HOLY FAMILY NURSING AND MIDWIFERY TRAINING COLLEGE

BEREKUM

A CLIENT\FAMILY CENTERED MATERNITY CARE STUDY ON

MADAM ADOLF AMA

BY

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SUBMITTED TO THE NURSING AND MIDWIFERY COUNCIL OF GHANA IN PARTIAL FULFILMENT TOWARDS THE AWARD OF LICENSE TO PRACTICE AS A PROFESSIONAL REGISTERED MIDWIFE

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PREFACE

The family centered maternity care is a systematic process in which nursing care is given to a pregnant woman, her family and the community, beginning from antenatal period through to labor and puerperium. As health is an essential factor of life and everyone dreams of enjoying it, the family centered maternity care aims at helping these mothers and their families realize their dreams.

In this care, emphasis is laid on the pregnant woman as a unique individual who is cared for in all aspect of life including social, psychological, physical as well as mental well-being which is considered within the framework of the family and community at large. The family centered maternity care study enables the pregnant woman to go through pregnancy without any complication to herself and her unborn baby, have an uneventful labour and successful puerperium. Confidentiality was ensured throughout the duration of care to the client.

It is an important exercise which helps the student midwife to put into practice what she has been taught both theory and practical. The student is able to assess her client, identify her needs and also give specific care to meet each need identified. The family centered maternity care study concept equips the student midwife with necessary skills and knowledge and helps her to be competent and efficient in her field of work after training. The family centered maternity care is also one of the requirements of Nursing and Midwifery Council of Ghana, serving as partial fulfillment for the award of professional certificate in midwifery.

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INTRODUCTION

The family centered maternity care is a systematic approach used in the care of an expectant mother involving her family during which the care is extended to the community and the client lives. It is based on consideration of the client as a unique individual with specific problems and needs to assist her in solving them.

This care study was written on Madam Adolf Ama a 24year old Gravida 4 Para 3 all alive. Who was met on the 14th August, 2023 at the antenatal clinic of the Amantin Health Centre during the clinical attachment? She was 36 weeks pregnant by then and was on her 5th visit to the antenatal clinic. She caught attention as a result of the fact that she had previously complains, for which she was reassured of appropriate management plan and selected for the care study. She was managed from 36 weeks of pregnancy through labour and early puerperium. Thorough assessment and physical examination were done on her with vivid and clear explanation of all procedures to her. She had normal pregnancy. Home visits were also carried out to assess her environment and community in which she lived. The family was also involved in the care throughout the period. This interaction continued through her delivery and puerperium and finally ended on 13th September, 2023, during the tenth day post-delivery where she was handed over to the public health nurse in-charge for continuity of care. In all, the care lasted for about 4 weeks from 14th August 2023 to 13th September, 2023. Her condition at the beginning and termination of interaction was satisfactory.

This writes up is in 4 chapters. Chapter one deals with the particulars of the client that is her personal and social history, family history, medical history, menstrual history, lifestyle and hobbies as well as her past and present obstetric histories. Chapter two deals with the antenatal care of the client, a description of the first encounter with the client and home visit attendance.

The nursing care plan used in providing care for the client, where problems were identified, objective set, then an implementation plan used in rendering services. The third chapter gives report on the admission and management of the first to the fourth stage of labour, including the immediate and subsequent care of the baby and the nursing care plan. Chapter four gives an account of the management of puerperium which emphasis on care of the mother and baby from day of delivery to the first seven days after delivery and second postnatal visit to the clinic. The script also involves summary, conclusion, bibliography, appendix like laboratory investigations,

LITERATURE REVIEW

This literature review gives information about what authors of different books report on pregnancy, labour and puerperium

PREGNANCY

Myles (2014) pregnancy is confirmed when many physiological changes take place in the body and return to its pre-pregnant state during puerperium due to the effect of certain hormones namely oestrogen and progesterone. These hormones are responsible for the major changes that take place during pregnancy. Even though these hormones have their own effects by causing the minor disorders that occur during pregnancy, they are one way or the other an advantage for the mother and the growing foetus since it depends solely on the mother for survival when in utero. There are varieties of care that are rendered to the expectant mothers and their entire families include history taking, physical examination (head to toe examination and abdominal examination i.e. inspection, palpation and auscultation), laboratory investigation (urine, blood and stool), administration of routine drugs (folic acid, ferrous sulphate and iron (III) polymaltose), and Tetanus Diphtheria, education on minor disorders, danger signs of pregnancy, diet and rest and sleep, exercise, personal hygiene and environment hygiene, birth preparedness and complication readiness. The anatomical and physiological change in the uterus plays an essential role in pregnancy by protecting and supporting the fetus, placenta and amniotic fluid. At the time of labour, it is able to contract regularly and forcibly to expel the foetus due to its unique properties of contractility and elasticity.

