**HOLY FAMILY NURSING AND MIDWIFERY TRAINING COLLEGE**

**BEREKUM**

# A CLIENT/FAMILY CENTERED MATERNITY CARE STUDY ON

# MADAM BILAKPOKIM AKOSUA

**BY**

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**(DIPLOMA)**

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# PREFACE

The Client/Family Centred Maternity Care Study has been systematic and thoughtful approach that is designed to provide accurate and quality care based on the understanding of the knowledge acquired in midwifery.

The focus of this booklet is therefore on a selected client who is appreciated as a unique individual with special needs peculiar to herself and the family. It is well known that most pregnant women in some years back refused to see the trained midwives in the society for midwifery care perhaps due to cultural and ethical values, ignorance and bad attitude of some midwives towards them. Many of such instances ended up in complications as they sought the care of untrained birth attendants in the communities.

As a qualified student midwife rendered quality care through establishment of rapport, health education, counselling and notifying any deviation from normal during the pregnancy till the end of puerperium, maternal and infant mortality is reduced.

This however serves to equip the student with basic and necessary skills required to be exhibited in the midwifery profession since it offers her the opportunity to learn and acquire the knowledge and skills needed for holistic care for the woman and her family in pregnancy, labour and puerperium.

For quality care and prevention of complications, problems need to be identified and managed early enough in pregnancy for safe labour and puerperium.

As part of the Nursing and Midwifery Counsel's requirement for awarding midwifery students a certificate, every student Midwife is required to undertake this care study to be qualified for the award.

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# INTRODUCTION

The family centred maternity care study is a systematic approach of nursing care given to an expectant mother and family throughout pregnancy, labour and puerperium. This study also gives the opportunity to adopt approach to collect relevant data, analyse the data, plan nursing care and intervention to resolve the identified problems after which would be evaluated to see if any objectives were achieved.

The study was carried out on Madam Bilakpokim Akosua Janet, 24year old pregnant woman, gravida 4 para 3 alive, during her pregnancy, labour and puerperium.

The interaction started when she visited the clinic 18th November, 2022. By this time, she was 36 weeks +6days pregnant when we met at the ANC. After getting some personal information about her, her permission was sought to take her as a client so she could be nursed through pregnancy, labour and puerperium. She was introduced to the in-charge as a client to be used for the care study and permission was granted.

Madam Janet was cared for during antenatal period. Her home was visited to know her family, her surroundings and community in which she resided. She was then given the required education, support and management throughout the four stages of labour. The management included support and encouragement during the periods of pregnancy, labour and puerperium. Madam Janet's health condition from the beginning till the end of the interactions was good and satisfactory.

The study w**as grouped into four chapters.**

**Chapter one** is about client's particulars which includes her personal and social histories, family, surgical, menstrual, activities of daily living, past and present obstetrical histories.

**Chapter two** is about antenatal care, the care rendered when she was met during her ANC period, the visits made to her home, her physical psychosocial histories and the nursing care plan used in rendering care to her.

**Chapter three** also talks about her admission during labour and delivery including the immediate care of the new born.

**Chapter four** is about the care giving during puerperium which involves the care given to both the mother and her baby from the first day of delivery to the seventh day after delivery.

Also find in this write up is summary, conclusion, bibliography, appendix and signatories.

# LITERATURE REVIEW

## PREGNANCY

Pregnancy: The state of carrying a developing embryo or fetus within the female body. This condition can be indicated by positive results on an over-the-counter urine test, and confirmed through a blood test, ultrasound, detection of fetal heartbeat, or an X-ray. Pregnancy lasts for about nine months, measured from the date of the woman's last menstrual period (LMP). It is conventionally divided into three trimesters, each roughly three months long (Davis,2022). The most important tasks of basic fetal cell differentiation occur during the first trimester, so any harm done to the fetus during this period is most likely to result in miscarriage or serious disability. There is little to no chance that a first-trimester fetus can survive outside the womb, even with the best hospital care. Its systems are simply too undeveloped. This stage truly ends with the phenomenon of quickening: the mother's first perception of fetal movement. It is in the first trimester that some women experience "morning sickness," a form of nausea on awaking that usually passes within an hour. The breasts also begin to prepare for nursing, and painful soreness from hardening milk glands may result (Davis,2022).

As the pregnancy progresses, the mother may experience many physical and emotional changes, ranging from increased moodiness to darkening of the skin in various areas. During the second trimester, the fetus undergoes a remarkable series of developments. Its physical parts become fully distinct and at least somewhat operational. With the best medical care, a second-trimester fetus born prematurely has at least some chance of survival, although developmental delays and other handicaps may emerge later. As the fetus grows in size, the mother's pregnant state will begin to be obvious. In the third trimester, the fetus enters the final stage of preparation for birth. It increases rapidly in weight, as does the mother (American College of Obstetricians and Gynecologist, 2018).

According to Davis (2022), conception to about the 12th week of pregnancy marks the first trimester. The second trimester is weeks 13 to 27 and the third trimester starts about 28 weeks and lasts until birth. Women gain weight all over their bodies while they are pregnant.

Fetal weight accounts for about 7 1/2 pounds by the end of pregnancy. The placenta, which nourishes the baby, weighs about 1 1/2 pounds. The uterus weighs 2 pounds. A woman gains about 4 pounds due to increased blood volume and an additional 4 pounds due to increased fluid in the body. A woman's breasts gain 2 pounds during pregnancy. Amniotic fluid that surrounds the baby weighs 2 pounds. A woman gains about 7 pounds due to excess storage of protein, fat, and other nutrients. The combined weight from all these sources is about 30 pounds (Davis, 2021).

The World Health Organization (WHO) envisions a world where "every pregnant woman and new born receives quality care throughout the pregnancy, childbirth and the postnatal period" (Tunçalp, et al., 2019). Antenatal care (ANC) can be defined as the care provided by skilled health-care professionals to pregnant women and adolescent girls in order to ensure the best health conditions for both mother and baby during pregnancy (World Health Organization, 2016). According to the World Health Organization (2016), the components of ANC include: risk identification; prevention and management of pregnancy-related or concurrent diseases; and health education and health promotion.

ANC reduces maternal and perinatal morbidity and mortality both directly, through detection and treatment of pregnancy-related complications, and indirectly, through the identification of women and girls at increased risk of developing complications during labour and delivery, thus ensuring referral to an appropriate level of care (World Health Organization, 2016). In addition, as indirect causes of maternal morbidity and mortality, such as HIV and malaria infections, contribute to approximately 25% of maternal deaths and near-misses (9), ANC also provides an important opportunity to prevent and manage concurrent diseases through integrated service

delivery (World Health Organization, 2016). Through this form of preventive health care, women can learn from skilled health personnel about healthy behaviours during pregnancy, better understand warning signs during pregnancy and childbirth, and receive social, emotional and psychological support at this critical time in their lives. Through antenatal care, pregnant women can also access micronutrient supplementation, treatment for hypertension to prevent eclampsia, as well as immunization against tetanus (United Nations Children's Funnd (UNICEF), 2022).

**LABOUR**

Labour consists of a series of rhythmic, involuntary or medically induced contractions of the uterus that result in effacement (thinning and shortening) and dilation of the uterine cervix (Artal-Mittelmark, 2022). The World Health Organization (WHO) defined normal birth as "spontaneous in onset, low-risk at the start of labour and remaining so throughout labour and delivery. The infant is born spontaneously in the vertex position between 37 and 42 completed weeks of pregnancy. After birth, mother and infant are in good condition" (WHO, 2020).

The stimulus for labour is unknown, but digitally manipulating or mechanically stretching the cervix during examination enhances uterine contractile activity, most likely by stimulating release of oxytocin by the posterior pituitary gland (Artal-Mittelmark, 2022). Normal labour usually begins within 2 weeks (before or after) the estimated delivery date. In a first pregnancy, labour usually lasts 12 to 18 hours on average; subsequent labours are often shorter, averaging 6 to 8 hours (Artal-Mittelmark, 2022).

As discussed by Artal-Mittelmark (2022) rupture of the chorioamniotic membranes or bloody show is diagnostic for onset of labor. Labor begins with irregular uterine contractions of varying intensity; they apparently soften (ripen) the cervix, which begins to efface and dilate. As labor progresses, contractions increase in duration, intensity, and frequency. As sepcified by Marshall and Raynor (2014), the onset of labour is a process, not an event; therefore it is

very difficult to identify exactly when the painless (sometimes painful) contractions of prelabour develop into the progressive rhythmic contractions of established labour.

Traditionally, three stages of labour are described: the first, second and third stage, but this is a rather pedantic view, as labour is obviously a continuous process. It has also been acknowledged that there are more than three stages of labour, namely the latent, active and transitional phases, and these not only encompass specific physical changes but should also account for the emotional effects observed in women during this time (Marshall & Raynor, 2014).

1. **The 1st stage**—from onset of labor to full dilation of the cervix (about 10 cm). Begins with regular rhythmic uterine contractions to the full dilatation of the cervix and is managed by a partograph. The first stage lasts for about twelve to fourteen hours in primi Gravida and six to twelve hours in multigravida (Artal-Mittelmark, 2022).

    **a.** The **latent phase of labour** is prior to the active phase stage of labour and may last 6–8 hours in primigravidae when the cervix dilates from 0 cm to 4 cm dilated. The latent phase of labour is so subjective and poorly understood that a normal range is difficult to measure. According to Marshall and Raynor (2014), the cervical canal shortens from 3 cm long to <0.5 cm in length during this time. A woman may believe herself to be labouring, whereas sound midwifery judgement and understanding of the physiology of the first stage of labour may lead the midwife to the diagnosis of the latent phase of labour. Both the woman and midwife being aware of the latent phase of labour, and allowing this time to pass with no intervention, can prevent the medical diagnosis of poor progress or failure to progress later in labour. In a hospital setting, it is good practice not to commence the partograph until active labour has commenced. Assessing the active phase of

labour has been highlighted as essential in reducing interventions in normal labour (Marshall & Raynor, 2014).

b. The **active phase** within the first stage of labour is the time when the cervix usually undergoes more rapid dilatation. This begins when the cervix is at least 4 cm dilated and, in the presence of rhythmic contractions, progressively dilates to 10 cm or full dilatation. When in labour, contractions will often be accompanied or preceded by a bloodstained mucoid show: that is, the release of the operculum from the cervical canal as effacement and dilatation progresses. Occasionally, the membranes will rupture, at which stage the midwife may seek assurance that there are no significant changes in the fetal heart rate due to the rare complication of cord prolapse and that meconium is not present in the liquor, indicating fetal compromise (Marshall & Raynor, 2014).

c. The **transitional phase** of the first stage of labour is from when the cervix is around 8 cm dilated until it is fully dilated or until expulsive contractions associated with the second stage of labour are felt by the woman. There is often a brief lull in the intensity of uterine activity at this time. Many women may feel the urge to push during transition. In addition to physiological responses, women can experience a range of experiences and emotions. The woman may verbalize her distress, direct it at her birth partner(s), alternatively she may be quiet and contemplative (Marshall & Raynor, 2014).

2. The second stage of labour has traditionally been regarded as the phase between full dilatation of the cervical os, and the birth of the baby (Marshall & Raynor, 2014). On average, it lasts 2 hours in nulliparas (median 50 minutes) and 1 hour in multiparas (median 20 minutes). It may last another hour or more if conduction (epidural) analgesia or intense opioid sedation is used. For spontaneous delivery, women must supplement uterine

contractions by expulsively bearing down. In the 2nd stage, women should be attended constantly, and fetal heart sounds should be checked continuously or after every contraction. Contractions may be monitored by palpation or electronically (Artal-Mittelmark, 2022). During the 2nd stage of labor, perineal massage with lubricants and warm compresses may soften and stretch the perineum and thus reduce the rate of 3rd- and 4th-degree perineal tears (Aasheim, et al., 2017).

3. The **third stage** can be defined as the period from the birth of the baby to complete expulsion of the placenta and membranes. It involves the development of the relationship between mother, baby and father, the separation, descent and expulsion of the placenta and membranes, the control of haemorrhage from the placenta site, and sometimes, the initiation of breast-feeding. Although traditionally labour is divided into three distinct component parts to aid comprehension, it should be viewed as one continuous process. With this in mind, it is important to understand that the physiology of the third stage depends, in part, on what has happened during pregnancy as well as during the first and second stage of labour, and on the woman's basic level of health and wellbeing. The midwife's knowledge and evidence-based skills play a crucial role in ensuring that the care received by the woman works with, not against, physiological processes. The placenta may shear off during the final expulsive contractions accompanying the birth of the baby or remain adherent for some time. The third stage usually lasts between 5 and 15 minutes, but any period up to 1 hour may be considered normal (Marshall & Raynor, 2014).

## PUERPERIUM

The words "postpartum" and "postnatal" are sometimes used interchangeably. In this report we use the word "postpartum", except in sections exclusively dealing with the infant. In those sections the word "postnatal" is used. The postpartum period (also called the puerperium)

according to Western textbook definitions starts shortly after the birth of the placenta (American College of Obstetricians and Gynecologist, 2018).

Following the birth of a baby, placenta and membranes, the newly birthed mother enters a period of physical and emotional/psychological recuperation. Skin-to-skin contact is advocated immediately following birth and during the postnatal period as there is clear evidence of benefit to the mother and father. The puerperium starts immediately after birth of the placenta and membranes and continues for 6 weeks. In many cultures around the world 40 days for recuperation is a time-honoured practice. A general expectation is that by 6 weeks after birth a woman's body will have recovered sufficiently from the effects of pregnancy and the process of parturition. However, there has now been a recognition that the return to a non-pregnant state of health and wellbeing can take much longer (Marshall & Raynor, 2014).

According to Marshall and Raynor (2014), After the birth of a baby and expulsion of the placenta, the mother enters a period of physical and psychological preparation and this period, called the puerperium starts immediately after delivery of the placenta and membranes and continues for a period of 6 to 8 weeks. Puerperium is a period after childbirth where the uterus and other organs and structures which were affected by pregnancy returns to their non-gravid state. This period is also divided into three;

1. Immediate puerperium: this is the first 24 hours after delivery.
2. Early puerperium: is between the second and the seventh day after delivery.
3. Late puerperium: this is the period from the second week to the sixth week after childbirth.

During this time a number of physiological and psychological changes take place which are;

The reproductive organs return to the non-pregnant state.

1. Lactation is established
2. Bounding between infant and parents is also established

The mother recovers from the stresses of pregnancy and delivery, and assumes responsibility for the care and nurture of her infant. The main aim of management during puerperium is to;

1. Manage minor disorders in both mother and baby.
2. Counsel and teach on nutritional needs of the puerperal mother.
3. Counsel, teach and encourage the mother to breastfeed exclusively for six months and how to properly fix baby to breast.
4. Counsel and teach mother on importance of rest and sleep, ambulation and exercise as well as family planning.

The transition to parenthood involves major adjustments within a family and some mothers will welcome and actively seek help and support from a midwife during the postnatal period, but some women, for a range of reasons, may not. Women from different cultural backgrounds may have traditions that conflict with the current management of postpartum care consider that they already have sufficient skills and experience. Not being able to speak or understand English may also prevent a woman from seeking help. Although a visit to the home might have been planned, there will also be times when women are not at home when the midwife visits. It is important to keep in mind individual circumstances and whether these might have any bearing on a no-access visit. For example, parents with a disability such as hearing loss or poor mobility might not hear a doorbell. It is, therefore, important to make arrangements for contact to be made by alternative means (e.g. using a visual alarm or telephone to alert the woman of the visit beforehand). The midwife needs to recognize situations where the mother perceives she has different priorities from those routinely provided by the healthcare services (Marshall & Raynor, 2014).

## WHY CLIENT WAS CHOSEN

Madam Janet was chosen as a client/ family centered maternity care study on 18th November 2022, which happened to be her eight visits to the antenatal clinic at Fiaso CHIPS compound at 9;30am. During examination, client's facial expression on observation was not cheerful. Client was asked and she replied that she had lower abdominal pain and the physiology behind was explained and was further reassured. Client was then educated to rest, and various forms of exercises that help reduce body pains like 'pelvic rock" that helps reduce backache and pressure in the abdomen and strengthens muscles in the abdomen. "Head and shoulder lift", that strengthens muscles in the abdomen." squatting", which also strengthens leg muscles and rib cage lift which strengthens the rib muscles and makes it easier to breath. She was further asked if she has other complains and she answered yes and started mentioning frequency of micturition, constipation, sleep pattern disturbances (insomnia), and fatigue. The physiology behind all these were explained to her. Madam Janet was much grateful for the service rendered to her and was cooperative throughout. At glancing through her ANC card, she was 36weeks +6days pregnant, she has no bad obstetric history, and was a regular ANC attendant and very cooperative at the antenatal clinic. She was G4P3 being spontaneous vaginal delivery. Client has a normal gait and no deformity was detected. An introduction as a student midwife from Holy Family Nursing and Midwifery Training College, Berekum, on practical was made She was informed that she will be taken as a client for study and will be monitored during pregnancy, labour and puerperium and she agreed. She was thanked for her understanding. The in charge was informed about the selection of Madam Janet for the study of which she also agreed.

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# CHAPTER ONE

# CLIENT/FAMILY PARTICULARS

## 1.0 INTRODUCTION

This chapter analysed critically on the client health status. It gives information about her family and her community which includes social, family, medical, surgical, present obstetrical history and habit of daily living.

## 1.1 PERSONAL AND SOCIAL HISTORY

Madam Binlakpokim Akosua Janet is a twenty-four (24) year old woman gravida 4 para 3 AA and a native of Fiaso in Techiman district in the Bono East Region of Ghana. Client lives in Fiaso Sikafo Abantem – Oforikurom Sub district in the Bono East Region of Ghana. She is fair in complexion, one hundred and fifty-five (155) cm tall and weigh sixty-eight (68.0) kilogram (kg) according to her antenatal care record at booking.

According to Madam Janet, she completed junior high school in Fiaso L/A. She is now a Hair dresser. She is married to Mr. Joshua Gongoe with three children, two males and a female. Her husband is a farmer. They are both Christians and worship at Christ Apostolic Church at Fiaso. She speaks Bono Twi and Konkoma. According to her, her next of kin is her husband, Madam Janet lives in her own house and relates well with her neighbours.

