify that the above consent has been obtained in my presence. Date : _____

Place :_____ Signature of PG Student_____

1. Witness 1

2. Witness 2

Signature

Name:			

Address :

Phone No._____

Signature

Name:_____

Address : _____

Phone No._____

ANNEXURE IV

अखिल भारतीय चिकित्सा विज्ञान संस्थान

जोधपुर, राजस्थान

<u>सूचित सहमति प्रपत्र</u>

थीसिस / निबंध का शीर्षक : जेस्टेशनल डायबिटीज मेलिटस के रोगियों में रेटिना की मोटाई में भिन्नता।

पुत्री______अध्ययन का एक हिस्सा बनने के लिए मेरी पूर्ण, स्वतंत्र, स्वैच्छिक सहमति व्यक्त करती हूँ। थीसिस / निबंध का शीर्षक "जेस्टेशनल डायबिटीज मेलिटस के रोगियों में रेटिना की मोटाई में भिन्नता।"

जिस प्रक्रिया और प्रकृति को मुझे अपनी पूरी संतुष्टि के लिए अपनी भाषा में समझाया गया है मैं पुष्टि करती हूं कि मुझे प्रश्न पूछने का अवसर मिला है। मैं समझती हूं कि मेरी भागीदारी स्वैच्छिक है और मुझे किसी भी कारण दिए बिना किसी भी समय अध्ययन से बाहर निकलने के मेरे अधिकार की जानकारी है। मैं समझती हूं कि मेरे और मेरे मेडिकल रिकॉर्ड के बारे में एकत्रित की गई जानकारी को नेत्र विज्ञान विभाग, अखिल भारतीय चिकित्सा विज्ञान संस्थान से जिम्मेदार व्यक्ति द्वारा देखा जा सकता है। मैं इन व्यक्तियों को अपने अभिलेखों तक पहुंच के लिए अनुमति देती हूं।

हस्ताक्षर / बाएं अंगूठे का छाप	
यह प्रमाणित करने के लिए कि मे	नेरी उपस्थिति में उपरोक्त सहमति प्राप्त की गई है।
तारीख :	स्थानः पीजी छात्रा के हस्ताक्षर
1. गवाह 1	2. गवाह 2
हस्ताक्षर :	हस्ताक्षर:
नामः	नामः
पता :	पता :

ANNEXURE V

PATIENT INFORMATION SHEET

Title of Thesis/Dissertation: Retinal thickness variation in patients with Gestational Diabetes Mellitus.

You are invited to take part in this research study. Before you decide whether or not to take part it is important for you to understand why the research is being done and what will it involve. Please take your time to read the information and then decide. Queries if any will be addressed. This study aims to compare Optical Coherence Tomography based Retinal Nerve Fibre Layer thickness at the Disc and Macula, Ganglion Cell +Inner Plexiform (GCL+) Layer thickness in women with Gestational Diabetes Mellitus vs healthy pregnant women.

1) Why have I been chosen to take part in the study?

You have been chosen to take part in the study because you are a known case of Gestational Diabetes Mellitus (GDM). You will be evaluated for different parameters as specified in the title of the study apart from a basic ophthalmological examination. In case you do not belong to the study group, you have been chosen for the research because you are a healthy pregnant female and you belong to the control group.

2) What is the purpose of the study?

The purpose of the study is to assess the retinal thickness around the optic disc and central seeing area of your eye. This is to find out if there exists any significant difference in the retinal thickness between pregnant females with gestational diabetes mellitus, when compared to healthy pregnant females, in order to understand, if retinal thickness can be used as an effective screening tool, for detecting early changes of diabetes in the eye. This data will aid in devising an early preventive and treatment strategy for decreasing visual impairment in similar patients.

3) Do I have to take part in the study?

You will be given a Patient Information Sheet and you will be explained about the procedure and nature of the study in your own language. It is up-to you to decide whether or not to take part in the study. In case you decide to take part, you are expected to sign the consent form after thoroughly reading the patient information sheet. If you are not comfortable with the procedures, you can withdraw your participation from the study, at any time, without giving any reasons.

4) What will happen to me if I take part in the research?

This study is an Analytical cross-sectional study and is a one-time screening. You will be subjected to a history taking and examination. The examination will involve measuring your IOP, CCT, corneal sensations, Schirmer's Test, Tear film break-up time, ocular surface staining score and meibomian gland dysfunction grading, if any. You will then be examined on a slit lamp to evaluate your anterior segment. After this the pupil of your both the eyes will be dilated with 1% Tropicamide eye drop 3 times at the interval of 15 minutes to achieve adequate dilation of pupil. This will be followed by posterior segment evaluation and Ocular Coherence Tomography Imaging where the thickness of your nerve fiber layer of retina around the disc and macula will be evaluated. In addition to this, the ganglion cell layer and inner plexiform layer thickness will also be evaluated. The dilating drops will tend to blurring of vision for next 3-4 hours, hence you should be accompanied by an attendant.

5) What do I have to do?

After giving a written consent, you will have to cooperate for basic investigations being performed like, IOP, CCT, corneal sensations, Schirmer's Test, tear film break-up time, ocular surface staining score and meibomian gland dysfunction grading, if any, and both anterior and posterior segment examination and imaging on OCT machine. This is an analytical cross-sectional study and no follow up from your side will be required.

6) What are the possible benefits of taking part in the study?

Your anterior and posterior segment parameters will be evaluated and you will be screened for any ocular abnormalities. As it is an established fact that gestational diabetes mellitus increases the risk of developing type 2 diabetes mellitus and diabetic retinopathy later in life, hence taking part in this study will improve your odds of being diagnosed with diabetic retinopathy at an early stage, before the microvascular complications like macular oedema and proliferative retinopathy evolve. Moreover, if any significant retinal changes are noted after evaluation, you will be subjected to preventive strategies and you will be a candidate for early treatment, if required. 7) What are the possible side effects of taking part in the study?

Tropicamide 1% which will be instilled for dilating the pupil leads to blurring of near vision and may also cause sensitivity to light. However, this is a temporary effect which lasts only for 3-4 hours from instillation of the drug. There are no additional side effects of taking part in the study.

8) Will my data be kept confidential?

Your medical records and demographic data will be disclosed only to the researcher, treating physician and concerned authorities.

ANNEXURE VI

<u>रोगी सूचना पत्रक</u>

थीसिस / निबंध का शीर्षक-

जेस्टेशनल डायबिटीज मेलिटस के रोगियों में रेटिना की मोटाई में भिन्नता।

आपको इस शोध अध्ययन में भाग लेने के लिए आमंत्रित किया जाता है।भाग लेना है या नहीं ,यह तय करने से पहले यह आपके लिए समझना महत्वपूर्ण है कि शोध क्यों किया जा रहा है और इसमें क्या शामिल होगा। कृपया जानकारी पढ़ने और फिर तय करने के लिए अपना समय लें। आपके हर प्रश्न को संबोधित किया जाएगा। इस अध्ययन का उद्देश्य ऑप्टिकल कोहरेन्स टोमोग्राफी आधारित रेटिना तंत्रिका फाइबर परत और गन्ग्लिओनिक सेल + परत भिन्नता गर्भकालीन मधुमेह मेलिटस में परिवर्तन का आकलन करना है।

1) अध्ययन में भाग लेने के लिए मुझे क्यों चुना गया है?

आपको अध्ययन में भाग लेने के लिए चुना गया है क्योंकि आप जेस्टेशनल डायबिटीज़ मेलिटस के एक रोगी हैं। आपको एक बुनियादी नेत्र विज्ञान परीक्षा के अलावा अध्ययन के शीर्षक में निर्दिष्ट विभिन्न मापदंडों के लिए मूल्यांकन किया जाएगा। यदि आप अध्ययन समूह से संबंधित नहीं हैं, तो आपको अध्ययन के लिए चुना गया है क्योंकि आप एक स्वस्थ गर्भवती महिला हैं और आप तुलना समूह से संबंधित हैं।

2) अध्ययन का उद्देश्य क्या है?

अध्ययन का उद्देश्य ऑप्टिक डिस्क और आपकी आंख के केंद्रीय देखने के क्षेत्र के आसपास रेटिना की मोटाई का आकलन करना है। यह पता लगाना है कि स्वस्थ गर्भवती महिलाओं की तुलना में गर्भकालीन मधुमेह मेलिटस के साथ गर्भवती महिलाओं के बीच रेटिना की मोटाई में कोई महत्वपूर्ण अंतर मौजूद है या नहीं, समझने के लिए, यदि रेटिना की मोटाई का उपयोग एक प्रभावी स्क्रीनिंग उपकरण के रूप में किया जा सकता है, आंखों में मधुमेह के शुरुआती परिवर्तनों का पता लगाने के लिए। यह डेटा समान रोगियों में दृश्य हानि को कम करने के लिए एक प्रारंभिक निवारक और उपचार रणनीति तैयार करने में सहायता करेगा।

3) क्या मुझे अध्ययन में हिस्सा लेना जरूरी है?

आपको एक रोगी सूचना पत्र दिया जाएगा और आपको अपनी भाषा में अध्ययन की प्रक्रिया और प्रकृति के बारे में समझाया जाएगा। अध्ययन में भाग लेना है या नहीं, यह आपको तय करना है। यदि आप भाग लेने का निर्णय लेते हैं, तो आपसे अपेक्षा की जाती है कि आप रोगी सूचना पत्र को अच्छी तरह से पढ़ने के बाद सहमति पत्र पर हस्ताक्षर करेंगे। यदि आप प्रक्रियाओं के साथ सहज नहीं हैं, तो आप कोई कारण बताए बिना, किसी भी समय, अध्ययन से अपनी भागीदारी वापस ले सकते हैं।

4) यदि मैं अध्ययन में भाग लेती हूं तो मेरे साथ क्या होगा?

यह अध्ययन एक विश्लेषणात्मक क्रॉस-अनुभागीय अध्ययन है और एक बार की स्क्रीनिंग है। आप एक इतिहास लेने और परीक्षा के अधीन होंगे। परीक्षा में आपके आईओपी, सीसीटी और शिमर टेस्ट, आंसू फिल्म ब्रेक-अप समय, ऑक्यूलर सतह स्टैनिंग स्कोर और मैंबोमिअन ग्रंथि शिथिलता ग्रेडिंग, यदि कोई हो, शामिल होंगे। फिर आपको अपने पूर्वकाल खंड का मूल्यांकन करने के लिए एक स्लिट लैंप पर जांच की जाएगी। इसके बाद आपकी दोनों आँखों की पुतली के पर्याप्त फैलाव को प्राप्त करने के लिए 15 मिनट के अंतराल पर 1% ट्रॉपिकैमाइड आई ड्रॉप 3 बार डाला जाएगा । इसके पश्चात पीछे के सेगमेंट का मूल्यांकन और ऑकुलर कोऑरेंस टोमोग्राफी इमेजिंग किया जाएगा जहां डिस्क और मैक्युला के आसपास रेटिना की आपकी तंत्रिका फाइबर परत की मोटाई का मूल्यांकन किया जाएगा। इसके अलावा, नाड़ीग्रन्थि सेल परत और आंतरिक परत की मोटाई का भी मूल्यांकन किया जाएगा। पुतली फैलने वाली बूंदें अगले 3-4 घंटों के लिए दृष्टि के धुंधला कर सकती है, इसलिए आपको एक परिचर के साथ होना चाहिए।

5) मुझे क्या करना होगा?

आपको एक लिखित सहमति पत्र देने के बाद, आईओपी, सीसीटी, शिमर के टेस्ट, आंसू फिल्म ब्रेक-

अप समय, ऑक्यूलर सतह स्टैनिंग स्कोर और मैंबोमिअन ग्रंथि शिथिलता ग्रेडिंग, यदि कोई हो, पोस्टीरियर सेगमेंट इमेजिंग और ऑकुलर कोऑरेंस टोमोग्राफी मशीन पर इमेजिंग जैसी बुनियादी जांच के लिए सहयोग करना होगा। यह एक विश्लेषणात्मक क्रॉस-अनुभागीय अध्ययन है और आपके पक्ष से किसी भी अनुवर्ती की आवश्यकता नहीं होगी।

6) अध्ययन में भाग लेने के संभावित लाभ क्या हैं?

आपके पूर्वकाल और पीछे के खंड मापदंडों का मूल्यांकन किया जाएगा और आपको उन सभी मापदंडों में असामान्यताओं के लिए स्क्रीन किया जाएगा। जैसा कि यह एक स्थापित तथ्य है कि गर्भावधि मधुमेह मेलेटस जीवन में बाद में टाइप 2 मधुमेह मेलेटस और डायबिटिक रेटिनोपैथी के विकास के जोखिम को बढ़ाता है, इसलिए इस अध्ययन में भाग लेने से मैक्युलर एडिमा और प्रोलिफ़ेरेटिव रेटिनोपैथी जैसी माइक्रोवास्कुलर जटिलताएं होने से पहले प्रारंभिक अवस्था में डायबिटिक रेटिनोपैथी का निदान होने की संभावना बढ़ जाएगी। इसके अलावा, यदि अध्ययन के बाद कोई महत्वपूर्ण रेटिना परिवर्तन पाया जाता है, तो आपको निवारक रणनीतियों के अधीन किया जाएगा, यदि आप आवश्यक हो तो उपचार के लिए एक प्रारंभिक उम्मीदवार होंगे।

7) अध्ययन में भाग लेने के संभावित दुष्प्रभाव क्या हैं?

ट्रोपिकमाइड 1% जो पुतली के पर्याप्त फैलाव को प्राप्त करने के लिए डाला जाएगा, निकट दृष्टि <mark>को</mark> धुंधला कर सकता है और प्रकाश के प्रति संवेदनशीलता भी पैदा कर सकता है। हालांकि यह एक अस्थायी प्रभाव है जो दवा के टपकाने से केवल 3-4 घंटे तक रहता है ,अध्ययन में भाग लेने के कोई भी अतिरिक्त दुष्प्रभाव नहीं हैं।

8) क्या मेरा डेटा गोपनीय रखा जाएगा?

आपके मेडिकल रिकॉर्ड और जनसांख्यिकीय डेटा का केवल शोधकर्ता, चिकित्सक और संबंधित अधिकारियों के सामने खुलासा किया जाएगा।

Foot	Metre	Decimal	LogMAR
20/200	6/60	0.10	1.00
20/160	6/48	0.125	0.90
20/125	6/38	0.16	0.80
20/100	6/30	0.20	0.70
20/80	6/24	0.25	0.60
20/63	6/19	0.32	0.50
20/50	6/15	0.40	0.40
20/40	6/12	0.50	0.30
20/32	6/9.5	0.63	0.20
20/25	6/7.5	0.80	0.10
20/20	6/6	1.00	0.00
20/16	6/4.8	1.25	-0.10
20/12.5	6/3.8	1.60	-0.20
20/10	6/3	2.00	-0.30