Tiran (2009) Pregnancy is the condition of having a developing embryo or fetus within the body. It is a state from conception to the delivery of the fetus. The normal duration of 280 days (40 weeks) counted from the first day of the last normal menstrual periods to delivery. During this

period, physiological and psychological changes such as relaxation of the cardiac sphincter, relaxation of the smooth muscles of the intestines occur due to the effect of estrogen and progesterone. These hormones provide nutritive and protective environment for the developing embryo and also prepare the breast for lactation.

Fraser and Cooper (2008) pregnancy are the fusion of the woman's egg and a man sperm cell unite to form a zygote. All changes in the mother's body during pregnancy are due to the effects of specific hormones. These changes enable her to nurture the fetus, prepare her body for labour and develop her breast and lay down stores of fats to provide calories for production of breast milk during puerperium. The woman's psychological state is also affected by hormonal changes. The gestational period is divided into three trimesters. The first trimester is from the time of conception to the 12^{th} week. The second trimester is from the 13^{th} week to the 24^{th} week whilst the third trimester is from the 25^{th} week to the 38^{th} week. During pregnancy, antenatal care is given to the woman throughout the period and should commence from the time pregnancy is diagnosed and continue until the safe delivery of the baby. This is why it is so important that the midwife has knowledge and understanding of the common disorders of pregnancy which include, constipation, fatigue, lower abdominal pain, waist pain, leg cramp, backache, insomnia, and increase vaginal discharge among others. In order to advise the woman on strategies that will help her cope with the condition and minimize the effects she experiences.

King (2014) pregnancy is a time of profound anatomic and physiologic change in a woman's body. In addition to the reproduction organs all maternal physiologic system makes adaptations needed support the developing foetus and at the same time, maintain maternal homeostasis Pregnancy last approximately two hundred and sixty, six days (266 days) or thirty- eight weeks (38 weeks) from ovulation. The antenatal period is into trimesters, first trimester is considered to be 1 to 12 weeks because organogenesis is completed at the end of twelve weeks and the risk of

spontaneous abortion is significantly reduced at time. Historically, the second trimester was considered to be 13 to 28 weeks was limit of viability. The third trimester extends from 29 to 40 weeks. The term ‘post-date’ or ‘post term’ is typically used to describe a pregnancy beyond forty (40) weeks

Marshall & Raynor (2014) pregnancy starts from the time conception is confirmed until the beginning of labour and also the midwife facilitates woman-centered care by providing her with accessible and relevant information to help her make an informed choice throughout pregnancy. The aim of antenatal care is to monitor the progress of pregnancy optimize maternal and foetal health. To achieve this, the midwife critically evaluates the physical, psychological and sociological effects of pregnancy on the woman and her family. The key principles of antenatal care by the midwife are, providing a holistic approach to the woman’ care that meets her individual needs, recognizing complications of pregnancy and appropriately referring women to the obstetric team or relevant health professionals or other organizations, facilitating the woman and her family in preparing to meet the demands of birth, and making a birth plan, offering parenthood education within a planned program or on an individual basis.

Konar (2013) pregnancy is the progressive anatomical, physiological and biochemical change not only confined to genital organs but also to all systems of the body. This is principally a phenomenon of maternal adaption to the increasing demand of the growing foetus. Unless understood, this physiological adaptation to normal pregnancy can be misinterpreted as pathological there is enormous growth of the fetus during pregnancy. In late pregnancy, frequency of micturition once more reappears due to pressure on the bladder as the presenting part descends down the pelvis. Stress incontinence may be observed in late pregnancy due to urethral sphincter weakness. The gums become congested and spongy and may bleed to touch. Muscle tone and motility of the entire gastrointestinal tract are diminished due to high

progesterone level. Cardiac sphincter is relaxed and regurgitation of acid gastric content into oesophagus may produce chemical esophagitis and heart burn. There is diminished gastric secretion and delay emptying time of stomach. Risk of peptic ulcer disease is reduced. A tonicity of the gut leads to constipation while diminished peristalsis facilitates more absorption of food materials.