## 1.2 FAMILY HISTORY

Madam Janet said that she is the only child of Mr Gongoe and Mrs Margaret Gongoe. Both mother and father come from Fiaso in the Techiman District in the Bono East region of Ghana. According to her, there is no hereditary diseases like diabetes, hypertension, heart disease, sickle cell disease, epilepsy, mental illness in the family as well as her husband's family. She also mentioned that there is a history of twin pregnancy in her family but not in her husband's

family.

### 1.3 MEDICAL HISTORY

According to madam Janet, she said that she has neither received nor donated blood. She added that she has no chronic medical condition like hypertension, diabetes, sickle cell, epilepsy, and among others and she is not allergic to any drug and food.

According to her she has not experience any signs and symptoms of sexually transmitted disease like burning sensation, abnormal vaginal discharge, swelling of the genital and painful urination.

### 1.4 SURGICAL HISTORY

According to Madam Janet she has never undergone any surgical operation since childhood and has never been involved in any accident or injury to any part of the pelvic or head injury, no episiotomy nor female genital mutilation was done on her.

### 1.5 MENSTRUAL HISTORY

Madam Janet said that she attained menarche at the age of fifteen (15) and since then she has 26 days menstrual cycle with regular moderate flow for 5 days and experience mild dysmenorrhea but resolved after her previous delivery. She added that she uses two sanitary pads a day and bath twice daily. According to her, her last menstrual period was 4$^{th}$ March, 2022. Her expected date of delivery (EDD) was calculated to be 11$^{th}$ December 2022

### 1.6 HABITES OF DAILY LIVING

Madam Janet wakes up at 5;30 am and says her prayers and empties her bladder, brushes her teeth with tooth paste and tooth brush and sweeps her room and environment, she goes to

dispose her rubbish at the refuse dump. She then prepares her children to school after serving them their breakfast. She takes her bath and goes to the shop and returns home around 4;00 pm to prepare supper for the family. Her favourite food is Tzet with green soup with meat. She usually washes and does general cleaning on Saturdays, she is a quiet person and with her children if she does not go to the shop. She baths her children and herself twice daily and watches television for about one hour, thirty minutes says her prayers and finally go to bed around nine thirty (9;30pm). On Sundays, Madam Janet goes to church with her family and closes around 10:00am. She then comes home and prepares food for the family.

## 1.7 PAST OBSTETRICAL HISTORY

### Pregnancy

Madam Janet is Gravida 4 Para 3 (all alive). According to her, she has never had an abortion or still birth. She also said she experienced some minor disorders like vomiting, backache and frequency of micturition in her previous pregnancy, but never experienced any conditions as pregnancy induced hypertension, pre-eclampsia or anaemia in her previous pregnancy. She received regular antenatal care during her pregnancy. She took four (3)' doses of Sulphadoxine Pyrimethamine (SP) during her pregnancy and also fourth. doses of tetanus diphtheria in her pregnancy. The children are seven, five and three years respectively

### Labour

Client said that, her children was delivered spontaneously per vaginum at the hospital. She was not able to recall the weight of the babies but said they was neither small nor large and they cried immediately after birth. Placenta was completely delivered 5 to 10 minutes soon after the baby was born and blood amount loss was also within 150 to 200mls. Also added that the duration of labour for her children did not exceed 10 hours. There were no complications such

as postpartum haemorrhage. Client said she was in good health after delivery and she started breastfeeding her baby immediately she was transferred to the lying-in ward.

Madam Janet said that her children were in good condition at birth thus they cried immediately they were born. She also said her children had no abnormalities like cleft palate, cleft lip or extra digits and also had no ill health after delivery. PUERPERIUM They were fully immunized against the childhood preventable diseases. According to her she breastfed her children exclusively for six months and weaned them at 18 months. According to her the only family planning method she has done was the injectable type specifically Depo provers (given at the left upper arm which last for three months). She further added that her support person was her husband and sister. Client went through puerperium successfully without any complications.

**1.8 PRESENT OBTETRICAL HISTORY**

Madam Janet started her antenatal visit on 24th May, 2022 when she was 11weeks and 4 days of gestation. She gave her last menstrual period (LMP) as 4$^{th}$ March 2022. Her expected date of delivery (EDD) was calculated to be11$^{th}$ December, 2022.

Laboratory investigations were done and the results were recorded as the following:

| | |
|---|---|
| Haemoglobin | 11.2g/dl |
| Hepatitis B | Negative |
| Rhesus factor | Positive |
| Blood Group | O+ |
| HIV Status | Negative |
| Sickle Test | Negative |
| Urine for Protein and Sugar | Negative /Negative |
| G6PD | Normal |

| | |
|---|---|
| Syphilis (VDRL) | Non-reactive |

Vital signs and other assessments recorded as:

| | |
|---|---|
| Temperature | 37.1 degrees Celsius |
| Respiration | 20 cycles per minute |
| Blood Pressure | 109/60mmHg |
| Pulse | 89 beat per minutes |
| Weight | 54.0 kilograms |
| Height | 155centimeters |

According to the midwife in charge she ensured that head to toe examination was done but no abnormality was detected and Madam Sarah looked very healthy. Client was educated on danger signs of pregnancy. She was given fourth dose of Tetanus Dipteral injection. She was giving routine drugs as

| | |
|---|---|
| Tablet Folic acid | 5mg daily for 7days |
| Tablet ferrous sulphate | 200mg daily for 7days |
| Tablet multivitamin | 200mg daily for 7days. |

Client was routinely cared for and managed on routine drugs during the periods of her antenatal visit. All procedures were carried out on her appropriately with no abnormality detected. Client complied with all education given and took all her routine drugs until she was met and chosen for the study at 36 weeks plus 6 days gestation.

# CHAPTER TWO

# ANTENATAL CARE

## 2.0 INTRODUCTION

Chapter two is about the care given to Madam Janet from the time of the first contact till labour. This includes the first contact with the client, subsequent visits to the clinic, home visits during antenatal period and care plans drawn to solve any problem faced by the client.

## 2.1 FIRST CONTACT WITH CLIENT

Madam Janet was a regular attendant to the antenatal clinic and it was through one of these visits that she was met on 18$^{th}$ November, 2022 at 36 weeks +6days which was her 6$^{th}$ visit to the clinic. She was warmly welcomed and offered a seat. During examination her facial expression was not cheerful and client was encouraged to voice out her problems if any. Client voice out that everything was fine with her and that she was coming for antenatal care. Education on rest and exercise was been done and client participated well during the discussion. She was also educated on the importance of attending antenatal clinic on time and also educated her to reduce her work load in this state of pregnancy. After which an introduction was made as a student midwife from Berekum Nursing and Midwifery Training College who came to have clinical experience, and then wished to involve her in a study named as Family centered maternity care study. Her antenatal booklet was collected and glanced through to note the previous recordings.

The midwife in charge was already informed about a quest to find a client who met the criteria to be used for the client and family centered maternity care study and the midwife in-charge explained and sought consent from the client, the client was found to have met the criteria. Detailed information and procedures involved in the study were explained to her and she gladly agreed and promised to give all the information needed and her maximum cooperation. She

was introduced to the ward in charge as the client selected for the care study, which she also gave her consent to it.

Procedure to be done on her was explained to her and she gave her consent to it. vital signs and weight were taken and the findings recorded in her antenatal book as follows;

| | |
|---|---|
| Temperature | 36.7degree Celsius |
| Pulse | 90bpm |
| Respiration | 20cpm |
| Blood Pressure | 120/60mmhg |
| Weight | 68kg |

The results of the various laboratory investigations done were as follows

| | |
|---|---|
| Haemoglobin | 12.0g/dl |
| Hepatitis B | Negative |
| Rhesus factor | Positive |
| Blood Group | O |
| HIV Status | Negative |
| Sickle Test | Negative |
| G6PD | Normal |
| Syphilis (VDRL) | Non-reactive |

**Urine testing**

After all these procedures, she was asked to empty her bladder and specimen bottle was given to her to collect mid-stream specimen of urine to test for urine glucose and protein.

Protective clothing like apron and gloves were worn. The quantity, colour, odour, smell and sediments were noted. A chemically prepared strip was picked and dipped into the urine sample. The strip was immediately removed and the edge of the strip taped against side of the urine container to prevent spilling of urine onto the clothes. After one (1) minute, the stick was

compared with the corresponding colour on the container. There was no change in color of the strip indicating a negative result when compared closely with the corresponding color chart on the container.

Findings were recorded and discussed with both midwife in-charge and client.

The procedure involved in physical examination was explained to her and she consented. Privacy was provided by closing doors, nearby windows and curtains drawn and hand washing was done.

**HEAD TO TOE EXAMINATION**

Madam Janet was assisted to sit on the bed, lie on her right side and then assume a supine position after client has been assisted to undressed, examination was started.

**Head and Neck;** on examination from the head there were no scars on the scalp. The hair was check for brittleness, dandruffs, lice, infection and also distribution of hair but that moment her hair was combed and styled nicely and neatly. Few educations were done and she was congratulated. The face was also examined for the presence of edema, chloasma and rashes but no abnormalities were detected and the skin looked smoothed and facial colour was well distributed. Her eyes were examined and there was no pallor, jaundice and discharges from it. The nose was examined with no discharges, the mouth was examined with no dental carries, and tooth decay, halitosis during conversation, no cracks or sores were found on the lips, the gum and tongue were inspected for pallor and they were normal. Her ears were examined with no pain and discharges from it. Her neck had no enlarged thyroid gland, palpable lymph nodes or distended veins.

**Breast Examination;** Client was informed on examining the breast and she consented. On breast examination both breasts were present, the shape and size were normal, the areolar was very dark in colour, and the skin of the breast were smooth with the nipple well projected. The

breast nearer was covered and the other one farther was exposed to be examined. The client was asked to put the hand of the part to be examined under her head and with the left hand supporting the breast, the right hand was used to palpate the breast systematically in a circular manner using the inner aspect of the fingers for masses, enlarged axillary lymph nodes but no abnormality was detected. The nipple was also squeezed gently with cotton wool and expressed fluid was examined for it colour and it was clear with no foul smell and same procedure was performed on the other breast. While doing the breast examination she was told to be observant, since she would have to repeat what was done at home to detect abnormalities of the breast after every menstruation. She was made comfortable and covered up. Findings were explained to client.

**EXTREMITIES**

Upper Extremities**;** after client was informed about the continuation of examination, Client was asking if she had tingling and tightness in an attempt to make a fist, and she answered negative. Her upper extremities were examined for equality, extra digit, presence of edema, nail beds for pallor and there were no abnormalities. Her nails had also been cut and kept clean.

The Client was informed about the next step and client was assisted into a left lateral position.

Lower Extremities; Madam Janet was asked to lie on her back again for examination of the lower extremities. There was no pain found in the calf, her toe nails were short and clean, there was no varicose vein, extra digit or edema on the lower extremities. The legs were checked for equalities and nail bed for pallor. She was congratulated for a neat and healthy body.

**Back;** her back was examined for any abnormalities of the spine and sacral region for edema and for varicose veins of which no abnormality was detected. The skin was in good condition and costovertebral angle tenderness was absent.

**Abdominal palpation**

Before abdominal examination, palms were rubbed together to provide warmth to prevent inducing contractions.

**Inspection**; There were no scars on the abdomen. The abdomen had an ovoid shape with the signs of pregnancy like striaegravidarum running through the midline of the abdomen. There were fetal movements.

**Measuring of symphysio-fundal height;** the zero end of the measuring tape was placed on the fundus of the uterus and the tape extended to the upper boarder of the symphysis pubis and the symphysio-fundal height measured 36cm and gestational age of 36weeks and 6 days.

**Fundal palpation**; hands were warmed by rubbing them together to avoid inducing contractions. Standing on the right side of the client, both hands were placed just below the xiphisternum and down the abdomen until the upper part of the fundus were felt. The fundus was occupied by a soft round mass indicating the buttocks.

**Lateral palpation**; with one hand stabilizing the right side of the uterus, the other hand was moved gently on the left side where rough parts were felt indicating the foetal limbs palpated. This was repeated at the right side and a smooth round part was palpated indicating the foetal back.

**Pelvic palpation**; Upon facing the client's lower limbs and placing the palms of both hands on either side of the lower abdomen below the umbilicus pointing downwards and inwards, the head was palpated in the lower pole of the uterus. On palpation the lie was longitudinal, presentation was cephalic and the position was right occipito-anterior.

**Descent;** the anterior shoulder was located 2.5cm below the umbilicus and with the ulna border just above the symphysis pubis, five fingers occupied the space indicating descent of $5/5^{\text{th above}}$ pelvic brim.

**Auscultation**; The fetal heart was auscultated by warming and placing fetal stethoscope (fetoscope) on the area where the back was located; the ear was placed against the fetoscope, making sure hands were not touching the fetoscope and the fetal heart beat was counted. Comparing the rate with the maternal pulse and counting how many beats were heard for one minute, it was 134bpm with regular rhythm.

**Vulva Examination**

Permission was sought to inspect her vulva after hand washing was done. Client's vulva was inspected after the examination light was turned towards the genital area for clear view. The vulva was well shaved and clean. The perineum, labia and clitoris were inspected and it was clean, they had no abnormalities such as swollen tissue, rashes, warts or blisters and there was no indication of female genital mutilation, and no abnormal discharges found. Hands were washed and dried. Findings were communicated to her and she was congratulated for her cooperation. She was thanked and was helped to turn to her left side before getting off the bed and to do so any time she rises from bed. She was assisted to dress up. Madam Janet was offered a seat and she was asked if she had any other complains, of which she gave the discomfort of urinating frequently especially at night. Explanation was made to her that it was one of the physiological changes that occur in later part of pregnancy as a result of the descending fetal head exerting pressure on the bladder, she was told to drink more water in the day but less during the night as this might help reduce the frequency of urination at night. She was encouraged to continue maintaining personal hygiene and also to have enough rest and sleep. Finally, education on the need to attend antenatal on time was reinforced. Signs of labour were explained to her as she was in her late weeks. She was also reminded about her next visit to the clinic which was on 7$^{th}$ December, 2022. Phone numbers were exchanged and the direction to the client's house was taken. Agreement was made on the date for a visit to her house which

was on 31st December, 2022. Client left the hospital happily afterwards. The routine drugs served were as follows;

1. Tablet folic acid 5mg daily for 7 days
2. Tablet ferrous sulphate 200mg daily for 7 days
3. Tablet multivitamin 200mg daily for 7 days

**2.2 FIRST ANTENATAL HOME VISIT.**

On 20th November, 2022 at 4:30pm, a visit was made to Madam Janet house as arranged. The main purpose was to check on how she was faring, her physical wellbeing as well as her surroundings and family's welfare. The journey was made by a motor bike to client's house using the direction given on the day she came for antenatal care. On arrival, a boy in about his sixteen's was met and pleasantries exchanged as well as establishment of rapport. When enquiries about Madam Janet was made, he mentioned that she has gone to a provision shop in the next house to buy something. Her husband too was not in as he had gone to farm. A seat was offered and opportunity was taken to move around the house and observe the surroundings as well. The house was located behind the Mosque. It was built with cement bricks, which is plastered and painted and was roofed with aluminum roofing sheets. It contained three rooms and a corridor with a kitchen beside the house. There was a bathroom and a toilet which was built with cement bricks and was semi-detached from the house. The floor of the bathroom was cemented. It was observed that the surroundings were neat. Their water source was from a standpipe in the house stored in a barrel and covered neatly. Madam Janet returned with some few items she has bought from the shop. Client was glad about the visit and rapport was established. Madam Janet mentioned that, she and her husband was occupying one room. The other rooms were occupied by junior sister and children. The room had windows which she said she opens it always to allow fresh air to enter the room. She mentioned that they use water

from the standpipe for domestic purposes and also as a drinking water. She mentioned that refuse was dumped in the bush, few meters away from the house. The room was very spacious and well ventilated. It was observed that, she and her family sleeps under a treated mosquito net. A chance was given to educate her on how and the need to keep a good personal and environmental hygiene.

An opportunity was then given to inspect her layette for labour. She said she has gotten all the needed items for labour and were well packed so permission was sought to inspect the items and they were accurate as she had said, she was also educated on true labour signs such as "show" and painful rhythmic regular uterine contractions.

Madam Janet and her family were then appreciated for their warm reception and provision of adequate information which was useful and permission was sought to leave. She was told to get all her items needed for delivery ready and well packed this was done after being educated on the signs of labour. She was pre-informed of a second home visit which was on 3rd December, 2022.

Client's house is located behind the Mosque place with a house number of KKOO87 at Fiaso Bono East. It is built with cement blocks, which is plastered and painted and roofed with aluminum roofing sheets. It contains three rooms and a corridor with a kitchen beside the house. Madam Janet mentioned that, she and her husband are occupying one room. There is a bathroom and a toilet which is built with cement blocks. The floor of the bathroom is cemented. Their source of water is from a standpipe in the house stored in a barrel and covered neatly and electricity is their source of lighting. She mentioned that they use this water for domestic purposes and also as a drinking water. She mentioned that refuse was dumped in the bush, few meters away from the house. It was observed that the surroundings were neat.

## PSYCHOSOCIAL

Madam Janet lives with her family and relates well with her neighbors, Client said whenever there is a problem concerning the neighbor, she organized for them to bring in their views on how to solve the issue. Disputes are being settled between to ensure there is peace and harmony. Madam Janet attend funerals, weddings and other ceremonies when the need arises with her husband. An introduction was made to a few a neighbor's who was around as a student midwife who will be taking care of her through pregnancy, labour and puerperium.

## 2.4 SECOND ANTENATAL HOME VISIT

The second home visit to Madam Janet house was made on the 23th November, 2022 around 4:00pm. On reaching her house, client gave a smiling welcome and greetings were exchanged. A seat was offered afterwards. At this time the whole family were at home. The aim of the visit was to check up on her wellbeing and the family members, also to ascertain whether the education given was taken and to assess her preparation towards delivery. Client was asked how she was faring as well as the whole family, she said they were all doing well accept that she is having constipation and cannot also sleep well.