Visual acuity scales

I YES URMILA PATEL AIIMS/JDH/2021/03/011927 Maderna Colony, 342007, Jodhpur. Above school	on level Occupation Income (Median monthly income in rupes) Primary complaints with duration Hessewife NII. No evalur complaints CO opiodes of fever for the past 1 day. Previous history of G education Hessewife NII. CO mild inching in BE for the past 2 months: CO decreased fetal movements since 2 days. Nothing significant hole's cheation Hossewife NII.	Sees Family history Age Parity Period of gestation UDVA RE UCVA LE DVA WITI DDM present, History of Type 2 DM and HTN in faher. 321 Multiparous 38-4 WEEKS 0.20 0.20 Nothing significant 335 Multiparous 36-6 WEEKS 0.60 0.60	PH RE DVA WITH PH LE BCVA RE BCVA L[NV (una[BCNVA BCNVA BCNVA IOP RE IOP LE CCT RE[CCT LE]Cor 0.00 0.00 0.00 0.00 0.00 0.00 56 14 14 556 562[NT] 0.00 0.00 0.00 0.00 0.00 12 12 551 551	neal {CORNE. SCHIRM SCHIRM TBUT R TBUT L OSSS R OSSS LE MGD RE MGD LE AS RE AS LE Fundus HFundus i Peripapillary RNFL thickness RE Peripapillar ACT INTACT 20 22 21 11 0 0 ABSENT ABSENTIMNL WNL WNL WNL WNL 117 CAT INTACT 24 20 13 12 0 0 ABSENT ABSENTIMNL WNL WNL WNL 122	Jary RNFL thickness Peripapillary RNFL Peripa	NFL thickness Peripapillary RNFL [Peripapillary RNFL thickness] Macular RNFL thickness Macular th	ar Macular Macular GCL+ GCL+ GCL+ GCL+ GCL+ GCL- 28 29 29 61 62 62 67 73 38 67 70 69 70	L+ GCL++ GCL++ GCL++ GCL++ GCL++ HbA1c levels 66 67 90 89 90 94 93 94 4.2 70 70 100 104 102 106 108 107 4.5
4 VES SUMAN SUTHAR AIIMSJDH/202101013266 Mandor, Johngar 24, Ming Alaman, School's calus 5 VES SHREY ASHARMA AIIMSJDH/20210500049 Kadi Housing Bond, Johlpur Alawov school 6 VES EKTASHARMA AIIMSJDH/20105000149 II. Neg Relinace Tower, Nezia KRera, Siras IIIIterate 7 VES EKTASHARMA AIIMSJDH/201005000145 II. 73 VENDA VAN BAGACHE Manner RAI (TEX AII Internet)	Dendesional 1500/E/O watering in both yes for the past 6 monts. Came for termination of pregnancy. Nothing significant election Howewife NL No ocular complaints at present. Came for termination of pregnancy. Nothing significant hool's education. Professional 17000 No ocular complaints at present. Came for termination of pregnancy. Nothing significant hools education. Professional 17000 No ocular complaints at present. Came for termination of pregnancy. Nothing significant Housewife NIL CO heavines in BE for the past 5 months. CD severe backdew size yesterday. Nothing significant Housewife NIL CO barring in BE for the past 5 months. CD severe backdew size yesterday. Nothing significant		0.00 0.00 <th< th=""><th>$\begin{array}{cccccccccccccccccccccccccccccccccccc$</th><th>142 85 82 115 157 141 140 75 44 99 129 130 140 85 83 111 152 131 140 85 83 111 152 131 140 85 86 111 152 131 155 57 65 106 140 140</th><th>93 81 118 35 36 36 79 80 105 40 36 38 92 78 113 40 36 38 92 76 113 40 34 39 92 76 110 43 34 39 92 76 110 50 34 39</th><th>$\begin{array}{cccccccccccccccccccccccccccccccccccc$</th><th>80 75 108 111 110 111 112 112 4,6 63 63 104 100 102 101 100 101 4,6 63 63 106 104 105 104 102 103 4,5 66 67 98 98 106 108 107 4,8 63 64 92 90 91 98 98 4,6</th></th<>	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	142 85 82 115 157 141 140 75 44 99 129 130 140 85 83 111 152 131 140 85 83 111 152 131 140 85 86 111 152 131 155 57 65 106 140 140	93 81 118 35 36 36 79 80 105 40 36 38 92 78 113 40 36 38 92 76 113 40 34 39 92 76 110 43 34 39 92 76 110 50 34 39	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	80 75 108 111 110 111 112 112 4,6 63 63 104 100 102 101 100 101 4,6 63 63 106 104 105 104 102 103 4,5 66 67 98 98 106 108 107 4,8 63 64 92 90 91 98 98 4,6
10 PES MANU AIIMS/JDH/2021/01/018688 851, Sec19 Chb, Jodhpur. School's edu 11 PES KIRAN CHOUDHARY AIIMS/JDH/2021/04/005580 C Hh, Madhunan, Basni, Jodhpur. School's edu	Housewife NIL No coular complaints. C/O pain abdormen x1 0 hours. Nothing significant hou's clocation, Housewife NIL CO headabed for the past 7 months. Canne for termination of pregnancy. Nothing significant education Housewife NIL No coular complaints. Canne for termination of pregnancy. Nothing significant housewife NIL No coular complaints. Canne for termination of pregnancy. Nothing significant No coular complaints. Canne for termination of pregnancy. Nothing significant		0.20 0.20 0.00 0.00 0.00 N.6 N.6 N.6 12 14 352 356 N.6 N.6<	ACT_INTACT 26 20 11 11 0 0.ABSENTABSENTIWM. WML WML 151 ACT_INTACT 28 26 12 13 0 0.ABSENTABSENTIWM. WML WML 181 ACT_INTACT 28 28 12 13 0 0.ABSENTABSENTIWM. WML NML 181 ACT_INTACT 28 28 13 10 0 0.ABSENTABSENTIWM. WML WML 151 ACT_INTACT 29 28 13 10 0 0.ABSENTABSENTIWM. WML WML 151 ACT_INTACT 29 21 22 0 0.ABSENTABSENTIWM. WML WML 142	146 88 83 117 156 102 145 65 58 114 142 108 145 66 58 114 142 108 142 74 46 103 157 85 145 85 80 113 140 141	90 88 109 32 36 34 95 72 104 44 35 40 93 64 100 35 36 36 92 81 114 35 36 36 92 81 114 35 36 36	36 34 35 68 66 67 68 37 36 37 64 63 64 60 28 29 29 61 62 62 67 32 34 33 73 74 74 70	67 68 106 104 105 100 102 101 4.5 62 61 96 94 95 108 106 107 4.3 66 67 90 89 90 94 93 94 4.8 80 75 108 111 110 111 112 4.5
12 VES JYOTI KANWAR AIIMS/JDH/2020/05/002100 Shamhipura, Hatii Ram Ka Odha, JODHPUR Illiterate 13 VES SUSHMITA GEHLOT AIIMS/JDH/2021/01/012339 97, Dedipanada, Jodipura, Kajashan Illiterate 14 VES VINTA BALA AIIMS/JDH/2021/0004003 ARHANT COLONY, BILARA, Jodipur. JAbove schoo 15 VES MOOL KANWAR AIIMS/JDH/2021/0004003 Opposite Battle Axe Hones, Nehn Colony, Defence Lab, Illiterate 16 VFS RITA DHARIWAI AIIMS/JDH/2020/1001010 Z-KA97, Keit Bhostwaii Housing Hones Reve? J Chombufferente	Housewife NIL CO burned vision for distance in BE for the next year. CO bleding PV x 2 hours. Previous history of G hourse ducation. Previous history of G 2000 No cealar complaints at present. Lange for termination of preparaty. Nothing significant Housewife NIL No cultar complaints. Carne for termination of preparaty. Nothing significant the subset of the NIL No cultar complaints. Carne for termination of preparaty. Nothing significant No cultar complaints. Carne for termination of preparaty. Nothing significant	Tothing significant 25 Frimparous 38 WEEKS 0.80 0.80 Toth present, Nothing significant 23 Multiprova 37 WEEKS 1.1 0.1 Nothing significant 23 Multiprova 34 WEEKS 0.00 0.00 Nothing significant 24 Multiprova 34 WEEKS 0.00 0.00 History of Two: 71 Mund HTN in mother 20 Frimparous 34 WEEKS 0.00 0.00	0.20 0.20 0.20 0.00 0.00 N6 N6 N6 N6 N6 12 12 520 530 (000 0.00 0.00 0.00 0.00 0.00 0.00 0.	ATT INTAT 2 / 26 14 23 0 0 0 ABSENT ABSENT WAL WAL WAL WAL 188 ATT INTAT 2 / 25 10 24 0 0 ABSENT ABSENT WAL WAL WAL WAL 188 ATT INTAT 2 25 25 10 24 0 0 ABSENT ABSENT WAL WAL WAL WAL 188 ATT INTAT 2 25 25 10 24 0 0 ABSENT ABSENT WAL WAL WAL WAL 151 ATT INTAT 2 10 20 11 15 0 0 ABSENT ABSENT WAL WAL WAL WAL 151 ATT INTAT 2 10 20 13 15 0 0 ABSENT ABSENT WAL WAL WAL WAL 151 ATT INTAT 2 10 20 13 15 0 0 ABSENT ABSENT WAL WAL WAL 151 ATT INTAT 2 10 20 13 15 0 0 ABSENT ABSENT WAL WAL 151 ATT INTAT 151 0 0 14 15 0 0 ABSENT ABSENT WAL 151 ATT INTAT 151 0 0 15 15 0 0 ABSENT ABSENT WAL 151 ATT INTAT 151 0 0 15 15 0 0 ABSENT ABSENT WAL 151 ATT INTAT 151 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	145 68 66 117 142 144 145 68 66 117 142 144 145 68 44 111 142 130 146 82 58 117 142 130 146 82 59 121 143 131 146 83 121 142 130 146 93 121 142 144	95 7b 114 44 34 39 96 68 114 44 34 39 96 68 114 44 34 30 40 96 78 114 33 30 30 30 30 96 78 114 33 33 30	8 34 36 72 70 71 68 36 38 37 62 60 61 63 32 28 30 74 74 74 63 30 28 29 75 74 75 64 37 38 38 67 70 69 70	06 67 98 98 106 108 107 4.8 63 63 104 100 102 101 100 101 4.5 63 63 104 100 102 101 100 101 4.3 63 63 106 104 105 104 102 103 4.3 63 64 92 90 91 98 98 4.8 701 700 100 104 105 106 108 107 4.8
20 YES SNEHLATA AIIMS/JDH/2020/01/017478 Pandit Ji Ki Dhani, Jodhpur, School's edu	Housewife NIL C/O dryness in BE to the past 2 months. Came for termination of pregnancy. Nothing significant hool's education. Housewife NIL No ocular complaints. Came for termination of pregnancy. Nothing significant feaction. Housewife NIL C/O headache especially while doing near work for the past 3 months. C/O fever x 2 days. Nothing significant	Othme significant 32 Multiparons 37 WERKS 0.00 0.00 Nothing significant 20 Phrimparoy 39-4 WERS 0.80 0.80 Nothing significant 36 Multiparons 39-4 WERS 0.80 0.80 Nothing significant 36 Multiparons 39-4 WERS 0.20 0.20 History of Type 2 DM in parents. 25 Phrimparons 37-6 WERS 0.60 0.60	0.00 0.00 <th< td=""><td>ACT INTACT 25 20 12 15 0 0/ABSENT/ABSENT/WAL WAL WAL WAL 156 ACT INTACT 20 25 13 13 0 0/ABSENT/ABSENT/WAL WAL WAL WAL 151 ACT INTACT 25 20 14 12 0 0/ABSENT/ABSENT/WAL WAL WAL WAL 122 ACT INTACT 21 25 12 14 0 0/ABSENT/ABSENT/WAL WAL WAL WAL 125 ACT INTACT 21 25 12 14 0 0/ABSENT/ABSENT/ABSENT/WAL WAL WAL 165</td><td>96 68 44 86 142 130 142 68 66 107 157 144 146 82 73 106 133 131 140 81 83 117 152 134</td><td>97 80 112 26 26 26 93 76 118 35 34 35 84 78 107 33 30 32 92 69 112 43 34 39</td><td>36 38 37 62 60 61 63 38 34 36 72 70 71 68 32 28 30 74 74 63 37 38 38 67 70 69 70</td><td>63 63 104 100 102 101 100 101 4.5 66 67 98 98 98 106 108 107 5.1 63 63 106 104 102 103 5.4 70 70 100 104 102 106 108 107 4.6</td></th<>	ACT INTACT 25 20 12 15 0 0/ABSENT/ABSENT/WAL WAL WAL WAL 156 ACT INTACT 20 25 13 13 0 0/ABSENT/ABSENT/WAL WAL WAL WAL 151 ACT INTACT 25 20 14 12 0 0/ABSENT/ABSENT/WAL WAL WAL WAL 122 ACT INTACT 21 25 12 14 0 0/ABSENT/ABSENT/WAL WAL WAL WAL 125 ACT INTACT 21 25 12 14 0 0/ABSENT/ABSENT/ABSENT/WAL WAL WAL 165	96 68 44 86 142 130 142 68 66 107 157 144 146 82 73 106 133 131 140 81 83 117 152 134	97 80 112 26 26 26 93 76 118 35 34 35 84 78 107 33 30 32 92 69 112 43 34 39	36 38 37 62 60 61 63 38 34 36 72 70 71 68 32 28 30 74 74 63 37 38 38 67 70 69 70	63 63 104 100 102 101 100 101 4.5 66 67 98 98 98 106 108 107 5.1 63 63 106 104 102 103 5.4 70 70 100 104 102 106 108 107 4.6
21/PES MADHU SONI AlIMS/DH/2018/01/02775 Quarter No P1 L, Begin Philes Station, Mandore, Jodhyar, Schow's cholt 22/PES RTU AlIMS/DH/2018/01/00563 P11. Begin Philes Station, Mandore, Jodhyar, Schow's cholt 23/PES PRIVANKA CHOUDHARY AlIMS/DH/202010/0005649 911. Begin Philes Station, Mandore, Jodhyar, Schow's cholt 23/PES PRIVANKA CHOUDHARY AlIMS/DH/20210/0005649 38/107 Ram Dev Nagar Nandri, Lodhpar, Malami Schow's cholt 24/PES SHOBHA KUMARI AlIMS/DH/20210/3008999 43/4.4, Adaptrum Valley ELS, Sangarina, Jodhpar, Jahlami Schow's cholt 25/PES PAVA LJAIN AlIMS/DH/20210/3008976 Opposite Battle Axe Hose, Nehric Contor, Defanze Lab, Schow's cholt	hool's education. Housewife NIL No ocular complaints. Referred from private hospital i/v/o fetal bradycardia. Previous history of G education. Housewife NIL No ocular complaints. Camp for termination of premarcy. Nothing significant	GDM present. Nothing significant 30 (Multiparosa 28 WEEKS 0.00 0.00 Nothing significant 25 (Primiparous 30 WEEKS 0.00 0.00 Nothing significant 23 (Primiparous) 30 WEEKS 0.00 0.00 Nothing significant 24 (Primiparous) 40 WEEKS 0.00 0.00	0.00 0.00 0.00 0.00 0.00 VG Ne Ne Ne Ne Ne VE Z Z Z Z V V 0.00 0.00 0.00 0.00 0.00 VE NE VE Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	ALT INTACT 25 22 11 12 0 0 AREST IAREST WAL WAL WAL WAL 25 26 ALT INTACT 25 21 10 12 0 0 AREST IAREST WAL WAL WAL WAL 126 ALT INTACT 25 25 14 11 0 0 AREST IAREST IAREST WAL WAL WAL 142 ALT INTACT 36 20 11 10 0 0 AREST IAREST IAREST WAL WAL WAL 144 ALT INTACT 36 20 11 10 0 0 AREST IAREST IAREST WAL WAL WAL 143 ALT INTACT 27 25 12 22 0 0 AREST IAREST IAREST WAL WAL WAL 158 158	96 88 44 89 142 102 146 83 46 191 143 102 146 84 66 114 103 141 146 84 96 129 130 146 84 96 129 130 145 84 72 122 142 134	97 88 104 25 30 25 92 88 104 25 33 34 25 92 82 105 33 34 39 39 39 93 92 105 43 36 39 39 39 39 39 39 39 39 39 39 39 39 39 39 39 39 39 39 34 39 39 39 39 39 39 34 39 39 39 39 39 39 34 39 39 39 39 34 39 39 34 39 39 34 39 39 34 39 39 34 39 39 34 39 39 34 39 34 39 34 39 34 39 34 39 34 39 34 34 34 34 34 34	36 34 35 68 66 67 68 32 34 33 73 74 74 70 30 28 29 75 74 75 64 36 38 37 62 60 61 63 37 38 38 67 70 69 70	6' 08 106 104 105 100 102 101 4,4 80 75 108 111 110 111 112 112 5.1 63 64 92 90 91 98 98 4.5 63 63 104 100 102 101 1.04 1.05 70 70 100 104 102 106 108 107 5.4
26/VES KINA DEVI AIIMS/DDP/2020/090/011108 S3-54, Margal Vilar, Johguer, Pacta C Read School's edu ZT/VES STA A AIIMS/DDP/2021/04/008503 Andray if Raks, Gaure Beda, Teh, Bali, Pali School's edu 28/VES KAVTA DEVI AIIMS/DDP/2021/04/005994 RAN NAGAE, H O BARMER, School's edu 29/VES DIKSHA AIIMS/DDP/2021/04/00592 Z59, Roop Nagar I Pal Road, JODHPUR Illiterate	education Professional 25000/bso-cutar complaints. Canne for termination of pregnancy. Noting significant obtaction Housewife NIL No conclusr complaints. Or pain noter absorme and leaking PV x7 hours. Noting significant education Housewife NIL No conclusr complaints. Or pain notions. Noting significant Housewife NIL No conclusr complaints. Canne for termination of pregnancy. Noting significant Housewife NIL No conclusr complaints. Canne for termination of pregnancy. Noting significant Housewife NIL No conclusr complaints. Canne for termination of pregnancy. Noting significant Noting significan	Nothing significant 25 Priniparous 39-64 WEEKS 0.20 0.20 Nothing significant 22 Priniparous 39-64 WEEKS 0.20 0.20 Nothing significant 22 Priniparous 39-64 WEEKS 0.20 0.20 Nothing significant 20 Priniparous 39-64 WEEKS 0.00 0.00 Nothing significant 22 Priniparous 39-64 WEEKS 0.00 0.00	0.00 0.00 0.00 0.00 0.00 8.533 542 NT 0.00 0.00 0.00 0.00 N.6 N.6 N.6 18 533 542 NT 0.00 0.00 0.00 0.00 N.6 N.6 N.6 12 18 552 S51 NT 0.00 0.00 0.00 N.6 N.6 N.6 12 12 537 S21 NT 0.00 0.00 0.00 0.00 N.6 N.6 N.6 14 14 553 S52 NT	ACT_INTACT 26 20 12 23 0 0_ABSENT/BASENT/WAL WAL WAL WAL 117 ACT_INTACT 26 25 13 24 0 0_ABSENT/BASENT/WAL WAL WAL WAL 117 ACT_INTACT 26 25 13 24 0 0_ABSENT/BASENT/WAL WAL WAL WAL 122 ACT_INTACT 25 25 12 28 0 0_ABSENT/BASENT/WAL WAL WAL WAL 154 CAT_INTACT 25 25 25 12 28 0 0_ABSENT/BASENT/WAL WAL WAL WAL 165	96 68 46 52 142 144 146 82 58 102 133 131 146 82 58 102 133 131 140 88 70 108 129 102 140 74 66 111 152 120	97 76 115 26 34 30 84 78 107 33 30 32 79 88 100 40 30 35 92 82 112 43 34 39	38 34 36 72 70 71 68 32 28 30 74 74 74 63 36 34 35 68 66 67 68 30 28 29 75 74 75 64	66 67 98 98 98 106 108 107 6 63 63 106 104 105 104 102 103 6 67 68 106 104 105 100 102 101 5.4 63 64 92 90 91 98 98 5.4
	Housewife NIL C/O burring in BE for the past 9 moths. Came for termination of pregnancy. Nothing significant Housewife NIL No ocular compliants. CO mixed discharge x 7 hours. Previous history of G Housewife NIL C/O mil diching in BE for the past 4 months. Came for termination of pregnancy. Nothing significant shool's education. Housewife NIL No coular compliants. CO'n discharge x 7 hours. Nothing significant dication of the outewife NIL No coular compliants. Core for termination of pregnancy. Nothing significant Notified significant the outewife NIL No coular compliants. Came for termination of pregnancy. Nothing significant	Nothing significant 31 Multiparous 38 WEEKS 0.00 0.00 History of Type 2 DM in sister. 23 Primiparous 36+4 WEEKS 0.80 0.80	0.00 0.00 <th< td=""><td>ALT [IVIAL] 24 24 12 15 0 0 [ABSENT [ABSEN] WAL WAL WAL WAL 188 ACT [IVIACT 22 28 13 15 0 0 [ABSENT [ABSENT]] WAL WAL WAL WAL 151 ACT [IVIACT 24 30 14 13 0 0 [ABSENT [ABSENT]] WAL WAL WAL 188 ACT [IVIACT 26 27 11 12 0 0 [ABSENT [ABSENT]] WAL WAL WAL 117 ACT [IVIACT 32 26 12 14 0 [ABSENT [ABSENT]] WAL WAL WAL 122</td><td>140 85 86 1.5 16 14 141 5 5 66 11 142 10 145 5 66 111 142 10 10 96 88 46 87 142 102 102 146 65 48 95 133 108 102</td><td>90 81 111 44 30 43 43 93 53 78 113 44 36 31 31 93 57 81 112 44 36 55 35 97 88 107 26 30 28 34 34 84 72 99 33 34 34 34</td><td>$\begin{array}{cccccccccccccccccccccccccccccccccccc$</td><td>80 75 108 111 110 111 112 112 0.1 63 63 106 104 102 102 103 5.4 63 63 104 100 104 102 103 5.4 63 63 104 100 101 100 101 4.5 67 68 106 104 105 100 101 4.5 62 61 96 94 95 108 106 107 5.4</td></th<>	ALT [IVIAL] 24 24 12 15 0 0 [ABSENT [ABSEN] WAL WAL WAL WAL 188 ACT [IVIACT 22 28 13 15 0 0 [ABSENT [ABSENT]] WAL WAL WAL WAL 151 ACT [IVIACT 24 30 14 13 0 0 [ABSENT [ABSENT]] WAL WAL WAL 188 ACT [IVIACT 26 27 11 12 0 0 [ABSENT [ABSENT]] WAL WAL WAL 117 ACT [IVIACT 32 26 12 14 0 [ABSENT [ABSENT]] WAL WAL WAL 122	140 85 86 1.5 16 14 141 5 5 66 11 142 10 145 5 66 111 142 10 10 96 88 46 87 142 102 102 146 65 48 95 133 108 102	90 81 111 44 30 43 43 93 53 78 113 44 36 31 31 93 57 81 112 44 36 55 35 97 88 107 26 30 28 34 34 84 72 99 33 34 34 34	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	80 75 108 111 110 111 112 112 0.1 63 63 106 104 102 102 103 5.4 63 63 104 100 104 102 103 5.4 63 63 104 100 101 100 101 4.5 67 68 106 104 105 100 101 4.5 62 61 96 94 95 108 106 107 5.4
3) YES NAPAI ALABODHIJA AIIMSZDIPUZZUZMOMOSZ PRANCIKA KURKO DEDADON KI HDAVYO TEL OJAKOV KALABODHIJA AIIMSZDIPUZZUZMOVOZYS PANCHAK KURKO DEDADON KI HDAVIYO TEL OJAKOV KALOB ZVIJE KALABOV KALABOV KI HDAVIYO TEL OJAKOV KALOB ZVIJE KALABOV KALABOV KI HDAVIYO TEL OJAKOV KALABOV KI HDAVI KI HDAVI KALABOV KI HDAVI KI HDAVI KI HDAVI KALABOV KI HDAVI KI HDA	edheathon Housewife NIL No coalar complants. Canne for termination of pregnancy. Noting againtcant hour's clustaria, Professional 20000 No coalar complaints. COI derease feaf movement X 1 day. Previous hatesy ref edheathon Housewife NIL No coalar complaints. COI derease feaf movement X 1 day. Noting againtCant Housewife NIL No coalar complaints. Canne for termination of pregnancy. Noting againtCant	Nothing significant 28 WELKS 0.00 0.00 GDM present. History of Type 2 DM and CAD in mother 29 Multiparous 374 WEEKS 0.00 0.00 Nothing significant 30 Multiparous 374 WEEKS 0.20 0.20	0.00 0.00 <th< td=""><td>$\begin{array}{cccccccccccccccccccccccccccccccccccc$</td><td>142 85 82 115 157 141 140 68 63 101 129 144 96 74 46 83 142 120 140 62 53 111 152 131 140 62 59 111 152 131</td><td>70 71 110 33 30 30 70 72 40 34 27</td><td>32 34 33 73 74 74 70 38 34 36 72 70 71 68 30 28 29 75 74 75 64 32 28 30 74 74 74 63 37 38 38 67 70 69 70</td><td>66 67 08 08 08 106 108 107 61</td></th<>	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	142 85 82 115 157 141 140 68 63 101 129 144 96 74 46 83 142 120 140 62 53 111 152 131 140 62 59 111 152 131	70 71 110 33 30 30 70 72 40 34 27	32 34 33 73 74 74 70 38 34 36 72 70 71 68 30 28 29 75 74 75 64 32 28 30 74 74 74 63 37 38 38 67 70 69 70	66 67 08 08 08 106 108 107 61
40/YES BHAGYASGREP PROHIT AIMS/DH20210400997 287 Bagu Maga Visar, Pali 41/YES DYOTSANA MANGLYA AIMS/DH202104001997 KHAWASPUKA JODHPUR Illustrate 42/YES VIMIA AIMS/DH202103000817 TADAU KA BASS, TADAWAS Ngaar. 43/YES DISHA PALIWAL AIMS/DH202102001200817 I, Jako Ka Bas, Ngaar Ahove schoo	Housewife NL No ocular complaints. CDrain absolutions. A fours. Nothing significant Housewife NL No ocular complaints. COrp and absolutions. A fours. Nothing significant Housewife NL No ocular complaints. COrp and absolutions. A fours. Nothing significant Housewife NL No ocular complaints. COrp and absolutions. A fours. Nothing significant Housewife NL No ocular complaints. COrp and absolutes 16 doi:not. Nothing significant hool's education. Housewife NL No ocular complaints. CO pain absolutes 16 doi:not. Nothing significant	Nothing significant 25 Prinspores 37-4 WEEKS 0.20 0.30 Nothing significant 22 Prinspores 37-45 WEEKS 0.80 0.80 Nothing significant 35 Multiparos 27 weeks 0.00 0.00 Nothing significant 35 Multiparos 26-45 WEEKS 0.00 0.00	0.00 0.00 <th< td=""><td>ACT INTACT 88 50 14 15 0 0ARSENTARSENTING, WM, WM, WM, 122 ACT INTACT 25 23 13 13 0 0ARSENTARSENTING, WM, WM, WM, 151 ACT INTACT 27 24 12 12 0 0ARSENTARSENTIME, WM, WM, WM, 151 ACT INTACT 21 24 12 13 14 0 0ARSENTARSENTIME, WM, WM, WM, 122 ACT INTACT 21 22 15 14 0 0ARSENTARSENTRME, WM, WM, WM, 141</td><td>166 85 74 107 133 141 142 75 48 104 137 85 146 64 71 101 133 156 140 64 70 102 129 150</td><td>84 81 110 33 36 55 93 64 100 35 36 36 84 96 117 33 35 36 36 84 96 117 33 35 34 36 38 79 92 113 40 36 38 36 38</td><td>$\begin{array}{cccccccccccccccccccccccccccccccccccc$</td><td>$\begin{array}{c ccccccccccccccccccccccccccccccccccc$</td></th<>	ACT INTACT 88 50 14 15 0 0ARSENTARSENTING, WM, WM, WM, 122 ACT INTACT 25 23 13 13 0 0ARSENTARSENTING, WM, WM, WM, 151 ACT INTACT 27 24 12 12 0 0ARSENTARSENTIME, WM, WM, WM, 151 ACT INTACT 21 24 12 13 14 0 0ARSENTARSENTIME, WM, WM, WM, 122 ACT INTACT 21 22 15 14 0 0ARSENTARSENTRME, WM, WM, WM, 141	166 85 74 107 133 141 142 75 48 104 137 85 146 64 71 101 133 156 140 64 70 102 129 150	84 81 110 33 36 55 93 64 100 35 36 36 84 96 117 33 35 36 36 84 96 117 33 35 34 36 38 79 92 113 40 36 38 36 38	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