Marie Elizabeth (2013) defines pregnancy as when the woman's egg and a man's sperm cell unit to form zygote. The duration of pregnancy has traditionally been calculated by the clinicians in terms of 10 lunar months or 9 months and 7 days or 280 days or 40 weeks, calculated from the first day of the last menstrual period. This is called menstrual or gestational age. It is divided into 3 trimesters, first trimester is considered to be 1 to 12 weeks because organogenesis is completed at the end of twelve weeks, second trimester is from 13 to 28 weeks and the third trimester start from 29 to 40 weeks. General check-up is done at interval of 4 weeks up to 28 weeks; at interval of two weeks up to 36 weeks and thereafter weekly till the expected date of delivery. Ideally this should be more flexible depending on the need, and the convenience of the patient.

LABOUR

Myles (2014) labour in a physical sense may be described as the process by which the fetus, placenta and membranes are expelled through the birth canal. Labour has four stages. Stage one comprises of latent phase (onset of labour to 3cm dilatation) and may last 6 to 8 hours in primigravida. The active phase start from 4cm in the presence of rhythmic painful uterine contractions progressively dilates to 10cm or full dilatation. Second stage of labour is the expulsion of the foetus. It begins when the cervix is fully dilated and the woman has the urge to expel the baby. There is stretching of the clitoris, gaping of the anus and bulging of the perineum and ends with the delivery of the baby. In multigravida women, it last 15-30 minutes. Third stage begins after the expulsion of foetus and ends with the expulsion of the placenta, membranes and control of bleeding (after birth). Fourth stage is a period of careful observation of the mother made to assess excessive bleeding and the firmness of the contracting uterus immediately after the third stage of labour and it last for six hours after delivery of the placenta.

Fraser and Cooper (2008) Labour are described as the process by which the products of conception are expelled through the birth canal. Labour is classified under four stages. First, second, third and fourth stage. The first stage of labour begins with the dilatation of the cervix up to ten centimeter's (10cm) dilation or full dilation of the cervix. This is a result of the regular rhythmic and painful uterine contractions. The second stage of labour also starts when the cervix is fully dilated and it continuous till the expulsion of the fetus. The third stage of labour is the complete expulsion of the placenta and its membranes and the control of bleeding. The fourth stage also is the six hourly close observations of the mother and the baby after the third stage. It involves the checking of the vital signs of both the mother and the baby every 15 minutes within the first two hours after the delivery of the placenta and membranes. It also deals with the establishment of lactation and detection of abnormalities and any complications in both mother

and baby. During this stage, the mother is also given health education on personal hygiene, care of the cord, frequent change of perinea pad, frequent ambulation to prevent postpartum hemorrhage and exclusive breastfeeding.

Ojo and Briggs (2006) labour is the process by which the uterus empties its content after the 38^{th} weeks of pregnancy. It entails contraction and retraction of the uterine muscle fibers, the dilatation of the cervical os and the expulsion of the baby, liquor amnii, placenta and membrane. The causes of onset of labour are unknown but many theories have offered few of these and are stated as, overstretching and over distention of the uterus at term, placental efficiency is diminished toward term, resulting in reduction in the level of estrogen and progesterone. The uterus becomes sensitive to the effect of oxytocin produced by the posterior pituitary gland and there is an increase contractibility of the uterus towards term. Braxton Hicks' contractions increase in amplitude and may bring about the onset of labour. The onset has been associated with hyperpyrexia, cyanosis and emotional upset. First stage of labour; starts from the onset of regular uterine contractions to full dilation of the cervical os. It lasts 6-12 hours in multigravida. The first stage of labour comprises; painful uterine contractions, waist pain, lower abdominal pain, progressive dilatation of the cervix, formation of the fore waters and rupture of membranes. Second stage of labour; starts from full dilatation of the cervical os to the complete expulsion of the baby. It usually lasts up to 1 hour in primigravida and 5-30 minutes in multigravida. Third stage of labour entails complete expulsion of the placenta and membranes and control of haemorrhage, usually within 5-15 minutes of birth of the baby.