Client was educated to take more fluid and roughage diet. She was asked of her previous complains and she confessed that she is coping with them. She was asked to mention the true signs of labour and she was able to recall all of them. She was then reminded to report immediately to the clinic if she experiences any of them. She was asked of the one who will accompany her to the clinic and she said her husband. She was also reminded to arrange with a taxi driver who will pick her to the hospital when the need arise. The opportunity was used to inspect her packed items in a suitcase and the items were complete. The compound was checked and everything was well kept.

Client was thanked for her cooperation and was reminded of her next antenatal care visit which

was on 25th November, 2021, of which she came and was taken care of at the antenatal clinic and no abnormality was detected and was doing well.

Client was reminded of her next visit to the clinic again on the 2nd December 2022.

## 2.5 SUBSEQUENT VISIT TO THE CLINIC

On the 2nd December, 2022 Madam Janet reported at the facility as scheduled. She was warmly welcomed, offered a seat and congratulated for her regular attendance. Her antenatal book was collected and glanced through. All the routine procedures to be carried out were explained to her and her consent was sought. Her vital signs and weight were checked and recorded as follows:

| | |
|---|---|
| Temperature | 36.4 degrees Celsius |
| Pulse | 79beats per minute |
| Respiration | 19cycles per minute |
| Blood pressure | 110/ 70millimetres of mercury |
| Weight | 68 kilograms |

She was asked to empty her bladder and urine was tested for the presence of protein and glucose which were both negative. She was then sent to the palpation room. She was assisted to position herself on the examination bed. After hand washing with antiseptic soap under running water and well dried with a clean dry towel, head to toe examination was done and no abnormality was detected. Abdominal inspection was done and there was no abnormality detected. On palpation, the gestation was 37weeks; Symphisio-fundal height 35cm, lie longitudinal, and position was left occipito-anterior, presentation cephalic, descent 5/5th, foetal heart rate was 140bpm on auscultation. She was then congratulated, asked to lie on her left side, sit and then get up from the examination bed. A seat was offered to her and findings were communicated to her**. 2.** Client complained of fatigue and was then encouraged to have enough bed rest and

sleep and was asked to come to the facility in a week's time if she had not delivered. She was not served with any of her routine drugs because the previous ones had not yet finished. She was then thanked and seen off.

## 2.6 NURSING CARE PLAN DURING ANTENATAL PERIOD

**PROBLEMS IDENTIFIED**

- Lower abdominal pains 18/11/2022
- Frequency of micturition 18/11/2022
- Constipation 23/12/2022
- Insomnia 23/12/2022
- Fatigue 2/12/2022

**SHORT TERM OBJECTIVES**

- Client will cope with the lower abdominal pains within24hrs.
- Client will regain her normal bowel movement within 24 hours.
- Client will cope with frequency of micturition within 4 hours.
- Client will be able to sleep for at least 2 hours continuously during the day and 6 hours continuously at night within 48 hours.
- Client's fatigue will resolve within 4hours.

**LONG TERM OBJECTIVE**

Madam Sarah will go through pregnancy successfully without any complications to both mother and fetus.

**TABLE 1: NURSING CARE PLAN DURING ANTENATAL**

| DATE/ TIME | NURSING DIAGNOSIS | OBJECTIVE/ OUTCOME CRITERIA | NURSING ORDERS | NURSING INTERVENTIONS | DATE/ TIME | EVALUATION | SIGN |
|---|---|---|---|---|---|---|---|
| 18/11/2022 At 10am | lower abdominal pain related to descent of fetal head. | Client will cope with lower abdominal pain within 24hrs and through of pregnancy as evidenced by<br>Client verbalizing that lower abdominal pain has subside.<br><br>2.Client will cope with the lower abdominal pain within 4hrs as an evidence by client husband verbalizing that client lower abdominal pain has subside | 1. Reassure client.<br><br>2. Explain the physiology of lower abdominal pain to the client.<br><br>3. Encourage client to adopt a comfortable position.<br><br>4. Encourage client to rest between activities.<br><br>5. Serve prescribed analgesics. | 1. Client was reassured of good pain management<br>2. The condition was explained to that due to the descent of the fetal head which is having a straining effect on the pelvic ligament.<br>3. Client was encouraged to adopt a comfortable position like side lying.<br>4. Client was rest in between activities.<br><br>5. Client was served with 1 gram of paracetamol. | 8/12/2022 At 10:00am | Goal met as client verbalized those abdominal pains had reduced. | J.M |

**TABLE 1: NURSING CARE PLAN DURING ANTENATAL CONTINUED**

| DATE/ TIME | NURSING DIAGNOSIS | OBJECTIVE/ OUTCOME CRITERIA | NURSING ORDERS | NURSING INTERVENTIONS | DATE/ TIME | EVALUATION | SIGN |
|---|---|---|---|---|---|---|---|
| 18/11/2022 At 10am | Frequency of micturition related to descent of the presenting part. | Client will have knowledge on the physiology of frequent micturition within 4 hours as verbalize by client that she understood the physiology behind the frequency of micturition and she is coping with it. | 1. Reassure client.<br>2. Explain the physiology to client.<br>3. Encourage client on the need to keep vulva clean<br>4. Encourage client to void every 1 to 2 hours.<br>5. Encourage her to have pail close to her bedside when sleeping. | 1. Client was reassured on competent care.<br>2. The physiology of frequency of micturition was explained to her as reduced bladder capacity.<br>3. Client was encouraged on the need to keep vulva clean and wearing of cotton under wears.<br>4. Client void whenever the the urge is felt.<br>5. Client used a pail at night rather than walking a distance to urinate. | 18/12/2022 At 2:00pm | Goals met as client understood the physiology of frequency of micturition. | J. M |

**TABLE 1: NURSING CARE PLAN DURING ANTENATAL CONTINUED**

| DATE/ TIME | NURSING DIAGNOSIS | OBJECTIVE/ OUTCOME CRITERIA | NURSING ORDERS | NURSING INTERVENTIONS | DATE/ TIME | EVALUATION | SIGN |
|---|---|---|---|---|---|---|---|
| 23/11/2022<br>At 4:00pm | Constipation related to inadequate fibre intake. | Client will regain her normal bowel movement within 24 hours as evidenced by client verbalizing, she has regained her normal bowel movement.<br>2.client's husband testified that client passed stool twice a day | 1.Reassure client.<br>2. Explain physiology of constipation to client,<br>3. Encourage client to take in fibre diets at least three times daily.<br>4. Educate client to take in more water.<br>5.Advice client on exercise | 1. Client was reassured on free bowel movement.<br>2. The physiology of the importance of roughages in diet was explained to client.<br>3. Client was encouraged to eat fibre diets at least three times daily such as oranges and garden eggs stew.<br>4. Client took in at least 5 sachets of water daily.<br>5. Client walked around as a form of exercise. | 24/12/22<br>At<br>4:00pm | Goal partially met as Madam Sarah said that she emptied her bowel. | J.M |

**TABLE 1: NURSING CARE PLAN DURING ANTENATAL CONTINUED**

| DATE/ TIME | NURSING DIAGNOSIS | NURSING OBJECTIVES | NURSING ORDERS | NURSING INTERVENTIONS | DATE/ TIME | EVALUATION | SIGN |
|---|---|---|---|---|---|---|---|
| 2/12/22 At 10am | Activity intolerance (Fatigue) related to weight of product of conception and inadequate rest. | 1.Client's fatigue will reduce and body comfort will within 48 hour as evidence by restored client verbalizing reduction in fatigue and improvement in body comfort.<br>2.client mother confirmed that client stop complaining of tiredness | 1. Reassure client that fatigue will reduce.<br>2. Encourage family members to help with household chores.<br>3. Encourage client to take up little work<br>4. Teach client energy conservation techniques such as sitting rather than squatting or standing while washing.<br>5. Encourage client to have enough sleep and rest. | 1. Client was reassured of adequate support to reduce fatigue.<br>2. Family members assisted client with the household chores.<br>3. Client took up little work that she can tolerate. Eg, sweeping<br>4.Client was taught energy conservation techniques such as sitting rather<br>5. Client was encouraged to have enough sleep and rest especially during the night. | 5/12/22 At 10am | Goal fully met as Client verbalized reduction in fatigue and improvement in body comfort. | J.M |

# CHAPTER THREE

# LABOUR

## 3.0 INTRODUCTION

This chapter describes the admission and management of all the stages of labour, immediate care of the new born, examination of the new born and the care plans drawn for the management of the problems encountered during this period.

## 3.1 ADMISSION AND MANAGEMENT OF FIRST STAGE OF LABOUR

During afternoon shift on the 8th December, 2022, Madam Janet arrived at the labour ward at 2:50pm accompanied by her husband. After her husband called on phone to give information about her wife experiencing lower abdominal pain and waist pain and was asked to come to the hospital. Assessment was done to assess the progress of labour before client was taken through the admission process. History of labour was taken from client and she said labour started around 10am and she was experiencing mild waist and contractions, show was noticed at home and the contractions became frequent. Madam Janet said she had not seen any trickling of water or blood but could feel increased fetal movements. Enquires were made to know if she took any medications or herbs since the pain started but she answered no and also said she ate before coming and had a normal bowel movement when asked. Client was reassured of competent care to be rendered after which she was made comfortable in bed and privacy maintained. Client layette was arranged by her bedside and she was encouraged to empty her bowel and bladder when she had the urge into a bed pan provided. Client was asking questions about the duration and outcome of labour and client was seen to be anxious. Madam Janet was reassured of competent care to be given as well as education on procedures to be performed and the stages of labour. She was also reassured that she will not be left alone but the husband will be readily available for her.

Her vital signs were checked and recorded as follows;

| | | |
|---|---|---|
| Temperature | - | 36.6 $^0$C |
| Pulse | - | 82bpm |
| Respiration | - | 21cpm |
| Blood Pressure | - | 120/75 mmHg |

Privacy was provided and explanation was given on procedure for physical examination from head to toe. Consent was sought from client and she agreed. Madam Janet was asked to empty her bladder and take a midstream urine to test for protein and acetone which when tested was negative for protein and glucose. Client passed 150mls of straw-colored urine. Client was assisted to undress and cover herself with a piece of cloth and assisted onto the examination bed. Hands were washed under running water with soap and dried with clean dry towel. The head-to-toe examination was done under the supervision of the midwife in-charge. The hair, sclera, conjunctiva, nose, mouth, ears, neck were examined without any abnormality seen. The face was a bit tensed because of the painful contractions. The breasts were firm on the chest with no engorgement or inversion of the nipples. The arms were proportionate in length, the nails were also short and clean. On her lower extremities, there was no varicose vein found on the legs. There was no pallor, edema nor jaundice. The hands were warmed again by rubbing them together.

**Inspection;** on abdominal inspection, the abdomen was globular in shape, there was linea nigra on the abdomen and no striae gravidanum or previous scar was observed.

**Measuring of the symphysio-fundal height**; Symphysio - fundal height was 37 centimeters with gestation of 39 weeks and 5 days.

**On fundal palpation;** the fundus was palpated and a soft mass was identified as the fetal buttocks.

**Lateral palpation;** was done to find the back and limbs of the fetus which revealed a smooth fetal back to be at the right side of the abdomen and limbs on the left side as it felt rough.

**On pelvic palpation;** the lie was longitudinal, position was right occipito-anterior, and presentation was cephalic.

**Descent** was determined by locating the anterior shoulder 2.5 cm below the umbilicus and symphysis pubis which admitted four fingers. Descent was four-fifth ($4/5^{th}$) palpated above the pelvic brim.

**On auscultation;** the fetoscope was rubbed on the palm to warm it before placing it on the abdomen to listen to the fetal heart beat for a full minute which read as 130 beats per minute with regular rhythm and good volume.

The uterine contractions were timed for 10minutes and it recorded 3 in 10 minutes lasting 35 seconds approximately.

**Vaginal examination**

Permission was asked to perform vaginal examination of which she agreed. Procedure for vagina examination was explained to her in order to promote comfort and seek her co-operation. A sterile tray was set containing two gallipots, one containing savlon antiseptic solution, the other gallipot with sterile cotton wool swabs, a pair of surgical gloves and a receiver for used swabs and all was covered with a sterile towel. Privacy was ensured. Hands were washed with soap under running and dried with a clean dry towel. Client was then helped into a lithotomy position with her knees flexed and thighs apart. Examination gloves were worn and soiled pad removed, examined and discarded with the left hand. A pair of surgical gloves were worn. The vulva was well shaved though soiled with the blood-stained mucous (show), it had no abnormalities. A sterile cotton wool swab was picked with the right hand dipped into the gallipot containing savlon solution. The swab was dropped from the right hand into the left hand and used to swab the labia majora and the minora using a swab for each. With the left hand parting the minora, the last swab in the right hand was used to clean the vestibule from anterior to posterior. Client was informed that, the middle finger followed by the index finger

will be put into her vagina to assess the condition of the vagina and cervix and that she will feel a bit uncomfortable. With the labia minora still separated, the right middle finger was inserted into the vagina gently but firmly pressing downward whilst the index finger was added into the vagina in order to relax the vagina wall and muscles.

On vaginal examination, the vagina was warm and moist, the sacrum was well curved, the ischial spines were blunt, the sacral promontory was not reached at 4cm and cervix was thin, soft, elastic and cervical os was 4cm dilated. The presenting part was well applied to the cervix with intact membranes. Molding was not present. The pubic arch was wide, and the rectum was empty. On withdrawal of the fingers, observation was made on the examining fingers and they were clear and not offensive. The vulva was cleaned and a clean perineal pad was applied. Client was made comfortable in bed with the help of the midwife-in-charge. She was also encouraged to ambulate and to lie on her left when she fells tired, client was then informed about the findings and after this, all findings were recorded on the partograph. All instruments used were decontaminated in 0.5% chlorine solution. Hands were washed under running water with soap and dried with clean dry towel after the gloves were discarded.

**PREPARATION FOR BIRTH**

In preparing for birth, helpers were identified including the skilled and unskilled personnel. The midwife in-charge was identified as the skilled personnel and the client's mother was identified as the unskilled personnel. The doctor on call was notified about the client's admission. Emergency boxes (like PPH and Eclampsia) with their appropriate items were available. The delivery room had been already cleaned. Client was encouraged to wash hands with soap under running water and dried with clean dry towel and she was informed that the windows will be shut and fans will also be put off to provide a warm environment for the baby when it is time for delivery of which she agreed. Room was well lighted and ventilated. Madam Janet was also educated that the baby would be delivered onto her abdomen on a sterile towel

and she will have to support the baby. She was also informed that her abdomen will be cleaned for skin-to-skin care with the baby. The resuscitation box had all the items needed such as a stethoscope, scissors, cord clamp, sucker, self -inflating bag and mask of different sizes. The self-inflating bag was tested to see whether it was functioning, also the radiant bulb was switched on to provide warmth to the cot. Other items like cot sheets were also made available. Referral centers and their numbers as well as ambulance and its driver were all checked to be available. Delivery items were also made available.

Madam Janet was encouraged to assume any position favorable to her. She was encouraged to assume a left lateral position to increase placental perfusion and prevent supine hypotension. She was encouraged to ambulate to aid in the descent of the fetal head. A bed pan was provided for her and was encouraged to urinate when she feels the urge to further aid in descent of the fetal head. Client was encouraged to take in water or any sweetened fluid to prevent dehydration. Client was served with mashed kenkey and bread which was brought by the husband.

Madam Janet was reminded of the deep breathing exercises so as to conserve energy for the second stage. Sacral region was massaged during contractions to relieve her from pain.

Client was continuously and closely monitored on the partograph throughout the first stage of labour, maternal and fetal conditions were recorded and labour progressed well. Client was monitored on the partograph as follows; fetal heart rate, uterine contractions and maternal pulse were checked every thirty (30) minutes. The cervical dilation, descent, membranes, molding, blood pressure and temperature were checked every four (4) hours. Urine test for protein and acetone was done every four (4) hours. Client was reassured again of competent care to be rendered and all procedures were explained before their performance. All findings were communicated to her.

At 6:10pm fatal heart rate was 133bpm, contractions were 3 in 10 lasting for 36 seconds and maternal pulse was 85bpm. She was assisted to lie on her left and breathe through her mouth since she was complaining of severe waist pain. She was reassured that she will soon have her baby and all discomforts will be resolved and a sacral massage was given to reduce the pain. She was encouraged to assume a favorable position and the physiology of uterine contraction was explained to her. At the progress of labour was documented and then communicated to client. Client was sweating a lot and was cleaned with a wet towel. She was also given iced water to calm herself. At 7:10am Temperature was checked and recorded as 36.7˚C and blood pressure was 115/70mmHg, urine was taken to test for protein and acetone and they all showed negative and the amount of urine as 110mls and head descent was 2/5th. fetal heart rate was 137bpm, contractions were 3 in 10 lasting 42 seconds, maternal pulse was 87bpm. Client was due for vaginal examination. It was observed that client had removed pad onto bed. She was quickly made aware not to do that since she could be infected. She was encouraged to wash her hands with soap under running water and dried with clean dry towel and discard pad if fallen. Vagina examination revealed cervical os 8cm dilated with membranes intact, moulding(0). Progress of labour was communicated to her and she was reassured

Delivery trolley was set paying attention to sterility. It contained the following items;

**Top shelf**

- A sterile bowl for Savon solution
- A HLD delivery pack containing;

  Two sterile towels

  Two artery forceps

  Two dissecting forceps
- A HLD episiotomy pack containing;

  Episiotomy scissors

Needle holder

Dissecting forceps

- Receiver for placenta
- Sterile gauze swabs and cotton wool swabs in a gallipot
- Clean sucker.

**Bottom shelf**

- Pre-packed sterile gloves
- Warm towels and blanket
- Jug to measure blood loss
- Perineal pads,
- Syringes and needles
- Cord clamp
- Baby identification band
- Antiseptic lotion
- Fetoscope
- Drainage bag and catheter
- A drug tray containing injection Oxytocin, Lidocaine, water for injection, injection vitamin K, and Chloramphenicol eye drop
- Two clean cot sheets.