44 YES SANDHYA KANNAR AIMS/IDH/2020/10002071 985, Kuko Ka Bas Baori, Jodigur School's celu 45 YES AVUU AIMS/IDH/2020/104002173 Paj Balaji, Pa Kool Jodigur, Paj, Jodigur, Tonyon Ki [Alow exhou 46 YES MANU KANNAR AIMS/IDH/2020/11001183 383 Sarro Ki Dhariya, Japatimi Nagar, Jodigur, Davio, Marki 47 YES SANGETA VISINO AIMS/IDH/2020/01/001287 BINAWAS, Jodigur, BLARA AIMS/IDH/2020/004007576 B>49, Sharin Nagar, Jodigur 2014, Alow exhou 49 YES SIRAJA, CHAIHAN AIMS/IDH/2018/06007576 B>49, Sharin Nagar, Jodigur, BlaNA 40 YES PREET SIRABAN AIMS/IDH/2018/06007576 B>49, Sharin Nagar, Jodigur, Davidya IIII/erate 40 YES PREET SIRABAN AIMS/IDH/2018/06007576 B>49, Sharin Nagar, Jodigur, Davidya IIII/erate	education Housewite NIL No ocular complaints. C/O leaking per vagimum X hours. Nothing significant hool's education. Professional 50000 No ocular complaints. C/O backache x 2 days. education Housewite NIL No cuer complaints. C/O fever with vomiting x 6 hours. Nothing significant	Nothing significant 25 [Primiparons 26 WEEKS 0.60 0.60 Nothing significant 27 [Primiparons 28 WEEKS 0.20 0.20 GDM present 73 [Multiparons 28 * WEEKS 0.00 0.00 GDM present 73 [Multiparons 28 * WEEKS 0.00 0.00 GDM present 73 [Multiparons 28 * WEEKS 0.00 0.00	0.00 0.00 <th< td=""><td>ACT [INTACT] 24 22 14 12 0 0 (ABSENTABSENTINAL WAL WAL WAL 117] ACT [INTACT] 25 24 12 11 0 0 (ABSENTABSENTINAL WAL WAL WAL 117] ACT [INTACT] 25 24 11 0 0 (ABSENTABSENTINAL WAL WAL WAL 115] ACT [INTACT] 25 24 11 0 0 0 (ABSENTABSENTINAL WAL WAL WAL 117] ACT [INTACT] 25 24 11 0 0 0 (ABSENTABSENTINAL WAL WAL 117] ACT [INTACT] 25 24 11 0 0 0 0 (ABSENTABSENTINAL WAL 117] ACT [INTACT] 25 24 11 0 0 0 0 (ABSENTABSENTINAL WAL 117] ACT [INTACT] 25 25 14 79 0 0 (ABSENTABSENTINAL WAL 117] ACT [INTACT] 25 25 14 79 0 0 0 (ABSENTABSENTINAL WAL 117] ACT [INTACT] 25 25 14 79 0 0 0 (ABSENTABSENTINAL 117] ACT [INTACT] 25 25 14 79 0 0 0 (ABSENTABSENTASENTINAL 117] ACT [INTACT] 25 25 14 79 0 0 0 (ABSENTASENTASENTINAL 117] ACT [INTACT] 25 25 14 79 0 0 0 (ABSENTASENTINAL 117] ACT [INTACT] 25 25 14 79 0 0 0 (ABSENTASENTASENTINAL 117] ACT [INTACT] 25 25 14 79 0 0 0 (ABSENTASENTINAL 117] ACT [INTACT] 25 25 14 79 0 0 0 (ABSENTASENTINAL 117] ACT [INTACT] 25 25 14 70 0 0 0 (ABSENTASENTINAL 117] ACT</td><td>96 71 46 83 142 138 142 62 68 105 157 146 146 70 76 102 133 136 146 70 76 101 133 136 146 64 63 101 157 146</td><td>97 93 118 26 28 27 93 98 124 35 32 34 44 78 101 33 33 34 98 124 35 32 34 99 96 113 33 33 35 90 96 113 40 35 32 34</td><td>0 32 31 70 67 69 70 6 35 36 74 62 68 67 37 36 37 76 64 70 80 43 38 41 74 64 69 63 37 37 37 37 46 65</td><td>63 67 104 104 102 112 107 5.4 67 67 104 100 102 99 109 104 4.1 78 79 104 98 101 98 108 103 5.1 75 69 111 106 109 112 106 109 5.1 67 66 98 98 808 106 104 105 5.1</td></th<>	ACT [INTACT] 24 22 14 12 0 0 (ABSENTABSENTINAL WAL WAL WAL 117] ACT [INTACT] 25 24 12 11 0 0 (ABSENTABSENTINAL WAL WAL WAL 117] ACT [INTACT] 25 24 11 0 0 (ABSENTABSENTINAL WAL WAL WAL 115] ACT [INTACT] 25 24 11 0 0 0 (ABSENTABSENTINAL WAL WAL WAL 117] ACT [INTACT] 25 24 11 0 0 0 (ABSENTABSENTINAL WAL WAL 117] ACT [INTACT] 25 24 11 0 0 0 0 (ABSENTABSENTINAL WAL 117] ACT [INTACT] 25 24 11 0 0 0 0 (ABSENTABSENTINAL WAL 117] ACT [INTACT] 25 25 14 79 0 0 (ABSENTABSENTINAL WAL 117] ACT [INTACT] 25 25 14 79 0 0 0 (ABSENTABSENTINAL WAL 117] ACT [INTACT] 25 25 14 79 0 0 0 (ABSENTABSENTINAL 117] ACT [INTACT] 25 25 14 79 0 0 0 (ABSENTABSENTASENTINAL 117] ACT [INTACT] 25 25 14 79 0 0 0 (ABSENTASENTASENTINAL 117] ACT [INTACT] 25 25 14 79 0 0 0 (ABSENTASENTINAL 117] ACT [INTACT] 25 25 14 79 0 0 0 (ABSENTASENTASENTINAL 117] ACT [INTACT] 25 25 14 79 0 0 0 (ABSENTASENTINAL 117] ACT [INTACT] 25 25 14 79 0 0 0 (ABSENTASENTINAL 117] ACT [INTACT] 25 25 14 70 0 0 0 (ABSENTASENTINAL 117] ACT	96 71 46 83 142 138 142 62 68 105 157 146 146 70 76 102 133 136 146 70 76 101 133 136 146 64 63 101 157 146	97 93 118 26 28 27 93 98 124 35 32 34 44 78 101 33 33 34 98 124 35 32 34 99 96 113 33 33 35 90 96 113 40 35 32 34	0 32 31 70 67 69 70 6 35 36 74 62 68 67 37 36 37 76 64 70 80 43 38 41 74 64 69 63 37 37 37 37 46 65	63 67 104 104 102 112 107 5.4 67 67 104 100 102 99 109 104 4.1 78 79 104 98 101 98 108 103 5.1 75 69 111 106 109 112 106 109 5.1 67 66 98 98 808 106 104 105 5.1
49 YES PREETI SHARMA AIM/S/IDH/2021/04/000018 101, Devaso Ka Bac, Chorn, Pali, Pouliya Illiterate 59 (VES MADPHW KUMAR I AIM/S/IDH/2021/04/00018) SADA ARAN SANDHRA. Hoshiapra, ANDHRA Shool's club SHO's club SADA KAN SANDHRA MANDHRA SUTAIM/S/IDH/2021/05/002934 Vyoo. Khangta, Teb-Ppar CP, Nangta, District JoffangSchool's club SYYES REERU KUMARK IMAWAT [AIM/S/IDH/2021/07/002934 Randha, Jasianer, Medha Shool's club SyyEs ReeRu KU KUMARK IMAWAT [AIM/S/IDH/2020/2020/202076]	education Heusewife NL CO dyness in BE from the past 10 months CO taking per vaginum x 8 hours. Nothing significant education Housewife NL No ocular complaints. C/0 mixed discharge x 3 hours. Nothing significant douzhol Housewife NL No cular complaints. Care for termination of pregnary. Nothing significant	Nothing significant 33/Multiparous 34 WEEKS 0.00 0.00 History of Type 2 DM in mother. 23/Priniparous 25 WEEKS 0.20 0.20 Nothing significant 23/Priniparous 25 WEEKS 0.60 0.60 Nothing significant 29/Priniparous 27 WEEKS 0.00 0.00 Nothing significant 39/Multiparous 39/46 WEEKS 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00 0.01 <th< td=""><td>$\begin{array}{cccccccccccccccccccccccccccccccccccc$</td><td>142 80 76 112 137 135 140 65 69 102 129 131 146 64 70 101 133 134 96 76 46 54 142 102</td><td>93 78 116 33 30 33 79 97 109 40 36 38 84 78 107 33 35 34 97 87 107 23 35 34 97 87 107 26 37 32</td><td>36 32 34 74 72 73 70 30 38 34 60 67 64 66 37 30 34 74 74 74 74 65 32 32 32 63 67 65 63 56 36 32 76 65 71 63 65 71 63</td><td>63 67 100 92 96 93 98 96 4.6 78 72 104 97 101 114 98 106 5.4 63 64 98 106 102 113 98 106 5 63 64 98 106 101 114 102 5.9</td></th<>	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	142 80 76 112 137 135 140 65 69 102 129 131 146 64 70 101 133 134 96 76 46 54 142 102	93 78 116 33 30 33 79 97 109 40 36 38 84 78 107 33 35 34 97 87 107 23 35 34 97 87 107 26 37 32	36 32 34 74 72 73 70 30 38 34 60 67 64 66 37 30 34 74 74 74 74 65 32 32 32 63 67 65 63 56 36 32 76 65 71 63 65 71 63	63 67 100 92 96 93 98 96 4.6 78 72 104 97 101 114 98 106 5.4 63 64 98 106 102 113 98 106 5 63 64 98 106 101 114 102 5.9
54 YES NEHA KAWAKISKODIYA AIIMS/DIP/2020/1000/580 Barner, Rjashan. Illiterate 55 YES SHILPI AIIMS/DIP/2021/03016589 MAHADEV NAGAR, SANGARIYA, JODHPUR Illiterate 56 YES RASHMI JANGID AIIMS/DIP/2020/1201058 [I60, Mahaveer Nagar, Sangriya, Jodhpur, Illiterate 55 YES RASHMI JANGID AIIMS/DIP/2020/1201058 [I60, Mahaveer Nagar, Sangriya, Jodhpur, Illiterate 55 YES RASHMI JANGID AIIMS/DIP/2020/1201058 [I60, Mahaveer Nagar, Sangriya, Jodhpur, Illiterate 55 YES RASHMI JANGID AIIMS/DIP/2020/12010580 [I60, Mahaveer Nagar, Sangriya, Jodhpur, Illiterate 55 YES RASHMI JANGID AIIMS/DIP/2020/12010580 [I60, Mahaveer Nagar, Sangriya, Jodhpur, Illiterate 56 YES RASHMI JANGID AIIMS/DIP/2020/12010580 [I60, Mahaveer Nagar, Sangriya, Jodhpur, Illiterate 57 YES RASHMI JANGID AIIMS/DIP/2020/12010580 [I60, Mahaveer Nagar, Sangriya, Jodhpur, Illiterate 57 YES RASHMI JANGID AIIMS/DIP/2020/12010580 [I60, Mahaveer Nagar, Sangriya, Jodhpur, Illiterate 57 YES RASHMI JANGID AIIMS/DIP/2020/12010580 [I60, Mahaveer Nagar, Sangriya, Jodhpur, Illiterate 57 YES RASHMI JANGID AIIMS/DIP/2020/12010580 [I60, Mahaveer Nagar, Sangriya, Jodhpur, Illiterate 57 YES RASHMI JANGID AIIMS/DIP/2020/12010580 [I60, Mahaveer Nagar, Sangriya, Jodhpur, Illiterate 57 YES RASHMI JANGID AIIMS/DIP/2020/12010580 [I60, Mahaveer Nagar, Sangriya, Jodhpur, Illiterate 58 YES RASHMI JANGID AIIMS/DIP/2020/12010580 [I60, Mahaveer Nagar, Sangriya, Jodhpur, Illiterate 59 YES RASHMI JANGID AIIMS/DIP/2020/12010580 [I60, Mahaveer Nagar, Sangriya, Jodhpur, Illiterate 50 YES RASHMI JANGID AIIMS/DIP/2020/12010580 [I60, Mahaveer Nagar, Sangriya, Jodhpur, Illiterate 50 YES RASHMI JANGID AIIMS/DIP/2020/12010580 [I60, Mahaveer Nagar, Sangriya, Jodhpur, Illiterate 50 YES RASHMI JANGID AIIMS/DIP/2020/12010580 [I60, Mahaveer Nagar, Sangriya, Jodhpur, Illiterate 50 YES RASHMI JANGID AIIMS/DIP/2020/12010580 [I60, Mahaveer Nagar, Sangriya, Jodhpur, Illiterate 50 YES RASHMI JANGID AIIMS/DIP/2020/12010580 [I60, Mahaveer Nagar, Sangriya, Jodhpur, Illiterate 50 YES RASHMI JANGID AIIMS/DIP/2020/120105	Housewife NIL C/O Blurring of vision in BE from the part 11 months. C/O pain lower addonen x 5 hours. Nothing significant Housewife NIL No ocular complaints. C/O leaking per vaginam x 8 hour. Nothing significant Housewife NIL No ocular complaints. C/O hackache x 2 days. Nothing significant	Nothing significant 35 Multiparous 28+5 WEEKS 1.1 1.1 Nothing significant 24 Primiparous 29 + 4 WEEKS 0.20 0.20	0.00 0.00 0.00 0.00 0.00 V.6 N.6 N.6 N.6 12 II 8 532 532 [NI] 0.00 0.00 0.00 0.00 0.00 N.6 N.6 N.6 N.6 N.6 I2 II 8 532 532 [NI] 0.00 0.00 0.00 0.00 0.00 N.6 N.6 N.6 N.6 I2 II 8 532 531 [NI] 0.00 0.00 0.00 0.00 0.00 N.6 N.6 N.6 N.6 I2 II 8 532 531 [NI] 0.00 0.00 0.00 0.00 0.00 N.6 N.6 N.6 N.6 I2 II 8 532 532 [NI] 0.00 0.00 0.00 0.00 0.00 N.6 N.6 N.6 N.6 I2 II 8 532 532 [NI] 0.00 0.00 0.00 0.00 0.00 N.6 N.6 N.6 N.6 N.6 I2 II 8 532 532 [NI] 0.00 0.00 0.00 0.00 0.00 [NI]	ACT INTACT 24 25 11 15 0 0 ABSENTABSENTINK, WAL WAL WAL 166 ACT INTACT 22 25 12 15 0 7 ABSENTABSENTINK, WAL WAL WAL 166 ACT INTACT 22 25 12 15 0 7 ABSENTABSENTINK, WAL WAL WAL 164 ACT INTACT 25 25 13 12 0 0 ABSENTABSENTINK, WAL WAL WAL 133 ACT INTACT 25 25 13 12 0 0 ABSENTABSENTINK, WAL WAL WAL 134 ACT INTACT 25 20 14 23 0 ABSENTABSENTINK, WAL WAL WAL 166	140 64 79 112 152 141 155 64 79 112 152 141 155 64 68 113 166 134 140 75 68 101 169 134 140 65 69 101 122 158 140 65 69 110 152 138	92 69 114 43 34 39 92 87 123 33 34 39 93 87 123 23 34 31 99 87 123 23 34 39 99 87 121 24 34 34 39 92 87 117 43 34 39 39	6 38 37 76 65 71 63 36 32 34 70 61 66 80 37 28 33 74 60 67 76 36 36 36 74 70 72 63 36 32 34 76 66 67 76	78 71 104 106 105 102 101 102 6.8 62 71 111 112 112 98 100 99 5.8 76 76 111 108 110 113 98 106 5.8 76 70 104 98 101 113 112 113 5 76 72 116 113 115 112 5.4
5) [EEX SOAN] PAINS/DF1/2020/020956 Paulo Colony, Annisegie Charlan, Jonghu Jillierate SEE SONYA (JANAWAT ALIMS/DH/2020/01/100479) Saando K Pole, Kakih House, K. K. Chowk, Jodhpar, Jillierate 59 [YES] SANGEETA KUMAWAT ALIMS/DH/2020/08/00606 B-36 chandradeep PaoLa Folger, Daram Naraya Jia, Sakoda S edu 60 (9) [YES] MISBAH ALIMS/DH/2020/09/00566 B-36 Chandradeep PaoLa Folger, Daram Naraya Jia, Sakoda S edu 60 (9) [YES] MISBAH ALIMS/DH/2020/09/00566 BHATO KUDHANI, NAGANA, PACHAPADRA, BarngSchool y edu 60 (9) [YES] SURA DEVI ALIMS/DH/2020/2020566	hool's education. Professional 45000 No ocular complaints. Came for termination of pregnancy. Nothing significant education Housewife NIL No ocular complaints. Came for termination of pregnancy. Nothing significant Not the NIL No ocular complaints. Came for termination of pregnancy. Nothing significant Not the NIL Not the NIL NIL NOT the NIL NOT the NIL	Nothing significant 24 Primiparous 34 WEEKS 0.00 0.00 History of HTN in mother. 21 Primiparous 3944 WEEKS 0.20 0.20 Nothing significant 26 Primiparous 3944 WEEKS 0.60 0.60 Nuthing significant 26 Primiparous 3344 WEEKS 0.60 0.60	0.00 0.00 0.00 0.00 0.00 0.00 0.01 0.00 0.01 <th< td=""><td>ACT INTACT 21 25 11 15 0 0 ABSENTABSENTIWAL WAL WAL WAL 122 ACT INTACT 22 25 22 12 15 0 0 ABSENTABSENTIWAL WAL WAL WAL 151 ACT INTACT 24 25 12 15 0 0 ABSENTABSENTIWAL WAL WAL WAL 151 ACT INTACT 24 25 13 13 0 ABSENTABSENTIWAL WAL WAL WAL 166 ACT INTACT 28 20 12 12 0 0 ABSENTABSENTIWAL WAL WAL WAL 161 171</td><td>146 80 66 104 133 146 142 64 69 107 157 152 140 74 76 114 152 136 96 65 50 82 142 152</td><td>84 75 110 33 35 34 93 87 117 35 37 36 92 84 116 43 26 35 97 86 116 43 26 35 97 86 119 26 34 30</td><td>5 35 35 74 75 75 74 57 37 37 62 64 63 80 38 35 37 60 73 67 66 36 37 37 70 72 71 63 56 27 70 75 72 70</td><td>78 76 104 106 105 102 116 109 5.8 79 80 116 100 108 104 106 5.4 78 72 111 113 112 102 106 104 5.4 74 69 115 104 110 112 115 114 6.7 75 72 111 112 112 106 106 5.4</td></th<>	ACT INTACT 21 25 11 15 0 0 ABSENTABSENTIWAL WAL WAL WAL 122 ACT INTACT 22 25 22 12 15 0 0 ABSENTABSENTIWAL WAL WAL WAL 151 ACT INTACT 24 25 12 15 0 0 ABSENTABSENTIWAL WAL WAL WAL 151 ACT INTACT 24 25 13 13 0 ABSENTABSENTIWAL WAL WAL WAL 166 ACT INTACT 28 20 12 12 0 0 ABSENTABSENTIWAL WAL WAL WAL 161 171	146 80 66 104 133 146 142 64 69 107 157 152 140 74 76 114 152 136 96 65 50 82 142 152	84 75 110 33 35 34 93 87 117 35 37 36 92 84 116 43 26 35 97 86 116 43 26 35 97 86 119 26 34 30	5 35 35 74 75 75 74 57 37 37 62 64 63 80 38 35 37 60 73 67 66 36 37 37 70 72 71 63 56 27 70 75 72 70	78 76 104 106 105 102 116 109 5.8 79 80 116 100 108 104 106 5.4 78 72 111 113 112 102 106 104 5.4 74 69 115 104 110 112 115 114 6.7 75 72 111 112 112 106 106 5.4
63 YES PRIYANKA KIARE AIMS/DH/2020/10005370 226, Uai Nagar, Phalodi, Boorikalan Illiterate 64 YES SONU KUMARI AIMS/DH/2020/10000350 TADAU KA BAS, TADAWAS, Nagaur. Illiterate 65 YES POOJA RATHI AIMS/DH/2020/10000336 66 Phase 2, Roop Raja Townakin, Jodhpur. Illiterate 66 YES MOHINI SHARMA AIMS/DH/2020/12000136 24 7B, Bagat Kioti, Jodhpur. Albove school 66 YES MOHINI SHARMA AIMS/DH/2020/12000136	Housewife NIL No ocular complaints. CO leaking per vaginum x1 hour. Nothing significant Housewife NIL No ocular complaints. Came for termination of pregnancy. Previous history of G Housewife NIL No ocular complaints. CO pain absorms x2 hours. Nothing significant	Nothing significant 22 Primiparous 33 + 5 WEEKS 0.00 0.00	0.20 0.20 0.00 0.00N 6 N.6 N.6 N.6 1.4 1.4 551 550(N12) 0 0 0.000 0.000 N6 N.6 N.6 N.6 N.6 1.2 1.2 533 552(N12)	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	155 89 70 117 166 146 146 75 74 104 133 134 96 73 48 84 142 102 140 75 65 104 129 141	92 85 122 39 36 88 84 78 107 33 35 34 97 75 104 26 36 31 79 74 106 40 28 34	37 35 36 74 67 71 67 38 37 38 76 67 72 80 36 35 36 73 73 73 67 36 37 37 74 64 69 63	78 73 71 110 110 110 100 98 99 5.8 76 78 111 108 110 100 98 99 5.8 76 78 117 92 105 102 98 100 5.4 74 71 116 104 110 108 122 115 5.4 76 70 98 100 99 98 123 111 5.4
68 PTES SAR0J AIMS/DH/2019/06/00/0890 Badi Dhani, Thoi, Sikar, School's edu 69 PTES NEELAM SHEKHAWAT AIMS/DH/2019/06/00/0862 Dhorimama, Barner, Above school 70 PTES SHAHNAZ AIMS/DH/2016/07/003508 VISHNOI BAS, Nagar School's edu	education Housewife NIL CO dyness in BE from the past 5 norths. CO pain abdomen x 5 hours. Nothing significant colocation Housewife NIL CO burder vision in BE for the past 2 norths. CO pain abdomen and leaking per vaginum x hour Morting significant hou's checkation. Housewife NIL No coular complaints. CO of decreased feal movement distantion Housewife NIL No coular complaints. CO pain abdomen x 6 hours. Nothing significant obtained to the service NIL No coular complaints. CO beceding PV x 2 hours. Nothing significant Nothing significant	Nothing significant 21 Primparons 35 WERX 0.80 0.80 Nothing significant 21 Primparons 35 WERX 0.80 0.80 Nothing significant 21 Primparons 35 WERX 0.00 0.10 Nothing significant 21 Primparons 36 WERX 0.00 0.00 Nothing significant 21 Primparons 36 WERX 0.00 0.00 History of Type 2 DM and HTN in mother 21 Primparons 37 WERX 0.00 0.00	0.20 0.20 0.20 0.00 0.00 N.6 N.6 N.6 N.6 N.6 12 12 520 550 (370 0.00 0.00 0.00 0.00 0.00 0.00 0.00 N.6	ACT INTACT 27 25 12 22 0 0 0ABSENTABSENTINK WK WK WK 151 ACT INTACT 27 25 13 25 0 0 ABSENTABSENTINK WK WK 101 144 ACT INTACT 27 25 13 25 0 0 ABSENTABSENTINK WK 101 144 ACT INTACT 29 29 29 12 25 0 0 0ASSENTABSENTINK WK 101 146 ACT INTACT 29 29 29 11 25 0 0 0ASSENTABSENTINK 101 101 166 ACT INTACT 29 29 29 11 25 0 0 0ASSENTABSENTINK 101 101 166 ACT INTACT 29 29 29 11 25 0 0 0ASSENTABSENTINK 101 101 101 101 101 101 101 101 101 10	142 78 82 113 157 120 145 78 82 113 157 120 145 76 76 108 140 156 145 63 76 114 160 156 145 63 76 114 160 155 146 67 68 101 133 146	93 79 112 35 32 34 92 73 116 33 36 36 92 73 116 33 36 36 92 85 120 43 36 36 92 85 120 43 36 36 84 79 111 33 38 36	36 38 37 77 60 69 70 38 35 37 60 70 65 67 37 37 37 78 70 74 63 36 38 37 63 74 69 67 35 36 36 74 67 71 63	78 74 98 98 912 112 112 5.7 79 73 99 106 103 115 116 116 4.6 78 71 111 106 109 108 114 111 4.7 87 77 98 92 95 112 98 105 5.7 78 71 100 112 106 109 108 101 5.3
72 YES BHAWANA AIMIS/DPH/2020/08/005327 Surana Nagar, Axinghpura, Afmer School's cidu 73 YES MINAKSHI AIMIS/DPH/2021/03/006539 20, Thio KThbami, Kipian, Jodhpur, School's cidu 74 YES RANJANA AIMIS/DPH/2021/01/015419 22, NEHRU PARR RAILWAY COLONY, JODHPUR 75 YES POOJD DHAYAL AIMIS/DPH/2020/06/0136419 PALL JODHPUR	editation Housewife NL protein A for the NL processing of the NL processing of the NL processing spin real deviation Housewife NL NO coalar complaints. CO pain absorbs at A hours. Previous history of the choicy because in the NL No coalar complaints. CO la king per vagimus A hours NL processing spin faunt elevation Housewife NL No coalar complaints. CO pain absorbs at A hours Nething significant elevation the new elevation of the NL No coalar complaints. CO pain absorbs at A hours Nething significant elevation Housewife NL No coalar complaints. CO pain hours and the NL No coalar complaints. CO pain hours at A hours Nething significant elevation Housewife NL No coalar complaints. CO pain hours at A hours at A hours Nething significant elevation the new elevation hours and the new advances in the NL No coalar complaints. CO pain hours at A hours Nething significant elevation the new elevation hours at A hours at A hours Nething significant elevation hours and the new advances in the new elevation hours and the new elevation hours at A hours at A hours Nething significant elevation hours and the new elevation hours and the new elevation hours at A hours at A hours Nething significant elevation hours and the new elevation hours and the nelevation hours and the nelevation ho	Nothing significant 21Primiparous 33 WEEKS 0.00 0.00 Dupresent, Nothing significant 33 Multiparous 31+4 WEEKS 0.80 0.80 Nothing significant 33 Multiparous 31+4 WEEKS 0.20 0.20 DDM present, Nothing significant 33 Multiparous 32+4 WEEKS 0.60 0.60 DDM present, Nothing significant 36 Multiparous 32+4 WEEKS 0.60 0.60	0.00 0.00 0.00 0.00 0.00 N.6 N.6 N.6 I.6 11 540 553 INT 0.20 0.20 0.00 0.00 N.6 N.6 N.6 N.6 1.6 12 542 552 INT 0.00 0.00 0.00 N.6 N.6 N.6 N.6 1.6 12 542 552 INT 0.00 0.00 0.00 N.6 N.6 N.6 1.6 12 542 552 INT 0.00 0.00 0.00 N.6 N.6 N.6 1.6 12 542 551 IST 0.00 0.00 0.00 0.00 N.6 N.6 N.6 1.2 12 551 552 INT 0.00 0.00 0.00 0.00 N.6 N.6 N.6 12 18 551 1541 1041	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	140 64 69 102 129 132 96 70 50 83 142 144 142 75 70 110 157 152 146 79 75 106 133 144	79 74 104 40 36 38 97 76 115 26 26 26 93 79 120 35 35 35 84 76 109 33 34 34	5 38 42 70 74 72 80 43 36 40 74 74 74 68 36 37 37 76 74 75 63 37 35 36 70 68 69 67 38 36 70 68 69 67 74	74 77 104 103 104 100 102 101 5.3 75 72 98 104 101 102 98 100 4.7 76 70 98 105 102 98 98 98 4.6 78 73 104 96 100 98 98 98 4.6 79 71 104 96 100 98 96 97 5.7 70 71 104 96 100 98 96 97 5.7
 [7] YES SHOBHA. AIIMS/DI//2008/008983 Nagaur. Illificiate 78] YES SASHI AIIMS/DI//2009/00371 C.th. Jodpur. 79] YES POOJA AIIMS/JDH/2021/03/011439 Arihant Strore, Lodha Sadan, C Road Road, Paota, Inert School's edua 	Housewite NIL No ocular complaints. C/O pair adobients or hours. Notice Second Professional 42000 No ocular complaints. C/O fever with voming x7.5 bours associated with increased frequency of micl Nothing significant education Housewife NIL No ocular complaints. C/O severe backache x 3 days. Previous history of G	Nothing significant 24 Primiparous 28 + 4 WEEKS 0.00 0.00 GDM present. Nothing significant 38 Multiparous 34 WEEKS 0.00 0.00	0.00 0.00 <th< td=""><td>ACT INTACT 52 50 51 51 0 0 ADESTATABESTINKL INKL INKL INKL 155 ACT INTACT 28 20 11 55 0 0 ADESTATABESTINKL INKL INKL INKL INKL 155 ACT INTACT 38 20 11 55 0 0 ADESTATABESTINKL INKL INKL INKL 155 ACT INTACT 30 25 12 13 0 0 ADESTATABESTINKL INKL INKL INKL 147 ACT INTACT 27 20 12 12 0 0 ADESTATABESTINKL INKL INKL INKL 143</td><td>145 66 73 119 142 134 142 78 70 119 142 134 96 79 50 119 142 141 140 74 70 165 129 120</td><td>35 75 112 34 30 37 95 75 112 34 30 37 97 74 120 35 30 33 97 78 115 26 33 30 79 85 103 40 35 38</td><td>s 30 37 74 74 74 74 62 46 46 41 68 63 66 80 38 33 337 60 67 64 66 35 36 36 70 67 69 63 37 44 41 70 78 74 70</td><td>$\begin{array}{cccccccccccccccccccccccccccccccccccc$</td></th<>	ACT INTACT 52 50 51 51 0 0 ADESTATABESTINKL INKL INKL INKL 155 ACT INTACT 28 20 11 55 0 0 ADESTATABESTINKL INKL INKL INKL INKL 155 ACT INTACT 38 20 11 55 0 0 ADESTATABESTINKL INKL INKL INKL 155 ACT INTACT 30 25 12 13 0 0 ADESTATABESTINKL INKL INKL INKL 147 ACT INTACT 27 20 12 12 0 0 ADESTATABESTINKL INKL INKL INKL 143	145 66 73 119 142 134 142 78 70 119 142 134 96 79 50 119 142 141 140 74 70 165 129 120	35 75 112 34 30 37 95 75 112 34 30 37 97 74 120 35 30 33 97 78 115 26 33 30 79 85 103 40 35 38	s 30 37 74 74 74 74 62 46 46 41 68 63 66 80 38 33 337 60 67 64 66 35 36 36 70 67 69 63 37 44 41 70 78 74 70	$\begin{array}{cccccccccccccccccccccccccccccccccccc$
	Housewife NIL No coular complaints. C/O decrease feda movement since moning Nothing significant decisation Housewife NIL No coular complaints. Col each provide since moning Nothing significant Housewife NIL No coular complaints. Referred from private hospital wide feda bradycardia. Nothing significant education Housewife NIL No coular complaints. Colorability is 3 days Nothing significant	Nothing significant 22 Primiparous 35 + 5 WEIKS 0.20 0.20 Nothing significant 21 Primiparous 35 + 4 WEIKS 0.20 0.20 Nothing significant 25 Primiparous 26 + 4 WEIKS 0.20 0.20 Nothing significant 25 Primiparous 26 + 4 WEIKS 0.00 0.00	0.00 0.00 <th< td=""><td>$\begin{array}{cccccccccccccccccccccccccccccccccccc$</td><td>145 75 66 105 140 133 145 69 72 105 140 134 96 68 50 63 142 144 96 66 50 63 142 144 96 66 50 100 133 144 96 66 50 100 133 144</td><td>92 85 113 35 30 33 92 86 113 35 34 35 97 86 113 25 34 35 97 80 116 25 34 35 97 80 116 25 34 35 98 100 116 25 34 35</td><td>8 46 42 74 76 75 77 55 36 36 66 75 71 74 37 37 37 66 73 70 78 36 38 37 75 75 75 63 38 36 37 74 67 71 70</td><td>74 76 116 90 103 98 112 105 6.4 67 71 99 99 99 8 100 99 5 78 78 115 98 107 100 102 101 5.6 78 71 111 97 104 98 108 103 4.7 77 74 111 99 105 112 116 114 56 </td></th<>	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	145 75 66 105 140 133 145 69 72 105 140 134 96 68 50 63 142 144 96 66 50 63 142 144 96 66 50 100 133 144 96 66 50 100 133 144	92 85 113 35 30 33 92 86 113 35 34 35 97 86 113 25 34 35 97 80 116 25 34 35 97 80 116 25 34 35 98 100 116 25 34 35	8 46 42 74 76 75 77 55 36 36 66 75 71 74 37 37 37 66 73 70 78 36 38 37 75 75 75 63 38 36 37 74 67 71 70	74 76 116 90 103 98 112 105 6.4 67 71 99 99 99 8 100 99 5 78 78 115 98 107 100 102 101 5.6 78 71 111 97 104 98 108 103 4.7 77 74 111 99 105 112 116 114 56