Oxygen source and suctioning machine were all in good working condition.

At 8:20am membranes ruptured spontaneously with clear liquor. Vaginal examination was done to exclude cord prolapse and there was none, cervix was 10cm dilated with molding (++), descent was 0/5th, fetal heart rate was 139bpm, contractions were 4 in 10 lasting 48 seconds and maternal pulse was 85bpm. Client complained of bearing down and was encouraged to breathe through her mouth. The perineum was quickly examined, the vulva and anus were

gaping, perineum was bulging and a trickle of blood was evident. Progress of labour was communicated to the midwife in-charge and the client that the cervix was fully dilated. All findings were explained to her and recorded on the partograph sheet. The midwife in charge confirmed full dilation of the cervix.

## 3.2 MANAGEMENT OF THE SECOND STAGE OF LABOUR

Client was positioned in the second stage room at 8:25pm. She was asked which position she preferred and she responded that she wanted to lie in a dorsal position. She was helped on to the delivery bed and asked to lie on her side.

A sterile trolley was pushed near the delivery bed at the right side of her. Client was reassured to allay her anxiety. Protective clothing was worn (mackintosh apron, safety boots, goggles, and nose mask). Hands were washed under running water with soap and dried with clean dry towel and a pair of sterile gloves were put on. Client's abdomen was cleaned. A perineal pad was applied to the anus to prevent fecal matter from contaminating the delivery field hence infecting the baby. Client was encouraged to bear down with contractions and rest in between. The fingers of the left hand were placed on the advancing head to aid the smallest diameter of the head distends the perineum. When the head crowned, she was asked to stop pushing and pant and the fingers were spread equally over the vertex to restrain any sudden expulsive effect. She was asked to take a deliberate breath to aid pushing. The head was delivered by extension, by allowing the sinciput, the face and chin to glide slowly over the perineum to be delivered. The baby's eyes were cleaned with sterile cotton wool swabs from the inner canthus to the outer canthus to prevent infection using one swab for each eye. The mouth and nose were also wiped gently with sterile gauze. Neck was felt for cord but there was none. Restitution took place followed by external rotation of head allowing the shoulders to lie in the anterior-posterior diameter of the pelvic outlet, the hands were placed on the sides of the baby's head

over the ears and with gentle downward traction the anterior shoulder was delivered towards the mother's anus followed by upward traction toward the mother's abdomen to deliver the posterior shoulder. The rest of the body was delivered through lateral flexion along the curve of carus onto the mother's abdomen. At exactly 8;45pm an alive male infant was delivered and he cried loudly. The client was congratulated for her effort and cooperation. Baby was shown to the mother and mother identified the sex. Baby was wiped, placed on mother's abdomen for skin-to-skin contact and covered. Her husband and mother were informed of her successfully delivery.

## 3.3 IMMEDIATE CARE OF THE BABY

Immediately the head was delivered, sterile gauze was used to clean the baby's face, mouth and nose. The eyes were cleaned with sterile cotton wool from inside out. The baby was delivered onto the mother's abdomen. The baby cried immediately after delivery and client was congratulated. The baby was wiped with a clean cloth paying attention to the skin folds. Wet linen was changed. The baby was shown to the mother for confirmation of sex which she identified as male and the baby was put to breast to initiate breastfeeding whiles on the mother's abdomen for skin-to-skin care.

A cap and baby's socks were put on as well as cloth for warmth. The cord was clamped 3cm from the baby's abdomen, and 2cm from the first clamp with artery forceps and was cut in between the two forceps with a sterile scissors covered with sterile gauze to prevent splash of blood. This was done to separate the baby from the mother. The first minute Apgar score was 8/10 and the fifth minute Apgar score was 9/10. An identification band with the name of the mother, sex, date and time was placed at the baby's wrist. Client was congratulated.

| APGAR SCORE | | FIRST MINUTE |
|---|---|---|
| Appearance | - | 1 |
| Pulse/heart rate | - | 2 |
| Grimace/reflex | - | 1 |
| Activity/muscle tone | - | 2 |
| Respiration | - | 2 |
| Total | - | 8/10 |

| APGAR SCORE | | FIVE MINUTE |
|---|---|---|
| Appearance | - | 2 |
| Pulse/heart rate | - | 2 |
| Grimace/reflex | - | 1 |
| Activity/muscle tone | - | 2 |
| Respiration | - | 2 |
| Total | - | 9/10 |

## 3.4 MANAGEMENT OF THE THIRD STAGE OF LABOUR

The third stage of labour starts after delivery of the baby and ends with complete expulsion of the placenta and its membranes and control of bleeding and was actively managed. The procedure was explained to her. The presence of undiagnosed second twin was checked and there was none. Ten (10) unit of oxytocin was injected intramuscularly at the thigh to aid contraction of the uterus and separation of the placenta by the midwife in-charge. Controlled cord traction was the method used in delivering of the placenta in order to prevent having retained placenta or products of conception. The cord was reclamped with an artery forceps closer to the perineum and the tip end placed in a receiver in between the thighs. The left hand was placed on the fundus and as soon as there was contraction, the left palm was placed just

above the symphysis pubis to support the uterus, with the palm facing the fundus of the uterus. This was done to prevent inversion of the uterus. With the right hand, the clamped cord was held. When the uterus was contracted, a very gentle pull was applied on the cord in a downward motion. The downward and outward pulling was continued until the placenta was visible in the vulva. The two hands were used to receive the placenta and it was gently twisted to tease out the membranes completely at 8:50am (5minutes). The placenta was placed in the receiver and inspection was quickly made to be sure that the membranes and lobes were intact. The uterus was massaged to stimulate contraction and expel clots. Gauze was wrapped around the first and second fingers of both hands to inspect the vulva, vaginal walls and the cervix as well as the perineum which were all intact. Blood loss per vaginum was about 150mls. Client was cleaned nicely and perineal pad was applied over the vulva and she was made comfortable in bed to rest at the labour ward, the uterus was massaged and client was taught how to massage her own uterus to aid more contraction. She was encouraged to urinate frequently whenever she had the urge so that the uterus could contract well and help in involution of the uterus and to prevent postpartum hemorrhage. All items used was decontaminated in 0.5% chlorine solution for 10 minutes. Items were then washed, rinsed, dried and packed for sterilization. Hands were then washed with antiseptic soap under running water and dried with clean dry towel.

**EXAMINATION OF THE PLACENTA AND MEMBRANES**

Protective clothing was worn and a thorough inspection of the placenta and membranes was done in order to ensure no part of it has been retained during its delivery after it had been sent to the sluice room. The placenta was put in 0.5% chlorine solution to make it less infectious and it was held by the cord allowing the membranes to hang loosely downwards. The cord was of normal size and the cut edge was cleaned with cotton wool which revealed two arteries and one vein. It was surrounded by Wharton’s jelly. The cord insertion was central, it had no false

or true knots. The fetal surface was shinny and smooth with its colour being bluish grey. The branches of the cord vessels were seen radiating on its' surface. The placenta was placed on a flat surface with the maternal surface facing upward. Through inspection, the colour was dark red and the cotyledons were intact. There were no infarcts or extra lobes on the maternal surface and neither was it edematous. It was then disposed of appropriately. The working surface was wiped with 0.5% chlorine solution and decontaminated the delivery instruments in 0.5% chlorine solution for 10 minutes, washed with soap and water, rinsed, allowed to air dry and packed to the central sterilization supply department (CSSD) for sterilization. Findings were recorded on the labour ward sheet, delivery book and summary of delivery in the antenatal booklet. The partograph was also completed

### 3.5 MANAGEMENT OF THE FOURTH STAGE OF LABOUR

The fourth stage of labour refers to the first six (6) hours after the delivery of all products of conception. During this period, the baby and mother were closely monitored to detect any complication that may arise and be managed accordingly.

#### MANAGEMENT OF MOTHER

At 9:50pm Madam Janet was assisted to the lying-in-ward to an already prepared warm bed after one-hour uninterrupted skin to skin care at the labour ward. Her vital signs and condition of the uterus were checked every 15 minutes. Client's immediate post - delivery vital signs were checked and recorded as follows;

Temperature - $36.3^{0}$c

Pulse - 80bpm

Respiration - 20cpm

Blood Pressure - 110/70 mmHg

The uterus was palpated and it was well contracted and symphysio-fundal height was 18 centimeters. She was encouraged to urinate frequently as this will aid contraction of the uterus and involution. Her perineum was observed and the pad for amount of lochia which was bright red, moderate and not offensive. Madam Janet was encouraged to change her pad frequently when soaked and to wash her hands before and after changing pad and before handling baby. For the first six hours she was given porridge with bread after which she continued breastfeeding. She was also encouraged to massage her uterus, change pad and to void if she has the urge.

**MANAGEMENT OF BABY**

PREVENTION OF DISEASES OF THE NEW BORN

This was done after one (1) hour uninterrupted skin to skin care. The procedure to be carried out on the baby was explained to the mother. Hands were washed under running water with soap and dried with a clean dry towel. The baby was put on a clean, warm and flat surface in the presence of mother. Two drops of chloramphenicol eye drop were instilled on the inner canthus of the eye with the hand pressing on the cheek. Cord was inspected for bleeding but it was in good condition without any bleeding. The umbilical cord was cleaned with sterile cotton wool swabs soak in methylated spirit and kept dry. One milligram of vitamin K injection was given as a prophylaxis for prevention of hemorrhagic disease of the newborn after examination of the newborn due to the pain it causes.

**EXAMINATION OF THE NEWBORN**

At 10:00pm, baby was put on a clean warm and flat surface. Baby was then exposed systematically as it was examined from head to toe in the presence of the mother. Its colour was pink on observation and she appeared active. The head was examined for shape and size, widened sutures, bulging or depressed fontanelle, any edematous swelling, (caput succedaneum) no abnormalities were found.

**HEAD AND NECK**

A tape measure was used to encircle its head starting from the occipital protuberance to the supraorbital ridges to measure the head circumference and it was 36centimeters. The ears were examined for size, shape, and patency, softness of the cartilage, alignment and discharges. The eyeballs were examined for its presence and colour, pallor, jaundice and deformities. The nose was examined for shape, size, patency, deviated septum and discharges. The buccal cavity was inspected for false teeth, tongue tie, colour of tongue and gum, cleft lip palate using the little finger to feel for palate for any sub mucous cleft, the neck for nodules, rigidity and congenital goiter but no abnormality was detected.

**CHEST AND ABDOMEN**

On the chest, respiratory movement was normal, nipples were in alignment without discharges, and breast had no mass.

**EXTREMITIES**

The upper extremities were inspected for equality, number of palmer creases clubbed fingers, extra or loss digits. Baby's ability to perform Moro and grasp reflexes was also checked and was present. The abdomen was examined for shape, size, with no bleeding from the umbilical site and abnormalities such as omphalocele, gastroschisis were absent.

The lower extremities were inspected for equality, clubbed feet, extra/loss digits, none was detected. Congenital hip dislocation was also checked using the Ortolani's test and there was no dislocation since a 'clunk' sound was not heard.

**BACK**

With baby lying on one side, its back was examined for abnormalities like spinal bifida, meningocele, oedema which were absent.

**GENITALIA AND ANUS**

The genitalia were inspected, the penis and foreskin, urethral meatus for location and patency

as it passed urine and the testicles for presence of hydrocele or hernia, testicles were palpated for number, position, descended or undescended. The anus was also examined and it was patent as baby passed meconium.

Baby was weighed and it was 3.5 kilograms and full length was 51 centimeters. Vitamin K (1mg) was injected intramuscularly at the right thigh of the baby to prevent hemorrhagic diseases of the new born. The baby was monitored for cord bleeding and there was none. Gloves were removed and disposed aseptically before washing and drying hands. All the findings were communicated to the parents and recorded afterwards. The baby was then dressed nicely in a warm sheet and given to the mother for breastfeeding while observing suckling reflex. Client was educated on the importance of exclusive breast feeding for the first six months of birth.

Baby's vital signs were checked and recorded as follows;

| | |
|---|---|
| Temperature | 36.6 degrees Celsius |
| Apex beat | 127bpm |
| Respiration | 45cpm |

Baby's condition was satisfactory. The baby and mother were then transferred to the postpartum room for further monitoring.

**3.6 SUMMARY OF LABOUR**

| | | |
|---|---|---|
| Date and time of delivery | - | 8th December, 2022 at 8:45am |
| Type of Delivery | - | Spontaneous Vaginal Delivery |
| Time injection oxytocin was given | - | 8:46pm |
| Time of Expulsion of Placenta and membranes | - | 8:50am |
| Drugs given | - | Injection Oxytocin 10 units |

**DURATION OF LABOUR**

| | | |
|---|---|---|
| 1st Stage | - | 6 hours, 5 minutes |
| 2nd Stage | - | 20minutes |
| 3rd Stage | - | 5 minutes |
| Total time | - | 6 hours, 30minutes |

**CONDITION OF MOTHER**

| | |
|---|---|
| Condition of mother | Stable |
| Perineum | Intact |
| Fundal Height | 18cm |
| Blood pressure | 115/80mmHg |
| Pulse Rate | 84bpm |
| Respiration rate | 19cpm |
| Temperature | 36.6ºC |

**CONDITION OF BABY**

| | |
|---|---|
| Apex beat | 127bpm |
| Respiration | 47cpm |
| General condition of baby | Satisfactory |
| Sex of Baby | Male |
| Baby's Weight | 3.5kg |
| Congenital Abnormalities | None detected. |

| Baby's Full Length | 51cm |
|---|---|
| Head circumference | 36cm |
| Meconium | Passed |
| Urine | Passed |

## 3.7 NURSING CARE PLAN DURING LABOUR

**PROBLEMS IDENTIFIED**

**8/12/2022.**

- Anxiety
- Lower abdominal pain
- Waist pain
- Excessive sweating
- Risk of infection

**SHORT TERM OBJECTIVES**

- Client will be allayed of anxiety within 30 minutes
- Client will cope with lower abdominal pain within 4 hours.
- Client will cope with waist pain within 2 hours.
- Client will remain well hydrated and comfortable within 1 hour.
- Client will show no signs of infection within 72 hours.

**LONG TERM OBJECTIVE**

Client will go through labour successfully with healthy baby without complication to both mother and baby.

**TABLE 2: NURSING CARE PLAN DURING LABOUR**

| DATE/ TIME | NURSING DIAGNOSIS | NURSING OBJECTIVES /OUTCOME CRITERIA | NURSING ORDERS | NURSING INTERVENTIONS | DATE /TIME | EVALUATION | SIGN |
|---|---|---|---|---|---|---|---|
| 8/12/22 at 2:50pm | Anxiety related to unknown outcome of labour. | Client will be allayed from anxiety within 30 minutes as evidenced by<br>1. Client verbalizing she is no longer anxious and having a cheerful facial expression.<br>2. Midwife observing that client was no longer asking questions and facial expressions had changed. | 1. Reassure client.<br><br>2 Encourage her to voice all her needs and fears.<br><br>3. Encourage client to ask questions.<br><br>4. Involve client in her care<br><br>5. Keep client informed of the progress of labour. | 1. Client was reassured of competent care to be rendered.<br><br>2. Client voiced out all her needs and fears and was reassured<br><br>3.Answers to client's questions were provided appropriately<br><br>4. Client and family were involved in her care as she was involved in all processes done on her<br><br>5. Progress of labour was communicated to client with the dilation board. | 8/12/22 at 3:20pm | Goal met as client's anxiety was allayed and she had a relaxed facial expression. | J.M |

**TABLE 2: NURSING CARE PLAN ON LABOUR CONTINUED**

| DATE/ TIME | NURSING DIAGNOSIS | NURSING OBJECTIVES /OUTCOME CRITERIA | NURSING ORDERS | NURSING INTERVENTIONS | DATE/ TIME | EVALUATION | SIGN |
|---|---|---|---|---|---|---|---|
| 8/12/22 at 2:50pm | Lower abdominal pain related to painful uterine action | Client will cope with lower abdominal pain within 4 hours as evidenced by client verbalizing that she can cope with pain and cooperating during labour<br><br>2. Midwife observing client coping with the pain. | 1. Reassure client.<br><br>2. Explain physiology to client.<br><br>3. Encourage client to adopt comfortable position.<br><br>4. Encourage client to do deep breathing exercise.<br><br>5. Provide diversional therapy. | 1. Client was reassured of effective pain management.<br><br>2. Physiology of lower abdominal pain was explained as due to painful uterine contractions due to oxytocin<br><br>3. Client adopted left lateral position.<br><br>4. Client did deep breathe exercise during contractions.<br><br>5. Diversional therapy was provided to client by conversing with her to divert her from the pain. | 8/12/22 at 6:50pm | Goal met as client coped with the lower abdominal pain and cooperated during labour | J. M |

**TABLE 2: NURSING CARE PLAN ON LABOUR CONTINUED**

| DATE / TIME | NURSING DIAGNOSIS | NURSING OBJECTIVES / OUTCOME CRITERIA | NURSING ORDERS | NURSING INTERVENTIONS | DATE / TIME | EVALUATION | SIGN |
|---|---|---|---|---|---|---|---|
| 8/12/22 at 2:50pm | Waist pain related to painful uterine contraction. | Client will cope with waist pain within 2 hours as evidenced by client verbalizing that she is coping with waist pain and performing deep breathing exercise during uterine contractions.<br><br>2. Midwife observing that client has been coping with the pain. | 1. Reassure client.<br><br>2. Explain physiology of waist pain to client.<br><br>3. Massage sacral region<br><br>4. Encourage client to adopt comfortable position<br><br>5. Provide diversional therapy. | 1.Client was reassured that she will be relieved after delivery<br><br>2.The physiology of waist pain was explained to her as due to pressure on sacral nerves.<br><br>3.Sacral region was massaged during contractions by husband to relieve her pain<br><br>4. Client adopted a comfortable position (left lateral)<br><br>5. Diversional therapy was provided to client by conversing with her | 8/12/22 at 4:50pm | Goal met as client coped with waist pain and performed deep breath exercise till, she delivered. | J.M |

**TABLE 2: NURSING CARE PLAN ON LABOUR CONTINUED**

| DATE / TIME | NURSING DIAGNOSIS | NURSING OBJECTIVES / OUTCOME CRITERIA | NURSING ORDERS | NURSING INTERVENTIONS | DATE / TIME | EVALUATION | SIGN |
|---|---|---|---|---|---|---|---|
| 8/12/22 at 6:10pm | Excessive sweating related to decrease glucose level in the blood. | Client will remain comfortable within 1 hour as evidenced by client observing that she feels comfortable and not sweating excessively.<br><br>Midwife observing that client feels comfortable and not sweating excessively | 1. Reassure client.<br><br>2. Explain the cause of the perspiration.<br><br>3. Serve client cold water to drink at frequent interval.<br><br>4. Give ice cubes to client to sip<br><br>5. Mop the face and body of client with wet towel.<br><br>6. Improve ventilation. | 1. Client was reassured of competent care to promote comfort.<br><br>2.The cause of the perspiration was explained to the client<br>3.Client took cold water frequently<br><br>4. Ice cube was given to the client to sip<br><br>5. Client's face and body was mopped with wet towel.<br><br>6. Windows were opened and fan put on | 8/12/22 at 7:10pm | Goal met as client was observed to be comfortable and felt relaxed. | J. M |

**TABLE 2: NURSING CARE PLAN ON LABOUR CONTINUED**

| DATE / TIME | NURSING DIAGNOSIS | NURSING OBJECTIVES / OUTCOME CRITERIA | NURSING ORDERS | NURSING INTERVENTIONS | DATE / TIME | EVALUATION | SIGN |
|---|---|---|---|---|---|---|---|
| 8/12/22 at 7:10pm | Potential risk for infection related to mishandling of perineal pad | Client will be free from infection within 72hours as evidenced by;<br>1. Client verbalizing that she does not feel any signs symptoms of infection.<br>2. The midwife observing that she shows no signs of infection. | 1. Reassure client.<br>2. Encourage client to wash her hand.<br>3. Educate client on the need to change perineal pad whenever soaked.<br>4. Educate client to discard pad if fallen.<br>5. Administer prescribed prophylactic antibiotics. | 1. Client was reassured that she will be free from infections.<br>2. She washed her hands before and after touching perineal pad.<br>3. Client changed soaked perineal pad to prevent infections.<br>4. Client discarded fallen perineal pad.<br>5. Prescribed prophylactic antimicrobials such as intravenous ciprofloxacin and metronidazole were administered to prevent infection. | 11/12/2 2 At 7:10pm | Goal met as;<br>1. Client verbalized that she does not feel any signs and symptoms. | J. M |

## CHAPTER FOUR

## PUERPERIUM

### 4.0 INTRODUCTION

This chapter gives detailed information on the care rendered to the client, the baby and family from the day of delivery till six weeks postnatal.

### 4.1 DAY OF DELIVERY

Madam Janet delivered on 8th December, 2022 at 8:45pm to an alive male baby. Client and her baby were transferred to the lying-in ward after one-hour uninterrupted skin to skin contact with the baby and for close observation when their conditions were satisfactory. Her immediate post-delivery vital signs were checked and recorded as follows;

**Mother's Vital Signs**

| Temperature | $36.3^0$C |
|---|---|
| Pulse | 80bpm |
| Respiration | 20cpm |
| Blood Pressure | 110/70 mmHg |
| Fundal height | 18cm |

On palpation the uterus was well contracted and the symphysio-fundal height measured 18cm just below the umbilicus. The lochia was red in colour and flow was moderate. On examination, no abnormality was detected. She was encouraged to change her sanitary pad when wet to avoid the risk of infection and for comfort. She was encouraged to report any excessive bleeding and also, urinate frequently to enable the uterus to contract firmly. Emphasis was placed on fluid and adequate diet to help replace worn out tissues and promote growth of the baby, and encouraging husband and other family members to provide adequate water and protein food like (meat, egg, beans, milk etc.), fruit (orange, apple, banana etc.) and vegetable

(kontomire etc.). At 1:00am, client complained that when her baby suckles, she experiences pain at the lower abdomen. Client was reassured and it was explained to her that suckling will help in the involution of the uterus so she should continuously breastfeed the baby. Madam Janet was served with 1gm of paracetamol. And baby was put to breast and she suckled effectively. Client was educated to breastfeed baby exclusively and on demand and wash hands with soap under running water and clean with dried towel before breastfeeding baby. Her husband brought her porridge and bread.

**SUBSEQUENT CARE OF THE BAB Y**

**Baby bath and cord dressing**

After 6hours of delivery, permission was sought from mother to bath the baby of which she consented. Hand was wash with soap under running water and dried with clean towel. Brief examination was done and no abnormality was detected. The baby passed meconium and urine which was normal. The cord was inspected for bleeding and discharge but there was none. Baby's vital signs was checked and recorded as,

**Baby's Vital Signs**

Temperature - 36.7 ℃

Apex beat - 125bpm

Respiration - 43cpm

Weight - 3.5kg.

REQUIREMENT NEEDED FOR BABY BATH

1. Soap
2. Sponge
3. Cream / powder / oil
4. Basin
5. Towels: 1 big towel and 3 small ones

6. Cot sheet 2
7. Apron
8. Gloves
9. A clean baby dress, cap and socks
10. Mackintosh
11. 2 jugs containing hot and cold water each
12. Two receptacles for used water and dirty linen
13. A receiver for used swab
14. Methylated spirit
15. Sterile cotton in a gallipot or wrapped.

A plastic apron was put on. Hands were washed with soap under running water and dried with clean towel. Both cold water and hot water were mixed together and the temperature of the water was checked using the elbow. Gloves were worn and the baby was put on a protected flat surface and was undressed. Baby was then wrapped with a cot sheet with the head exposed for it to be bathed. The eyes were cleaned with clean cotton wool swabs soaked in sterile water from inner canthus to outer canthus and the face cleaned with damp face towel and dried. The nape of the baby's neck was supported with one hand. The head was supported and the baby's ears plugged with two fingers. The head was then washed with soapy sponge. Baby was then lifted off flat surface, supporting the nape of the neck and the body resting in the elbow, to the edge of the basin and soap rinsed off baby's hair and dry. Baby was then put on protected flat surface and exposed. The arms and front of trunk were washed paying attention to the skin folds. The back of the baby was turned with one arm supporting the chest and with a hand holding the distal arm of the baby. The back was washed down to the feet, paying attention to the skin folds. Baby was supported firmly and immersed in warm water, with head above water and rinsed thoroughly. He was then placed on the flat surface covered by a big bath towel. A

small towel was used to dry the baby, paying attention to skin folds. Baby oil, as well as, powder was applied on the baby. The baby was wrapped with clean dry cot sheet after which the cord was exposed. The gloves were removed, hands were washed with soap under running water and dried with clean towel and a sterile glove worn. The cord was inspected for bleeding but there was none. Six sterile cotton wool swabs were used to dress the cord. The tip of the cord was held with sterile cotton wool swab soaked in methylated spirit, then swabbed 5cm away from the base and after that the base of the cord was cleaned with separate cotton wool swabs soaked in methylated spirit. The whole cord was cleaned from the base upwards and lastly the tip was also cleaned with separate cotton wool swab soaked in methylated spirit. The cord was left exposed to air dry. Baby was dressed after diaper was put on. The baby was wrapped with clean dry cot sheet to maintain her temperature and given to her mother. Findings were communicated to the mother and she was thanked for her co-operation and she was accompanied to the bedside. The working surface and the instruments were decontaminated with 0.5% chlorine solution for 10 minutes; it was then washed. The gloves were removed and hands washed with soap under running water and dried with clean towel and the procedure was documented

Mother was informed that the baby will be immunized against tuberculosis and poliomyelitis.

### 4.2 FIRST DAY POST DELIVERY (DAY OF DISCHARGE)

On Thursday, 9th December, 2022, was the first day after delivery and Madam Janet and her baby were very healthy with cheerful looking face when they woke up around 6:30am. All procedures to be carried out on both mother and baby were explained. Perineal pad was inspected and blood flow was small and red in color (rubra) without odour, and enquiries about her bladder habit was asked, of which she said it was resuming too normal. She brushed her

teeth, emptied her bowel and had warm bath. Client was served with milo drink and bread as her breakfast.

Client complained that she cannot sleep well in the night which she said was due to breastfeeding of the baby at night therefore does not have enough sleep at night. She was encouraged on good and enough breastfeeding during the day and to ensure the atmosphere is calm at night this will enable the baby to sleep at night so that she can also rest. She was also educated to sleep in the afternoon when the baby too is asleep. It was explained to client the importance of feeding baby at regular intervals. She was made comfortable in bed. Her vital signs were checked and recorded as follows;

Client's assessment was recorded as follows;

| | |
|---|---|
| Temperature | 36.5$^{o}$c |
| Pulse | 84bpm |
| Respiration | 22cpm |
| Blood Pressure | 120/70mmHg |
| Lochia | Rubra |
| Fundal Height | 17cm |
| Condition of the uterus | contracted |
| Breast | Lactating |

Madam Janet symphysio- fundal height was 17 centimeters above the symphysis pubis. Her lochia was red (rubra) in colour when checked and amount was minimal and not offensive after permission was sought to inspect it. Client was encouraged to perform Kegel exercise to strengthen the perineal muscles.

The baby was also examined with permission from the mother after hand washing with soap under running water and dried with clean dry towel. On examination, there was no abnormality detected. The baby passed meconium and urine which was normal. The cord was inspected for

bleeding and discharge but there was none. Vital signs of the baby were checked and recorded. The baby cord was dressed with cotton swabs and methylated spirit and given to mother to breastfeed. On observation, mother positioned baby well and baby also had a good suckling and swallowing reflex. The baby's assessment was recorded as follows;

| | |
|---|---|
| Temperature | 36.5$^{o}$c |
| Apex beat | 128bpm |
| Respiration | 44cpm |
| Skin colour | Pink |
| Cord condition | Clean dry |
| Cord bleeding | None |
| Suckling | Good |
| Weight | 3.4kg |
| Stool colour | Meconium |

All findings were communicated to mother. Later in the day around 8:30am, the baby was given the immunization against tuberculosis with Bacilli Calmette Guerin (BCG) by the community health nurse from the Reproductive and Child welfare Clinic but polio '0' (OPV0) which prevents the baby against poliomyelitis was given since it was a day after delivery. The BCG was given intradermal on the right upper arm of which the mother was informed that it will form a blister and scar later and she was advised not to apply anything to the site in other to ensure effectiveness of the vaccine and 2 drops of Polio '0' vaccine (OPV0) was given at the back of the tongue. Client was told to come with the baby to take the rest of the immunization at the time scheduled in order to protect the baby from any of the childhood preventable diseases like measles, tetanus, and diphtheria and among others.

She was told that, she would be discharged that day. She was educated on healthy adequate nutritious diet like fish, ground nut, and green leafy vegetables to help in the production of

more breast milk and improve her immunity as well. This could help repair worn out tissues. She was also educated on personal hygiene, the various family planning method available and post-natal exercises. Furthermore, she was educated on demand feeding and exclusive breast feeding.

Madam Janet was educated to breastfeed the baby frequently. She was health insured therefore her medicines were collected for her from the pharmacy and some money paid for other billings. Routine drugs were served as prescribed. Madam Janet was educated and was informed of her discharge. Client's drugs were given to her and the dosage and time for taking the drug were explained to her again as follows:

| | | |
|---|---|---|
| Capsule Amoxicillin | - | 500 milligram tds for 7 days |
| Tablet Metronidazole | - | 400 milligrams tds for 7 days |
| Tablet Paracetamol | - | 1gramtds for 5 days |
| Tablet folic acid | - | 5 gram dly for 7 days |
| Tablet multivite and folate | - | 200milligram for 3 days |

She was educated on when the fontanelles will close naturally and therefore no hot water should be applied with the intention of helping it to close earlier.

She was helped to pack her belongings and was educated on intended post-natal visits for a period of one week which was explained to her that she would be visited at home for seven days for continuity of care. Client was educated on and how to manage common breast problems such as cracked nipple and breast engorgement. She was also encouraged not to apply anything on the cord aside the use of cotton and methylated spirit. She was examined, her breast was lactating and uterus well contracted. Perineal pad was inspected and lochia was bright red and not offensive. Vital signs were checked and recorded as follows;

| | |
|---|---|
| Temperature | 36.4$^{o}$c |
| Pulse | 80bpm |

| | |
|---|---|
| Respiration | 20cpm |
| Blood pressure | 110/70mmHg |
| Lochia | Rubra |
| Condition of the uterus | Contracted |
| Breast | Lactating |

Head to toe examination was done on the baby but there was no abnormality found. The baby was assessed and recorded as follows;

| | |
|---|---|
| Temperature | 36.6$^{o}$c |
| Apex beat | 128bpm |
| Respiration | 48cpm |
| Skin colour | Pink |
| Cord bleeding | None |
| Cord condition | Clean dry |
| Suckling | Good |
| Weight | 3.4kg |
| Stool colour | Meconium |

Madam Janet was encouraged to register the baby at the birth registry and informed of continuity of care. She was then discharged at 10:00am and went home with her husband.

### 4.3 FIRST POSTNATAL HOME VISIT

On 10$^{th}$ December, 2022 at 9;00am, client and family were visited as promised. Madam Janet was at home with her mother and son. Greetings were exchanged on arrival. Enquiry about the baby and her health was made of which she responded they were all fine. Client's sleep was interrupted which she complained during first day post-delivery when asked. Client said she was able to sleep better than previous night. Permission was sought to do the examination of

which she agreed. After hand washing, symphysio-fundal height was measured. The reading was 16 centimeters above the symphysis pubis. The perineal pad was checked and the colour of the lochia was red and not offensive. Client's vital signs checked and recorded as follow She was asked whether she had any problem or complains and she responded no. Head to toe examination was done on the baby but there was no abnormality found. The baby was assessed and recorded as follows;

| | |
|---|---|
| Temperature | $36.7^0$c |
| Apex beat | 133bpm |
| Respiration | 43cpm |
| Skin colour | Pink |
| Cord condition | Dry and clean |
| Cord bleeding | None |
| Suckling | Good |
| Weight | |
| Stool colour | Meconium |

The baby was topped and tailed and the cord was dressed aseptically with methylated spirit and cotton wool swabs making the cord look clean and dry. After that she was dressed up with cap and socks, wrapped in a warm sheet and was given to the mother to breastfeed. Client was also educated to keep the baby warm always and not to expose the baby to cold weather. According to Madam Janet, the baby passed meconium and urine. Client was encouraged to practice demand feeding and exclusive breastfeeding. She was also encouraged to maintain personal hygiene.

### 4.4 SECOND POSTNATAL HOME VISIT

On the 11th December, 2022 at 8:30am and 5:30pm respectively, another visit was made to Madam Janet. The main aim of the visit was to know if the mother and baby were in good health. The client was examined, her breast was lactating well and her uterus was well contracted, her symphysio-fundal height was 15cm. Perineal pad was inspected and lochia was red in colour (rubra), the flow was moderate and not offensive. She was congratulated after the examination. Client's assessment was recorded as follows;

| VITAL SIGNS | MORNING | EVENING |
|---|---|---|
| Temperature | 36.3$^{o}$c | 36.6$^{o}$c |
| Pulse | 77bpm | 77bpm |
| Respiration | 21cpm | 19cpm |
| Blood pressure | 110/60mmHg | 100/70mmHg |
| Lochia | Rubra | Rubra |
| Fundal Height | 15 | 15 |
| Condition of the uterus | Contracted | Contracted |
| Breast | Lactating | Lactating |

The baby was topped and tailed in the present of the mother while singing a lullaby to her and cord dressed for the second time and it looked dry. Baby passed greenish brown stool and urine. The baby was assessed and recorded as follows;

| Vital signs | Morning | Evening |
|---|---|---|
| Temperature | 36.6$^{o}$c | 36.7$^{o}$c |
| Apex beat | 129bpm | 131bpm |
| Respiration | 46cpm | 35cpm |
| Skin colour | Pink | Pink |
| Cord condition | Clean and dry | Clean and dry |
| Cord bleeding | None | None |
| Suckling | Present | Good |
| Stool colour | greenish brown | Greenish brown |

### 4.5 THIRD POSTNATAL HOME VISIT

On the 12$^{th}$ December, 2022 at 8:00am a visit was paid to madam Janet and her family, they were all in good health but client looked moody. She was encouraged to share her problems and to be happy for what God has done for her and her family. Madam Janet was examined from head to toe and the uterus was well contracted. The symphysio-fundal height was 14cm. The perineal pad was inspected for lochia and the colour was red (rubra), the flow was moderate with no odour. The breast was also lactating well. Madam Janet said the baby can now hold the breast and breastfeeding well. Client's assessment was recorded as follows;

| Vital Signs | Morning | Evening |
| --- | --- | --- |
| Temperature | 36.5$^{o}$c | 36.9$^{o}$c |
| Pulse | 69bpm | 63bpm |
| Respiration | 19cpm | 21cpm |
| Blood Pressure | 110/60mmHg | 100/70mmhg |
| Lochia | Rubra | Rubra |
| Fundal Height | 14cm | 14cm |
| Condition of the uterus | Contracted | Contracted |
| Breast | Lactating | Lactating |

Client complained of perineal pain and backache, she was educated on the cause of the pain and was reassured. Madam Janet's mother was assisted to top and tail the baby and after that she was taught how to use methylated spirit in dressing the cord. The baby passed yellowish stool and urinated during the procedure. She wrapped the baby loosely in a sheet and made her comfortable in bed. Baby's vital signs and other observations were recorded as follows;

| Baby's Vital Signs | Morning | Evening |
| --- | --- | --- |
| Temperature | 36. 7$^{o}$c | 36.7 $^{o}$c |
| Apex beat | 131bpm | 132bpm |
| Respiration | 40cpm | 38cpm |
| Cord | Shrinking | shrinking |
| Cord bleeding | None | None |
| Suckling | Present | Good |
| Weight | 3.2kg | 3.2kg |
| Stool colour | Yellowish | Yellowish |

## 4 .6 FOURTH POSTNATAL HOME VISIT

On 13th December, 2022 Madam Janet and family were visited at 8:00am. The aim of the visit was to know how they were fairing. All the family members were around on arrival, they were all in good health when asked and their environment was clean. Client verbalised that the pains she felt in her breast had subsided greatly and they also felt lighter when asked. Head to toe examination was done and was detected that the engorged breast has resolved and there was no abnormality detected on the client. Her perineal pad was inspected for lochia and the flow was moderate, pink in colour (serosa) and not offensive. Symphysio-fundal height was measured and it was 13cm and recorded as follows;

Fundal height 13cm

Condition of the uterus Contracted

| Temperature | 36.4°c |
|---|---|
| Pulse | 80 |
| Respiration | 20cpm |
| Blood pressure | 110/60mmHg |
| Lochia<br>Breast | Serosa<br>Lactating |

Madam Janet topped and tailed her baby under supervision. Baby’s cord was dressed with methylated spirit and it looked dried and about to slough off. Baby was dressed nicely and wrapped in white cloth and made comfortable in bed. Madam Janet said the baby has already passed yellowish brown stool and urinated. Baby was assessed and the observations were recorded as follows;

| Temperature | 37.0°c |
|---|---|
| Apex beat | 134bpm |
| Respiration | 48cpm |
| Skin colour | Pink |
| Cord | Dried and about to slough off |
| Cord Bleeding | None |
| Suckling | Present |
| Weight | 3.3kg |
| Stool colour | Yellowish brown |

She was informed of the next home visit and permission was asked to leave. They expressed their gratitude for the visit and was accompanied outside the house.