86 YES MANISHA AIMSUNA AIMSUNA AIMSUNA 222000425 (224, Uan Nagar, Phatoch, Baronitania School's celub 87 YES SONAW AISHNAV AIMSUNAV AIMSUNAV 22001/2009625 (2), NEHRUR ANK RAILAWAY COLONY, JODHRURA HANNE celub 88 YES DIMPLE AIMSUNAVI DABI AIMSUNAVI 22201/0101259 B-96, Shasti Nagar, Jodhpur III Hierate 89 YES JIAHNAVI DABI AIMSUNAVI 22201/20101259	education Housewife NIL No coular complaints. Care for termination of pregnarcy. Nothing significant holos' clocación, Housewife NIL No coular complaints. Care for termination of pregnarcy. Nothing significant Housewife NIL No coular complaints. Care for termination of pregnarcy. Nothing significant education Housewife NIL No coular complaints. COme for termination of pregnarcy. Nothing significant	Nothing significant 24 Printiparons 38 WEEKS 0.60 0.66 Nothing significant 22 Printiparons 3944 WEEKS 0.00 0.06 Nothing significant 23 Printiparons 3944 WEEKS 0.00 0.06 Nothing significant 23 Printiparons 3844 WEEKS 0.80 0.80 History of Type 21 Din father. 24 Printiparons 3746 WEEKS 1.1 1.3	0.00 N.6 N.6 </td <td>ACT_INTACT 22 30 12 22 0 0_ABSENTABSENTWN. WN. WN. 134 ACT_INTACT 24 27 14 231 0_0ASSENTABSENTWN. WN. WN. WN. 165 ACT_INTACT 24 27 14 231 0_0ASSENTABSENTWN. WN. WN. WN. 165 ACT_INTACT 26 26 10 24 0_0ASSENTASSENTWN. WN. WN. WN. 164 ACT_INTACT 32 20 12 25 0_0ASSENTASSENTWN. WN. WN. WN. 154</td> <td>140 68 69 103 129 135 140 75 73 13 152 144 155 74 68 115 166 114 145 79 70 107 140 133</td> <td>79 84 107 40 37 39 92 86 119 43 35 39 92 86 115 39 37 38 92 86 115 39 37 38 92 84 111 35 33 35</td> <td>6 34 35 60 67 64 76 37 44 41 66 77 72 74 35 46 41 63 74 69 67 37 45 41 74 60 67 74 37 45 41 74 60 67 74</td> <td>87 82 98 112 105 112 118 115 5.6 78 76 116 103 110 114 100 107 4.7 77 72 98 104 101 116 102 109 4.7 75 75 98 106 102 109 122 116 5.4</td>	ACT_INTACT 22 30 12 22 0 0_ABSENTABSENTWN. WN. WN. 134 ACT_INTACT 24 27 14 231 0_0ASSENTABSENTWN. WN. WN. WN. 165 ACT_INTACT 24 27 14 231 0_0ASSENTABSENTWN. WN. WN. WN. 165 ACT_INTACT 26 26 10 24 0_0ASSENTASSENTWN. WN. WN. WN. 164 ACT_INTACT 32 20 12 25 0_0ASSENTASSENTWN. WN. WN. WN. 154	140 68 69 103 129 135 140 75 73 13 152 144 155 74 68 115 166 114 145 79 70 107 140 133	79 84 107 40 37 39 92 86 119 43 35 39 92 86 115 39 37 38 92 86 115 39 37 38 92 84 111 35 33 35	6 34 35 60 67 64 76 37 44 41 66 77 72 74 35 46 41 63 74 69 67 37 45 41 74 60 67 74 37 45 41 74 60 67 74	87 82 98 112 105 112 118 115 5.6 78 76 116 103 110 114 100 107 4.7 77 72 98 104 101 116 102 109 4.7 75 75 98 106 102 109 122 116 5.4
91 YES PAPITA AIIMS/DBL/021/02010383 PANCHAL KHURD DEDADON KI HDANIYO TEH OlSchool's du 92 YES MRS POOJA KANWAR AIIMS/JDH/2021/01/017093 44, Karni Nagar , Jodhpur. IIIlierate 93 YES MAMTA AIIMS/JDH/2019/U2008275 92, Barndev Naear Nacht Indhnur IIIlierate	education Housewife NIL No ocular complaints. Cane for termination of pregnancy. Nothing significant Housewife NIL No ocular complaints. CIO pain lower addomen x 4 hours. Nothing significant Housewife NII. No ocular complaints. Cane for termination of oreenance. Nothing significant	Notifies Spiniform 221 Multiphone 352 WEEKS 0.00 0.00 Notifies gapificant 321 Multiphone 354 WEEKS 0.20 0.20 Notifies gapificant 34 Multiphone 364 WEEKS 0.20 0.20 Notifies gapificant 24 Printparces 404 WEEK 0.00 0.00 DDM presert 35 Multiphone 39 WEEKS 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00 0.01 0.00 0.01 <th< td=""><td>ACT [INTACT 56 25 13 15 0 0 ABEST ABEST TABLEST TWOL WAL WAL 123 ACT [INTACT 54 25 12 15 0 0 ABEST ABEST ABEST TWOL WAL WAL 133 ACT [INTACT 21 24 25 12 15 0 0 ABEST ABEST TWOL WAL WAL WAL 133 ACT [INTACT 21] 24 13 13 0 0 ABEST ABEST TWOL WAL WAL WAL 112 ACT [INTACT 20] 29 14 12 0 0 ABEST ABEST TWOL WAL WAL WAL 112 ADEST ABEST ABEST ABEST ABEST ABOUT A 100 ADD 100</td><td>145 7.9 8 104 143 144 146 64 75 107 122 144 100 65 75 88 134 125 100 65 75 88 134 125 122 66 79 93 134 125</td><td>95 95 115 24 35 30 95 78 106 30 35 32 78 78 106 30 35 52 78 78 103 28 32 30 98 74 108 44 26 35</td><td>8 47 43 74 70 72 77 17 34 36 78 78 78 63 35 36 36 74 75 75 78 37 38 38 70 67 69 67 36 36 36 74 74 74 76</td><td>87 82 111 113 112 107 118 113 3.4 78 71 98 114 106 98 117 108 5.4 79 79 100 115 108 97 118 108 4.7 74 71 95 116 106 90 102 96 5.6 76 76 98 117 114 108 111 5.1</td></th<>	ACT [INTACT 56 25 13 15 0 0 ABEST ABEST TABLEST TWOL WAL WAL 123 ACT [INTACT 54 25 12 15 0 0 ABEST ABEST ABEST TWOL WAL WAL 133 ACT [INTACT 21 24 25 12 15 0 0 ABEST ABEST TWOL WAL WAL WAL 133 ACT [INTACT 21] 24 13 13 0 0 ABEST ABEST TWOL WAL WAL WAL 112 ACT [INTACT 20] 29 14 12 0 0 ABEST ABEST TWOL WAL WAL WAL 112 ADEST ABEST ABEST ABEST ABEST ABOUT A 100 ADD 100	145 7.9 8 104 143 144 146 64 75 107 122 144 100 65 75 88 134 125 100 65 75 88 134 125 122 66 79 93 134 125	95 95 115 24 35 30 95 78 106 30 35 32 78 78 106 30 35 52 78 78 103 28 32 30 98 74 108 44 26 35	8 47 43 74 70 72 77 17 34 36 78 78 78 63 35 36 36 74 75 75 78 37 38 38 70 67 69 67 36 36 36 74 74 74 76	87 82 111 113 112 107 118 113 3.4 78 71 98 114 106 98 117 108 5.4 79 79 100 115 108 97 118 108 4.7 74 71 95 116 106 90 102 96 5.6 76 76 98 117 114 108 111 5.1
59 YES KOMAL JOSHI (ALMSJDH/2020/090606) [234, GALI NO-12, PORERAT, Jasalmer, CHHATAN School's cadu 96 (YES DHAPU DEVI) AIMSJDH/2020/090606) NEAR GAYATRI MANDIR, BABA RAMDEV MAND[literate 97 YES CHALU KANWAR (ALMSJDH/2021/0300670) W N 27, BASART VIHAR, JMIJamu, CHRANA Abrev school 98 [YES PRIVANKA (ALMSJDH/2021/0300670) W N 27, BASART VIHAR, JMIJamu, CHRANA (Abrev school's calu 97 [YES PRIVANKA (ALMSJDH/2021/0300670) W N 27, BASART VIHAR, JMIJamu, CHRANA (Abrev school's calu 98 [YES PRIVANKA (ALMSJDH/2021/0300670) W N 27, BASART VIHAR, JMIJamu, CHRANA (Abrev school's calu 98 [YES PRIVANKA (ALMSJDH/2021/0300670) W N 27, BASART VIHAR, JMIJamu, CHRANA (Abrev school's calu 98 [YES PRIVANKA (ALMSJDH/2021/0300670) W N 27, BASART VIHAR, JMIJamu, CHRANA (Abrev school's calu 98 [YES PRIVANKA (ALMSJDH/2021/0300670) W N 27, BASART VIHAR, JMIJAM, CHRANA (Abrev school's calu 98 [YES PRIVANKA (ALMSJDH/2021/0300670) W N 27, BASART VIHAR, JMIJAM, CHRANA (Abrev school's calu 98 [YES PRIVANKA (ALMSJDH/2021/0300670) W N 27, BASART VIHAR, JMIJAM, CHRANA (Abrev school's calu 98 [YES PRIVANKA (ALMSJDH/2021/0300670) W N 27, BASART VIHAR, JMIJAM, CHRANA (Abrev school's calu 98 [YES PRIVANKA (ALMSJDH/2021/0300670) W N 27, BASART VIHAR, JMIJAM, CHRANA (Abrev school's calu 98 [YES PRIVANKA (ALMSJDH/2021/0300670) W N 27, BASART VIHAR, JMIZ (ALMSJDH/2021/0300670) W N 27, BASART (ALMST) (AMST) (AMST	education Housewife NIL No colar complaints. Care for termation of pregnancy. Nothing significant Housewife NIL No colar complaints. Care for termination of pregnancy. Nothing significant hou's cheaterion professional 2000 No colar complaints. COr pain abforms n 12 hours. Nothing significant docation Housewife NIL No colar complaints. COr pain provide the new Nothing significant No colar complaints. COr leaving prevaginums x 5 hours. Nothing significant No colar complaints. COr leaving prevaginum x 5 hours. Nothing significant		0.00 0.00 <th< td=""><td>ACT [INTACT] 20 23 12 28 0 0 ABSENT/BASENT/WAL WAL WAL 124 ACT [INTACT] 25 24 11 15 0 0 ABSENT/BASENT/WAL WAL WAL 124 ACT [INTACT] 25 24 11 15 0 0 ABSENT/BASENT/WAL WAL WAL 122 ACT [INTACT] 25 15 0 0 ABSENT/BASENT/WAL WAL WAL 123 ACT [INTACT] 23 24 11 15 0 0 ABSENT/BASENT/WAL WAL WAL 123 ACT [INTACT] 24 24 11 15 0 0 ABSENT/BASENT/WAL WAL WAL 124 ACT [INTACT] 24 24 11 15 0 0 ABSENT/BASENT/WAL WAL WAL WAL</td><td>125 68 75 98 144 134 134 65 69 98 133 145 136 74 81 164 134 155 136 74 81 164 124 156 136 75 85 164 124 156 136 75 85 164 124 156 136 75 85 164 124 158</td><td>87 78 111 36 35 36 89 76 111 37 37 37 87 78 111 23 37 37 87 78 111 23 37 37 87 78 111 23 35 37 80 76 111 24 35 37 37</td><td>35 37 36 62 74 68 80 37 38 38 60 75 68 66 38 36 37 70 78 74 63 36 36 76 75 76 70 37 37 37 74 67 71 67</td><td>78 79 95 114 105 115 102 109 5.1 79 73 104 106 105 116 112 114 5.3 78 71 111 106 109 115 112 114 4.7 87 79 111 90 105 114 98 106 5.3 78 73 97 115 100 107 100 104 5.5</td></th<>	ACT [INTACT] 20 23 12 28 0 0 ABSENT/BASENT/WAL WAL WAL 124 ACT [INTACT] 25 24 11 15 0 0 ABSENT/BASENT/WAL WAL WAL 124 ACT [INTACT] 25 24 11 15 0 0 ABSENT/BASENT/WAL WAL WAL 122 ACT [INTACT] 25 15 0 0 ABSENT/BASENT/WAL WAL WAL 123 ACT [INTACT] 23 24 11 15 0 0 ABSENT/BASENT/WAL WAL WAL 123 ACT [INTACT] 24 24 11 15 0 0 ABSENT/BASENT/WAL WAL WAL 124 ACT [INTACT] 24 24 11 15 0 0 ABSENT/BASENT/WAL WAL WAL WAL	125 68 75 98 144 134 134 65 69 98 133 145 136 74 81 164 134 155 136 74 81 164 124 156 136 75 85 164 124 156 136 75 85 164 124 156 136 75 85 164 124 158	87 78 111 36 35 36 89 76 111 37 37 37 87 78 111 23 37 37 87 78 111 23 37 37 87 78 111 23 35 37 80 76 111 24 35 37 37	35 37 36 62 74 68 80 37 38 38 60 75 68 66 38 36 37 70 78 74 63 36 36 76 75 76 70 37 37 37 74 67 71 67	78 79 95 114 105 115 102 109 5.1 79 73 104 106 105 116 112 114 5.3 78 71 111 106 109 115 112 114 4.7 87 79 111 90 105 114 98 106 5.3 78 73 97 115 100 107 100 104 5.5
100 YES MUSKAN PATEL AIM/S/DH/22/30/12008099 CHATRSINGH KI DHANA HENOKAGAR, CHABA A, Illinerate 101 YES RAKSHA MUNDRA A IMMS/DH/22/30/12008099 CHATRSINGH KI DHANA HENOKAGAR, CHABA A, Illinerate 102 YES ANTLA JANN AIM/S/DH/22/30/12000797 Maliyon Ka Bas ASOP J, Addiput. Illiterate 163 YES DIEFRKA AIM/S/DH/22/30/12000797	Housewife NIL No coular complaints. Came for termination of pregnancy. Previous history of G Housewife NIL No coular complaints. Came for termination of pregnancy. Nothing significant Housewife NIL No coular complaints. Came for termination of pregnancy. Nothing significant Housewife NIL No coular complaints. Came for termination of pregnancy. Previous history of G hour's clocation, Housewife NIL No coular complaints. COp and hoursen 312 hours. Nothing significant	GDM presett. Nothing significant 35 Multiparous 40+ 14 WEEK 0.20 0.20 Nothing significant 34 Multiparous 40+ 14 WEEK 0.00 0.00 GDM presett. Nothing significant 36 Multiparous 38 WEEKS 0.80 0.80 GDM presett. Nothing significant 36 Multiparous 38 WEEKS 0.80 0.80 Housing significant 31 Multiparous 37 WEEKS 0.00 0.00 Nothing significant 38 Multiparous 37 WEEKS 0.20 0.20 Nothing significant 38 Multiparous 37 44 WEEKS 0.60 0.60	0.00 0.00 <th< td=""><td>$\begin{array}{cccccccccccccccccccccccccccccccccccc$</td><td>122 66 76 100 134 146 122 64 68 89 136 132 144 68 76 105 130 156 132 68 76 102 122 152</td><td>79 76 109 28 34 31 73 73 104 36 37 37 76 86 112 34 38 36 87 69 108 33 35 34</td><td>5 44 40 74 67 71 80 37 35 36 73 78 76 63 38 36 37 74 78 76 66 34 36 35 74 76 75 63</td><td>74 77 116 121 119 108 102 105 5.3 67 65 104 113 109 99 98 99 5.6 76 71 112 104 108 113 111 4.7 67 65 111 116 114 102 113 108 4.9</td></th<>	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	122 66 76 100 134 146 122 64 68 89 136 132 144 68 76 105 130 156 132 68 76 102 122 152	79 76 109 28 34 31 73 73 104 36 37 37 76 86 112 34 38 36 87 69 108 33 35 34	5 44 40 74 67 71 80 37 35 36 73 78 76 63 38 36 37 74 78 76 66 34 36 35 74 76 75 63	74 77 116 121 119 108 102 105 5.3 67 65 104 113 109 99 98 99 5.6 76 71 112 104 108 113 111 4.7 67 65 111 116 114 102 113 108 4.9
 NELAMI, ALMAN, ALMANDALA, ALMANDALA, ALMANDALA, BANKIN, KA LALA, BANKIN, KA LALA, BANKIN, ALMANDALA, BANKIN, ALMANDA, AL	education Housewife NL No colar complaints. Carne for termination of pregnancy. Noting significant education Housewife NL No colar complaints. Carne for termination of pregnancy. Noting significant Housewife NL No colar complaints. Carne for termination of pregnancy. Noting significant hool's education. Professional 25000 No colar complaints. CO Meeding PV x 8 hours. Noting significant education Housewife NL No colar complaints. Corne for termination of pregnancy. Noting significant No colar complaints. Carne for termination of pregnancy. Noting significant No colar complaints. Carne for termination of pregnancy. Noting significant No colar complaints. Carne for termination of pregnancy. Noting significant solution Housewife NL No colar complaints. Carne for termination of pregnancy.	History of Type 2 DM and HTN in father. 200 Primparous 39-6 WEEKS 0.00 0.00 History of Type 2 DM in father. 19 Primparous 37 WEKS 0.00 0.00 Nothing semificant 20 Primparous 37 WEKS 0.00 0.00	0.00 0.00 <th< td=""><td>ACT_INTACT S0 S1 D O OASESTTABLESTINAL NAL NAL 134 ACT_INTACT S2 S1 D O ABSESTTABLESTINAL NAL NAL 134 ACT_INTACT S2 S2 O ABSESTTABLESTINAL NAL NAL 122 ACT_INTACT S2 S2 O OASESTTABLESTINAL NAL NAL 123 ACT_INTACT S2 S2 I O OASESTTABLESTINAL NAL NAL 136 ACT_INTACT S2 S2 I O OASESTTABLESTINAL NAL NAL 136 ACT_INTACT S2 S2 I O OASESTTABLESTINAL NAL NAL 136 ACT_INTACT S2 S2 I O OASESTTABLESTINAL NAL NAL NAL 136 ACT_INTACT S2 S2 I S2 I S2 I S3 IA3</td><td>131 14 24 105 110 141 112 79 72 97 140 131 96 74 75 95 144 134 102 74 75 95 144 134 96 74 75 95 144 134 102 68 79 88 135 141</td><td>n n 100 </td><td>8 37 38 00 67 64 70 15 37 36 66 73 70 67 37 36 37 63 76 70 80 38 35 37 78 74 76 63 36 37 37 75 74 75 63</td><td>67 65 111 116 114 102 113 108 49 70 75 115 98 106 104 5.3 67 67 111 99 105 96 100 5.3 76 78 111 99 105 96 108 102 4.4 78 77 111 99 105 96 108 102 4.3 78 71 111 99 105 96 108 102 4.4 78 71 111 99 105 122 112 116 4.5 78 71 110 96 107 122 112 116 4.5 72 73 98 96 107 112 116 4.5</td></th<>	ACT_INTACT S0 S1 D O OASESTTABLESTINAL NAL NAL 134 ACT_INTACT S2 S1 D O ABSESTTABLESTINAL NAL NAL 134 ACT_INTACT S2 S2 O ABSESTTABLESTINAL NAL NAL 122 ACT_INTACT S2 S2 O OASESTTABLESTINAL NAL NAL 123 ACT_INTACT S2 S2 I O OASESTTABLESTINAL NAL NAL 136 ACT_INTACT S2 S2 I O OASESTTABLESTINAL NAL NAL 136 ACT_INTACT S2 S2 I O OASESTTABLESTINAL NAL NAL 136 ACT_INTACT S2 S2 I O OASESTTABLESTINAL NAL NAL NAL 136 ACT_INTACT S2 S2 I S2 I S2 I S3 IA3	131 14 24 105 110 141 112 79 72 97 140 131 96 74 75 95 144 134 102 74 75 95 144 134 96 74 75 95 144 134 102 68 79 88 135 141	n n 100	8 37 38 00 67 64 70 15 37 36 66 73 70 67 37 36 37 63 76 70 80 38 35 37 78 74 76 63 36 37 37 75 74 75 63	67 65 111 116 114 102 113 108 49 70 75 115 98 106 104 5.3 67 67 111 99 105 96 100 5.3 76 78 111 99 105 96 108 102 4.4 78 77 111 99 105 96 108 102 4.3 78 71 111 99 105 96 108 102 4.4 78 71 111 99 105 122 112 116 4.5 78 71 110 96 107 122 112 116 4.5 72 73 98 96 107 112 116 4.5
109 YES UMA LODHI AIMS/IDH/202001/021491 SANSI COLONY, BHADWAYN RADD GALI YO 35chool's celub 110 YES LAXMI KAWWAR AIMS/IDH/202001/03109/0014193 SANSI COLONY, BHADWAYN RADD GALI YO 35chool's celub 111 YES MANUE BISINO YA MINISTIM/2018/06/00134 Kadi Bhatsai, Jodhgar, Thai Ministim/2018/06/00134 Kadi Bisino Ya 112 YES KAN KAWARA BISINO YA MINISTIM/2018/06/00134 Kadi Bhatsai, Jodhgar, John Markai, JoDHPUR Abawe school 112 YES KAN KAWARA BISINO YA MINISTIM/2018/06/00134 Kadi Bhatsai, Jodhgar, John Markai, John Hung, John Markai, John Mar	education Housewife NL No coular complaints. Came for termination of pregnancy. Previous history of G Housewife NL No coular complaints. Came for termination of previous history of G Housewife NL No coular complaints. Came for routine ANC visit. Nothing significant hool's education. Housewife NL No coular complaints. CP optimistic ANC visit. Nothing significant Housewife NL No coular complaints. CP optimistic ANC visit. Nothing significant Housewife NL No coular complaints. CP optimistic ANC visit. Previous history of G	JDM present. Nothing significant 35 [Multiparous] 384's WEEKS 0.00 0.00 GDM present. Nothing significant 34 [Multiparous] 374-6 WEEKS 1.1 1.1 Nothing significant 25 [Primiparous] 374-5 WEEKS 0.20 0.20	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	ACT [INTACT 25] 22 12 28 0 0 0 PASSENT PASSENT PASSENT PARK WAL WAL WAL 154 ACT [INTACT 25] 25 13 15 0 0 JASSENT JASSENT WAL WAL WAL WAL 122 ACT [INTACT 20 20 12 15 0 0 JASSENT JASSENT WAL WAL WAL WAL 120	134 64 86 105 144 133 122 68 75 97 150 156 126 64 80 38 134 159 136 66 70 100 134 159 136 66 70 100 133 122	76 117 46 35 41 94 88 117 36 37 37	35 36 36 73 67 70 66 37 37 37 70 75 73 66	67 67 100 98 99 124 109 117 5.1 67 67 104 95 100 126 107 117 5.1
14 YES GYANWAT AIMS/DIP/022009/09/025 7.6.07. Kail Buagesh Housing Bond, Sciro-2, Johquilliserate 115 YES SAWATRI AIMS/DIP/022010/010/25 11, DALI BA MANDR, JODHPUR Illiserate 116 YES SIAHEEN PARVEEN AIMS/DIP/2019/03/09/05 No. 1, RAM NAGAR, HO ARMER. Illiserate 117 YES SUNTA AIMS/DIP/2010/01/02102 SQL 201, John Park Illiserate Illiserate	Housewife NIL No colar complaints. Came for termination of pregnate/, Nothing significant Housewife NIL No colar complaints. Came for termination of pregnate/, Nothing significant Housewife NIL No colar complaints. Came for termination of pregnate/, Nothing significant Housewife NIL No colar complaints. Came for termination of pregnate/. Nothing significant Housewife NIL No colar complaints. Came for termination of pregnate/. Previous history of discovery of the previous h	Nothing significant 36 [Multiparone 28 WEEKS 0.60 0.60 Dipresent, Hissory of Type 2 DM in parents. 38 [Multiparone 39 WEEKS 0.00 0.00 Nothing significant 25 [Primiparone 40 WEEKS 0.00 0.00 History of HTN in fasher. 34 [Multiparone] 36-5 WEEKS 0.20 0.20 Nothing significant 25 [Primiparone] 36-4 WEEKS 0.60 0.60 DDM present, Working significant 34 [Multiparone] 36-6 WEEKS 0.20 0.20	0.00 0.00 <th< td=""><td>$\begin{array}{cccccccccccccccccccccccccccccccccccc$</td><td>$\begin{array}{c c c c c c c c c c c c c c c c c c c$</td><td>91 87 115 36 56 36 73 87 107 44 37 41 75 78 112 34 38 36 74 76 110 44 38 41</td><td>5 36 36 60 63 62 76 37 37 37 70 67 69 63 34 38 36 70 75 73 64 36 36 36 74 74 74 67</td><td>$\begin{array}{cccccccccccccccccccccccccccccccccccc$</td></th<>	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	$\begin{array}{c c c c c c c c c c c c c c c c c c c $	91 87 115 36 56 36 73 87 107 44 37 41 75 78 112 34 38 36 74 76 110 44 38 41	5 36 36 60 63 62 76 37 37 37 70 67 69 63 34 38 36 70 75 73 64 36 36 36 74 74 74 67	$\begin{array}{cccccccccccccccccccccccccccccccccccc$
 99 YES SONE XANDEL ADMORIDA DERADA COMPARIA DERADA COMPARIA	Nonls education, Housewife NL No ordar complaints. Came for routine ANC visit. Nothing significant education Housewife NL No ocular complaints. Came for termination of pregunacy. Nothing significant Housewife NL No ocular complaints. Came for termination of pregunacy. Nothing significant education Housewife NL No ocular complaints. Came for termination of pregunacy. Nothing significant education Housewife NL No ocular complaints. Came for termination of pregunacy. Nothing significant holos cleancion Housewife NL No ocular complaints. Came for termination of pregunacy. Nothing significant holos cleancion Processional 40000 No ocular complaints. Came for termination of pregunacy. Nothing significant	Nothing significant 22 Primiparous 32-3 WEEKS 0.80 0.80 Hierory of Type 2 DM father. 24 Primiparous 39-4 WEEKS 1.1 1.3 Nothing significant 24 Primiparous 39-4 WEEKS 0.00 0.00 Nothing significant 22 Primiparous 39-4 WEEKS 0.00 0.00 Nothing significant 22 Primiparous 39-4 WEEKS 0.00 0.00 Nothing significant 23 Primiparous 38-4 WEEKS 0.10 1.1 1.1 Nothing significant 23 Primiparous 38-4 WEEKS 0.00 0.00	0.0 0.01 0.00	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	134 75 74 99 146 134 136 89 68 101 152 102 106 68 66 101 152 102 106 68 66 36 143 34 143 64 78 105 134 120	36 78 109 36 35 36 81 78 109 36 35 36 89 76 105 36 35 36 87 79 111 38 36 37 76 78 102 32 38 35	s 30 37 06 73 74 03 8 36 37 74 70 72 80 36 38 37 74 74 74 76 37 37 37 74 76 75 77 35 36 36 60 78 69 78	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$
123 YES ANDU AIMS/DPU/2020/900/07361 39, Golf Course Scheme, Air Proze Area, Jodhpur School's edu 247 YES VASHAL AIMS/DPU/2020/10/60518 JODHPUR Scheme, Air Proze Area, Jodhpur School's edu 257 YES VASHA SRVASTAVA AIMS/DPU/2020/10/60518 Mahaead Colony, Mahamadar Pool Office, Jodhpur Differ, Joshpur Jilferinte 277 YES DFF14 ANTWA AIMS/DPU/2020/10/00518 Colong Change, Change Ch	hon's education, Professional 46000 No coular complaints. Cane for termination of pregnancy. Nothing significant oblacation Housewife NL No coular complaints. Cane for tornitica ANC visit. Nothing significant oblacation Housewife NIL No coular complaints. Cane for tornitica ANC visit. Nothing significant oblacation Housewife NIL No coular complaints. Cane for tornita ANC visit. Nothing significant Housewife NIL No coular complaints. Cane for tornita ANC visit. Nothing significant education Housewife NIL No coular complaints. Cane for tornita ANC visit. Nothing significant education Housewife NIL No coular complaints. Cane for tornite ANC visit. Nothing significant education Housewife NIL No coular complaints. Cane for tornite ANC visit. Nothing significant	Nothing significant 23Primiparous 36-4 WEEKS 1.1 1.1 Nothing significant 29Primiparous 38-5 WEEKS 0.00 0.00 Nothing significant 23Primiparous 38-45 WEEKS 0.00 0.00 History of Type 2 DM in elder sizer. 23Primiparous 37-46 WEEKS 0.00 0.00 Nothing significant 23Primiparous 37-46 WEEKS 0.00 0.00 History of Type 2 DM in nother. 23Primiparous 37-46 WEEKS 0.00 0.00 History of Type 2 DM in mother. 23Primiparous 39-44 WEEKS 0.80 0.80 Nothing significant 22Primiparous 39-44 WEEKS 0.20 0.20 Nothing significant 22Primiparous 37-45 WEEKS 0.60 0.60 Nothing significant 22Primiparous 37-45 WEEKS 0.60 0.60	0.8 0.8 0.00 0.00[N6 N.6 N.6 1.8 1.6 512 544 0.00 0.00 0.00 0.00 0.00 1.6 1.8 510 553 [NT] 0.00 0.00 0.00 0.00 N.6 N.6 N.6 1.6 1.8 541 553 [NT] 0.00 0.00 0.00 0.00 N.6 N.6 N.6 1.6 1.8 541 553 [NT] 0.00 0.00 0.00 0.00 N.6 N.6 N.6 1.6 1.8 541 551 [NT] 0.00 0.00 0.00 0.00 N.6 N.6 N.6 1.6 1.8 541 551 [NT] 0.00 0.00 0.00 0.00 N.6 N.6 N.6 1.6 1.8 541 551 [NT] 0.00 0.00 0.00 0.00 N.6 N.6 N.6 N.6 1.	$ \begin{array}{c} \mbox{ACT INTACT} & 25 & 24 & 14 & 10 & 0 & 0 \mbox{ASEST} ABSENTIVAL & WAL & WAL & WAL & 143 \\ \mbox{ACT INTACT} & 25 & 20 & 11 & 22 & 0 & 0 \mbox{ASEST} ABSENTIVAL & WAL & WAL & WAL & 133 \\ \mbox{ACT INTACT} & 20 & 23 & 12 & 23 & 0 & 0 \mbox{ASEST} ABSENTIVAL & WAL & WAL & WAL & 104 \\ \mbox{ACT INTACT} & 20 & 24 & 12 & 24 & 0 & 0 \mbox{ASEST} ABSENTIVAL & WAL & WAL & WAL & 104 \\ \mbox{ACT INTACT} & 20 & 24 & 12 & 24 & 0 & 0 \mbox{ASEST} ABSENTIVAL & WAL & WAL & 104 \\ \mbox{ACT INTACT} & 25 & 25 & 13 & 25 & 0 & 0 \mbox{ABSENT} ABSENTIVAL & WAL & WAL & 127 \\ \mbox{ACT INTACT} & 29 & 22 & 11 & 28 & 0 & 0 \mbox{ASEST} ABSENTIVAL & WAL & WAL & 127 \\ \mbox{ACT INTACT} & 20 & 22 & 11 & 28 & 0 & 0 \mbox{ASEST} ABSENTIVAL & WAL & WAL & 122 \\ \end{array} $	134 68 64 102 146 144 136 78 68 104 132 131 136 78 68 104 132 131 136 74 68 33 126 134 136 74 69 33 126 134 136 79 73 100 136 134	70 76 109 28 38 33 70 76 103 29 35 32 84 87 103 29 35 32 84 87 106 36 33 36 86 74 106 34 38 35 86 74 106 34 38 36	7 35 36 66 70 68 75 8 45 42 63 75 69 76 34 43 39 67 74 71 74 35 34 35 68 66 67 78 36 36 36 67 76 72 76	$\begin{array}{cccccccccccccccccccccccccccccccccccc$