## 4.7 FIFTH POST NATAL HOME VISIT

On the 14th December, 2022 approximately 8:30 am, she was visited once again. On arrival, Madam Janet was brushing her teeth. The rest of the family members were asked how they were doing and they responded they were fine by God's grace. Hot water was already available for bathing but she requested that, she would like to perform some pelvic exercises before bathing. The symphysio-fundal height was 12 centimeters. The perineal pad was examined and the colour was pink (serosa) without any offensive odour and no abnormalities detected at the perineum. Client's assessment was recorded as follows;

| Temperature | 36.5°c |
|---|---|
| Pulse | 70bpm |
| Respiration | 20cpm |
| Blood pressure | 110/60mmHg |

| Lochia | serosa |
| --- | --- |
| Fundal height | 12cm |
| Condition of the uterus | Contracted |
| Breast | lactation |

The baby's cord was off, she was bathed and the stump dressed with methylated spirit. Yellowish-brown stool and urine were passed during bathing.

Baby's assessment was recorded as follow;

| Temperature | 36.8$^{o}$c |
| --- | --- |
| Apex beat | 128bpm |
| Respiration | 40cpm |
| Skin colour | pink |
| Cord | off |
| Cord bleeding | absent |
| Suckling | present |
| Weight | 3.4kg |
| Stool colour | Yellowish brown |

Client's mother was encouraged to assist client in the care of the baby and was educated not to apply anything on the stump to prevent infection but should always leave it clean and dry.

Permission was asked to leave.

**4.8 SIXTH POSTNATAL HOME VISIT**

Madam Janet was visited again on 15th December, 2022 at 8:30am. Everybody in the house was in good health. Client was seen happy and was smiling all around as she has adequate support and love from her relatives. Every procedure to be carried on was explain to her. The symphysio- fundal height was 11cm. The perineal pad was examined and the colour was pink (serosa) without any offensive odour. Head to toe examination was carried out without any abnormalities detected.

Client's assessment was recorded as follows;

| Temperature | 36.2$^o$c |
|---|---|
| Pulse | 72bpm |
| Respiration | 20cpm |
| Blood pressure | 110/70mmhg |
| Lochia | Serosa |
| Fundal height | 11cm |
| Condition of the uterus | contracted |
| Breast | Lactation |

Warm water was available for bathing the baby. The baby was bathed and the stump dressed with methylated spirit. Yellowish brown stool and urine had been passed before bathing. Baby's assessment was recorded as follows;

| Temperature | 36.7°c |
|---|---|
| Apex beat | 130bpm |
| Respiration | 48cpm |
| Skin colour | Pink |
| Cord | healing |
| Cord bleeding | No |
| Suckling | present |
| Weight | 3.5kg |
| Stool colour | Yellowish pink |

She reports of no complains. They were informed about the next day to be the first postnatal visit to the hospital and the last post-natal home visit to them. They were not really happy about the last visit announcement, but they were assured of meeting again at the postnatal clinic. They were bid goodbye.

**4.9 SEVENTH POST NATAL HOME VISIT**

The last post-natal home visit was on the 16th December, 2022 at 5:00pm after the first postnatal visit to the clinic. On arrival, Client had her son on her laps while singing lullaby. Greetings were then exchanged and routine examinations started after permission was sought.

Client's symphysio- fundal height was 10cm. Her perineal pad was inspected and the lochia was pink (serosa) and not offensive with the flow reduced in amount. On examination, there was no abnormality detected on her. Client's assessment was recorded as follows:

| Temperature | 36.3°c |
|---|---|
| Pulse | 79bpm |
| Respiration | 19cpm |
| Blood pressure | 110/80mmHg |

| Lochia | serosa |
| --- | --- |
| Fundal height | 10cm |
| Condition of the uterus | Contracted |
| Breast | lactating |

The baby's vital signs were checked with temperature 36.8 degrees Celsius and weight was 3.5kg, respiration 38 cycles per minute and apex beat 130 beats per minute. The baby was dressed nicely and wrapped in a loose warm sheet. There was no abnormality detected on her. Baby's assessment was recorded as follows;

| Temperature | 36.8$^{o}$c |
| --- | --- |
| Apex beat | 130bpm |
| Respiration | 44cpm |
| Skin colour | pink |
| Cord | Off |
| Suckling | yes |
| Weight | 3.6kg |
| Stool colour | Dark yellow |

Madam Janet was encouraged to continue feeding the baby on demand and also to fix baby properly onto the breast when feeding her. Interaction went on for a while in which she was asked of any complains and she said no complains. Madam Janet's husband was encouraged to help her to take warm baths and also on the need to massage the breast. They were then discharged from home visits. The family was thanked for their understanding and cooperation. Emphasis of that visit being the last was made again. They also expressed their gratitude.

### 4.10 FIRST POST-NATAL VISIT TO THE CLINIC

On 17th December, 2022, Madam Janet and her baby visited to the clinic around 8:30am. They were warmly welcomed and a seat was offered to them. Client was looking cheerful and neatly dressed. The baby was also looking very active, nice and healthy. Every procedure to be done was explained to her to gain her consent and her vital signs were checked and recorded as follows;

**Mother's Vital Signs**

| | |
|---|---|
| Temperature | 36.6 degrees Celsius |
| Pulse | 74 beats per minute |
| Respiration | 21 cycles per minute |
| Blood pressure | 100/80 millimeters of mercury |
| Fundal height | 8cm |
| Weight | 61 kilograms |

**Baby's Vital Sign**

| | |
|---|---|
| Temperature - | 36.8 degrees Celsius |
| Pulse - | 132 beat per minutes |
| Respiration - | 40 cycles per minutes |
| Weight - | 3.6kilogram |

Since it was her first postnatal clinic visit, her blood sample was taken and tested for hemoglobin level. Madam Sarah was therefore given a specimen bottle to take midstream urine as she went to empty her bladder. Her urine was tested for albumin and glucose level. She was educated on the need of the procedure done on her. The results were as follow;

| Haemoglobin | 11.6 g/dl |
|---|---|
| Urine protein | Negative |
| Glucose | Negative |

The results were explained to her and she expressed signs of joy upon hearing that all results were normal.

Madam Janet was sent to the palpation room where privacy was provided by drawing the curtains and closing doors and windows. She was helped to assume a comfortable position with which she chose to lie laterally on her left on the examination bed. Hands were washed with soap under running water and dried with a clean dry towel.

Head to toe examination was done on her. On the head, hair was neat and well styled. The conjunctiva was pink and there was no discharged from the eyes, nose and ears. No abnormality was found in the mouth and neck as the mouth buccal cavity looked pink without any odor and neck was free from any palpable masses and free from distensions of blood vessels as well. On the breast, it was lactating well but engorgement was detected. On examining the abdomen, no abnormality such as sub involution, tenderness, enlargement of liver and spleen was detected. The symphysio-fundal height was 8cm.

With the lower extremities, certain condition such as edema was looked out for. She showed no abnormality of that sort.

The perineum was intact and there was no offensive vaginal discharge and the lochia was white in colour. All findings were communicated to her after the procedure. She was then thanked for her co-operation and helped to dress up.

Head to toe examination was also performed on the baby to look out for abnormalities. On the head, the anterior and posterior fontanelles was palpated for pulsation and it was present and normal. A few skin rashes on the baby’s forehead which looks like heat rash. Client was

reassured that its normal for babies to develop skin rashes as their skin is sensitive to a different environment and encouraged to dress the baby according to the weather, she should ensure baby wears clean and dry cotton clothing, wash her hands before and after handling the baby and ensure diapers are changed frequently when soiled. There were no discharges from the eye and nose. The skin was nice, very pink and with no rashes. The chest movement was normal as well as the extremities. The umbilical cord was healed. Findings were communicated to the mother and she was congratulated for taking good care of the child and herself. She was educated on various family planning methods, when to resume sex, which can be after 6 weeks, the need to feed the baby exclusively for 6 months especially in the night. She was also encouraged to register the baby at the birth registry. She was again educated on the need to attend child welfare clinic in order to monitor the growth of her baby, early detection of infection or disease and the need to complete all the immunization. She was encouraged to continue practicing of exclusive breastfeeding and the pelvic floor muscle exercise. Both mother and baby were in good health and documentation was done on all findings. She was reminded of the six weeks post-natal visit to the clinic. She was then sent to the theatre for baby's circumcision and educated on the care of the circumcised wound. She was thanked for cooperation.

### 4.11 TERMINATON OF CARE

Explanation was given to Madam Janet and family on the need to be handed over to the midwife in-charge for continuity of care. Client was reassured of the midwife in-charge's competency. Client and family were then handed over to the midwife in charge at the clinic for continuity of care. Madam Janet was promised to be checked on from time to time through phone calls and was seen off.

## 4.12 SECOND POST-NATAL VISIT TO THE CLINIC

According to the midwife in charge, on the 19th January, 2023. Madam Janet came to the clinic for six weeks visit. They were warmly welcomed and they all looked very healthy. General examination was conducted from head to toe as well as vital signs after her permission was sought.

Her vital signs and weight were checked and recorded as follows:

| | |
|---|---|
| Temperature | 36.7ºc |
| Pulse | 74bpm |
| Respiration | 21cpm |
| Blood Pressure | 110/60mmHg |
| Weight | 66kg |

Client was given a urine sample container to provide some urine to be sent to the laboratory for urine analysis to be performed. She was educated on the need and procedure to provide midstream urine for the examination. A sample of blood was also taken from Madam Janet with her consent to be sent to the laboratory to be tested for hemoglobin level. The samples were then sent to the laboratory. The results from the Laboratory were as follows;

Hemoglobin- 12.2 g/dl

Urine protein Negative

Glucose Negative

The results were explained to her and she was ok. Madam Janet was sent to the palpation room where privacy was provided by drawing the curtains and closing doors and windows. She was helped to assume a comfortable position on the examination bed. Hands were washed with soap under running water and dried with a clean dry towel.

Head to toe examination was done on her. On the head, hair was neat and well styled. The conjunctiva was pink and there was no discharge from the eyes, nose and ear. No abnormality was found on the mouth and neck. On the breast, no abnormalities such as sore nipple, engorgement, cracked nipple and mastitis were detected and the breasts were lactating well. On examining the abdomen, no abnormality such as sub involution, tenderness, enlargement of liver and spleen was detected. No scars were found and uterus was not palpable.

With the lower extremities, certain condition such as edema was looked out for. It was detected that she showed no abnormality.

She was asked if she has resumed menstruation but she said no. She was educated on the need to start a family planning method to prevent unwanted pregnancy.

Her baby was also examined from the head to toe to look out for abnormalities. On the head, the anterior fontanelle was palpated for pulsation and it was pulsating. The posterior fontanelle had closed. There were no discharges from the eyes and nose. The skin was smooth with no rashes. The chest and upper extremities were normal. The umbilical stump was inspected and it had healed and cord was off. The lower extremities were normal. Weight of baby was 4.2kg

The baby`s vital signs and weight were as follows:

| | |
|---|---|
| Temperature | 36.7ºC |
| Respiration | 38cpm |
| Apex heart beat | 132bpm |

Mrs. Janet Bilakpokim and her baby were handed over to the child welfare clinic and family planning unit for the six weeks immunization against diphtheria pertussis, tetanus, haemophilus influenza type B and hepatitis B. (pentavalent).

She was encouraged to ask questions but she asked none and made no complaints either. She was reminded on exclusive breastfeeding, rest and sleep, exercise and nutritious diet, which would help in lactation. Client and her children were able to cope with their new sibling. She

was finally handed over to the public health nurse for continuity of care but she was asked to report to the facility any time she encountered any health-related problem.

She was thanked for her cooperation and understanding during the interaction and was bid farewell.

## 4.13 NURSING CARE PLAN DURING PUERPERIUM

**PROBLEMS IDENTIFIED**

- Afterpain 9/12/22
- Insufficient sleep 9/12/22
- Backache 12/12/22
- Perineal pain 12/12/22
- Skin rashes 17/12/22

**SHORT TERM OBJECTIVES**

- Client after pain will reduce within 48hours.
- Client will be able to sleep at least 3 hours during the night continuously.
- Client will be relieved of backache within 48hours
- Client's perineal pain will subside within 48hours
- Baby's skin rashes will disappear within 72hours

**LONG TERM OBJECTIVE**

Madam Janet will go through puerperium successfully without any complications to both mother and baby.

**TABLE 3: NURSING CARE PLAN DUIRING PUERPERIUM**

| DATE/ TIME | NURSING DIAGNOSIS | NURSING OBJECTIVES | NURSING ORDERS | NURSING INTERVENTION | DATE/ TIME | EVALUATION | SIGN |
|---|---|---|---|---|---|---|---|
| 9/12/22 at 6:30pm | Afterpain related to involution of the uterus. | Client after pain will be reduced within the next 48hours as evidenced by client verbalizing the pain has reduced.<br><br>Client's mother testify that client stopped complaining of after pain | 1. Reassure client.<br><br>2. Explain the physiology of the pain.<br><br>3. Encourage client to apply warm compress.<br><br>4. Encourage client to continue breastfeeding.<br><br>5. Serve prescribed analgesics. | 1. Client was reassured that pain is temporary.<br><br>2. The cause of the pain was explained to the client to allay anxiety.<br><br>3. Client applied warm compress on the lower abdomen.<br><br>4. Client continued with breastfeeding.<br><br>5. Client was served paracetamol 1g tid x 3 | 11/12/22 at 6:30pm | Goal met as client reported that the pain had reduced. | J.M |

**TABLE 3: NURSING CARE PLAN DURING PUERPERUIM CONTINUED**

| DATE/ TIME | NURSING DIAGNOSIS | NURSING OBJECTIVES | NURSING ORDERS | NURSING INTERVENTION | DATE/ TIME | EVALUATIO N | SIGN |
|---|---|---|---|---|---|---|---|
| 9/12/22 at 6:30am | Insufficient sleep related to caring for baby at night. | Client will be able to sleep at least 3hours continuously during the day and 6 hours continuously during the night within 24hours as evidence by client verbalizing that she now has adequate sleep. | 1. Reassure client.<br>2. Encourage client to sleep when baby as sleeps.<br>3. Educate client and family to limit visitors.<br>4. Teach client how to breastfeed in other position.<br>5. Educate client to feed baby adequately before going to bed | 1. Client was reassured that baby's demand is important so she will be assisted.<br>2. Client slept whenever baby was sleeping.<br>3. Client and family reduced the number of visitors in order for client to have enough sleep during the day.<br>4. Client used other position like lying down position to breastfeed.<br>5. Client fed baby adequately before going to bed to make sure baby is well fed to sleep long. | 10/12/20 22 at 6:30am | Goal met as client verbalized that she was able to sleep continuously for 2 hours during the day and 6 hours continuously during the night. | J.M |

**TABLE 3: NURSING CARE PLAN DURING PUERPERUIM CONTINUED**

| DATE/ TIME | NURSING DIAGNOSIS | OUTCOME CRITERIA | NURSING ORDERS | NURSING INTERVENTION | DATE/ TIME | EVALUATION | SIGN |
|---|---|---|---|---|---|---|---|
| 12/12/22<br>At 8:00am | Altered body comfort (backache) related to improper positioning during breastfeeding. | Client will be relieved of backache within 48 hours as evidenced by client having a relaxed facial expression<br>2. client husband confirming that client backpain reduced | 1. Reassure client.<br>2. Educate client on good posture.<br>3. Educate client on correct positioning and fixing of baby to breast.<br>4. Demonstrate to client correct posture and proper fixing of baby to breast.<br>5. Educate client on rest and sleep. | 1. Client was reassured that she would be relieved of backache.<br>2. Client was educated on good posture.<br>3. Client was educated on correct positioning and fixing of baby to breast.<br>4. Correct posture and proper fixing of baby to breast was demonstrated to client.<br>5. Client was educated on rest and sleep. | 14/12/22<br>at<br>8:00am | Goal met as client had a relaxed facial expression. | J.M |

**TABLE 3: NURSING CARE PLAN DURING PUERPERUIM CONTINUED**

| DATE/ TIME | NURSING DIAGNOSIS | NURSING ORDERS | NURSING INTERVENTION | DATE/ TIME | EVALUATION | SIGN |
|---|---|---|---|---|---|---|
| 12/12/22<br><br>8:00am | Perineal pain related to trauma to the tissues during delivery | 1. Reassure client.<br><br>2.Encourage client to maintain good perineal hygiene<br>3.Encourage client to do warm sit bath<br>4.Encourage client to breastfeed the baby by lying down or sitting on a cushion<br>5.Administer prescribed analgesics | 1. Client was reassured that the perineal pain is as a result of tissue trauma during delivery<br>2. Client maintain good personal hygiene<br><br>3. Client did warm sit bath<br><br>4. Client breastfed the baby by lying down or sitting on a cushion<br>5. Paracetamol 1g was served | 14/12/2<br>2<br>8:00am | Goal met as client reported that the pain has resolved | J.M |

**TABLE 3: NURSING CARE PLAN DURING PUERPERUIM CONTINUED**

| DATE/ TIME | NURSING DIAGNOSIS | OUTCOME CRITERIA | NURSING ORDERS | NURSING INTERVENTION | DATE/ TIME | EVALUATION | SIGN |
|---|---|---|---|---|---|---|---|
| 17/12/22 at 8:30am | Skin rash related to warm environment. | Baby's skin rashes will disappear within 72 hours as evidence by<br>1. Mother verbalizing that rashes are no more<br>2.Midwife observing that rash has disappear. | 1. Explain the physiology of rash to mother(milia).<br>2.Educate mother to dress baby with cotton cloths.<br>3. Encourage mother to use baby soaps when bathing baby.<br>4. Encourage mother to wash hands.<br>5. Encourage mother to apply baby powder. | 1. Physiology of rash was explained to mother.<br>2. Mother dressed baby with cotton cloths.<br>3.Mother used baby soaps when bathing baby.<br>4. Client washed hands before and after handling baby.<br>5.Mother applied baby powder to baby's skin. | 20/12/22 at 8:30am | Goal met as Client said baby's rashes had reduced. | J.M |

## SUMMARY AND CONCLUSION

Mrs. Janet Akosua Bilakpokim a 24-year-old Gravida four Para three (G4P3) was the client used for the Family Centered Maternity care study conducted at Fiaso CHIPS Compound in the Bono Region. She made her first antenatal visit on 24$^{th}$ May, 2022 in her early pregnancy. She was met on 18$^{th}$ November, 2022, during her usual antenatal clinic visit with gestation of 36 weeks+5days and was given individualized care both at the clinic and home visits. Minor problems identified were managed using the nursing process. Client finally had a spontaneous vaginal birth to a live healthy male child on the 8th of December, 2022, at 8:45pm with no complication to both mother and baby

Client and baby were cared for during the puerperium through continuous home visits for a week. On 17$^{th}$ December, 2022 thus the first postnatal clinic visit, they were handed over to the community health nurse for continuity of care.

In conclusion, this care study provided an opportunity to practice all the theoretical knowledge acquired in classroom with the help of the clinical in-charge.

It has helped to improve the skills of conducting a very good delivery.

It has also helped to build a trustworthy relationship with the client and the family.

It has helped to know how to care for a client in their own environment.

It has helped to know how to help client make decision on their own and solve problem.

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The World Health Organization (WHO) envisions a world where “every pregnant woman And newborns receives quality care throughout the pregnancy, childbirth and the Postnatal Period’’ (TunÇalp, et.,2019).

The infant is born spontaneously in the vertex position between 37 and 42 completed weeks Of pregnancy.After birth, mother and infant are in good condition’’(WHO,2020).

During the 2nd stage of labour, perineal massage with lubricants and warm compresses May soften and stretch the perineum and thus reduce the rate of 3rd and 4th-degree Tear(Aasheim,et al.,2017).

## APPENDIX I

### TABLE 4: COMPLETE DIAGNOSTIC INVESTIGATIONS

| Date | Specimen | Investigation | Normal Value | Findings | Remarks |
|---|---|---|---|---|---|
| 24/05/2022 | Blood | Haemoglobin | 11-16g/dl | 11.2g/dl | Normal |
| | | Sickling test | Negative/positive | Negative | Normal |
| | | HIV status | Negative/positive | Negative | Normal |
| | | Grouping and cross | AB, AB, O | AB | Normal |
| | | matching | Positive / Negative | Positive | Normal |
| | | Rhesus factor | Positive / Negative | Negative | Normal |
| | | G6PD | | | |
| 20/07/2022 | Urine | Sugar and Protein | Positive /Negative | Negative | Normal |
| | | Urine R/E | Positive/ Negative | Negative | Normal |
| | Blood | Haemoglobin level | 11-16g/dl | 11.2g/dl | Normal |
| | | HBsAg | Positive/Negative | Negative | Normal |
| | | Syphilis | Positive/Negative | Negative | Normal |
| | Stool | Stool R/E | Positive/Negative | Negative | Normal |
| 25/09/2022 | Urine | Sugar and Protein | Positive/Negative | Negative | Normal |
| | | Haemoglobin level | 11-16g/dl | 11.4g/dl | Normal |
| | Blood | Malaria Parasites | Positive/Negative | Negative | Normal |
| 18/11/22 | Urine | Protein and sugar | Positive / Negative | Negative | Normal |
| | Blood | Hemoglobin level | 11-16g/dl | 12.0g/dl | Normal |
| | Urine | Protein and sugar | Positive/Negative | Negative | Normal |
| 02/12/22 | | Hemoglobin level | | | |
| | Blood | | 12-16g/dl | 11.6g/dl | Normal |

## APPENDIX II

**TABLE 5: PHARMACOLOGY OF DRUGS FOR THE MOTHER**

| NAME OF DRUG | CLASSIFICATION | DOSAGE | ROUTE | ACTION AND USES | ACTUAL EFFECT | SIDE EFFECTS | SIDE EFFECT EXPERIENCED |
|---|---|---|---|---|---|---|---|
| Tablet Multivite | Vitamin Preparation | 200 milligrams Once daily | Oral | Increase Appetite, helps in the formation of red blood cells | Increased appetite | Gastrointestinal disturbance | None observed |
| Tablet Ferrous Sulphate | Iron supplement | 200 milligram Once daily | Oral | Helps in the formation of hemoglobin and aids in the formation of blood cells. | Increase in hemoglobin level | Black stool, diarrhea and constipation | Non observed |
| Tablet Folic Acid | Vitamin Preparation | 5 milligrams Once daily | Oral | Proper formation and function of red blood cell | Hemoglobin level increased | Nausea, vomiting and constipation | None observed |
| Tablet Sulphadoxine-Pyrimethamine. | Anti- malaria and prophylaxis | 3 doses stat from 16 weeks or after quickening and the remaining doses within 4 weeks interval until delivery | Oral | Prevention of malaria | Prevention of malaria in pregnancy | Nausea, itching, headache | None observed |

**TABLE 5: PHARMACOLOGY OF DRUGS FOR THE MOTHER CONTINUED**

| NAME OF DRUG | CLASSIFICATION | DOSAGE | ROUTE | ACTION AND USES | ACTUAL EFFECT | SIDE EFFECTS | SIDE EFFECT EXPERIENCED |
|---|---|---|---|---|---|---|---|
| Injection Tetanol | Anti-tetanus | 0.5 milligram | Intra-muscular | Prevention of tetanus | Protect client against tetanus | Mild fever and chills | None observed |
| Paracetamol | Analgesic /Antipyretics | 1g 3 times daily x 5days | Oral | Help the relieve of pain | Pain was relieved | Prolong use causes damage to the liver. | None observed |
| Injection oxytocin | Oxytocin drug | 10 units | Intra-muscular | Stimulation of uterine contraction and controls bleeding. | Uterine contraction was effective | Vomiting, uterine spasm and rise in blood pressure | None observed |
| Capsule vitamin A | Vitamin A supplement | 200,000 units for 2 days | Oral | Growth, development, and proper eyesight | Normal vision and healthy skin. | Diarrhea and vomiting | None observed |
| Cap Amoxicillin | Penicillin | 500mg tds x 7 | Oral | Inhibit a process transpeptidation, leading to activation of autolytic enzymes in the bacterial cell. | Stopped the growth of bacteria | Nausea, vomiting, headache and diarrhea | None observed |
| Tab Metronidazole | Nitroimidazole | 400mg dly x 7 | Oral | Inhibit protein synthesis by interacting with DNA structure and strand breakage. | Causes cell death in susceptible organism | Dizziness, headache, constipation and diarrhea | None observed |

## APPENDIX III

**TABLE 6: PHARMACOLOGY OF DRUGS FOR THE BABY**

| NAME OF DRUG | CLASSIFICATION | DOSS AGE | ROUTE | ACTION AND USES | ACTUAL EFFECT | SIDE EFFECT | SIDE EFFECT EXPECTED |
|---|---|---|---|---|---|---|---|
| Vitamin K | Coagulant | 1. 0mg | Intramuscu lar | Aids in clotting | No bleeding | None | None observed |
| Chloramphenicol eye drops | Antibodies | 2 drops | Instillation | To prevent eye infection | Infection of the eye was prevented | Nephrologists | None observed |
| polio O vaccine | Antigen | 2 drops | Orally | Production of antibodies to prevent poliomyelitis | Still under observation | There may be diarrhea | None observed |
| Injection Bacille Calmette Guerin (BCG) | Antigen | 0.05 ml | Intra-dermal | Production of antibodies to prevent tuberculosis | Still under observation | Blister formation at the injection site and slight fever | Blister noticed |
| Pneumococcal 1 | Antigen | 0.5mls | Intramuscu lar right thigh | Vaccinates neonate against pneumonia | Pneumonia prevention | Redness at the side of injection and fever | None observed |
| Pentavalent 1 | Antigen | 0.5 mls | Intramuscu lar left thigh | Vaccinate neonate against diphtheria, pertussis (whooping cough), tetanus, hepatitis B, haemophilus influenza type B | Prevention of childhood preventable diseases | Low grade fever | None |
| Rotavirus vaccine | Antigen | 1.5 mls | Orally | Immunity against Rotavirus (diarrhea) | Rotavirus was prevented | Vomiting | None |

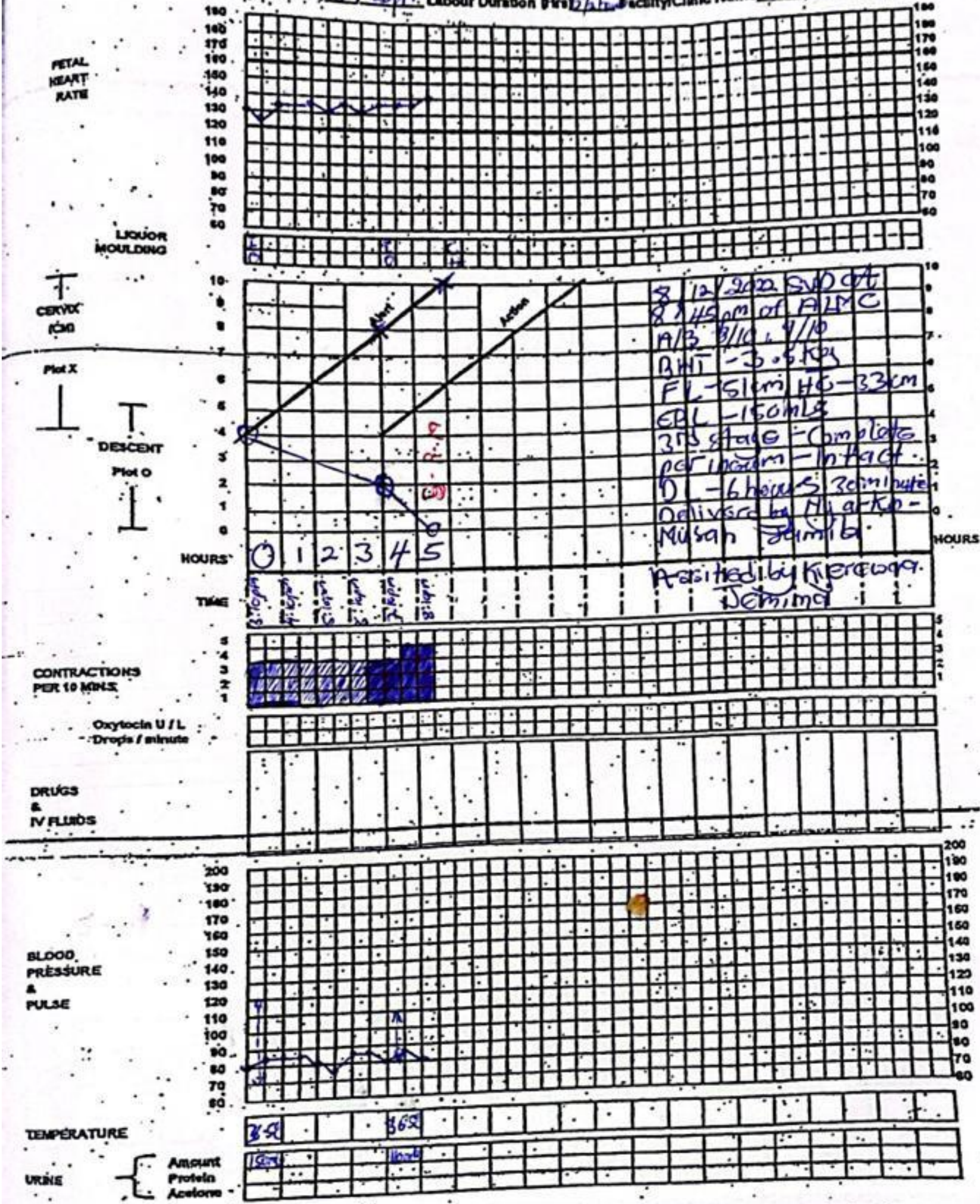
## APPENDIX IV

**TABLE 7: ANTENATAL CHART RECORD**

| DATE | BLOOD PRESSURE (MMHG) | URINE FOR SUGAR AND PROTEIN | PRESEN- ATION AND POSITI ON | FOET AL HEAR T RATE | GESTAT -IONAL AGE | FUNDAL HEIGHT | DESCENT | WT | COMPLAINS | TREATMENT AND ADVICE | REMARK |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 24/05/22 | 106/63 | Negative | - | - | 11weeks and 4 days | - | - | 54kg | No complain | Tab folic acid, tab ferrous tab multivite, Injection tetanus diphtheria and education on immunization | Healthy |
| 21/06/22 | 111/70 | Negative | - | Positive | 15weeks and 4days | 13 | - | 55kg | Feels well | Tabs folic acid tab multivite, SP and education on sleeping under treated net | Healthy |
| 20/07/22 | 95/60 | Negative | - | Positive | 19weeks and 5 days | 15cm | - | 57kg | Body pains | Routine drugs, SP and Encouraged to avoid stressful exercise | Healthy |

**TABLE 7: ANTENATAL CHART RECORD CONTINUED**

| DATE | BLOOD PRESSURE (MMHG) | URINE FOR SUGAR AND PROTEIN | PRESEN - ATION AND POSITI ON | FOET AL HEAR T RATE | GESTAT -IONAL AGE | FUNDAL HEIGHT | DESCENT | WT | COMPLAINS | TREATMENT AND ADVICE | REMARK |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 25/09/22 | 100/60 | Negative | Cephalic | 138 | 29weeks and 2 days | 29cm | - | 58kg | No complain | Routine drugs, SP and education on danger signs of pregnancy | Healthy |
| 21/10/22 | 110/70 | Negative | Cephalic | 138 | 32weeks +6days | 32cm | 5/5 | 59kg | Feels well | Routine drugs, SP and educated on complication readiness | Healthy |
| 18/11/22 | 120/60 | Negative | Cephalic | 132 | 36weeks + 6days | 34cm | 5/5 | 62kg | Lower abdominal pain and body pains. | Routine drugs and educated on rest and exercise | Healthy |
| 25/11/22 | 110/60 | Negative | Cephalic | 135 | 37weeks + 6days | 35cm | 5/5 | 63kg | No complains | Routine drugs and education on neonatal care and danger signs in newborn. | |
| 2/12/22 | 110/70 | Negative | Cephalic | 128 | 38wks +6days | 36cm | 5/5 | 64kg | Fatigue. | Routine drugs, SP and educated on birth preparedness and signs of labour | Healthy |



# WHO Modified Partograph

Registration No. 03/22 Name (Last, First) Bilakpohim Akoya Janet Age 24yrs
Date 08/12/2022 Parity/Gravida 4/3 LMP EDO Gestation (wks) 39 weeks + 4 days
ROM (Time, Date) 8/ 3pm Labour Duration (Hrs) Facility/Clinic Name Nako CHPS

FETAL HEART RATE

LIQUOR
MOULDING

CERVIX (CM)
Plot X

DESCENT
Plot O

Alert
Action

8/12/2022 SVD at
8:45pm of ALMC
A/S 8/10, 9/10
BWT – 3.6kg
FL – 51cm HC – 33cm
EBL – 150mls
3rd stage – Complete
perineum – Intact
D – 6 hours 30 minutes
Delivered by Nyarko-
Musah Jamila
Assisted by Kyerewaa
Jemima

HOURS 0 1 2 3 4 5

TIME

CONTRACTIONS PER 10 MINS

Oxytocin U / L
Drops / minute

DRUGS & IV FLUIDS

BLOOD PRESSURE & PULSE

TEMPERATURE

URINE Amount
Protein
Acetone

CS Scanned with CamScanner

## LABOR NOTES

Labour progressed and client has spontaneous vaginal delivery to an alive male baby. APGAR SCORE, 1st minute 8/10, 9/10 for the 5th minute. Placenta and membranes were completely delivered at 8:50pm. Uterus massage to expel blood clots at about 50mls. perinium was intact. Skin to skin contact and breastfeeding was initiated.

Please circle or write responses.