128 YES NEHA SAINT AIM/S/DH/2020/09/00199 12/2/90 .CHOPASANI HOLS/NB GDARD, NANDAN Alway school 129 YES CHANDANI KHAN AIM/S/DH/2019/0019890 147, SANSTYO KI DHAN, Banghang, CHIRANA School's dai 130 YES KOYAL AIM/S/DH/2019/01/18/900 147, SANSTYO KI DHAN, BANAR, Jodhyar, GIURAWIIIsrate 131 YES MADEENA BANO AIM/S/DH/2019/01/18/900 147, SANSTYO KI DHAN, BANAR, Jodhyar, GIURAWIIIsrate 131 YES MADEENA BANO AIM/S/DH/2019/01/18/900 147, SANSTYO KI DHAN, BANAR, Jodhyar, GiuRAWIIIsrate	Image: State of the s	Nothing significant 37 Multiparous 37+5 WEEKS 0.00 0.00	0.00 0.00 0.00 N-6 N-6 N-6 N-6 14 16 551 522 INT	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	121 69 72 97 135 133 134 64 79 102 144 156 125 68 68 99 132 150 122 68 69 95 122 133	74 76 105 32 85 34 76 75 113 28 35 32 84 76 111 29 39 34 93 86 109 34 35 35	4 38 36 64 74 69 79 37 36 37 70 74 72 77 37 36 37 74 67 71 74 35 37 36 76 74 75 77	78 79 98 103 101 98 98 98 5 78 76 98 104 101 98 125 112 5.5 67 71 112 111 112 113 113 5.2 67 72 114 99 107 117 127 122 5.5
 WES KOYU, M. NARAN, ANDRA MARKING, M. 19800. UT 27, ASSISTOR MARKING, MARKAN, MAR	Housewife NL No coular complaints. Care for routine ANC visit. Nothing significant cloadion Housewife NL No coular complaints. Care for routine ANC visit. Nothing significant chool's doctation. Housewife NL No coular complaints. Care for routine ANC visit. Nothing significant chool's doctation. Housewife NL No coular complaints. COr pain lower adhoren x 6 hours. Nothing significant doctation. Housewife NL No coular complaints. CO pain lower adhoren x 6 hours. Nothing significant doctation. Housewife NL No coular complaints. CO pain lower adhoren x 6 hours. Previous history of G Housewife NL No coular complaints. Cort pain counties ANC visit. Nothing significant	Noting significant 35 Multiparos 26 weeks 0.00 0.00 History of CAD in mather. 36 Multiparos 26+3 WEEKS 0.00 0.00 Nothing significant 32 Multiparos 26+3 WEEKS 0.00 0.00 Nothing significant 32 Multiparos 28 WEEKS 0.60 0.60 Didning significant 32 Multiparos 28 WEEKS 0.60 0.60 Didning significant 32 Multiparos 28 * S WEEKS 0.20 0.20 Nothing significant 22 Piringaros 32 WEEKS 0.20 0.20	0.00 0.00 0.00 0.0 0.0 0.0 0.0 0.0 0.0	AL [IVIAL] 24 25 14 12 0 0 0 ASSENTASSENTIME WAL WAL WAL 129 ACT [IVIACT 28 24 11 20 0 0 ASSENTASSENTIME WAL WAL WAL 124 ACT [IVIACT 30 24 12 20 0 0 ASSENTASSENTIME WAL WAL WAL 136 ACT [IVIACT 72 121 13 16 0 0 ASSENTASSENTIME WAL WAL WAL 136 ACT [IVIACT 26 25 12 28 0 0 ASSENTASSENTIME WAL WAL WAL 144 ACT [IVIACT 20 25 14 15 0 0 ASSENTASSENTIME WAL WAL WAL 144 ACT [IVIACT 20 25 14 15 0 0 ASSENTASSENTIME WAL WAL WAL 144 ACT [IVIACT 20 25 14 15 0 0 ASSENTASSENTIME WAL WAL WAL 134	15 60 71 101 134 142 15 76 76 101 134 142 154 74 76 101 135 118 124 74 76 101 135 118 122 79 64 92 122 142 134 75 68 105 124 137	0 36 110 36 33 36 60 86 110 36 33 36 75 86 110 38 36 37 75 85 106 33 37 35 74 78 103 32 38 35	1 34 36 60 67 64 76 36 37 37 70 78 74 74 35 35 35 70 66 68 77 44 36 40 74 63 69 78 43 38 41 76 75 76 67	$\begin{array}{cccccccccccccccccccccccccccccccccccc$
137 YES MADHURI HEDA AIIMS/IDH/2020/06/06/52 MANSAGAR, VERA BORIYA, Pali, RADAVAS Illiterate 138 YES PRAKASH KANWAR AIIMS/IDH/2020/00/003609 282, Udai Nagar, Phalodi, Barrikalan School's edu 139 YES SURABHI KANWAR (AIIMS/IDH/2020/00/001569) B-36 Chandin Deep, Daramarayan Ji Ka Hatha Paota, RAbove schoo 140 YES SHRFX MEHTA AIIMS/IDH/2021/01/015742 160, Malaveer Nagar, Sangriya, Jodpur. School's edu 141 YES KARBHI A. AIMS/IDH/2020/00/0015742 160, Malaveer Nagar, Sangriya, Jodpur. School's edu 141 YES KARBHI A. AIMS/IDH/2020/00/00105742 160, Malaveer Nagar, Sangriya, Jodpur. School's edu 141 YES KARBHI A. AIMS/IDH/2020/00/00105742 160, Malaveer Nagar, Sangriya, Jodpur. School's edu	Housewife NL No coular complaints. Care for routine ANC visit. Nothing significant housing Housewife NL No ocular complaints. CDr pain abdomen 15 hours. Nothing significant hou's clauzation Housewife NL No ocular complaints. Care for routine ANC visit. Nothing significant ducation Housewife NL No ocular complaints. Care for routine ANC visit. Nothing significant education Housewife NL No ocular complaints. Core for routine ANC visit. Nothing significant ofexation Housewife NL No ocular complaints. Core for routine ANC visit. Nothing significant	Nothing significant 23[Primiparous 34 WEEKS 0.00 0.00 History of Type 2 DM in mother. 23[Primiparous 25 WEEKS 0.00 0.00 Nothing significant 23[Primiparous 25 WEEKS 0.20 0.20 Nothing significant 23[Primiparous 27 WEEKS 0.60 0.60	0.00 0.00 <th< td=""><td>$\begin{array}{c} \mbox{ACT}[{\rm NTACT}] & 20 & 25 & 14 & 15 & 0 & 0 \\ \mbox{ACT}[{\rm NTACT}] & 22 & 25 & 14 & 15 & 0 & 0 \\ \mbox{ACT}[{\rm NTACT}] & 22 & 22 & 10 & 15 & 0 & 0 \\ \mbox{ACT}[{\rm NTACT}] & 25 & 22 & 10 & 15 & 0 & 0 \\ \mbox{ACT}[{\rm NTACT}] & 25 & 22 & 12 & 13 & 0 & 0 \\ \mbox{ACT}[{\rm NTACT}] & 25 & 22 & 14 & 12 & 0 & 0 \\ \mbox{ACT}[{\rm NTACT}] & 25 & 22 & 14 & 12 & 0 & 0 \\ \mbox{ACT}[{\rm NTACT}] & 25 & 22 & 14 & 12 & 0 & 0 \\ \mbox{ACT}[{\rm NTACT}] & 21 & 22 & 21 & 12 & 0 & 0 \\ \mbox{ACT}[{\rm NTACT}] & 21 & 22 & 21 & 12 & 0 & 0 \\ \mbox{ACT}[{\rm NTACT}] & 21 & 25 & 12 & 12 & 0 & 0 \\ \mbox{ACT}[{\rm NTACT}] & 24 & 25 & 12 & 12 & 0 & 0 \\ \mbox{ACT}[{\rm NTACT}] & 26 & 22 & 13 & 11 & 0 & 0 \\ \mbox{ACT}[{\rm NTACT}] & 26 & 22 & 13 & 11 & 0 & 0 \\ \mbox{ACT}[{\rm NTACT}] & 22 & 25 & 14 & 12 & 0 & 0 \\ \mbox{ACT}[{\rm NTACT}] & 23 & 25 & 14 & 12 & 0 & 0 \\ \mbox{ACT}[{\rm NTACT}] & 23 & 25 & 14 & 12 & 0 & 0 \\ \mbox{ACST}[{\rm NTACT}] & 23 & 20 & 12 & 10 & 0 & 0 \\ \mbox{ACST}[{\rm NTACT}] & 23 & 20 & 12 & 10 & 0 & 0 \\ \mbox{ACSST}[{\rm ASSST}] & ASSST[{\rm ASSST}] \\ \mbox{ACST}[{\rm NTACT}] & 23 & 20 & 12 & 10 & 0 & 0 \\ \mbox{ACSST}[{\rm ASSST}] & ASST[{\rm ASSST}] \\ \mbox{ACST}[{\rm NTACT}] & 23 & 20 & 12 & 10 & 0 & 0 \\ \mbox{ACSST}[{\rm ASSST}] & ASST[{\rm ASSST}] \\ \mbox{ACST}[{\rm NTACT}] & 23 & 20 & 12 & 10 & 0 & 0 \\ \mbox{ACSST}[{\rm ASSST}] & ASST[{\rm ASSST}] \\ \mbox{ACST}[{\rm NTACT}] & 23 & 20 & 12 & 10 & 0 & 0 \\ \mbox{ACSST}[{\rm ASSST}] & ASST[{\rm ASSST}] \\ \mbox{ACST}[{\rm NTACT}] & 23 & 20 & 12 & 10 & 0 & 0 \\ \mbox{ACSST}[{\rm ASSST}] & ASST[{\rm ASSST}] \\ \mbox{ACST}[{\rm NTACT}] & 23 & 20 & 12 & 10 & 0 & 0 \\ \mbox{ACSST}[{\rm ASSST}] & ASST[{\rm ASSST}] \\ \mbox{ACST}[{\rm ASST}] & ASST[{\rm ASSST}] \\ \mbox{ACST}[{\rm ASST}] & AST[{\rm ASST}] \\ \mbox{ACST} & AST[{$</td><td>124 74 78 103 154 134 134 69 74 105 133 136 122 64 79 93 143 144 134 69 78 104 145 146 123 74 74 98 137 144</td><td>76 88 113 28 34 31 79 77 106 30 36 33 76 76 110 36 37 37 7 78 78 112 28 35 32 7 75 79 108 34 38 34 34</td><td>$\begin{array}{c ccccccccccccccccccccccccccccccccccc$</td><td>78 73 122 113 118 109 98 104 5.4 78 74 112 114 113 109 112 111 5.5 79 79 98 116 107 112 98 105 5.5 63 69 113 115 114 115 118 107 5.2 64 70 112 102 107 116 117 117 4</td></th<>	$ \begin{array}{c} \mbox{ACT}[{\rm NTACT}] & 20 & 25 & 14 & 15 & 0 & 0 \\ \mbox{ACT}[{\rm NTACT}] & 22 & 25 & 14 & 15 & 0 & 0 \\ \mbox{ACT}[{\rm NTACT}] & 22 & 22 & 10 & 15 & 0 & 0 \\ \mbox{ACT}[{\rm NTACT}] & 25 & 22 & 10 & 15 & 0 & 0 \\ \mbox{ACT}[{\rm NTACT}] & 25 & 22 & 12 & 13 & 0 & 0 \\ \mbox{ACT}[{\rm NTACT}] & 25 & 22 & 14 & 12 & 0 & 0 \\ \mbox{ACT}[{\rm NTACT}] & 25 & 22 & 14 & 12 & 0 & 0 \\ \mbox{ACT}[{\rm NTACT}] & 25 & 22 & 14 & 12 & 0 & 0 \\ \mbox{ACT}[{\rm NTACT}] & 21 & 22 & 21 & 12 & 0 & 0 \\ \mbox{ACT}[{\rm NTACT}] & 21 & 22 & 21 & 12 & 0 & 0 \\ \mbox{ACT}[{\rm NTACT}] & 21 & 25 & 12 & 12 & 0 & 0 \\ \mbox{ACT}[{\rm NTACT}] & 24 & 25 & 12 & 12 & 0 & 0 \\ \mbox{ACT}[{\rm NTACT}] & 26 & 22 & 13 & 11 & 0 & 0 \\ \mbox{ACT}[{\rm NTACT}] & 26 & 22 & 13 & 11 & 0 & 0 \\ \mbox{ACT}[{\rm NTACT}] & 22 & 25 & 14 & 12 & 0 & 0 \\ \mbox{ACT}[{\rm NTACT}] & 23 & 25 & 14 & 12 & 0 & 0 \\ \mbox{ACT}[{\rm NTACT}] & 23 & 25 & 14 & 12 & 0 & 0 \\ \mbox{ACST}[{\rm NTACT}] & 23 & 20 & 12 & 10 & 0 & 0 \\ \mbox{ACST}[{\rm NTACT}] & 23 & 20 & 12 & 10 & 0 & 0 \\ \mbox{ACSST}[{\rm ASSST}] & ASSST[{\rm ASSST}] \\ \mbox{ACST}[{\rm NTACT}] & 23 & 20 & 12 & 10 & 0 & 0 \\ \mbox{ACSST}[{\rm ASSST}] & ASST[{\rm ASSST}] \\ \mbox{ACST}[{\rm NTACT}] & 23 & 20 & 12 & 10 & 0 & 0 \\ \mbox{ACSST}[{\rm ASSST}] & ASST[{\rm ASSST}] \\ \mbox{ACST}[{\rm NTACT}] & 23 & 20 & 12 & 10 & 0 & 0 \\ \mbox{ACSST}[{\rm ASSST}] & ASST[{\rm ASSST}] \\ \mbox{ACST}[{\rm NTACT}] & 23 & 20 & 12 & 10 & 0 & 0 \\ \mbox{ACSST}[{\rm ASSST}] & ASST[{\rm ASSST}] \\ \mbox{ACST}[{\rm NTACT}] & 23 & 20 & 12 & 10 & 0 & 0 \\ \mbox{ACSST}[{\rm ASSST}] & ASST[{\rm ASSST}] \\ \mbox{ACST}[{\rm NTACT}] & 23 & 20 & 12 & 10 & 0 & 0 \\ \mbox{ACSST}[{\rm ASSST}] & ASST[{\rm ASSST}] \\ \mbox{ACST}[{\rm ASST}] & ASST[{\rm ASSST}] \\ \mbox{ACST}[{\rm ASST}] & AST[{\rm ASST}] \\ \mbox{ACST} & AST[{$	124 74 78 103 154 134 134 69 74 105 133 136 122 64 79 93 143 144 134 69 78 104 145 146 123 74 74 98 137 144	76 88 113 28 34 31 79 77 106 30 36 33 76 76 110 36 37 37 7 78 78 112 28 35 32 7 75 79 108 34 38 34 34	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	78 73 122 113 118 109 98 104 5.4 78 74 112 114 113 109 112 111 5.5 79 79 98 116 107 112 98 105 5.5 63 69 113 115 114 115 118 107 5.2 64 70 112 102 107 116 117 117 4
 HS PIET AURURA HEDA ALIMS/DIP/2021/02/006/178 KUDH HOISING BOARD, DODHUR RE DAA ALIMS/DIP/2021/02/006/06/178 YES MAZURA HEDA ALIMS/DIP/2021/02/006/07620 YES MAZURA HEDA ALIMS/DIP/2021/02/007/07020 Li Alimson ALIMS/DIP/2021/02/007/07020 Li Alimson ALIMS/DIP/2021/02/007/07020 KARISHAA WAR ALIMS/DIP/2020/07001030 HJ YES STREFY SHEFTA ALIMS/DIP/2020/0700030 HJ YES STREFY SHEFTA ALIMS/DIP/2020/0700031 HARDY SHARA ALIMS/DIP/2020/0700032 HARDY SHARA ALIMS/DIP/2020/0700032 HARDY SHARA ALIMS/DIP/2020/0700323 HARDY SHARAA ALIMS/DIP/2020/0700323 HARDY SHARAA APARAADA PARADAPA ALIANA ALIMS/DIP/2020/0700323 HARDY SHARAA ALIMS/DIP/2020/0700323 HARDY SHARAA ALIMS/DIP/2020/0700323 HARDY SHARAA ALIMS/DIP/2020/0700325 HARDY SHARAA ALIMS/DIP/2020/0700325 HARDY SHARAA ALIMS/DIP/2020/0700325 HARDY SHARAA ALIMS/DIP/2020/0700325 HARDY SHARAA ALIMS/DIP/2020/070325	Ruitzatini Piotewite NiL povolati companies Co pasa pie riginaria no nost. Poota granica hosto education Piotesional 50000 No cetar complaints. Care for orazine ANC visit. Nothing significant education Housewife NiL No collar complaints. Col discharge per vaginum x6 hours. Nothing significant Housewife NiL No collar complaints. CO pain abdomen x1 hours. Nothing significant Housewife NiL No collar complaints. CO pain abdomen x1 hours. Nothing significant Housewife NiL No collar complaints. CO pain abdomen x1 hours. Nothing significant Housewife NiL No collar complaints. CO pain abdomen x1 hours. Nothing significant Nothing significant	Nothing significant 24 Primiparous 26 WEEKS 0.00 0.00 Nothing significant 25 Primiparous 28 WEEKS 0.80 0.80 Nothing significant 22 Primiparous 29 WEEKS 1.1 1.3	0.00 0.00 <th< td=""><td>ACT INTACT 24 25 12 12 0 0. JABSENT/BASENT/MAL WAL WAL 141 ACT INTACT 24 25 12 12 0 0. JABSENT/BASENT/MAL WAL NML NML 126 ACT INTACT 26 22 13 11 0 0. JABSENT/BASENT/MAL NML NML NML 134 ACT INTACT 32 25 14 12 0 0. JASENT/BASENT/MAL NML NML 142 ACT INTACT 23 20 12 10 0. JASENT/BASENT/MAL NML NML 142 ACT INTACT 23 20 12 10 0. JASENT/BASENT/MAL NML NML 142 ACT INTACT 24 20 12 14 12 122</td><td>$\begin{array}{c ccccccccccccccccccccccccccccccccccc$</td><td>67 76 77 36 87 77 76 41 36 45 41 86<</td><td>7 36 37 63 62 63 67 37 37 37 67 73 70 78 37 38 38 76 70 73 79 36 36 36 60 70 73 79 36 36 36 60 70 65 78</td><td>$\begin{array}{cccccccccccccccccccccccccccccccccccc$</td></th<>	ACT INTACT 24 25 12 12 0 0. JABSENT/BASENT/MAL WAL WAL 141 ACT INTACT 24 25 12 12 0 0. JABSENT/BASENT/MAL WAL NML NML 126 ACT INTACT 26 22 13 11 0 0. JABSENT/BASENT/MAL NML NML NML 134 ACT INTACT 32 25 14 12 0 0. JASENT/BASENT/MAL NML NML 142 ACT INTACT 23 20 12 10 0. JASENT/BASENT/MAL NML NML 142 ACT INTACT 23 20 12 10 0. JASENT/BASENT/MAL NML NML 142 ACT INTACT 24 20 12 14 12 122	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	67 76 77 36 87 77 76 41 36 45 41 86<	7 36 37 63 62 63 67 37 37 37 67 73 70 78 37 38 38 76 70 73 79 36 36 36 60 70 73 79 36 36 36 60 70 65 78	$\begin{array}{cccccccccccccccccccccccccccccccccccc$
1407 EES DUKIA AIMINSUDH/2021/U200954 [16:594, Chopsani Hosing Board, Jodhpur Illiferate 1477 YES NUPUR BHATI AIMINSUDH/2021/02/00356 (96, GAVATRIANCAR, PALROAD, JODHPUR Illiferate 148 YES (RATTIKA SONI AIMINSUDH/2020/02/006701 SUTHARON KA BASS SARWADI, PANCHPADRA Belliferate 149 YES RANU SHARMA AIMINSUDH/2020/02/006703 25, Kurada, Nagar 1507 YES (ARTI JAU AIMINSUDH/2020/02/0007759 25, Kurada, Nagar 1507 YES (ARTI JAU AIMINSUDH/2020/02/0007759 25, Kurada, Nagar 1507 YES (ARTI JAU AIMINSUDH/2020/02/0007759 25, Kurada, Nagar 1507 YES (ARTI JAU AIMINSUDH/2020/0007759 25, Kurada, Nagar 1507 YES (ARTI JAU AIMINSUDH/2020/000759 25, YES (AR	Housewife NL CO dyness in BE since 3 norths. CO leaking per output any 7 hours. Nothing significant Housewife NL No ocular complaints. CO pain shownen x7 hours. Nothing significant Housewife NL OD headage since 1 month. Came for termination of pregnancy. Nothing significant Housewife NL CO headage since 1 month. Came for termination of pregnancy. Nothing significant Housewife NL No ocular complaints. CO to be leading V x 2 hours. Nothing significant Housewife NL No ocular complaints. Com for termination of pregnancy. Nothing significant	Nothing significant 23 Primiparono 284-5 0.00 0.00 Nothing significant 19 Primiparono 29 + 4 VEEKS 0.00 0.00 Nothing significant 20 Primiparono 31 WEEKS 0.00 0.00 Nothing significant 20 Primiparono 31-6 WEEKS 0.00 0.00 Nothing significant 24 Primiparono 34-6 WEEKS 0.00 0.00 Nothing significant 24 Primiparono 34-4 WEEKS 0.20 0.20 Nothing significant 25 MeEKS 0.00 0.00 0.00 Nothing significant 26 Multiparono 34-4 WEEKS 0.00 0.00 Nothing significant 27 Multiparono 34-5 WEEKS 0.00 0.00 Nothing significant 27 Multiparono 34-5 WEEKS 0.00 0.00 Nothing significant 27 Multiparono 34-5 WEEKS 0.0	0.00 0.00 0.00 0.00 N-6 N-6 N-6 N-6 14 18 561 532[X1 0.00 0.00 0.00 0.00 N-6 N-6 N-6 16 12 521 529 [X1 0.00 0.00 0.00 0.00 N-6 N-6 N-6 16 12 521 529 [X1	ACT INTACT 26 20 11 22 0 0JABSENT JASSENT WNL WNL WNL WNL 100 ACT INTACT 24 25 13 23 0 0JABSENT JASSENT WNL WNL WNL WNL 143	i.eq /8 /4 94 120 136 134 69 68 104 156 138 124 74 68 100 136 142 105 68 78 88 144 137 142 75 78 110 135 146	org bit 107 38 431 411 94 86 119 20 34 271 95 83 114 40 371 391 78 89 112 36 38 371 76 78 109 35 344 351	•1	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
151 YES SANGEETA PATEL AIMIS/IDH/2020/09/011027 8x/07, X B H B, Jodhum Above schoot 152 YES RAKHI PANWAR AIMIS/IDH/2020/10003854 216, BHARMANION KA BAS, PHALODI, Jodhum, Millierate 153 YES DIYYA AIMIS/IDH/2020/10004254 90, RAPIUTO KA VS MIYON KA BERA, BAKMER School's chu 154 YES LEELA. AIMIS/IDH/2021/01/02247 113, Kishina Nagar Near Police line Road, Pal. 155 YES ANU KANNAR AIMIS/IDH/2021/01/02247 113, Kishina Nagar Near Police line Road, Pal. 155 YES ANU KANNAR	education Housewife NL No evaluation of the second of the	Nothing significant 26[Multiparous 384-3 WEEKS 0.80 0.80 Nothing significant 27[Multiparous 374-6 WEEKS 0.00 0.00 Nothing significant 27[Multiparous] 374-5 WEEKS 0.00 0.00 Nothing significant 27[Multiparous] 374-5 WEEKS 0.00 0.00 Nothing significant 28[Multiparous] 38-WEEKS 0.60 0.60 History of Two 20 Min father 29[Priminware] 34-WEEKS 0.20 0.20	0.20 0.20 0.00 0.00 0.00 K. N.6 N.6 12 12 541 552 0.00 0.00 0.00 0.00 0.00 N.6 N.6 N.6 14 14 552 1521 0.00 0.00 0.00 0.00 N.6 N.6 N.6 N.6 12 12 522 5321 NT 0.00 0.00 0.00 0.00 N.6 N.6 N.6 N.6 12 12 522 5321 NT 0.00 0.00 0.00 0.00 N.6 N.6 N.6 14 14 552 521 NT 0.00 0.00 0.00 0.00 N.6 N.6 N.6 12 12 522 542 NT 0.00 0.00 0.00 N.6 N.6 N.6 16 14 547 537	ALC INTACT 25 25 14 25 0 0 ABSENTABLESTINGL WAL WAL 103 ACT INTACT 28 25 14 25 0 0 ABSENTABLESTINGL WAL WAL 103 ACT INTACT 28 25 12 15 0 0 ABSENTABLESTINGL WAL WAL 143 ACT INTACT 25 20 12 15 0 0 ABSENTABLESTINGL WAL WAL 143 ACT INTACT 27 20 13 13 0 0 ABSENTABLESTINGL WAL WAL 143 ACT INTACT 21 25 11 12 0 0 ABSENTABLESTINGL WAL WAL 122 ACT INTACT 28 25 12 14 0 0 ABSENTABLESTINGL WAL WAL 104 ACT INTACT 28 21 11 0 0 ABSENTABLESTINGL WAL WAL	124 74 102 126 136 136 69 72 101 144 144 126 64 77 97 154 146 134 69 67 99 164 144 134 69 67 99 164 144 172 64 80 00 153 164	79 74 104 36 43 40 89 76 113 40 35 38 86 79 116 36 37 37 78 73 115 34 35 35 75 84 115 34 35 35	8 37 43 74 75 79 16 35 36 74 75 76 37 36 37 78 67 73 78 37 36 37 66 76 71 78 37 36 37 66 76 71 78 37 36 37 663 78 71 78	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
150 DESCRIPTION PUBLICATION PUBLICATION PROFESSION (NO. 1)	Addression NL No cular complaints. CO leaking PV x 4 hows. Nothing significant Hensewife NLI. No ocular complaints. CO pain abdomen since 15 hours. Nothing significant hou?s education. Professional 17500 No cular complaints. CO pain abdomen since 15 hours. Nothing significant hou?s education. Professional 17500 No cular complaints. CO pain abdomen since 15 hours. Nothing significant education. Housewife NIL. No cular complaints. Came for routine ANC visit. Nothing significant Housewife NIL. No cular complaints. Came for routine ANC visit. Nothing significant	Nothing significant 23 Multiparous 33 + 5 WEEKS 0.00 0.00 Nothing significant 24 Multiparous 34 WEEKS 0.80 0.80 History of Tone 2 DM in arrandmather 30 WEEKS 0.00 0.00 0.00	0.000 0.000 0.000 0.000 0.000 0.000 10.00 12 14 42/ 53/ 13/ 0.00 0.000 0.000 0.000 Ne Ne Ne Ne 14 16 554 522 INT 0.20 0.20 0.000 0.000 Ne Ne Ne Ne 14 16 554 522 INT 0.00 0.000 0.000 Ne Ne Ne Ne 14 16 554 552 INT 0.00 0.000 0.000 0.000 Ne Ne Ne Ne 14 153 556 INT 0.00 0.000 0.000 0.000 Ne Ne Ne Ne 14 14 549 511 INT 0.000 0.000 0.000 Ne Ne Ne Ne 14 14 549 511 INT <td>Instrument angle angle</td> <td>07 07 77 1.33 148 126 68 777 101 144 135 98 75 77 94 135 144 102 64 78 97 122 142 124 69 76 101 146 144</td> <td>or 112 30 36 30 36 76 86 110 40 34 37 . 74 87 110 28 37 33 .</td> <td>Jos Jos <thjos< th=""> <thjos< th=""> <thjos< th=""></thjos<></thjos<></thjos<></td> <td>16 2.2 104 98 101 115 115 115 2.5 62 2.4 8.9 99 115 110 111 4.5 62 2.4 8.9 99 115 110 111 4.5 78 79 98 121 110 122 110 116 5 78 79 98 121 110 123 100 116 5 78 83 104 105 116 109 102 52 75 75 112 100 104 98 101 4.9 67 70 106 109 103 97 100 52</td>	Instrument angle	07 07 77 1.33 148 126 68 777 101 144 135 98 75 77 94 135 144 102 64 78 97 122 142 124 69 76 101 146 144	or 112 30 36 30 36 76 86 110 40 34 37 . 74 87 110 28 37 33 .	Jos Jos <thjos< th=""> <thjos< th=""> <thjos< th=""></thjos<></thjos<></thjos<>	16 2.2 104 98 101 115 115 115 2.5 62 2.4 8.9 99 115 110 111 4.5 62 2.4 8.9 99 115 110 111 4.5 78 79 98 121 110 122 110 116 5 78 79 98 121 110 123 100 116 5 78 83 104 105 116 109 102 52 75 75 112 100 104 98 101 4.9 67 70 106 109 103 97 100 52
1601 YES BHUMIKA JAIMS/DH/202008009292 Kudi Buagashi Hosuiga Buardi, Scieve Z, Jodhpur. Illiterate 161 YES MAHIMA SHARMA AIIMS/DH/202009805016459 72, Randev Saugr, Jodhpur Illiterate 162 YES PARSI AIIMS/DH/202012002931 406, Ridhi Vinayak Apartment, Ratan Nagar, Jodhpur Above school	Housewife NIL No ocular complaints Carse for rotatice APC visit. Nothing significant Housewife NIL CO beadache for the past 8 months. CO leaking PV x 8 hours. Nothing significant CO techniq in BE for the past 2 sease. Carne for rotatine APC visit. Nothing significant hool's education. Housewife NIL Nothing significant Nothing significant	Distorting significant 27 [Multiprova 25 WEEKS 0.20 0.20 Nothing significant 27 [Multiprova 25 WEEKS 0.60 0.20 Nothing significant 28 [Multiprova 28 WEEKS 0.60 0.60 History of Type 2 DM in grandparents 31 [Multiprova 32 WEEKS 0.00 0.00 Nothing significant 32 [Multiparosa 32 WEEKS 0.00 0.00	0.00 0.00 0.00 0.00 N-6 N-6 I-6 I-6 S42 33B(T) 0.00 0.00 0.00 0.00 0.00 N-6 N-6 N-6 I-6 I-6 I-5 S42 33B(T) 0.00 0.00 0.00 0.00 N-6 N-6 N-6 I-6 I-6 I-5 S42 S3B(T) 0.00 0.00 0.00 0.00 N-6 N-6 N-6 I-6 I-6 I-5 S42 S3B(T)	ACT_INTACT 24 27 12 24 0 0 ABSENT_BASENTIWNL WNL WNL WNL 143 ACT_INTACT 24 27 12 24 0 0 ABSENT_BASENTIWNL WNL WNL WNL 120 ACT_INTACT 25 26 14 25 0 0 ABSENT_BASENTIWNL WNL WNL WNL 134	154 74 73 106 124 134 123 78 68 97 144 142 134 75 76 105 154 144			75 75 112 106 109 104 98 101 4.9 671 70 106 112 109 103 97 100 5.2 67 70 99 99 92 122 104 113 5