**DELIVERY**

DATE: 08/12/22 TIME: 8:45pm METHOD: (Spontaneous) / Vacuum Extraction / C/S / Other

PERINEUM: (Intact) / Episiotomy / Laceration

ANESTHESIA: (None) / Local / General

**THIRD STAGE**

Active Management: (Yes) / No ·Medication: Time 8:46pm Type/Dose Injection Oxytocin 10units

PLACENTA: TIME: 8:50pm (Complete) / Incomplete

BLOOD LOSS AMOUNT: (Small (Less than 250 cc)) / Moderate (250-499 cc) / Large (more than 500 cc) / Significant for mother

**BABY**

Weight: 3.5kg

Sex: (Male) / Female

Baby Position: (Vertex) / Breech / Other

APGAR

| Time | Color | Breath | Heart | Tone | Reflex | TOTAL |
|---|---|---|---|---|---|---|
| 1min | 1 | 2 | 2 | 2 | 1 | 8/10 |
| 5min | 2 | 2 | 2 | 2 | 1 | 9/10 |

COMPLICATIONS OF MOTHER / BABY: (None) / Other:

| | Frequency | Time | B/P. | Pulse | Fundus | Bleeding | Bladder |
|---|---|---|---|---|---|---|---|
| FOURTH STAGE MONITORING | Every 15 minutes first 2 hours | 9:50pm | 110/70 | 80 | 18cm | 150mls | 100mls |
| | | 10:05pm | 115/70 | 86 | Well contracted | No Active bleeding | — |
| | | 10:20pm | 110/70 | 84 | ✓ | ✓ | — |
| | | 10:35pm | 120/75 | 79 | ✓ | ✓ | — |
| | | 10:50pm | 120/70 | 80 | ✓ | ✓ | 150mls |
| | | 11:05pm | 110/70 | 82 | ✓ | ✓ | — |
| | | 11:20pm | 100/70 | 85 | ✓ | ✓ | — |
| | | 11:35pm | 115/75 | 85 | ✓ | ✓ | — |
| | Every 30 minutes For 1 hour | 12:05am | 110/75 | 85 | ✓ | ✓ | 200mls |
| | | 12:35am | 110/70 | 81 | ✓ | ✓ | |

Birth Attendant Nyarko Jamila Musah Date 08/12/2022

Assisted by Kyerewaa Jemima

LSS 4th Edition external review draft · © ACNM (to be published 2008)

Scanned with CamScanner

## NEW BORN EXAMINATION FORM

Name: Baby Kwaku Bilapokim Date of Assessment: 09/12/22 Time: 6:30am
Date of Birth: 08/12/22 Time of Birth: 8:45pm Sex: [✓] M [ ] F Age at time of Assessment (days/hrs) 22 hours
Astational Age 39 weeks+4days Mode of Delivery: [✓] Vaginal Assisted Vaginal C-Section
APGAR: 1min 8/10 5min 9/10 Birth Weight: 3.4 kg [ ] Length: 51 cm Head Circumference: 33 cm
Temperature at time of Assessment: 36.7 °C Urine passed: Yes ✓ No Meconium passed: ✓ Yes No
Name of Assessor (Midwife/Doctor): Ngarko Musah Jamila

**1. Respiration**
Rate 48 cpm
- [ ] Rate <30 b/m •
- [ ] Rate <60 b/m •
- [ ] 30-60 b/m
- [ ] Retractions •
- [ ] Grunting •
- [ ] Stridor •

**2. Activity/Movemnet**
- [✓] Spontaneous symmetric movements
- [ ] Reduced/Absent Movement in ≥1 limb •
- [ ] No Movement

**3. Tone**
- [✓] Normal
- [ ] Floppy •
- [ ] Increased •

**4. Colour**
- [✓] Pink all over
- [ ] Pink body but blue hands/feet
- [ ] Blue all over •
- [ ] Pale •
- [ ] Jaundiced •

**5. Cord**
- [✓] Normal
- [ ] Red. draining pus
- [ ] Bleeding

**6. Cry**
- [✓] Normal
- [ ] Shrill •
- [ ] Absent •

**7. Suck**
- [✓] Good
- [ ] Weak
- [ ] Absent

**8. Head swelling**
- [ ] Caput succedaneum
- [ ] Cephalhaematoma
- [ ] Subgaleal hemorrhage
- [✓] No swelling

**9. Sutures**
- [✓] Normal
- [ ] Overlapping
- [ ] Fused
- [ ] Widely Separated •

**10. Fontanel**
- [✓] Normal
- [ ] Sunken •
- [ ] Raised •
- [ ] Wide (>5cm)•

**11. Eyes**
- [✓] Normal
- [ ] Subconjunctival bleed
- [ ] White pupil or cornea
- [ ] Eye discharge
- [ ] Other

**12. Ears**
- [✓] Normal (size / shape/position)
- [ ] Abnormal:

**13. Mouth**
- [✓] Normal
- [ ] Cleft palate
- [ ] Cleft Lip
- [ ] Other:

**15. Neck**
- [✓] Normal
- [ ] Swelling
- [ ] Webbed
- [ ] Other:

**16. Clavicle**
- [✓] Normal
- [ ] Swelling/Fracture

**17. Chest**
- [✓] Normal (Shape/movement)
- [ ] Abnormal

**18. Heart rate**
Rate: 128bpm
- [ ] Normal (100-160)
- [ ] <100 •
- [ ] >160•

**19. Femoral pulse**
- [✓] Present
- [ ] Not palpable•

**20. Abdomen**
- [✓] Normal
- [ ] Distended•
- [ ] Scarphoid•
- [ ] Abdominal defect•
- [ ] Maases:
- [ ] Other

**21. Back (spine)**
- [✓] Normal
- [ ] Abnormal Swelling •
- [ ] Hairly patch over spine
- [ ] Abnormal dimple
- [ ] Abnormal curvature

**22. Limbs**
- [✓] Normal
- [ ] Abnormal

**23. Genitalia**
Male Genitalia
- [✓] Normal
- [ ] Undescended testes
- [ ] Abnormal meatus
- [ ] Hernia
- [ ] Other:

Female Genitalia
- [ ] Normal
- [ ] Fistula(meconium/urine through abnormal opening in vagina) •
- [ ] Large clitoria •
- [ ] Other:

**24. Anus**
- [✓] Patent
- [ ] Imperforate•

**25. Resuscitation provided**
- [ ] One
- [✓] Suction/stimulation
- [ ] Bag and mask
- [ ] Endotracheal Tube
- [ ] Ventilator/CPAP

**26. Services provided**
- [✓] Vitamin K1 given
- [✓] Eye care provided
- [✓] Cord care provided
- [✓] Breastfeeding initiated
- [✓] Breastfeeding established
- [✓] Immunization (BCG/Polio)
- [✓] BCG [✓] Polio Immunization
- [✓] Antibiotics in mother
- [✓] Antenatal corticosteroids

*May indicate severe disease that requires urgent referral

Diagnoses (if known) Normal baby

Classification: (Overall assessment) [ ] Normal [ ] Baby with a Problem [ ] Danger Sign/ <1500g/ severe Jaundice
Plan: [ ] Routine Care[ ]Problem. Continue supportive in-patient care [ ] Urgent Referral / Advanced Care[ ] Discharge

CS Scanned with CamScanner

## NEW BORN EXAMINATION FORM

Name: Baby Kwaku Bilakpokim  Date of Assessment: 08/12/22  Time: 10:00p
Date of Birth: 08/12/22  Time of Birth: 8:45pm  Sex: [✓] M [ ] F  Age at time of Assessment (days/hrs) 1 hour
Astational Age 37 [ ] weeks [ ] Mode of Delivery: [✓] Vaginal  Assisted Vaginal  C-Section
APGAR: 1min 8/10 5min 9/10  Birth Weight: 3.5 kg [ ]  Length: 51 cm  Head Circumference: 33 cm
Temperature at time of Assessment: 36.6 °C  Urine passed: ✓Yes  No  Meconium passed: ✓Yes  N
Name of Assessor (Midwife/Doctor): Nyarko Musah Jamila

**1. Respiration**
Rate 45cpm
- [ ] Rate < 30 b/m *
- [ ] Rate < 60 b/m *
- [ ] 30-60 b/m
- [ ] Retractions *
- [ ] Grunting *
- [ ] Stridor *

**2. Activity/Movemnet**
- [✓] Spontaneous symmetric movements
- [ ] Reduced/Absent Movement in ≥1 limb *
- [ ] No Movement

**3. Tone**
- [✓] Normal
- [ ] Floppy *
- [ ] Increased *

**4. Colour**
- [✓] Pink all over
- [ ] Pink body but blue hands/feet
- [ ] Blue all over *
- [ ] Pale *
- [ ] Jaundiced *

**5. Cord**
- [✓] Normal
- [ ] Red, draining pus
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- [ ] Fused
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- [ ] Raised *
- [ ] Wide (>5cm)*

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- [ ] Subconjunctival bleed
- [ ] White pupil or cornea
- [ ] Eye discharge
- [ ] Other

**12. Ears**
- [✓] Normal (size / shape/position)
- [ ] Abnormal: ____

**13. Mouth**
- [✓] Normal
- [ ] Cleft palate
- [ ] Cleft Lip
- [ ] Other: ____

**15. Neck**
- [✓] Normal
- [ ] Swelling
- [ ] Webbed
- [ ] Other: ____

**16. Clavicle**
- [✓] Normal
- [ ] Swelling/Fracture

**17. Chest**
- [✓] Normal (Shape/movement)
- [ ] Abnormal ____

**18. Heart rate**
Rate: 127bpm
- [ ] Normal (100-160)
- [ ] <100 *
- [ ] >160*

**19. Femoral pulse**
- [✓] Present
- [ ] Not palpable*

**20. Abdomen**
- [✓] Normal
- [ ] Distended*
- [ ] Scarphoid*
- [ ] Abdominal defect*
- [ ] Maases: ____
- [ ] Other ____

**21. Back (spine)**
- [✓] Normal
- [ ] Abnormal Swelling *
- [ ] Hairly patch over spine
- [ ] Abnormal dimple
- [ ] Abnormal curvature

**22. Limbs**
- [✓] Normal
- [ ] Abnormal ____

**23. Genitalia**
Male Genitalia
- [✓] Normal
- [ ] Undescended testes
- [ ] Abnormal meatus
- [ ] Hernia
- [ ] Other: ____

Female Genitalia
- [✓] Normal
- [ ] Fistula(meconium/urine through abnormal opening in vagina) *
- [ ] Large clitoria *
- [ ] Other: ____

**24. Anus**
- [✓] Patent
- [ ] Imperforate*

**25. Resuscitation provided**
- [✓] One
- [✓] Suction/stimulation
- [ ] Bag and mask
- [ ] Endotracheal Tube
- [ ] Ventilator/CPAP

**26. Services provided**
- [✓] Vitamin K1 given
- [✓] Eye care provided
- [✓] Cord care provided
- [✓] Breastfeeding initiated
- [✓] Breastfeeding established
- [✓] Immunization (BCG/Polio)
- [✓] BCG [✓] Polio Immunization
- [✓] Antibiotics in mother
- [ ] Antenatal corticosteroids

***May indicate severe disease that requires urgent referral**

**Diagnoses (if known)** Normal baby

**Classification: (Overall assessment)** [ ] Normal [ ] Baby with a Problem [ ] Danger Sign/ <1500g/ severe Jaundice
**Plan:** [ ] Routine Care[ ]Problem. Continue supportive in-patient care [ ] Urgent Referral / Advanced Care[ ] Discharge

Scanned with CamScanner

# NEW BORN CHART

CS Scanned with CamScanner

Name: Baby Kwatiu Bilatipotim No: 103/22 Birth Weight: 3.5kg

Sex: Male Mother's No: Length: 51cm

Nature of Delivery: Spontaneous Vaginal Delivery Diagnosis: Term baby

Date of Birth: 08/12/2022 Time: 8:45pm Date of Discharge: 09/12/22

| Date | 08/12/22 | | 09/12/22 | | 10/12/22 | | 11/12/22 | | 12/12/22 | | 13/12/22 | | 14/12/22 | | 15/12/22 | | 16/12/22 | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| No. of Days | DoD | | D 1 | | D 2 | | D 3 | | D 4 | | D 5 | | D 6 | | D 7 | | D 8 | | | | | |
| Weight | 3.5kg | | 3.4kg | | 3.3kg | | 3.2kg | | 3.2kg | | 3.3kg | | 3.4kg | | 3.5kg | | 3.6kg | | | | | |
| | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM |
| Temperature | | 36.7°C | 36.5°C | | 36.7°C | 37.0°C | 36.6°C | 36.7°C | 36.7°C | 36.7°C | 37.0°C | | 36.8°C | | 36.8°C | | 36.8°C | | | | | |
| Stools | | Passed | Passed | | Passed | Passed | Passed | Passed | Passed | Passed | Passed | | Passed | | Passed | | Passed | | | | | |
| Urine | | Passed | Passed | | Passed | Passed | Passed | Passed | Passed | Passed | Passed | | Passed | | Passed | | Passed | | | | | |
| Remarks | Head<br>Neck<br>Limbs<br>Genitalia<br>Trunk } No Abnormality detect. | | | | | | | | | | | | | | | | | | | | | |

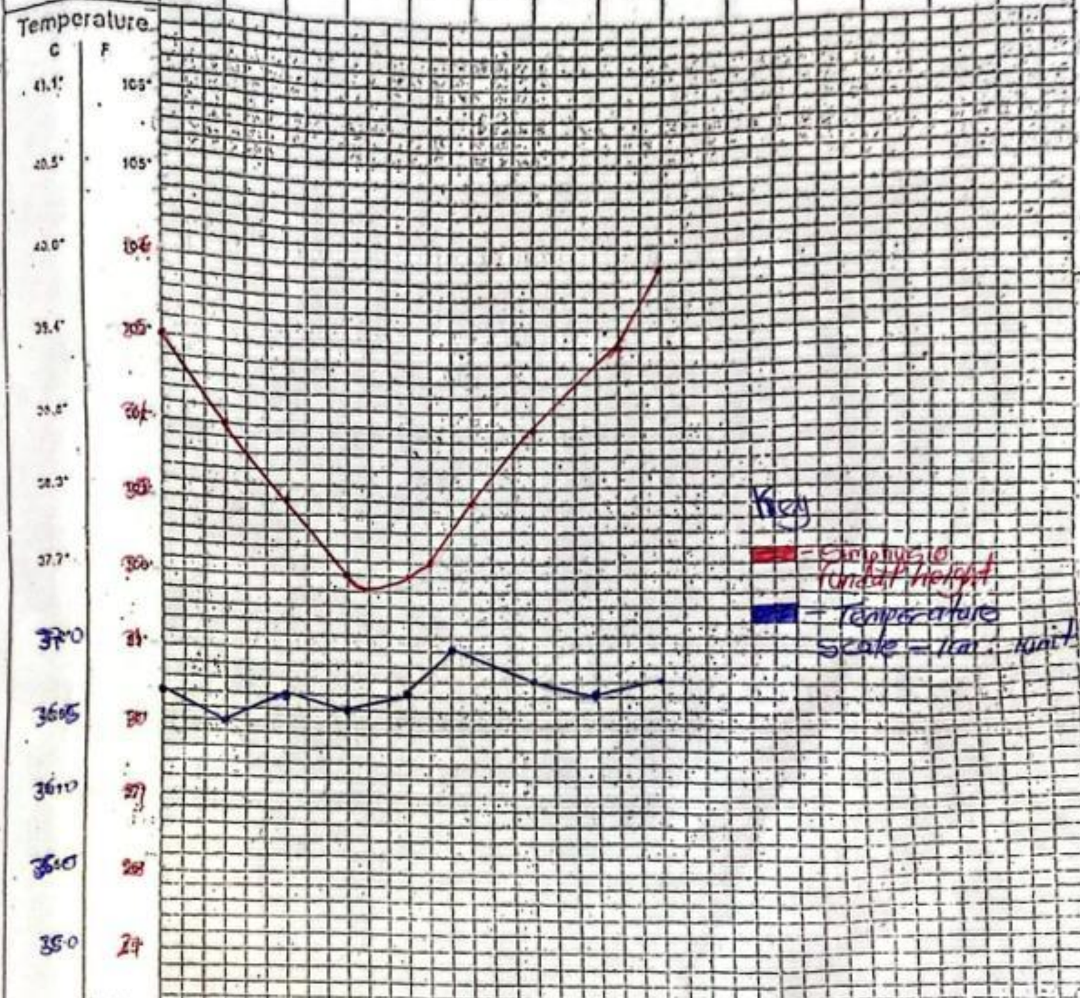
# TEMPERATURE CHART

NAME: Baby Kwaku Bilakpokim

AGE: New WARD: Labour Ward

IP NO.: 103 /22 BED NO.: 4

| Date | 8/12/22 | 9/12/22 | 10/12/22 | 11/12/22 | 12/12/22 | 13/12/22 | 14/12/22 | 15/12/22 | 16/12/22 |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Days in Hospital | DOD | D1 | D2 | D3 | D4 | D5 | D6 | D7 | D8 |
| Days P. O. | | | | | | | | | |
| Hour Am | 9:45 | 6:30 | 9:00 | 8:30 | 8:00 | 8:00 | 8:30 | 8:30 | |
| Hour Pm | | | 5:00 | 5:00 | 5:00 | | | | 5:00 |




| | 8/12/22 | 9/12/22 | 10/12/22 | 11/12/22 | 12/12/22 | 13/12/22 | 14/12/22 | 15/12/22 | 16/12/22 |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Pulse | 125bpm | 120bpm | 133bpm | 129bpm | 131bpm | 134bpm | 128bpm | 130bpm | 130bpm |
| Resp. | 43cpm | 44cpm | 43cpm | 46cpm | 40cpm | 48cpm | 46cpm | 48cpm | 44cpm |
| B.M. | Passed | Passed | Passed | Passed | Passed | Passed | Passed | Passed | Passed |
| Urine | Passed | Passed | Passed | Passed | Passed | Passed | Passed | Passed | Passed |
| B.P. | | | | | | | | | |

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**SIGNATORIES**

NAME - NYARKO MUSAH JAMILA

SIGNATURE - ...........................

DATE - 29, June 2023

THE MIDWIFE IN-CHARGE (FIASO CHEPS COUNPOND)

NAME - ASOMANING VICTORIA

SIGNATURE - ........................... (for)

DATE - 5/07/2023

SUPERVISOR

NAME - CELESTINE AHIAWORNU

SIGNATURE ...........................

DATE - 30/06/2023

THE PRINCIPAL

NAME - MONICA NKRUMAH

SIGNATURE - ........................... (for)

DATE - 15/07/2023

ACADEMIC CO-ORDINATOR-NURSING
HOLY FAMILY NURSING & MIDWIFERY
TRAINING COLLEGE, BEREKUM

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