Same Consent Name AIIMS ID Address Education level. Occupation Income (Median monthly incore Primary complaints with duration History of part illness 1/VES 00197 ANYE A LAW AlIMS/IDM/010/01097027A 36 Sampularus alouds Alarls Star Nill Nill Nill Non-supplicing COD units alounce a Visables alouds alo	ss Family history Parity Period of gestation UDVA RUCVA L DVA WITH PH IDVA WITH PH LBCVA RBCVA L History of Type-2 DM in mother. Primiparous. 28 + 4 WEEKS 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	LIV (mm/RCNVA BCNVA BCNVA IOP RE IOP LE CCT RECT LE Corneal CORNE SCHIRS SCHIRS TBUT R TBU	L OSSS REOSSS LEMGD REMGD LEAS RE AS LE Funden Funden RE-1 RE-S N 10 of a datasent assentium, unit, u	s RE. Peripapillary RNFL thickness Peripapillary RNFL thickness RE- Peripapillary RNFL thickness LE-S Peripapillary RNFL thickness LE-S S Peripapillary RNFL thickness S S Peripapillary RNFL thickness S S Peripapillary RNFL thickness S S S Peripapillary RNFL thickness S S S S S S S S S S S S S S S S S S	allar's RNFL Macular RNFL blickness Macula	GCL+ thickness RE J GCL+ thickness RE - S GCL + thickness RE TOTAL GCL+ thickness LE-I S GCL+ thickness LE-G	CriticLa-thickness LE GCL++ thickness RE TOTAL GCL++ thickness RE-S TOTAL GCL++ thickness LE-S GCL++ thickness LE-	.++ thickness LE -TOTAL	
IYES PRIYANKA JAIN AIIMS/IDH/2016/10003726 36 SanwaJpura Jadda, Aloka, Siar School's oblacation. Housewife NIL No evaluer complaints: CO paina bedoene x1 Stoting significant 2YES SISIEELA AIIMS/IDH/2016/10003726 28 NAGORI GATE KE ANDER KALAL COLONY. JODHPUR Illiterate Housewife NIL No evaluer complaints: CO paina bedoene x1 Stoting significant 3YES JAGRTI PANWAR AIIMS/IDH/2017/08/007149 28 NAGORI GATE KE ANDER KALAL COLONY. JODHPUR Illiterate Housewife NIL No evaluer complaints: CO paina bedoene x1 Stoting significant 4 YES POOIA AIIMS/IDH/2017/08/007149 29 KHARI, NAGAUR Albos exchoir doucation Professional 15000 No evaluer complaints. Adminited for size dong Previous history of GL 5 YES PREETI SHARMA AIIMS/IDH/2017/08/00018 24 DURGANION RT HANN, Lodpur, PEELWA Illiterate Housewife NIL CO dyness in BE for the part nombre value significant 6 YES KARLA AIIMS/IDH/2017/09/00018 24 DURGANION RT HANN, Lodpur, PEELWA Illiterate Housewife NIL No evaluer complaints. CO beding PY z 21 Noting significant 6 YES KARLA AIIMS/IDH/2017/09/00011 25 T1-21 A, fin, Jodpur	Neutrographicant Priniparons. 26 + 4 WEEKS 0.60 0.00	0 N-6 N-6 N-6 N-6 14 12 530 520187ACT1071ACT 25 26 12 0 N-6 N-6 N-6 N-6 12 14 544 5351071ACT1071ACT 25 13 0 N-6 N-6 N-6 N-6 12 14 544 5351071ACT1071ACT 25 25 13 0 N-6 N-6 N-6 14 14 543 550171ACT1071ACT 25 25 12	15 0 0 ABSENT ABSENTITUNI. WNL WNL 121 148 13 0 0 ABSENT ABSENTITUNI. WNL WNL 121 148 13 0 0 ABSENT ABSENTITUNI. WNL WNL 141 142 14 0 0 ABSENT ABSENTITUNI. WNL WNL 131 132 12 0 0 ABSENT ABSENTITUNI. WNL WNL 135 132 12 0 0 ABSENT ABSENTITUNI. WNL WNL 135 132 12 0 0 ABSENT ABSENTITUNI. WNL WNL 120 120	81 73 106 132 135 84 81 73 106 132 135 84 85 81 12 156 142 93 45 81 12 156 142 93 45 60 56 91 142 130 88 60 56 91 146 156 86	68 105 33 33 33 37 35 80 118 35 35 35 32 33 66 107 24 26 25 42 37 78 117 37 30 31 39 35	67 71 69 70 77 73 75 74 79 88 61 61 61 63 65 68 67 68 65 65	71 100 105 103 107 106 80 108 112 110 111 113 8 63 101 97 99 105 100 7 66 111 101 106 103 103	107 6.5 112 6.1 103 6.8 104 7 1	
6 YES KAMLA AIMS/DIF/2010/12/009614 25[7-13, Ark, _loftpur [lifterate] Housewife NL No cular complaints. CO beding PV x 12 [Nothing significant] 7 YES SEENAM GESAWAT AIMS/DIF/2020/10006905 25[9667], Sahu, AF Station Jodhpur. Ilifterate Housewife NL No ceular complaints. Cane for termination [Nothing significant] 8 YES ABHILASHA KUMARI [AIMS/DIF/201909000228 22] [ALORE] Ilifterate Housewife NL No ceular complaints. CO leaking PV x 12 [Nothing significant]	History of HTN in father. Primiparous. 39-44 WEEKS 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	0 N-6 N-6 N-6 N-6 16 18 521 524 INTACT INTACT 20 20 10 0 N-6 N-6 N-6 N-6 10 14 543 544 INTACT INTACT 20 20 12 0 N-6 N-6 N-6 12 16 552 550 INTACT INTACT 25 25 14	12 0 0 ABSENTABSENTINUL NNL NNL 128 100 11 0 0 ABSENTABSENTINUL NNL NNL 138 104 12 0 0 ABSENTABSENTINUL NNL NNL 138 104 12 0 0 ABSENTABSENTINUL NNL NNL 121 118	68 62 90 150 150 98 63 64 92 138 88 100 82 80 100 148 140 96	62 115 36 34 35 26 23 66 97 28 26 27 30 33 84 117 32 30 31 28 29	75 74 75 66 67 65 64 65 62 66 69 68 69 68 66	65 114 110 112 92 86 62 92 92 92 100 105 68 100 104 102 90 91	89 6.5 103 6.8 91 6.2 102 7.5	
9 YES AKKANSHA JAIN ALIMS/DH/201908/00653 35 198/ Baladev Nagar. PAGAR, Jodpur Above school's education Professional 25000 No.cutal complaints. Admited for safe conf Nothing significant 11 YES AKTA FANNA ALIMS/DH/201400600575 35 25 OFFICER QUARTER BSF MANDORE ROAD, JODHPUR School's education. Housewife NL No.cutal complaints. Camfe termination Nothing significant 11 YES DEPTIKA GOLIYA ALIMS/DH/2016/11/007535 25 OFFICER QUARTER BSF MANDORE ROAD, JODHPUR School's education. Housewife NL No.cutal complaints. Camfe termination Noting significant 12 YES DIYYD AVE ALIMS/DH/201090000166 27 151, SBadam Bana KA, Ragart. Bliterate Housewife NL No.cutal complaints. Camfe termination Niching significant 13 YES GEPT A VANGAN ALIMS/DH/2010/2010/01676 37 125, Bladam Bana KA, Ragart. Bliterate Housewife NL No.cutal complaints. Camfe termination Noting significant 15 YES KANTA PANNAR ALIMS/DH/2010/2010/201676 37 125, Bladam Bana KA, Ragart. Alburet. Alims/DH/2010/2010/11/0000538 43 10/DHP/UR Abdv school's education. Housewife NL No.cutal complaints. Camfe termination Noting significant 15 YES KANTA PANNAR ALIMS/DH/2010/2010/201676 27 125, Bladam Bana KA, Ragart. Alburet. Alburet Housewife NL No.cutal complaints. Camfe termination Noting significant 15 YES KANTA PANNAR ALIMS/DH/2010/2010/201854 33 10/DHP/UR B1 Hierate Housewife NL No.cutal complaints. Camfe termination Noting significant 16 YES KANTA PANNAR ALIMS/DH/2010/2010/2010/201854 23 12 (Dener Nama) B1 literate Housewife NL No.cutal complaints. Camfe termination Noting significant 16 YES KANTA PANNAR ALIMS/DH/2010/2010/2010/2010/201854 23 12 (Dener Nama) B1 literate Housewife NL No.cutal complaints. Camfe termination Noting significant 16 YES KANTA PANNAR ALIMS/DH/20100/2010/2010/2010/2010/2010/2010/20	History of Type-2 DM in lander. Multiparous 37-3 WEEXS. 0.00 0.	01×60 × 64 × 64 × 64 × 64 × 64 × 64 × 64 ×	10 0 0/ABSEN/ABSEN/WNL WNL WNL 1.54 1.50 22 0 0/ABSEN/ABSEN/WNL WNL WNL 111 96 23 0 0/ABSEN/ABSEN/WNL WNL WNL 111 96 23 0 0/ABSEN/ABSEN/WNL WNL WNL 141 142 24 0 0/ABSEN/ABSEN/WNL WNL WNL 128 100	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	iii 24 20 25 38 20 80 118 26 24 25 32 33 60 99 35 33 34 30 33 72 117 36 33 35 38 36	14 12 13 18 17 73 75 74 79 8 17 65 64 65 62 6 74 78 78	/9 112 110 111 104 102 80 108 112 110 111 113 - 62 92 92 92 100 165 9 79 112 110 111 164 102	103 7.5 112 5.8 103 6.5 103 6.2	
13 YES GETA VANGANI AIMS/DIV/2020/2016/576 37 [25, Bhadam Bana Ka, Ragart. Illiterate Housewife NL No exular complaints. Aming for disparition bisory of CI 14 YES YPCTPUNABI AIMS/DIV/2019/10/0000576 37 [27, Bastra Road, Kachamaa City, Nagart. Above school cohcation Housewife NL No exular complaints. Canife for similation [Noting significant 15 YES KANTA PANWAR AIMS/DIV/2019/05/01.884 33 [DOHPUR Illiterate Housewife NL No exular complaints. Canife for the individe significant 16 YES KANTA PANWAR AIMS/DIV/2010/000825 28 [20, Gaesh Marg, Johpur, Manak Illiterate Housewife NL No exular complaints. Color leaking V + 4 hovintog significant 16 YES KANTA AIMS/DIV/2010/000825 28 [20, Gaesh Marg, Johpur, Manak Illiterate Housewife NL No exular complaints. COl taking V + 4 hovintog significant	DM present. History of Type-2 DM and (KED in mother. Multiparous 39 WEEKS 0.00	0 N-6 N-6 N-6 14 16 540 542 INTACT INTACT 24 20 12 0 N-6 N-6 N-6 12 16 556 540 INTACT INTACT 28 20 11 0 N-6 N-6 N-6 12 16 556 540 INTACT INTACT 28 20 11 0 N-6 N-6 12 16 540 S40 INTACT INTACT 30 25 13 0 N-6 N-6 12 16 540 S40 INTACT INTACT 30 25 13 0 N-6 N-6 12 16 S40 S40 S47 17 71 14	25 0 0 [ABSENT]ABSENT]WNL WNL WNL 135 132 28 0 0 [ABSENT]ABSENT]WNL WNL WNL 120 120 15 0 0 [ABSENT]ABSENT]WNL WNL WNL 120 120 15 0 0 [ABSENT]ABSENT]WNL WNL WNL 138 104 15 0 0 [ABSENT]WNL WNL WNL 121 148	65 42 94 142 146 88 60 56 94 146 146 88 72 66 94 146 140 86 72 64 95 138 146 100 78 71 105 132 156 84	72 112 24 26 25 38 36 84 114 32 30 31 28 29 72 114 28 26 27 38 36 78 113 33 33 33 39 35	74 72 73 78 77 69 68 69 68 66 74 72 73 78 77 68 67 68 65 66 68 67 68 65 66	$\begin{array}{c c c c c c c c c c c c c c c c c c c $	103 6.8 91 7.1 103 6.5 104 6.1	
17 YES KHUSHBOJ JOSHI AIMS/DH/20191/1001249 25 [23, Ganga Vhar Vara YBB Bahk, Jodhpur, Kbbh, Basui 1st Phase Illiterate Housewife NL Nocular complaints. CO plain abdomenta 4/Nothing significant 18 YES KOMAL CHOUHAN AIMS/DH/202001/02515 29 [9/23, D.P. Nagar Madhuban, Basui, Jodhpur, Kbbh, Basui 1st Phase Illiterate Housewife NIL Nocular complaints. CO plaing significant 19 YES KRISHNA AIMS/DH/202001/025215 29 [9/23, D.P. Nagar Madhuban, Basui, Jodhpur, MDD SAMA JODHPUR, JODHPUR Illiterate Housewife NIL Nocular complaints. CO plaing significant 19 YES KRISHNA AIMS/DH/20001/025215 30 [VISHWAKARMA NAGER, CHAND SAMA JODHPUR, JODHPUR, JODHPUR, JODHPUR Illiterate Housewife NL CO mild lichning in BE for the past 6 months/ Nothing significant	Nothing significant Primiparous. 37+1 WEEKS 0.20 0.00		13 0 0 ABSENT ABSENT WNL WNL MNL 135 132 12 0 0 ABSENT ABSENT WNL WNL 128 100 14 0 0 ABSENT WNL WNL 128 100	31 42 85 142 85 88 54 62 86 150 142 98 81 56 94 146 135 86	65 95 24 24 24 28 26 80 118 36 33 35 32 33 68 109 32 30 31 37 35	61 64 63 67 6 73 75 74 79 88 67 71 69 70 7	67 88 88 88 95 93 80 108 112 110 111 113 71 100 105 103 107 106	94 6.5 112 7.9 107 6.8	
20 TES LEENA SHARMA AIMIS/JDH/2019/12/002399 54 53, JODHFUR, NACAUK Adove caloois education Housewite NiL No ocutat comptaints. C/O bledning per vagi revious instory of OL	UM present History of 176-2 L9M in moher. Multiparous 5941 WEEK 0.000 0.000 0.000 0.000 0.000 0.000 0.000 Northing significant Multiparous 38 WEEKS 0.000 0.000 0.000 0.000 0.000 NHistory of Type-2 DM in father. Multiparous 37 WEEKS 0.20 0.20 0.000 0.000 0.000 0.000 NHistory significant Primparous. 374 4 WEEKS 0.20 0.000 0.000 0.000 0.000 0.000 0.000 0.000 NHISTORY STREAM PRIMARY STREAM STREA	$ \begin{array}{c c c c c c c c c c c c c c c c c c c $	12 0 0/ABSEN/ABSEN/WNL WNL WNL 121 148 11 0 0/ABSEN/ABSEN/WNL WNL WNL 121 118 12 0 ABSEN/ABSEN/WNL WNL WNL 121 118 12 0 ABSEN/ABSEN/WNL WNL WNL 141 142 28 0 ABSEN/ABSEN/WNL WNL WNL 138 104	04 71 101 152 150 84 31 80 88 148 85 96 63 78 106 156 88 93 65 64 93 138 135 100	18 113 35 35 35 39 35 65 99 32 24 28 28 26 60 99 35 33 34 30 33 66 100 28 24 26 37 35	05 0/ 65 00 00 661 664 63 67 66 655 64 65 62 66 67 71 69 70 77	00 111 101 105 104 105 67 88 88 85 95 93 - 62 92 92 20 100 105 1 71 100 105 103 107 106	94 7.5 103 6.8 107 7.3	
 23 YES MANU KAWAR AIMS/DH/2019/12/01/1432 24 (22, DDP Nagar, Mathuan Housing Board, Bhagat K Kohi, Jochgur, Baglillierate Housewife NIL Noncoultance Order with voniti/Nothing significant 24 (PES NAIME NEW) 24 YES NAIMENTEYI AIMS/DH/2019/12/01/2013607 29 (Vermaniyon K) Dani, Januar K, Bayar KAWA, Januer A, Bayar KA, Bayar KA, Bayar KA, Bayar K, B	Nothing significant Multiparoos 38 WEEKS 0.60 0.20 0.00	0 N6 = N6 = N6 = N6 = 14 14 540 5541 $(IITACT INTACT = 26 = 26 = 13 = 0 N6 = N6 = N6 = N6 = 18 = 553 = 5542 (INTACT INTACT = 23 = 20 = 14 = 0 N6 = N6 = N6 = N6 = 16 = 16 = 552 = 5540 (INTACT INTACT = 23 = 25 = 11 = 0 N6 = N6 = N6 = N6 = 14 = 12 = 533 = 5540 (INTACT INTACT = 24 = 26 = 25 = 12 = 0 N6 = N6 = N6 = N6 = 14 = 12 = 543 = 5542 (INTACT INTACT = 24 = 26 = 13 = 0 N6 = N6 = N6 = N6 = 14 = 12 = 543 = 5542 (INTACT INTACT = 24 = 26 = 13 = 0 N6 = N6 = N6 = N6 = 14 = 12 = 543 = 5540 (INTACT INTACT = 24 = 26 = 13 = 0 N6 = N6 = N6 = N6 = 14 = 12 = 543 = 5540 (INTACT INTACT = 24 = 26 = 13 = 0 N6 = N6 = N6 = N6 = 14 = 12 = 14 = 531 = 550 (INTACT INTACT = 24 = 26 = 13 = 0 N6 = N6 = N6 = N6 = 14 = 12 = 14 = 531 = 550 (INTACT INTACT = 24 = 26 = 13 = 0 N6 = N6 = N6 = N6 = N6 = 14 = 12 = 14 = 531 = 550 (INTACT INTACT = 24 = 26 = 13 = 0 N6 = N6 = N6 = N6 = 14 = 12 = 14 = 531 = 550 (INTACT INTACT = 24 = 26 = 13 = 0 N6 = N6 = N6 = N6 = 14 = 12 = 14 = 531 = 550 (INTACT INTACT = 24 = 26 = 13 = 0 N6 = N6 = N6 = N6 = 14 = 12 = 14 = 531 = 550 (INTACT INTACT = 24 = 26 = 13 = 0 N6 = N6 = N6 = N6 = N6 = 14 = 12 = 153 = 550 (INTACT INTACT = 24 = 26 = 13 = 0 N6 = N6 = N6 = N6 = N6 = N6 = 14 = 12 = 14 = 531 = 550 (INTACT INTACT = 24 = 12 = 12 = 14 = 531 = 150$	15 0 0 [ABSENT[ABSENT]WNL WNL WNL 135 132 15 0 0 [ABSENT[ABSENT]WNL WNL WNL 121 148 13 0 0 [ABSENT[ABSENT]WNL WNL WNL 121 148 12 0 0 [ABSENT[ABSENT]WNL WNL WNL 128 100 12 0 0 [ABSENT]WNL WNL WNL 120 120	63 42 93 142 130 88 80 71 105 132 146 84 31 44 76 150 85 98 81 56 94 146 135 86	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	61 61 61 63 66 74 72 73 78 77 61 64 63 67 66 67 71 69 70 77	63 101 97 99 105 100 79 112 110 111 104 102 67 88 88 95 93 1 71 100 105 107 106	103 7.4 103 6.1 94 7.6 107 7.9	
	History of Type-2 DM and HTN in fahrer. Primipaross. 384-3 WEEKS 0.00	0 N6 N6 N6 14 12 543 5542 INTACT 174 26 13 0 N6 N6 N6 N6 12 14 551 ISS0 INTACT 12 24 12 14 151 150 150 117ACT 12 24 12 14 16 520 520 117ACT 14 16 520 530 117ACT 12 23 10 0.N6 N-6 18 14 542 540 117ACT 12 23 10	14 0 0 [ABSENT]ABSENT]WNL WNL WNL 121 118 12 0 0 [ABSENT]ABSENT]WNL WNL WNL 138 104 12 0 0 [ABSENT]ABSENT]WNL WNL WNL 138 104 12 0 0 [ABSENT]ABSENT]WNL WNL WNL 141 142 12 0 0 [ABSENT]WNL WNL WNL 120 120	73 68 95 148 130 96 72 64 95 138 150 100 84 78 111 156 146 93 85 56 95 146 142 86	66 110 32 30 31 42 37 78 118 28 26 27 39 35 72 117 35 35 38 36 80 114 32 30 31 32 33	61 61 61 63 65 68 67 68 65 66 74 72 73 78 77 73 75 74 79 88	$\begin{array}{c c c c c c c c c c c c c c c c c c c $	103 8 104 6.5 103 7.4 112 7.6	
34/VES [PRATIBIA RATHORE AIMS/DDH/201706008912 22] [234, BAACARGK IDHANL, BAYTU, Barner. Above school's education [Housewife NIL No ceuter companies. CO pain address r. 5 Nothing significant 201705 [DAI/UTTPU/AII]. LUB/ER/DD1/01/07/06/008912 22] [234, BAACARGK IDHANL, BAYTU, Barner. Above school's education [Housewife NIL No ceuter companies. CO pain address r. 5 Nothing significant 201705 [DAI/UTTPU/AII]. LUB/ER/DD1/01/07/06/008912 22] [234, BAACARGK IDHANL, BAYTU, Barner. Above school's education [Housewife NIL No ceuter companies. CO pain address r. 5 Nothing significant 201705 [DAI/UTTPU/AII]. LUB/ER/DD1/01/07/07/06/008912 22] [234, BAACARGK IDHANL, BAYTU, Barner. Above school's education [Housewife NIL No ceuter companies. CO pain address r. 5 Nothing significant 201705 [DAI/UTTPU/AII]. LUB/ER/DD1/01/07/07/06/008912 22] [234, BAACARGK IDHANL, BAYTU, Barner. Above school's education [Housewife NIL No ceuter companies. CO pain address r. 5 Nothing significant 201705 [DAI/UTTPU/AII]. LUB/ER/DD1/01/07/07/06/008912 22] [234, BAACARGK IDHANL, BAYTU, Barner. Above school's education [Housewife NIL No ceuter companies. CO pain address r. 5 Nothing significant 201705 [DAI/UTTPU/AII]. LUB/ER/DD1/01/07/07/07/07/07/07/07/07/07/07/07/07/07/	History of Type-2 DM in mother. Primiparous. 36+5 WEEKS 0.60 0.00 0.00 0.00 0.00 0.00 0.00 N.00 N	UNX N.G N.G 11 14 201 250 DirtX-CLENTACT 21 20 12 0/N.G N.G N.G 11 161 201 250 DirtX-CLENTACT 21 20 12 0/N.G N.G N.G 16 6 200 DirtX-CLENTACT 20 21 0/N.G N.G N.G 16 6 200 DirtX-CLENTACT 20 21 0/N.G N.G N.G 16 16 200 DirtX-CLENTACT 20 23 16 0/N.G N.G N.G 16 16 201 230 DirtX-CLENTACT 20 23 12 0/N.G N.G N.G 16 16 250 DirtX-CLENTACT 27 25 12 0/N.G N.G N.G 16 500 DirtX-CLENTACT 22 13 0/N.G N.G 16 500 DirtX-CLENTACT 22 13	0 0 ABSENTARSENTINUL NNL WNL 135 132 20 0 ABSENTARSENTINUL NNL WNL 135 132 21 0 0 ABSENTARSENTINUL NNL WNL 121 118 21 0 0 ABSENTARSENTINUL NNL WNL 121 118 21 0 0 ABSENTARSENTINUL NNL NNL 134 130 21 0 0 ABSENTARSENTINUL NNL NNL 134 130	84 42 98 142 146 88 31 44 79 148 85 96 61 42 92 142 135 92 61 42 92 132 135 92	72 112 24 24 24 38 36 65 99 32 24 28 28 26 66 107 32 24 28 26 37 35 66 107 32 36 25 37 35	74 72 73 78 77 61 64 63 67 67 62 71 69 70 77	79 112 110 111 104 102 67 88 88 88 95 93 1 71 100 102 107 106 0 70 100 102 107 106	103 7.1 94 7.2 107 6.5	
36 YES RAMESHI MEENA AIMS/JDH/2019/1000642 24 (LHHAYAN-LI, JAISALMER, CHAYAN Iliterate Housewife NL No cular complaints. Admitted for blood sil/Nothing significant 37 YES REKHA AIIMS/JDH/202005/000390 21 [Ramsar, Barner, Agore Above school's educatine Housewife NL No cular complaints. Admitted for blood sil/Nothing significant 38 YES RENU KANWAR AIIMS/JDH/2020001/031070 29 [de, SIXYATO KI DEHANIYA NARI NADI, JODHPUR Illiterate Housewife NL No ocular complaints. Admitted for blood sil/Nothing significant	Noting significant Primipaross. 394-6 WEEKS 0.00	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	25 0 0 ABSENTABSENTWNL WNL WNL 128 25 0 0 ABSENTABSENTWNL WNL WNL 128 15 0 0 ABSENTABSENTWNL WNL WNL 138 15 0 0 ABSENTABSENTWNL WNL WNL 120	$ \begin{array}{c c c c c c c c c c c c c c c c c c c $	00 110 20 31 30 35 35 7 8 17 7 2 20 30 31 39 35 35	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	00 100 112 110 111 63 101 97 99 105 100 67 88 88 85 95 93 66 111 101 106 104 103	112 7.5 103 6.1 94 7.6 104 6.8	
39 YES RICHIKA JAIN AIMS/DIJ/2019/12/012/357 23 Vera Bhao Wala, Barrance, Stana Illicrate Housewite NIL Nocular complaints. Care for termination [Noting significant] 40 YES SAFA KIATAA AIMS/DIJ/2019/50501073 32 Pugitya, Johgnur. Illicrate Housewite NIL No coular complaints. Care for termination [Noting significant] 41 YES SAAKIN AIMS/DIJ/2019/050010772 33 [1,9 MIII, JODHPCR Above school's education Professional 17000 No coular complaints. Care for the story of GL 42 YES SAKEETA AIMS/DIJ/2019/0500107972 33 [4,6 JARALIVAS, Nagaur Illicrate Housewite NL No coular complaints. CAre for all story of GL 42 YES SAKEETA AIMS/DIJ/2019/050010792 36 [4,6 ALALIVAS, Nagaur Illicrate Housewite Nu No coular complaints. CAre for all shorters Periodin shorer Periodin shorters	History of Type-2 DM and CKD in mouner. Frinnparous. 5941 WEEK 0.20 0.00 0.00 0.00 0.00 0.00 0.00 0.0	$\begin{array}{c c c c c c c c c c c c c c c c c c c $	15 0 0/AdSEN/IAMSEN/IWNL WNL WNL 121 148 13 0 0/AdSEN/IAMSEN/IWNL WNL WNL 141 142 12 0 AdSEST/IASEN/IWNL WNL WNL 141 142 12 0 AdSEST/IASEN/IWNL WNL WNL 111 96 28 0 AdSEST/IASEN/IWNL WNL WNL 148 135	74 71 104 132 140 84 81 73 109 135 135 93 72 45 81 152 142 97 60 73 104 144 135 78	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	/4 /2 /3 /8 /7 67 71 69 70 7 73 75 74 79 88 67 71 69 70 7	/9 112 110 111 104 102 71 100 105 103 107 106 1 80 108 112 110 111 113 1 71 100 105 103 107 106 1 71 100 105 103 107 106	103 6.8 107 7.6 112 7.4 107 7.3	
43] YES SANU AIMS/DH/201703/013768 34] BAKALIYAS, Nagure Above school's education Housewife NIL No cetaler complaints. CO paint abdoment s, Previous history of CI VES SANU AIMS/DH/201912/00703 25 [1234, CALI No-12, PRATAP NAGAR, Jodhpur III literate Housewife NIL CO dyness in BE for the past 8 months. Add Nothing significant 45 YES SARLA GEHLOT AIMS/DH/20191/2003014 24 [02, GODAWAS, Barmer, KALLN III literate Housewife NIL No cetaler complaints. CC may and abdoment s, Nothing significant 46 YES SERLA SHARMA A IAMS/DH/201907/02205 38 [85, RALL NAV LIPK EX PASS, Jodhpur, BALDEV NAGAR MASURITA'N III literate Housewife NIL No cetaler complaints. CC mode in the previous history of CI VES SEEMA SHARMA A IAMS/DH/201907/02205 38 [85, RALL NAV LIPK EX PASS, Jodhpur, BALDEV NAGAR MASURITA'N III literate Housewife NIL No cetaler complaints. Can for termination Previous history of CI VES SEEMA SHARMA A IMS/DH/2019/07/02205 38 [85, RALL NAV LIPK EX PASS, Jodhpur, BALDEV NAGAR MASURITA'N III literate Housewife NIL No cetaler complaints. CC mode in the previous history of CI VES SEEMA SHARMA A IMS/DH/2019/07/02205 18 [85, RALL NAV LIPK EX PASS, Jodhpur, BALDEV NAGAR MASURITA'N III literate Housewife NIL No cetaler complaints. CC mode international previous history of CI VES SEEMA SHARMA A IMS/DH/2019/07/02205 18 [85, RALL NAV LIPK EX PASS, Jodhpur, BALDEV NAGAR MASURITA'N III literate Housewife NIL No cetaler complaints. CC mode international previous history of CI VES SEEMA SHARMA A IMS/DH/2019/07/02205 18 [85, RALL NAV LIPK EX PASS, Jodhpur, BALDEV NAGAR MASURITA'N III literate Housewife NIL No cetaler complaints. CC mode international previous history of CI VES SEEMA SHARMA A INSTRUCTION IN INTERNATION IN INTER	DM present. History of Type-2 DM in parents. Multiparous 37-64 WEEKS 1.1 0.00 0.00 0.00 0.00 0.00 0.00 0.00	$ \begin{array}{c c c c c c c c c c c c c c c c c c c $	15 0 0 (JASEENTJASENTJWNL WNL WNL 118 145 15 0 0 (JASEENTJASENTJWNL WNL WNL 142 154 13 0 0 JASEENTJASENTJWNL WNL WNL 134 133 12 0 0 JASEENTJASENTJWNL WNL WNL 132 143	60 68 98 131 130 82 31 44 93 134 85 69 55 64 97 102 142 87 66 69 03 141 135 76	b0 102 36 36 36 42 37 65 88 26 24 25 28 26 80 103 26 30 28 32 33 68 105 34 30 32 37 55	61 61 61 63 67 61 64 63 67 66 73 75 74 79 88 67 71 69 70 77	0.51 101 97 99 105 100 67 88 88 89 95 93 4 80 108 112 110 111 113 1 71 1005 105 107 106	103 7.4 94 5.7 112 7.6 107 6.2	
47 YES SHORHA CHOUDHARY AIMSZDH/20200201579 26 322. JAISAWAS. Jaiva-B AGORA Illicate Housewife NL No cular complaints. Can be and with symfaction of the symfactin of the symfactin of the symfaction of the symfactin	History of Type-2 DM in mother. Primiparous. 3843 WEEKS 0.00 1.1 0.00 0.00 0.00 Nothing significant Primiparous. 3746 WEEKS 0.20 0.00 <td< td=""><td>0IN-6 IN-6 IN-6 I 18 14 540 5401INTACTINTACT 25 25 14</td><td>14 0 0 ABSENTARSENTIVUL WNL WNL 148 144 12 0 0 ABSENTARSENTIVUL WNL WNL 100 136 12 0 0 ABSENTARSENTIVUL WNL WNL 100 136 14 0 0 ABSENTARSENTIVUL WNL WNL 100 136 12 0 0 ABSENTARSENTIVUL WNL WNL 123 136 12 0 0 ABSENTARSENTIVUL WNL WNL 118 134</td><td>73 64 107 120 130 76 51 68 89 130 156 69 80 75 104 132 142 88 64 68 96 144 130 77</td><td>66 98 35 34 35 42 37 78 108 30 34 32 39 35 80 111 30 30 30 32 33 66 104 26 35 31 47 37</td><td>61 61 61 63 65 68 67 68 65 6 73 75 74 79 88 61 61 63 63 6</td><td>63 101 97 99 105 100 66 111 101 106 104 103 9 80 108 112 110 111 113 5 63 101 971 99 164 103</td><td>103 7.2 104 7.5 112 7.6 103 65</td></td<>	0IN-6 IN-6 IN-6 I 18 14 540 5401INTACTINTACT 25 25 14	14 0 0 ABSENTARSENTIVUL WNL WNL 148 144 12 0 0 ABSENTARSENTIVUL WNL WNL 100 136 12 0 0 ABSENTARSENTIVUL WNL WNL 100 136 14 0 0 ABSENTARSENTIVUL WNL WNL 100 136 12 0 0 ABSENTARSENTIVUL WNL WNL 123 136 12 0 0 ABSENTARSENTIVUL WNL WNL 118 134	73 64 107 120 130 76 51 68 89 130 156 69 80 75 104 132 142 88 64 68 96 144 130 77	66 98 35 34 35 42 37 78 108 30 34 32 39 35 80 111 30 30 30 32 33 66 104 26 35 31 47 37	61 61 61 63 65 68 67 68 65 6 73 75 74 79 88 61 61 63 63 6	63 101 97 99 105 100 66 111 101 106 104 103 9 80 108 112 110 111 113 5 63 101 971 99 164 103	103 7.2 104 7.5 112 7.6 103 65	
51 YES USHMI. AIMS/DH/2018/06/000151 2e/28 Kalab & Gai, Pain School's education. Housewife NL No cular complaints. C/D main advances x (Nothing significant 52 YES VARSHA SONI AIIMS/DH/2020/1010577 28 J-6. Hucko Quarter, Shastri Nagar, Jodhpur, Pratap Nagar School's education. Housewife NIL No ceular complaints. C/D backache since I No hubing significant 53 YES VEENA AIIMS/DH/2020/11/000116 24 Rauta, Jackner, Bagad Above school's education. Housewife NIL No ceular complaints. Adminied for significant	History of Bronchial ashma in father. Primiparous. 26 weeks 0.00 <t< td=""><td>Obes Net Net 11 12 22 356 [077Ac] 24 20 11 Obes Net Net<!--</td--><td>10 0 6 6 1 <th1< th=""> 1 <th1< th=""> <th1< th=""></th1<></th1<></th1<></td><td>62 63 64 55 65 31 44 56 56 57 36 72 101 101 55 56 36 72 101 101 55 77</td><td>68 105 21 21 31 21 66 105 30 31 32 33</td><td></td><td>71 100 105 107 100 67 88 88 89 93 93 1 66 11 101 105 103 105 2 66 11 101 105 105 105 105</td><td>107 6.9 94 6.9 104 7.1 90 60</td></td></t<>	Obes Net Net 11 12 22 356 [077Ac] 24 20 11 Obes Net Net </td <td>10 0 6 6 1 <th1< th=""> 1 <th1< th=""> <th1< th=""></th1<></th1<></th1<></td> <td>62 63 64 55 65 31 44 56 56 57 36 72 101 101 55 56 36 72 101 101 55 77</td> <td>68 105 21 21 31 21 66 105 30 31 32 33</td> <td></td> <td>71 100 105 107 100 67 88 88 89 93 93 1 66 11 101 105 103 105 2 66 11 101 105 105 105 105</td> <td>107 6.9 94 6.9 104 7.1 90 60</td>	10 0 6 6 1 <th1< th=""> 1 <th1< th=""> <th1< th=""></th1<></th1<></th1<>	62 63 64 55 65 31 44 56 56 57 36 72 101 101 55 56 36 72 101 101 55 77	68 105 21 21 31 21 66 105 30 31 32 33		71 100 105 107 100 67 88 88 89 93 93 1 66 11 101 105 103 105 2 66 11 101 105 105 105 105	107 6.9 94 6.9 104 7.1 90 60	
S4 [TES TOGESH ALMS/DIP/2020/01/29543 22] Karm Bex, Kabwa Lobony, Ngaara IIIferate Housewite NIL C/D elevines in B. s. 7 monitors, C/D need [Notify agrificant 55] [FES SNEHA SHARMA ALMS/DIP/2021/01/0303] 25] [K/P/A, Kabwa Lobony, Ngaara IIIferate Housewite NIL No ocultar complaints. C/D pain abdomes 4; Nobing agrificant 56] [FES SNEHA SHARMA ALMS/DIP/2021/01/0339] 24] [K.maki, Sanchore, IAone. IIIIferate Housewite NIL No ocultar complaints. C/D pain abdomes 4; Nobing agrificant 56] [FES POUA DUGGAR ALMS/DIP/2021/01/0339] 24] [K.maki, Sanchore, IAone. IIIIferate Housewite NIL No ocultar complaints. C/D pain abdomes 4; Nobing agrificant 57] [FES PR71A, Anne, ALMS/DIP/2021/01/0339] 24] [K.maki, Sanchore, IAOne. IIIIferate Housewite NIL C/D oni il ching agrificant 56] [FES PR71A, Anne, ALMS/DIP/2021/2004326] 24] [K.maki, Sanchore, IAPARA, Alwey school's education Housewite NIL C/D oni il ching agrificant 50] [FE PR71A, Anne, Alms/DIP/2021/2004326] 24] [K.maki, Sanchore, IAPARA, Alwey school's education Housewite NIL C/D oni il ching agrificant 50] [FE PR71A, Anne, AlmS/DIP/2021/2004326] [FE PR71A, AlmS/DIP/2021/	History of Type-2 DM in father. Primiparous. 28 + 5 WEEKS 0.00 0.60 0.00 0.00 0.00 0.00 0.00 0.0	0 N-6 N-6 N-6 N-6 14 14 521 521 INTACT INTACT 26 25 14	arr organization First First WNL 132 136 25 0 0.4358/FM.4385/FW.NL WNL 118 138 28 0 0.4358/FM.4385/FW.NL WNL 118 138 15 0 0.4358/FM.4385/FW.NL WNL WNL 113 125	org org 97 141 150 76 70 68 99 131 142 78 35 68 95 130 130 74 62 68 95 144 156 88	wei wei etc 53 54 26 23 80 108 2.6 30 2.8 32 33 66 100 36 36 36 42 37 78 117 33 2.6 30 39 35	12 12 06 13 73 75 74 79 88 61 61 61 63 66 66 67 68 65 66	00 10 11 92 80 80 108 112 110 111 113 63 101 97 99 105 100 66 111 101 105 105 105	0.9 0.9 112 6.8 103 7.6 104 7.1	
58 [YES REENA KHATRI AIMS/DH/2020/10/003719 22 [SO, Choudharýo Ka Baas, Ball, Panchalwara [IIIterate Housewife NIL No cutal complains. Admited for safe coal Nothing significant 59 [YES POONA PARWAN J AIMS/DH/2020/90/005/00243 36 [23:7], Shashi Nagar, Ajmer. [IIIterate Housewife NIL No cutal complains. Admited for blood all Perious history of GE 60 [YES NEELAM SON1 AIMS/DH/2020/90/01140 24 [Cangar Bera, Jodgnar.] 61 [YES NOTA 11UWA1 LIMS/DH/2020/90/01140 24 [Longar Bera, Jodgnar.] 61 [YES NATA 11UWA1 LIMS/DH/2010/10/10/13 37] [D Sec. 4 Londowr.]	Nothing significant Multiparous 25 WEEKS 0.00	$ \begin{array}{c c c c c c c c c c c c c c c c c c c $	13 0 QASSEN JAMSEN TWNL WNL WNL 124 144 13 0 AASSEN JASSENTWNL WNL WNL 144 136 12 0 AASSENT JASSENTWNL WNL WNL 144 136 12 0 AASSENT JASSENTWNL WNL WNL 134 136 28 0 OASSENT MASSENTWNL WNL WNL 134 133	sur 64 103 131 135 86 62 68 103 134 142 84 71 75 104 102 156 86 31 44 86 141 85 87	08 102 20 34 30 37 55 80 110 30 36 33 32 33 78 106 44 24 34 39 35 65 95 44 24 33 28 26	6/1 71 69 70 7 73 75 74 79 88 68 67 68 65 66 61 64 63 67 66	/1 100 105 103 107 106 80 108 112 110 111 113 66 111 101 106 104 103 7 67 88 88 95 93	107 6.5 112 7.5 104 6.9 94 6.9	
62 YES NIDH AIMS/DIF/2021/04/02107 391638, 5A ROAD SRAADARTRA, JODHPUR School's oblication. Housevite NIL No cular complaints. Administration for ads conf. Noting significant (5) YES SARASWATT AIMS/DIF/2021/04/0275 381017, RARIO KA BA S, NEEMBL 1 PATELAN PALL School's oblication. Housevite NIL No cular complaints. Complaints. Administry of E 64 YES ANU KANWAR AIMS/DIF/2021/04/0275 381017, RARIO KA BA S, NEEMBL 1 PATELAN PALL School's oblication. Housevite NIL No cular complaints. Complaints. Complaints Administry of E 64 YES ANT ANT AIMS/DIF/2021/04/00255 385 [214], Kabil Para, Jaisalmer. School's oblication. Housevite NIL No cular complaints. Complaints Administry of E 65 YES AART ANT AIMS/DIF/2021/04/00255 385 [214], Kabil Para, Jaisalmer. School's oblication. Housevite NIL No cular complaints. CO hesing Vis 31 [017, Kabil Para, Jaisalmer. School's oblication. Housevite NIL No cular complaints. CO hesing Vis 31 [017, Kabil Para, Jaisalmer. School's oblication. Housevite NIL No cular complaints. CO hesing Vis 31 [017, Kabil Para, Jaisalmer. School's oblication. Housevite NIL No cular complaints. CO hesing Vis 31 [017, Kabil Para, Jaisalmer. School's oblication. Housevite NIL No cular complaints. CO hesing Vis 31 [017, Kabil Para, Jaisalmer. School's oblication. Housevite NIL No cular complaints. CO hesing Vis 31 [017, Kabil Para, Jaisalmer. School's oblication. Housevite NIL No cular complaints. CO hesing Vis 31 [017, Kabil Para, Jaisalmer. School's oblication. Housevite NIL No cular complaints. CO hesing Vis 31 [017, Kabil Para, Jaisalmer. School's oblication. Housevite NIL No cular complaints. CO hesing Vis 31 [017, Kabil Para, Jaisalmer. School's oblication. Housevite NIL No cular complaints. CO hesing Vis 31 [017, Kabil Para, Jaisalmer. School's oblication. Housevite NIL No cular complaints. CO hesing Vis 31 [017, Kabil Para, Jaisalmer. School's oblication. Housevite NIL No cular complaints. CO hesing Vis 31 [017, Kabil Para, Jaisalmer. School's oblication. Housevite NIL No cular complaints. CO hesing Vis	DM present. History of Type-2 DM in mother. Multiparous 29 WEEKS 0.00 0.00 0.00 0.00 0.00 0.00 0.00 NO	$ \begin{array}{c c c c c c c c c c c c c c c c c c c $	15 0 0 ABSENT ABSENT WNL WNL WNL 134 136 15 0 0 ABSENT ABSENT WNL WNL WNL 144 136 15 0 0 ABSENT ABSENT WNL WNL WNL 146 136 13 0 0 ABSENT ABSENT WNL WNL WNL 134 136 12 0 0 ABSENT MSENT WNL WNL WNL 122 122	73 68 103 120 130 88 77 67 107 134 150 86 71 73 104 135 87 31 44 80 144 88 88	66 101 35 24 30 42 37 62 108 37 35 36 26 23 68 109 34 34 37 35 36 26 23 68 109 34 34 34 37 35 36 24 30 7 35 36 37 35 36 37 35 36 36 37 35 36 37 35 36 37 35 36 37 35 36 37 36 37 36 37 36 37 36 36 36 36 36 36 36 36 36 36<	61 61 61 63 63 75 74 75 66 66 67 71 69 70 71 61 64 63 67 67	63 101 97 99 105 100 65 114 110 112 92 86 71 100 105 103 107 106 7 67 88 88 94 93	103 7.4 89 6.5 107 6.6 94 7.8	
66] TES ANU BARUYAL AIMS/DH/2021000/03940 24 [46-A, Ajit Cooling, Jain Manara Streete, JODHPUK Adove station seducation Housewite Nit. No ecular companits. CO activation graphication 67] YES SNEHA SHARMA AIIMS/DH/202103003505 35 [Madpura Barwala, Kawas, Barmer Illiterate Housewite Nit. No ecular complaints. Come for termination Previous history of GE 68] YES KIRAN LOKENDRA AIIMS/DH/2021011005711 341[01. Near Private Bus Stand. Barmer. Bavtu Illiterate Housewite NIL C/O headcerb A station. C/O pain addome. Nothing significant	History of Type 2 DM in fahrer. Finiparons. 31 WEEKS 0.00<	0 N-6 N-6 N-6 N-6 14 16 530 530 1017 ACT 1017 ACT 12 12 13 0 N-6 N-6 N-6 N-6 12 12 544 1017 ACT 1017 ACT 23 25 14 0 N-6 N-6 N-6 N-6 12 12 544 1017 ACT 1017 ACT 23 25 14 0 N-6 N-6 N-6 N-6 14 16 543 543 1017 ACT 1017 ACT 24 20 12 0 N-6 N-6 N-6 N-6 14 10 543 543 1017 ACT 1017 ACT 24 20 12	14 0 0 ABSENTARSENTINUL WNL WNL 134 124 12 0 0 ABSENTARSENTINUL WNL WNL 134 126 12 0 0 ABSENTARSENTINUL WNL WNL 134 126 13 0 0 ABSENTARSENTINUL WNL WNL 134 126 14 0 0 ABSENTARSENTINUL WNL WNL 154 136 15 0 0 ABSENTARSENTINUL WNL WNL 156 136 15 0 0 ABSENTARSENTINUL WNL WNL 155 138	73 63 99 131 130 84 68 81 102 112 142 88 63 78 108 150 88 78 63 73 108 150 88 78 63 73 107 141 56 75	66 103 33 25 29 42 37 80 103 36 50 33 32 33 60 91 40 33 37 30 33 78 113 37 30 33 37 30 33	61 61 61 63 66 73 75 74 79 88 65 64 65 62 66 68 67 68 65 65 65	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	103 7.5 112 6.3 103 6.7 104 7.1	
70 YES KRISHNA AIMS/DH/2021/02/012815 24105.html Agaur School's education. Housewife NIL No ocular compliants. Cane for termination Nothing significant 71 VIES FORMUL AUM/2012/02/012815 24105.html Aum/2012 FORMUL AUM/2012	History of Type-2 DM in mother. Primiparous. 38+3 WEEKS 0.00 0.	Ne6 Ne6 Ne6 16 14 221 S21 INTACT 30 25 13 0Ne6 Ne6 Ne6 16 14 S21 S21 INTACT NO 25 13 0Ne6 Ne6 Ne6 12 18 S43 S43 INTACT NTACT 27 20 14 0Ne6 Ne6 Ne6 12 16 S52 S52 INTACT D7 25 11	15 0 0 ABSENTABSENTWNL NNL NNL 124 136 15 0 0 ABSENTABSENTWNL NNL 144 136 13 0 0 ABSENTABSENTWNL NNL NNL 156 12 0 0 ABSENTABSENTWNL NNL NNL 156 12 0 0 ABSENTABSENTWNL NNL 122 144	60 67 100 131 150 78 61 67 100 131 150 78 61 64 104 130 135 78 60 68 99 134 130 82	n 105 2.4 2.7 2.9 2.6 2.3 66 105 36 34 35 37 35 66 103 34 35 37 37 37	00 0 00 00 75 74 75 66 66 67 71 69 70 77 61 61 61 63 65	06 114 110 103 2 86 71 100 112 92 86 71 100 105 103 107 106 2 63 101 97 99 105 100	89 6.1 107 7.2 103 6.7	
75 VES SARGEETA ALIMS/DH/2021/00/1628 26 BAWRI, Johney SAIKHLA ADOve school's education. Housewite NL. Proceeding significant and another all provide significant and an analysis of the school sch	History of Type-2 DM and HTN in mother. Primiparous. 37 WEEKS 0.00 0.20 0.00 0.00 0.00 0.00 0.00 NO	0 N-6 N-6 N-6 N-6 18 12 522 540 INTACT INTACT 25 24 13	14 0 0/ABSEN/ABSEN/WNL WNL WNL 114 146 12 0 0/ABSEN/ABSEN/WNL WNL WNL 116 144 11 0 0/ABSEN/ABSEN/WNL WNL WNL 116 144 12 0 0/ABSEN/ABSEN/WNL WNL WNL 124 138 12 0 0/ABSEN/ABSEN/WNL WNL WNL 135 122	31 44 86 144 85 69 70 68 100 156 142 70 72 75 102 144 135 78 62 67 97 134 142 75	05 91 32 24 26 28 20 80 112 36 33 35 32 33 68 106 36 34 35 37 35 80 108 36 33 35 32 33	61 64 65 07 73 75 74 79 80 67 71 69 70 77 73 75 74 79 80	07 88 88 85 79 99 80 108 112 110 111 113 71 100 105 103 107 106 0 80 112 110 111 113	94 7.6 112 7.8 107 6.8 112 6.8	
100 TRANS LINE ALL CONTROL AND A CONTROL		$ \begin{array}{c c c c c c c c c c c c c c c c c c c $	10 0 0 ABSENT[ASSENT]WNL WNL WNL 146 126 20 0 ABSENT[ASSENT]WNL WNL WNL 124 128 23 0 ABSENT[ASSENT]WNL WNL WNL 124 128 23 0 ABSENT[ASSENT]WNL WNL WNL 144 132 24 0 0 ABSENT[ASSENT]WNL WNL WNL 135 144	60 69 100 146 146 69 74 68 99 148 142 88 31 44 88 144 85 81 73 68 105 148 130 79	72 108 32 30 31 38 36 80 115 36 30 33 32 33 65 94 34 24 29 28 26 66 106 34 35 35 42 37	74 72 73 78 77 73 75 74 79 88 61 64 63 67 66 61 61 61 63 66	79 112 110 111 104 102 80 108 112 110 111 113 67 88 88 95 93 63 101 97 99 105 100	103 7.2 112 7.2 94 6.6 103 7.2	
80 [YES] HEENA AIMS/DIP/2021/03/011815 38 [324], Kohli Para, Jasiamer. Illiterate Housewite NL No cutar complaints. CO decrease feature 81 [YES] RTU AIMS/DIP/2021/03/011815 38 [324], Kohli Para, Jasiamer. Albox school's chacation Housewite NL No ocutar complaints. CO decrease feature 82 [YES] NAZMEEN AIMS/DIP/2021/03/000242 34 [11, Shiv Shaki Nagar Khene Ka Kaan Pal Road, Jodhpur. School's chacation Housewite NL No ocutar complaints. CO decrease feature School's chacation. Housewite NL No cutar complaints. CO decrease feature School's chacation. Housewite NL No cutar complaints. CO decrease feature School's chacation. Housewite NL No cutar complaints. Admited for thoose school's chacation. Housewite NL No cutar complaints. Admited for thoose shool's of thool's chacation. Housewite NL No cutar complaints. Admited for thoose shool's of thool's chacation. Housewite NL No cutar complaints. Admited for thoose shool's of thool's chacation. Housewite NL No cutar complaints. Admited for thoose shool's of thool's chacation. Housewite NL No cutar complaints. Admited for thoose shool's of thool's chacation. Hous	History of Type-2 DM in grandmother. Primiparous. 35 + 1 WEEK 1.1 0.60 0.00 <	0 N6 N6 N6 18 14 551 521 INTACTINTACT 23 25 11 0 N6 N6 N6 N6 16 521 521 INTACTINTACT 26 25 12 0 N6 N6 N6 N6 18 14 542 542 INTACTINTACT 24 26 25 12 0 N6 N6 N6 18 14 542 554 INTACTINTACT 24 20 13 0 N6 N6 N6 12 18 554 INTACTINTACT 24 12	25 0 0 ABSENT[ASSENT]WNL WNL WNL 144 134 28 0 0 ABSENT[ASSENT]WNL WNL WNL 134 134 15 0 0 ABSENT[ASSENT]WNL WNL WNL 134 134 15 0 0 ABSENT[ASSENT]WNL WNL WNL 146 134 15 0 0 ABSENT[ASSENT]WNL WNL WNL 144 122	63 65 102 146 88 80 63 68 100 144 88 69 31 44 89 135 85 76 81 73 105 136 135 78	60 94 36 30 33 30 33 60 90 33 33 30 33 30 33 66 90 33 33 33 30 33 36 33 36 33 36 33 36 36 36 36 36 36 36 36 36 36 37 35 36 36 36 36 36 36 36 36 36 36 36 37 35 35 36 36 36 36 36 36 36 36 37 35 35 36 <td>65 64 65 62 66 65 64 65 62 66 61 64 63 67 66 67 71 69 70 77</td> <td>62 92 92 92 100 105 62 92 92 92 100 105 2 67 88 88 95 93 1 71 100 105 103 107 106</td> <td>103 7.3 103 6.6 94 7.8 107 7.1</td>	65 64 65 62 66 65 64 65 62 66 61 64 63 67 66 67 71 69 70 77	62 92 92 92 100 105 62 92 92 92 100 105 2 67 88 88 95 93 1 71 100 105 103 107 106	103 7.3 103 6.6 94 7.8 107 7.1	
85 YES URMILA AIMS/DIV/2015/12/2002731 22 Barthal, Bhakhri, Dichang, Jodhpar School's obscasion. Housewife NIL No evular complaints. CM paint advances in qNothing significant 86 YES PREKSHA ABANI AIMS/DIV/2015/12/2002731 22 Barthal, Bhakhri, Dichang, Jodhpar School's obscasion. Housewife NIL No evular complaints. CM painted for blood and Nothing significant 87 YES NERLA MODI AIMS/DIV/2018/066012886 28 Ai-164, Hauman Vilant-II, Mangwava, Manarovar, JAPUR Above school's education Professional 560001 No evular complaints. CM painting significant 88 YES VILA AIMS/DIV/2011/003564 28 Nous, I complaints. CM painting significant	Nothing significant Primiparous. 3746 WEEKS 0.00	01N6 N6 N6 14 14 554 5201017ACT1017ACT 20 20 14 01N6 N6 N6 16 520 5121017ACT107ACT 20 23 10 01N6 N6 N6 16 5520 5121017ACT 20 23 10 01N6 N6 N6 16 5520 5121017ACT 25 24 12 01N6 N6 N6 14 18 512 5501017ACT 25 24 12 01N6 N6 N6 18 14 550117ACT 27 25 14	13 0 0 ABSENT ABSENT WNL WNL WNL 122 126 12 0 0 ABSENT ABSENT WNL WNL WNL 134 122 12 0 0 ABSENT ABSENT WNL WNL WNL 134 122 14 0 0 ABSENT ABSENT WNL WNL WNL 135 134 12 0 0 ABSENT ABSENT WNL WNL WNL 135 134	85 76 102 138 142 88 73 68 99 136 130 78 91 69 107 137 156 82 60 67 99 136 150 78	80 112 32 35 34 32 33 66 103 37 36 37 42 37 . 78 113 36 34 35 39 35 . 60 006 34 36 37 . <t< td=""><td>73 75 74 79 88 61 61 61 63 66 68 67 68 65 8 75 74 75 66 66</td><td>80 108 112 110 111 113 6.3 101 97 99 105 100 1 76 111 101 106 104 104 3 6.5 114 110 112 92 86</td><td>112 7.7 103 7.9 104 7.8 89 6.9</td></t<>	73 75 74 79 88 61 61 61 63 66 68 67 68 65 8 75 74 75 66 66	80 108 112 110 111 113 6.3 101 97 99 105 100 1 76 111 101 106 104 104 3 6.5 114 110 112 92 86	112 7.7 103 7.9 104 7.8 89 6.9	
89 YES UMA LODHI AIMS/DIP/2020/10/06409 22[1-13, Santawit Nagar, Jodhpur School's education. Housewite NIL C/Deadache x 3 months. C/D pan lower al/Nothing significant 90 YES UMA LODHI AIMS/DIP/2020/002191 25 [13 B, Gali No. 4 Shiv Shakti Nagar, Jodhpur. School's education. Housewife NIL No ocular complaints. Admitted for terminal Nothing significant 91 YES ASHNU SOLANKI AIMS/DIP/2021/01/016642 29 [MAIISA COLONY KHIWSAR, Nagaur. School's education. Housewife NIL No ocular complaints. Came for termination Nothing significant	History of Type-2 DM in father. Primiparous. 404-1 WEEK 0.00 0.00 0.20 0.00 0.00 0.00 0.00 0.0	018-6 N-6 N-6 N-6 14 14 563 532[INTACT_INTACT_21 22 13 018-6 N-6 N-6 N-6 16 16 532 529[INTACT_INTACT_24 24 12 018-6 N-6 N-6 N-6 18 16 529 530[INTACT_INTACT_24 24 12 018-6 N-6 N-6 N-6 18 16 529 530[INTACT_INTACT_28 24 13 018-6 N-6 N-6 12 16 599 530[INTACT_INTACT_28 24 13	11 0 0 ABSENT ABSENT WINL WNL WNL 135 126 12 0 0 ABSENT ABSENT WINL WNL WNL 145 135 12 0 0 ABSENT ABSENT WINL WNL WNL 145 135 26 0 ABSENT ABSENT WINL WNL WNL 145 135 15 0 0 ABSENT ABSENT WINL WNL WNL 154 144 15 0 0 ABSENT ABSENT WINL WNL WNL 154 144	63 65 97 143 88 74 60 63 101 146 140 76 54 68 105 136 140 78 56 51 105 136 140 78 56 51 86 136 140 78	84 97 34 33 34 30 33 84 112 32 36 34 28 29 72 108 36 35 36 38 36 88 108 36 35 36 38 36 88 008 36 33 35 27 37	65 64 65 62 66 69 68 69 68 67 74 72 73 78 77 65 67 66 76 66	$\begin{array}{c c c c c c c c c c c c c c c c c c c $	103 6.9 91 7.6 103 7.8 104 6.4	
931YES ISUNITA KANWAR IAIIMS/IDH/2020/09/008980 24132 Vishnoi Ki Dhaniya Osian Iodhnur Khetasar IAbove school's education Housewife INII. IN ocular complaints, Admitted for safe confl Nothing significant	Nothing significant Primiparous. 3844 WEEKS 0.00	018-6 N-6 N-6 N-6 14 12 561 55411071ACT1071ACT 21 25 12 018-6 N-6 N-6 N-6 16 16 5533 5531071ACT1071ACT 25 24 11 018-6 N-6 N-6 N-6 17 12 530 5331071ACT1071ACT 25 24 13 018-6 N-6 N-6 N-6 17 12 530 5321071ACT1071ACT 20 24 13	15 0 0 ABSENTARSENTIVUL WNL WNL 134 15 0 0 ABSENTARSENTIVUL WNL WNL 134 13 0 0 ABSENTARSENTIVUL WNL WNL 144 14 0 0 ABSENTARSENTIVUL WNL WNL 144 12 0 0 ABSENTARSENTIVUL WNL WNL 136 122 12 0 0 ABSENTARSENTIVUL WNL WNL 136 122 14 0 0 ABSENTARSENTIVUL WNL WNL 136 122	64 68 100 148 102 70 64 63 90 144 134 81 67 63 97 144 97 82 67 63 97 148 97 82 67 63 97 148 97 82	60 95 32 30 31 36 28 68 107 32 24 28 35 34 69 99 34 33 34 37 30 90 10 36 32 35 31 30 30	68 76 72 76 61 67 65 66 66 66 64 64 64 68 66 62 64 64 68 66	72 112 108 110 105 100 68 110 100 105 95 98 5 67 111 108 110 111 95 5 67 111 108 110 111 95 6 7 100 100 101 111 95	103 6.6 97 6.7 103 6.7 103 6.6	
97 VES NAGENA PARVEEN AIIMS/IDH/2016/06/005615 34/169 Koshlog Barmer School's education Housewife NII No ocular complaints Admitted for terminati Nothing significant	Integrating of Type 2 DM in father. Multiparous 261 WEEK 0.66 0.00 0	0 N.6 N.6 N.6 N.6 10 18 543 543 197ACT 174ACT 24 25 11 0 N.6 N.6 N.6 N.6 16 16 552 552 197ACT 187ACT 25 25 12 0 N.6 N.6 N.6 N.6 12 12 253 22117ACT 187ACT 25 25 12	17 0 0 ABSEN NUL WAL 12 133 134 12 0 0 ABSEN ABSEN NUL WAL 133 134 11 0 0 ABSEN ABSEN WAL WAL 144 122 12 0 0 ABSEN WAL WAL 144 122 12 0 0 ABSEN WAL WAL 144 123	0.0 2.6 100 100 120 69 44 66 95 144 102 69 66 73 102 142 102 76	n 100 20 33 36 37 33 66 100 40 33 35 34 37 33 68 97 36 34 35 34 37 33 70 105 40 33 37 31 32	10 00 00 00 67 68 68 66 66 68 62 65 64 66 64 64 64 67 77	00 97 108 107 100 104 66 124 99 112 104 96 6 71 92 101 97 111 97	102 7.1 102 7.1 100 6.4 104 7.7	
 [10] [15] SHE2A JAKGD ALMS/DH/20071006/98 39] OD BYA DPYAP, PRATAR, JODPPUR, PRANCEXT, PAL JODPUR, PRANCEXT, PAL JODPUR	Instary at 1yte-2 DM in platens. Juniparous JV WZEXS 0.00<	0.46 N-6 N-6 14 14 253 524 117.16 121 151 0.46 N-6 N-6 18 12 552 540 107.16 125 25 11 0.46 N-6 N-6 18 12 552 540 107.16 125 25 11 0.46 N-6 N-6 16 14 552 556 107.16 12 252 12 0.46 N-6 16 14 556 157.66 107.10 20 12 12 0.46 N-6 12 18 541 556 107.47 25 25 12	00 0 0 0 (ABSEN/ABSEN/WINL WNL WNL WNL 140) 155 22 0 0 (ABSEN/ABSEN/WNL WNL WNL WNL 136) 156 23 0 0 (ABSEN/ABSEN/WNL WNL WNL WNL 136) 156 24 0 0 (ABSEN/ABSEN/WNL WNL WNL WNL 123) 144	30 34 20 135 134 04 60 44 99 142 122 82 62 36 98 137 124 78 64 68 95 135 132 76	04 100 25 20 22 40 42 78 106 34 30 32 28 39 68 102 32 35 34 37 36 64 102 34 33 34 35 36	02 03 05 78 7 64 67 66 74 7 68 68 68 72 6 69 64 67 72 8	12 28 92 201 221 231	99 7.3 99 7.3 105 6.1 101 7.6	
[16] [VES [NDRA [AIIMSJDH/2021010108499 25 [RADHUNATHPURA, CHITTORGARH [School's checarian [Housewife] [NIL [Novempatible]	History of Type-2 DM in talter. Primiparous. 57 WEAKS 0.001 0.000 <td>$\begin{array}{c c c c c c c c c c c c c c c c c c c$</td> <td>25 0 0/AdSEN/IA/SEN/IWNL WNL WNL 126 28 0 0/AdSEN/IA/SEN/IWNL WNL WNL 144 15 0 0/AdSEN/IA/SEN/IWNL WNL WNL 134 15 0 0/AdSEN/IA/SEN/IWNL WNL WNL 134 15 0 0/AdSEN/IA/SEN/IWNL WNL WNL 133</td> <td>66 76 99 1.55 1.35 76 72 66 103 1.36 122 78 56 57 96 138 134 78 68 44 95 144 96 70</td> <td>$egin{array}{c c c c c c c c c c c c c c c c c c c$</td> <td>6/ 60 6/ 73 71 64 63 64 68 77 62 72 67 69 66 76 68 72 64 66</td> <td>76 122 104 113 97 100 71 102 106 104 112 112 69 112 109 111 100 97 66 86 104 95 100 95</td> <td>99 7.1 112 6.7 99 6.7 98 7.1</td>	$ \begin{array}{c c c c c c c c c c c c c c c c c c c $	25 0 0/AdSEN/IA/SEN/IWNL WNL WNL 126 28 0 0/AdSEN/IA/SEN/IWNL WNL WNL 144 15 0 0/AdSEN/IA/SEN/IWNL WNL WNL 134 15 0 0/AdSEN/IA/SEN/IWNL WNL WNL 134 15 0 0/AdSEN/IA/SEN/IWNL WNL WNL 133	66 76 99 1.55 1.35 76 72 66 103 1.36 122 78 56 57 96 138 134 78 68 44 95 144 96 70	$egin{array}{c c c c c c c c c c c c c c c c c c c $	6/ 60 6/ 73 71 64 63 64 68 77 62 72 67 69 66 76 68 72 64 66	76 122 104 113 97 100 71 102 106 104 112 112 69 112 109 111 100 97 66 86 104 95 100 95	99 7.1 112 6.7 99 6.7 98 7.1	
108/YES MAINA DEVIJARHAR AIMS/DPI/202008000943 26/26, RUPAWS, PALI. Illicate Inoscenife NL No exular complaints. CO painablements 109/YES NISHA AIMS/DPI/2020/10006275 50/12, LiAms, Nagaur. Above school's chactaine. No exular complaints. CO painablement of Periodus history of GL 110/YES IAVA SHARMA AIMS/DPI/2020/12006727 25/5, SHIKA RGARG, JODHFUR, SHIV Illicate Housevife NL. CO watering from both the cycle septecially allowing significant 111/YES PARVATI AIMS/DPI/2020/12006727 25/5, SHIKA RGARG, JODHFUR, SHIV Illicate Housevife NL. CO watering from both the cycle septecially allowing significant 111/YES PARVATI AIMS/DPI/2020/12006727 25/5, SHIKA RGARG, JODHFUR, SHIV Illicate Housevife NL No ecular complaints. Administ dynamical waterias and the set of the cycle se	History of Type 2 DM and HTN in mother. Primiparous. 57-5 WEEKS 0.20 0.30 0.00	$ \begin{array}{c c c c c c c c c c c c c c c c c c c $	13 0 0 ABSENT MSENT WNL WNL WNL 144 124 12 0 0 ABSENT MSENT WNL NNL WNL 135 154 12 0 0 ABSENT ABSENT WNL NNL WNL 135 154 28 0 0 ABSENT ABSENT WNL WNL WNL 135 122 15 0 0 ABSENT MSENT WNL WNL WNL 144 126	68 57 98 146 145 81 68 74 108 144 146 75 64 64 96 135 120 86 68 79 104 136 110 78	63 109 32 26 29 34 38 70 109 32 38 35 36 32 68 102 36 33 35 32 31 69 98 36 36 36 35 35 32 31	74 66 70 66 6 78 64 71 68 66 73 62 68 64 66 77 64 71 64 64	65 102 106 104 98 94 66 102 98 100 95 97 63 122 95 109 94 94 66 114 97 106 104 117	96 6.1 96 6.7 94 7.5 108 63	
9) YES KOYAL AIMSUD#201901018900 35 [IANSLAY K] PAAL, Obder, MANDORE Illicrate Honcevite NIL No evaluar complains. CO pain abdemes A Noting significant 10) YES MEENA ANGED AIMSUD#20201100078 32 [IO.2, SUNSITY FEMAN, PAAMERY, PAL, IODHPUR Bixev school's education Honcevite NIL No evaluar complains. CO pain abdemes A Noting significant 10) YES SHEPAA MORED AIMSUD#202007/000153 32 [IO.2, SUNSITY FEMAN, PAAMERY, PAL, IODHPUR Bixev school's education Honcevite NIL No evaluar complains. Com optilans. Cam of the termination of Povinson havey of CI 10) YES SMENA A AIMSUD#2021010101673 32 [IO.2, SUNSITY FEMAN, PAAMERY, PAL, JODHPUR School's chacation. Honcevite NIL No evaluar complains. Com optilans.	DM present History of Type 2 DM and CAD in mother Multiparosis 39+1 WEEK 0.001 0.000	$ \begin{array}{c c c c c c c c c c c c c c c c c c c $	15 0 0 [ABSEN] [ABSEN] [WNL WNL WNL 134 144 13 0 0 [ABSEN] [ABSEN] [WNL WNL WNL 135 136 12 0 [ABSEN] [ABSEN] [WNL WNL WNL 135 136 12 0 [ABSEN] [ABSEN] [WNL WNL WNL 144 136 14 0 [ABSEN] [ABSEN] [WNL WNL WNL 122 134	66 44 97 146 98 81 58 68 99 136 134 70 64 58 101 136 144 86 57 44 80 144 84	64 97 32 34 33 34 33 70 103 32 33 33 33 36 36 70 109 34 34 33 36 36 70 109 34 34 33 33 36 88 111 36 33 35 40 35 41	67 68 68 63 7 68 62 65 64 66 64 64 64 68 66 62 64 64 68 66 62 64 63 64 64	68 116 99 108 96 111 66 115 88 102 94 95 66 104 88 06 95 105 66 104 88 06 95 105 67 104 97 101 94 96	104 6.4 95 6.6 100 6.9 96 5.6	
115 YES HITESHIKA AIIMS/JDH/2020/09/000586 25 BERIYA BERA, RAMPURA BHAITYAN, Jodhpur School's education. Housewife NIL No ocular complaints. C/O pain abdomen x. Nothing significant 116 YES ANJUM SIDDIQUI AIIMS/JDH/2020/09/000586 25 BERIYA BERA, RAMPURA BHAITYAN, Jodhpur School's education. Housewife NIL No ocular complaints. C/O pain abdomen x. Nothing significant 110 YES JAYAS MARMA AIIMS/JDH/2020/08/004297 22 SS, NAGAUR School's education. Housewife NIL No ocular complaints. Aming significant 117 YES JAYAS MARMA AIIMS/JDH/2020/09/000210200677 23 MOHARPURA BASS, Bikaner, NOKHA School's education. Housewife NIL C/O watering and iching in both the cyster Provide School's education. Housewife NIL C/O watering and iching in both the cyster Provide School's education. Housewife NIL C/O watering and iching in both the cyster Bit School's education. Housewife NIL C/O watering and iching in both the cyster Bit School's education. Housewife NIL No coular complaints. Administry adming signif	History of Type 2 DM in father. Pringnesses. \$924 WEEKS 1.1 0.80 0.000 <td>0b%6 N/6 N/6 12 16 512 250 1077ACT 200 200 10 05%6 N/6 N/6 12 120 533 1077ACT 200 200 10 05%6 N/6 N/6 12 120 533 1077ACT 200 20</td> <td>121 0 0 ABSENTARSENTINUL WNL WNL 124 121 0 0 ABSENTARSENTINUL WNL WNL 124 130 0 ABSENTARSENTINUL WNL WNL 112 145 120 0 ABSENTARSENTINUL WNL WNL 112 145 120 0 ABSENTARSENTINUL WNL WNL 135 122 120 0 ABSENTARSENTINUL WNL WNL 135 132 120 0 ABSENTARSENTINUL WNL WNL 135 132</td> <td>52 56 102 133 110 86 441 67 92 133 120 86 52 76 92 134 10 86 53 76 98 160 110 75 58 76 98 160 110 75 58 65 66 141 136 77</td> <td>68 99 36 36 36 37 65 101 32 33 33 36 37 68 100 32 33 33 36 38 68 100 32 30 31 36 35 78 108 34 31 36 35</td> <td>64 65 66 66 66 66 66 66 66 66 66 66 66 66 67 67 67 69 66 66 66 67 67 67 67 77 78 66 77 64 77 64 77 78 66 77 64 77 78 66 77 64 77 78 66 77 64 77 78 66 77 64 77 78 78 <th 78<<="" td=""><td>64 106 104 105 112 112 67 98 107 103 100 102 9 96 108 102 105 112 8 71 96 88 07 105 112</td><td>112 6.6 104 6.1 109 6.3 103 7.2</td></th></td>	0b%6 N/6 N/6 12 16 512 250 1077ACT 200 200 10 05%6 N/6 N/6 12 120 533 1077ACT 200 200 10 05%6 N/6 N/6 12 120 533 1077ACT 200 20	121 0 0 ABSENTARSENTINUL WNL WNL 124 121 0 0 ABSENTARSENTINUL WNL WNL 124 130 0 ABSENTARSENTINUL WNL WNL 112 145 120 0 ABSENTARSENTINUL WNL WNL 112 145 120 0 ABSENTARSENTINUL WNL WNL 135 122 120 0 ABSENTARSENTINUL WNL WNL 135 132 120 0 ABSENTARSENTINUL WNL WNL 135 132	52 56 102 133 110 86 441 67 92 133 120 86 52 76 92 134 10 86 53 76 98 160 110 75 58 76 98 160 110 75 58 65 66 141 136 77	68 99 36 36 36 37 65 101 32 33 33 36 37 68 100 32 33 33 36 38 68 100 32 30 31 36 35 78 108 34 31 36 35	64 65 66 66 66 66 66 66 66 66 66 66 66 66 67 67 67 69 66 66 66 67 67 67 67 77 78 66 77 64 77 64 77 78 66 77 64 77 78 66 77 64 77 78 66 77 64 77 78 66 77 64 77 78 78 <th 78<<="" td=""><td>64 106 104 105 112 112 67 98 107 103 100 102 9 96 108 102 105 112 8 71 96 88 07 105 112</td><td>112 6.6 104 6.1 109 6.3 103 7.2</td></th>	<td>64 106 104 105 112 112 67 98 107 103 100 102 9 96 108 102 105 112 8 71 96 88 07 105 112</td> <td>112 6.6 104 6.1 109 6.3 103 7.2</td>	64 106 104 105 112 112 67 98 107 103 100 102 9 96 108 102 105 112 8 71 96 88 07 105 112	112 6.6 104 6.1 109 6.3 103 7.2
119] YES JHAMKU KUMARI AIMSUDH/2020/12/01/266 25 [0], Ummedabad, Jalorg, Saya Illicerate Housewife NL No evaluer complains. Actimited for blood sup (Noting significant) 120] YES PRYLANKA MISHRA AIMSUDH/2020/12/001/2009003040 27 [98], Ummid Hospital Rd, Jodpur Illiterate Housewife NL No evaluer complains. Actimited for blood sup (Noting significant) 121] YES AAKANKSHRA PHARCA AIMSUDH/2020/12/00140 37 [95], Indira Colony, 342014, JODPUR Illiterate Housewife NL No evaluer complains. C/O taking per vagit Previous hstory of CI 122] YES ANKMISH JARAMA AIMSUDH/2020/12/00110000523 37 [Indira Colony, 342014, JoDpur, Hanwar Illiterate Housewife NL No evaluer complains. Actimited for stafe cost Nothing significant 123] YES RASHI MATHUR AIMSUDH/2020/11/00072 33 [Indira Colony, 342014, Jodpur, Hanwar Illiterate Housewife NL No evaluer complains. Actimited for stafe cost Nothing significant 123] YES RASHI MATHUR AIMSUDH/2020/11/00072 33 [Indira Colony, 342014, Jodpur, Hanwar Illiterate Housewife NL No evaluer complains. ACtimited for stafe cost Nothing significant 124] YES	Instrument Instrum	Control Control <t< td=""><td>in operating means proton in the start with the start in the start in</td><td> <th< td="" tr<=""><td>$\begin{array}{c ccccccccccccccccccccccccccccccccccc$</td><td>mail mail frag mail frag mail <th< td=""><td>····································</td><td>102 5.1 102 5.1 106 6.9 100 7.2 100 7.2</td></th<></td></th<></td></t<>	in operating means proton in the start with the start in	<th< td="" tr<=""><td>$\begin{array}{c ccccccccccccccccccccccccccccccccccc$</td><td>mail mail frag mail frag mail <th< td=""><td>····································</td><td>102 5.1 102 5.1 106 6.9 100 7.2 100 7.2</td></th<></td></th<>	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	mail mail frag mail frag mail mail <th< td=""><td>····································</td><td>102 5.1 102 5.1 106 6.9 100 7.2 100 7.2</td></th<>	····································	102 5.1 102 5.1 106 6.9 100 7.2 100 7.2	
123 THS RASHI MATHUR ALMS/DIV/202011000972 33 IDL Rajporchip Ka Was, Sanchore Above school'reducation Ionspecific No. cultur complaints: CO beging per vagPrevious blacovy of 10 124 PES SUSHEELA ALMS/DIV/2020110009072 33 IDL Rajporchip Ka Was, Sanchore Above school'reducation Housewide No. cultur complaints: CO beging per vagPrevious blacovy of 10 125 PES SUSHEELA ALMS/DIV/202008000396 32 21; Bhinnovy Ka Baas, Bher, Nagaur Illiterate Housewide No. ocular complaints: CO bagin apper vagPrevious blacovy of 10 125 YES SUSH JAN ALMS/DIV/202008003537 25 25; Laxmi Nagar, Barner. Illiterate Housewide No. cultur complaints: CO leaking per vagPrevious blacovy of 10 126 YES NELA ADV Above school's checution Prefessional 25000 No. ocular complaints: CO leaking per vagPrevious housey of 10 126 YES NELA ADV Above school's checution Prefessional 25000 No. ocular complaints: CO leaking per vagPrevious housey of 10	Long present, prosety of type-1 Dwin granoparents. Swaluparents 5/40 WEEKS 0.801 0.000	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	C2) V QABSEN[ABSEN]WNL WNL WNL [54] [102] 28 0 0.438EN[ABSEN]WNL WNL WNL 135 104 15 0 0.438EN[ABSEN]WNL WNL WNL 135 104 15 0 0.438EN[ABSEN]WNL WNL WNL 144 104 15 0 0.438EN[ABSEN]WNL WNL WNL 134 104	001 251 901 1421 165 866 641 577 900 1371 146 78 664 664 944 1461 135 81 663 564 900 1361 132 761	org 110 40 28 34 43 36 68 107 45 33 39 37 35 68 108 34 34 35 34 75 105 34 35 35 35	09 /2 72 64 66 65 62 64 65 66 63 68 66 68 66 64 65 68 66 68 66	Unit 100 N2 M0 98 106 65 112 108 110 95 104 67 122 88 105 106 103 68 107 101 104 95 112	102 5.3 100 4.8 105 6.7 104 7.5	
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130 [VES ANITA BISHNOI AIMS/DH/2020/10000166 35 [Jato Ka Bas, Bharokh, Nagaur School's colucation. Houssenife NIL No cultar complaints: CO beding per yeally Noting Spatiant 131 [VES PARIDIH JAN AIMS/DH/2020/10000166 35 [Jato Ka Bas, Bharokh, Nagaur Billerate Houssenife NIL No cultar complaints: CO beding per yeally Noting Spatiant 132 [VES PARIDIH JAN AIMS/DH/2020060003759 25 [MeFrit Aasser Kallan School's colucation Houssenife NIL No ocultar complaints: CO beding per yeally Noting Spatiant 133 [VES NISHA KAWWAR AIMS/DH/2020060003759 28 [JaBeri, Ranser Kallan Barne, Ranser Kallan School's colucation Polessional CO dynaes in BE s 6 monthly spatiant CO dynaes in De school's colucation Polessional 40000 No ecular complaints: CO decrease feat me Noting spatiant Attrastripped spatiant Attrastripped spatiant Attrastripped spatiant No ecular complaints: CO decrease feat me Noting spatificant 133 [VES NISA (ANWAR AIIMS/JDH/2020/10004396 24 [24; 26] h Hamman Bhakri Ni Sarak, Jodhpar School's colucation Houesevife	History of Type 2 DM in grandmother. Pirniparous. 26 WEEKS 0.20 0.00 <th< td=""><td>$\begin{array}{c c c c c c c c c c c c c c c c c c c$</td><td>15 0 0 [ABSEN][ABSEN][WNL WNL WNL 127 127 13 0 0 [ABSEN][ABSEN][WNL WNL WNL 143 136 12 0 [ABSEN][ABSEN][WNL WNL WNL 143 136 12 0 [ABSEN][ABSEN][WNL WNL WNL 145 124 14 0 [ABSEN][MNL WNL WNL 136 104</td><td>58 67 94 146 99 87 60 64 101 144 134 76 67 68 101 142 144 76 66 75 95 136 132 81</td><td>66 100 37 36 37 37 32 68 106 35 29 32 34 31 68 106 37 34 36 35 31 64 103 43 33 38 37 29</td><td>62 64 63 64 6 65 78 71 63 66 68 68 68 68 68 64 63 64 64 64</td><td>66 95 109 102 104 95 66 99 112 106 96 96 j 66 100 122 111 96 94 66 100 122 111 96 94 8 66 104 110 107 95 99</td><td>100 7.1 96 6.6 95 6.9 97 8</td></th<>	$\begin{array}{c c c c c c c c c c c c c c c c c c c $	15 0 0 [ABSEN][ABSEN][WNL WNL WNL 127 127 13 0 0 [ABSEN][ABSEN][WNL WNL WNL 143 136 12 0 [ABSEN][ABSEN][WNL WNL WNL 143 136 12 0 [ABSEN][ABSEN][WNL WNL WNL 145 124 14 0 [ABSEN][MNL WNL WNL 136 104	58 67 94 146 99 87 60 64 101 144 134 76 67 68 101 142 144 76 66 75 95 136 132 81	66 100 37 36 37 37 32 68 106 35 29 32 34 31 68 106 37 34 36 35 31 64 103 43 33 38 37 29	62 64 63 64 6 65 78 71 63 66 68 68 68 68 68 64 63 64 64 64	66 95 109 102 104 95 66 99 112 106 96 96 j 66 100 122 111 96 94 66 100 122 111 96 94 8 66 104 110 107 95 99	100 7.1 96 6.6 95 6.9 97 8	
132 [YES NIL C/C dyness in Bt s 6 months 133 [YES NISHA KAWWAR AIIMS/JDH/202006000759 28 Jalheri, Rausar Kallan Barne, Rausar Kallan School's colocation. Housewife NIL C/C dyness in Bt s 6 months 134 [YES NISHA KAWWAR AIIMS/JDH/2020/1000730075 29 [Pat No. 8, New Bawdi Karu DET, Scorsgar, Jodhyn Above school's colocation. Housewife MIL Monthsolitist. C/O dynamics diversity of spatiatist. A dynamics diversity of spatiatist. Advisord dynamics diversity of spatiatist. A dynamics diversity of spatiatist. C/O dynamics diversity of spatiatist. C/O dynamics diversity of spatiatist. C/O dynamics diversity of spatiatist. A dynamics diversity of spatiatist. C/O dynamics diversity of spatiatist. A dynamics diversity of spatiatist. A dynamics diversity of spatiatist. Advisord dynamics diversity of spatiatist. A dynamics diversity of spatiatist. A dynamics diversity of spatiatist. Advisord dynamics diversity of spatiatist. Advisord dynamics diversity of spatiatist. Advisord dynamics diversity of spatiatis dynamics diversity of spatiatist. A dynamics diversity of spatia	Nothing significant Finingurous. 34 WEEKS 0.001 0.000 <t< td=""><td>018-6 N-6 N-6 12 14 540 551 1077 ACT 322 200 14 018-6 N-6 N-6 N-6 N-6 N-6 N-7 32 25 11 018-6 N-6 N-6 14 8 556 551 11077 ACT 32 25 11 018-6 N-6 N-6 12 14 540 551 11077 ACT 27 25 11 018-6 N-6 N-6 12 14 540 550 11077 ACT 26 27 12 018-6 N-6 N-6 12 14 540 550 1077 ACT 27 27 12 018-6 N-6 N-6 12 14 540 550 1077 ACT 30 32 12 12 018-6 N-6 N-6 12 14 540 550 1077 ACT 31 32 12 12</td><td>12 0 0 ABSENT ABSENT INIL INIL WNL 146 1722 11 0 0 ABSENT ABSENT INIL INIL WNL 135 1602 15 0 0 ABSENT ABSENT INIL INIL WNL 135 162 15 0 0 ABSENT ABSENT INIL INIL WNL 144 112 15 0 0 ABSENT ABSENT INIL INIL WNL 144 112 15 0 0 ABSENT ABSENT INIL INIL WNL 144 112</td><td>58 47 03 138 143 75 68 40 83 142 144 86 58 58 142 144 135 77 58 57 60 144 135 77 58 57 60 144 135 77</td><td>68 106 35 36 36 34 30 68 110 35 37 36 28 32 64 105 37 29 33 30 35 77 112 38 30 34 37 36</td><td>72 66 69 68 69 73 68 71 64 66 64 67 66 68 66 65 64 67 66 68 66</td><td>66 102 98 100 93 112 64 104 97 101 105 102 67 106 98 102 105 95 66 90 97 01 105 95 8 66 90 97 07 105 95</td><td>103 7.2 104 7.6 100 7.4 104 6</td></t<>	018-6 N-6 N-6 12 14 540 551 1077 ACT 322 200 14 018-6 N-6 N-6 N-6 N-6 N-6 N-7 32 25 11 018-6 N-6 N-6 14 8 556 551 11077 ACT 32 25 11 018-6 N-6 N-6 12 14 540 551 11077 ACT 27 25 11 018-6 N-6 N-6 12 14 540 550 11077 ACT 26 27 12 018-6 N-6 N-6 12 14 540 550 1077 ACT 27 27 12 018-6 N-6 N-6 12 14 540 550 1077 ACT 30 32 12 12 018-6 N-6 N-6 12 14 540 550 1077 ACT 31 32 12 12	12 0 0 ABSENT ABSENT INIL INIL WNL 146 1722 11 0 0 ABSENT ABSENT INIL INIL WNL 135 1602 15 0 0 ABSENT ABSENT INIL INIL WNL 135 162 15 0 0 ABSENT ABSENT INIL INIL WNL 144 112 15 0 0 ABSENT ABSENT INIL INIL WNL 144 112 15 0 0 ABSENT ABSENT INIL INIL WNL 144 112	58 47 03 138 143 75 68 40 83 142 144 86 58 58 142 144 135 77 58 57 60 144 135 77 58 57 60 144 135 77	68 106 35 36 36 34 30 68 110 35 37 36 28 32 64 105 37 29 33 30 35 77 112 38 30 34 37 36	72 66 69 68 69 73 68 71 64 66 64 67 66 68 66 65 64 67 66 68 66	66 102 98 100 93 112 64 104 97 101 105 102 67 106 98 102 105 95 66 90 97 01 105 95 8 66 90 97 07 105 95	103 7.2 104 7.6 100 7.4 104 6	
183 WES OILY ANG IMERIPA AIMSS/DIV/201702/001063 32 Ummediadue Joint School's oblication Housewife NL No coultre complaints. Admitted for affec com Nothing significant 129 YES SUMANC (HOLDHARY AIMSS/DIV/201702/001063 32 Immediadue Jammer Diutrict Above school's education Professional 35000 No coultre complaints. Admitted for BP monil Nothing significant 140 YES CHANCHAL AIMSS/DIV/201700500166 28 IG 2, SUNSITY FARMS, VISAN APPARMENT, PAL JODHPUR Hinerate Housewife NL No coulter complaints. Admitted for BP monil Nothing significant 140 YES CHANCHAL AIMSS/DIV/2020090001166 28 IANSHL NSIG AGNO No coulter complaints. CO pain lower adoot Previous history of CL No coulter complaints. CO pain lower adoot Previous history of CL 141 YES AIMSS/DIV/2020090001166 28 IANSHL No coulter complaints. CO pain lower adoot Previous history of CL 141 YES AIMSS/DIV/2020090001166 25 IANSHL No coulter complaints. CO pain lower adoot Previous history of CL 142 YES AIMS	Difference DM in grandmother. Multiprovas 2 w EEXs 0.60 0.00	0N-6 N-6 N-6 11 18 551 5560 17ACT 21 24 12 0N-6 N-6 N-6 12 16 551 5560 17ACT 17ACT 24 12 0N-6 N-6 12 16 551 5560 17ACT 17ACT 20 24 12 0N-6 N-6 12 16 552 5560 17ACT 17ACT 20 24 12 0N-6 N-6 12 16 552 5560 17ACT 17ACT 20 24 12 0N-6 N-6 12 16 552 5560 17ACT 17ACT 20 24 12 0N-6 N-6 12 16 552 5500 17ACT 12 24 12 0N-6 12 16 552 5500 17ACT 20 23 10	13 0 0 ABSENT/ABSENT/W.NL WNL WNL WNL 112 107 13 0 0 ABSENT/ABSENT/W.NL WNL WNL 112 108 14 0 0 ABSENT/ABSENT/WNL WNL WNL 138 145 14 0 0 ABSENT/ABSENT/W.NL WNL WNL 133 145	62 63 64 65 77 81 65 66 87 132 124 78 65 57 101 136 125 86 58 59 92 146 133 86	103 11 12 13 13 14 79 103 34 36 31 33 33 86 108 43 35 39 35 37 70 106 35 37 36 37 34		66 67 95 67 112 90 67 94 122 108 106 94 8 68 98 122 108 105 112	100 7.1 100 7.2 108 6.9	
141 [VES JAYA TAK AIIMS/DIP/202009000168 25 [HAANSHLAW KIPAL, JOhdper, MANDORE [IIIterate Nonservite NIL Noncular complaints. OC backade x 2 ad [Nothing significant] 142 [VES KOMAL CHOUDHARY AIIMS/DIP/2020090002459 23 [31, JAIAIA, Pali Above school's education. Housewife NIL No ocular complaints. OC backade x 2 ad [Nothing significant] 143 [VES BHUMI AIIMS/DIP/202003000613 25 [WARD NO 14, Johdpur, BARI KHATU School's education. Housewife NIL No ocular complaints. CO in abachere x 2 ad [Nothing significant] 144 [VES VANDA AGRAHIR AIIMS/DIP/202003000611 24 [Barner, Stathani School's education. Housewife NIL No ocular complaints. CO in abachere x 3 [Nothing significant] 145 [VES REENA BHATT AIIMS/DIP/2020080003174 21 [Barner, Stathani School's education. Housewife NIL No ocular complaints. CO in abachere x 3 [Nothing significant] 145 [VES REENA BHATT AIIMS/DIP/2020080003174 21 [Barner, Stathani School's education. Prosessional No ocular complaints. CO leaking per vagin [Provious history of CL 146 [VES TWINKLE VIMALI. AIIMS/DIP/2020080003174 21 [Part Anamana Bhakiri Nis Sariari, Johdper Alove school's education. Prosessional 30000 No ocular complaints. CO leaking per vagin [Provious history of CL	Image: State of the state. promptots. 24-9 TREAS 0.001 0.009 0.000	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	cs o opposite symposite symposite symposite First Will L24 L45 11 0 0.04358FM 4385FN[WNL WNL WNL L27 134 12 0 0.4358FM 4385FN[WNL WNL WNL L34 L22 10 0 0.4358FM 4385FN[WNL WNL WNL L34 L22 10 0 0.4358FM 4385FN[WNL WNL WNL L34 L22	vol vol i44 i52 78 62 65 97 148 144 78 58 66 96 146 122 88 65 44 89 144 120 87	$ \begin{array}{c c c c c c c c c c c c c c c c c c c $	vr 00 00 12 663 665 662 66 62 68 665 662 66 64 64 64 64 64 64	00 72 102 101 108 110 65 102 112 107 95 104 64 104 108 106 96 105 6 106 98 102 95 105	107 7.0 100 7.6 101 6.9 99 6.6	
[45] YES REENA BHATI ALMS/DIPL/2008/0903174 21 Ward No. 7. Randers Ne. Samae, Khatu Kallan, Nagaar. Illiterate Housewife NIL No coular complaints. Can explaints of termination [Nothing significant] 146] YES TWINKLE VIMAL. ALMS/DIPL/2009/090475 22 24. BA Hamman Bhakin Nai Samar, Johdpur Above school's chacianol 30000 No coular complaints. Con explaints Con explaints of the remination [Nothing significant] 147] YES DEEPIKA LIMBA ALMS/DIPL/2009/0904755 22 PLe Non. New Bawdin Neuro DIET. Soorsagar, Jodhpur School's chacianol Housewife NL No coular complaints. Con explaints of termination [Nothing significant] 148] YES USHMITA KARKAR ALMS/DIPL/2008/090476 22 Iao Kas, Babandaha, Nagaar School's chaciano. Housewife NL No coular complaints. Com ealing termination [Nothing significant] 148] YES USHMITA KARKAR ALMS/DIPL/2018/0901771 23 Iao Kas, Babandaha, Nagaar School's chacation. Housewife No coular complaints. Aminted for BP mon [Nothing significant] 149] YES USHMITA KARKAR ALMS/DIPL/2017/04/01771 32 Iao Kas, Babandaha, Nagaar School's chacation. Housewife NiL No coula	DAP greem. Prisory or type-1 DM in mother. Multiparous 144 WEEKS 0.001 0.000 0.00	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	22 0 QJASEST[AJSEN]WNL WNL WNL 122 102 23 0 QJASEST[AJSEN]WNL WNL WNL 135 104 24 0 QJASEST[AJSEN]WNL WNL WNL 135 104 24 0 QJASEST[AJSEN]WNL WNL WNL 135 104 25 0 QJASEST[AJSEN]WNL WNL WNL 134 104	2y1 381 851 1421 134 881 701 571 921 133 120 781 681 681 941 138 112 76 561 771 931 1421 96 791	08 108 30 36 35 32 64 99 34 26 30 37 37 70 99 32 34 33 34 36 70 97 34 38 36 41 37	05 08 68 67 66 69 66 68 68 66 64 66 65 64 66 68 73 11 65 65	bq 108 9/1 103 96 105 67 107 95 101 12 103 66 108 96 102 94 104 65 98 96 97 96 97	101 6.7 108 7.3 99 6.6 97 4.5	
150 YES PRIVA AIIMS/IDH/2020/07/003649 36 Isagaroutilities Ka Was Hadeen. Sanchore Above school's colucation Housewite NIL No ocular complaints. CO baking per young Previous history of CE 151 YES DR/PT1 VISHNO1 AIIMS/IDH/2020/07/003/649 36 Indira Colony, 342014, JODHPUR Illicerate Nonewite NIL No ocular complaints. CO baking per young Previous history of CE 152 YES PRIVANKA AIIMS/IDH/2020/07/003/75 25 Jordar Andorean, A Previous history of CE 152 YES PRIVANKA AIIMS/IDH/2020/07/003/75 25 Jordar Andorean, A Previous history of CE 153 YES PURNMA AIIMS/IDH/2020/07/003/76 25 Jordar Andorean, A Previous history of CE 153 YES PURNMA AIIMS/IDH/2020/07/003/64 24 Montavan, Jodhur School's education. Housewife NIL No ocular complaints. Come doin mixed die Nothing spinfcant 154 YES MEXINA AIIMS/IDH/2020/07/00364 24 Montavan, Al Sangaria Fanta, Jodhur. Housewife NIL No ocular complaints. Come doin mixed die Nothing spinfcant <	DM present. History of CND in mother. Multiparous 37-5 WEEKS 0.80 0.00 0.	$\begin{array}{c c c c c c c c c c c c c c c c c c c $	28 0 0 [ABSEN][ABSEN][WNL [WNL [WNL 134 112 15 0 0 [ABSEN][ABSEN][WNL WNL WNL 133 138 15 0 0 [ABSEN][ABSEN][WNL WNL WNL 133 138 15 0 0 [ABSEN][ABSEN][WNL WNL WNL 124 133 15 0 0 [ABSEN][ABSEN][WNL WNL WNL 124 133 13 0 0 [ABSEN][MNL WNL WNL 145 112	44 64 80 142 89 74 68 55 99 146 120 76 48 55 90 134 132 79 54 75 97 136 144 87	78 96 35 34 35 37 35 86 107 36 36 34 37 88 108 38 33 36 36 34 84 113 35 35 35 34 36	73 64 69 66 77 64 68 66 63 77 74 68 71 65 66 69 64 67 67 67	68 94 102 98 94 96 68 98 104 101 98 93 j 67 98 112 105 112 96 65 112 108 110 95 103	95 7.1 96 6.7 104 7.6 99 6 9	
 Fig. ARCVAL DIARDVAL. ALIMSTREAD (70400) (5:1) Stag, Balling, C. Vag, Balling, B. Vag, Balling, B. Vag, Balling, Balling, Balling, Balling, Balling, Balling, Balling, Balling, C. Vag, Balling, C	DM present. History of Type 2 DM in older brother. Multipareas \$7.4 WEEKS 0.20 0.00	018-6 N-6 N-6 N-6 16 14 532 5301877ACT1877ACT 54 25 12 018-6 N-6 N-6 0.6 16 18 531 5301877ACT1877ACT 53 22 13 018-6 N-6 N-6 N-6 16 18 531 5301877ACT1877ACT 25 22 13 018-6 N-6 N-6 N-6 14 16 543 5401877ACT1877ACT 25 12 11	121 0 OLASSENTARSENTINUL WNL WNL 155 157 124 0 OLASSENTARSENTINUL WNL WNL 125 157 12 0 OLASSENTARSENTINUL WNL WNL 122 134 12 0 OLASSENTARSENTINUL WNL WNL 125 122 13 0 OLASSENTARSENTINUL WNL WNL 125 122 11 0 OLASSENTARSENTINUL WNL WNL 125 122	67 63 99 143 124 73 56 60 99 144 112 75 56 60 99 144 112 75 56 60 99 144 122 75 56 60 90 144 122 75 56 67 90 144 122 75 56 67 90 144 126 79 57 90 143 126 79	68 105 37 34 36 33 36 64 99 35 36 35 36 35 36 36<	64 62 63 63 66 66 62 63 63 62 66 64 66 65 68 66 72 66 91 63 61 62	67 104 112 108 94 104 65 106 104 165 97 165 4 68 104 108 94 105 5 68 104 108 106 94 112 63 106 119 108 106 112 100	99 6.3 101 7.4 103 6.6 108 6.0	
154 YES MEEX A RAO AIM/S/DPL/2020/07/005448 38 M>231, Adaiaan Dwarka, Pal Sangaria Linik Road, Sangaria Fanta, Johngur. Houssenife Nu. C/O mill diching in BE for Misp Previous bissory of CIII. 155 YES NOPRE DLGAR AIM/S/DPL/2020/07/001544 29 H3, Adva school, Sangaria Fanta, Johngur. Above school's chocaria 250000 No ceutar complaints. C/D pain abdomenta Mohing significant 156 YES MORAKI MALI AIM/S/DPL/202006000902 22 H1, Dashari K Bawri, JODHPUR School's chacarian. Housewife NL No ceutar complaints. Admited for throma: Nothing significant 157 YES DMPLE DATYA AIM/S/DPL/202006000902 21 Plot Nosar, Jongaria No socal arcomplaints. Admited for throma: Nothing significant 158 YES KAVITA GOSWAMI AIM/S/DPL/202007001547 29 Nosar, Eramo Ki Duni, Nosar, Jodhgur School's chacarian. Houssenife NL No ceutar complaints. Admited for throma: Nothing significant 169 YES AXMI AIM/S/DPL/2020070001547 29 Nosar, Eramo Ki Duni, Nosar, Jodhgur School's chacarian. Houssenife NL No ceutar complaints. Admited bit Mode No school's chacarian. No school's chacarian. No school's chacarian.	DM present. Interpretation Description Description <thdescription< th=""> Description <thdescription< th=""> <thdescription< th=""></thdescription<></thdescription<></thdescription<>	Control Control <t< td=""><td>1. 2. 0 0.4385N1 Abstrivent 0.4401 0.421 0.421 12 0 0.4385N1 Abstrivent NNL NNL 1.42 13 0 0.4385N1 Abstrivent NNL 1.42 14 0 0.4385N1 Abstrivent NNL 1.42 15 0 0.4385N1 Abstrivent NNL NNL 1.35 15 0 0.4385N1 Abstrivent NNL NNL 1.35</td><td> m mz 144 120 78 62 57 88 144 124 87 64 57 88 144 124 87 64 57 96 142 136 85 64 57 97 142 136 87</td><td>···· <th< td=""><td>···· <th< td=""><td></td><td>104 0.9 104 7.1 104 6.6 100 6.7 100 7.1</td></th<></td></th<></td></t<>	1. 2. 0 0.4385N1 Abstrivent 0.4401 0.421 0.421 12 0 0.4385N1 Abstrivent NNL NNL 1.42 13 0 0.4385N1 Abstrivent NNL 1.42 14 0 0.4385N1 Abstrivent NNL 1.42 15 0 0.4385N1 Abstrivent NNL NNL 1.35 15 0 0.4385N1 Abstrivent NNL NNL 1.35	m mz 144 120 78 62 57 88 144 124 87 64 57 88 144 124 87 64 57 96 142 136 85 64 57 97 142 136 87	···· ···· <th< td=""><td>···· <th< td=""><td></td><td>104 0.9 104 7.1 104 6.6 100 6.7 100 7.1</td></th<></td></th<>	···· ···· <th< td=""><td></td><td>104 0.9 104 7.1 104 6.6 100 6.7 100 7.1</td></th<>		104 0.9 104 7.1 104 6.6 100 6.7 100 7.1	
161 FES PQ0JA SINCH AllMSJDH2/2020/10004190 24 [10], Rajprototo Ka Was, Hadecha, Sanchore Above school's education Housewile NL No cular complaints. Admitted for flood significant 162 FES D1MPLE KANWAR AllMSJDH2/2020/0000490 22 Jato Ka Bas, Blatmoha, Nagar Above school's education Housewile NL No cular complaints. Came for termination 162 FES D1MPLE KANWAR AllMSJDH2/2020/90/00069 22 Jato Ka Bas, Blatmoha, Nagar Above school's education Housewile NL No cular complaints. Came for termination	History of Type 2 DM in parents. Multiparos 38 WEEKS 0.20 0.20 0.00<	No No 14 16 554 550 INTACT 101/14.51 241 201 11 No No 14 16 554 550 INTACT 101/14.51 242 201 11 No 14 16 554 550 INTACT 282 201 12	Total Operating conservations Name Name Add Name <		··· ··· <th td="" tr<="" ···<=""><td>···· ···· ···· ···· ···· ··</td><td>6 66 98 96 97 110 106 2 65 94 103 99 96 106 2 9 9 96 106</td><td>100 7.4</td></th>	<td>···· ···· ···· ···· ···· ··</td> <td>6 66 98 96 97 110 106 2 65 94 103 99 96 106 2 9 9 96 106</td> <td>100 7.4</td>	···· ···· ···· ···· ···· ··	6 66 98 96 97 110 106 2 65 94 103 99 96 106 2 9 9 96 106	100 7.4