Tiran (2008) Labour is defined as the process by which product of conception are expelled from the uterus through the birth canal. Labour normally occurs spontaneously at term that is between 38 and 42 weeks of pregnancy. The fetus should present with vertex and once started, the contractions should increase in strength and frequency without interruption and artificial

stimulation until fetus, membranes and placenta are expelled by the maternal effort through the vagina. Partograph is the graphical recording of labour progress obtained by assessment of visual patterns of cervical dilatation and descent of the presenting part in conjunction with records of maternal and fetal wellbeing.

Marshall & Raynor (2014) Labour, purely in the physical sense, may be described as the process by which the foetus, placenta and membranes are expelled through the birth canal; however, labour is much more than a purely physical event. What happens during labour can affect the relationship between the mother and baby and can influence the likelihood and or experience of future pregnancies. Pregnancy is considered to last approximately 40 weeks, labour usually occurring between 37weeks and 42 weeks gestation. Complex physiological and psychological changes occur during the last few weeks of pregnancy and also during the onset of labour that prepare the woman for the process of labour and birth. Four stages of labour are described, the first, second, third stage and fourth but this is a rather pedantic view, as labour is obviously a continuous process. There are three phases in the first stage of labour, namely, the latent, active and transitional phases, and these not only encompass specific physical changes but should also account for the emotional effect observe in women during this time.

Konar (2013) defined labour as series of events that takes place in the genital organs in an effort to expel the viable products of conception out of the womb through the vagina into the outer world. The onset of labour is determined by a complex interaction of maternal and foetal hormones and is not fully understood. It would appear to be multi-factorial in origin, being a combination of hormonal and mechanical factors. Levels of maternal estrogen rise sharply during the last weeks of pregnancy, resulting in changes that overcome the inhibiting effects of progesterone. High levels of estrogen cause uterine muscle fibers to display oxytocic receptors and form gap junctions with each other. Estrogen also stimulates the placenta to release

prostaglandins that induce a production of enzymes that will digest collagen in the cervix, helping it to soften.

Marie Elizabeth (2013) defines labour as a series of events that takes place in the genital organs in effort to expel the viable products of conception out of the womb through the vagina into the outer world. Labour is called normal if it fulfills the following criteria; spontaneous in onset, with vertex presentation, without undue prolongation, natural termination with minimal aids, without having any complication affecting the health of the mother and or the baby. The features of true labour signs are: painful uterine contraction at regular intervals, 'Show', Progressive effacement and dilatation of the cervix, formation of the 'bags of waters. The events of labour are divided into four stages; first, second, third and fourth stage. First stage starts from the onset of true labour pain and ends with full dilatation of the cervix. Its average duration is six hours in multipara. Second stage starts from full dilatation of the cervix and ends with expulsion of the fetus from the birth canal. Third stage begins after the expulsion of fetus and ends with the expulsion of the placenta and membranes control of haemorrhage (afterbirth). Average duration is about 15 minutes in both multi and primigravida. Fourth stage is the stage of observation after expulsion of the afterbirth and close monitoring of the mother and the baby for 6 hours. Four factors are significant in the process of labour; that is the passage, passenger, powers and psyche, these are known as the four P's.

PUERPERIUM

Fraser and Cooper, (2008) Puerperium starts immediately after the delivery of the placenta and its membranes and continuous for six weeks. It is within this period that all systems of the woman's body recover from the effects of pregnancy and return to their non-pregnant state. Lactation is well established and baby accepted into the family. During this period, there is also the drainage of lochia (the discharges from the uterus). It is normally red in colour during the first 3-4 days described as lochia rubra, from 5-9 days, it is pink in colour and is called lochia serosa; and from next 2-3 weeks it is paler, creamy-brown in colour and this is called lochia alba. It has been traditional to associate after pains with multiparity and breastfeeding. However, women experience after pains regardless of whether they have had previous pregnancies and when they are not breastfeeding. Management of after pains is by an appropriate analgesic.

Myles (2014) states that, following the birth of the baby and expulsion of the placenta, the mother enters a period of physical and psychological recuperation. Puerperium starts immediately after delivery of the placenta and membranes and continues for six weeks. The general expectation is that by six weeks after the birth, a woman's body will have recovered sufficiently from the effects of pregnancy and the process of parturition. The difference between exercise and healthy activity verses rest, relaxation and sleep. Exploring each person's level of activity will encourage advice in relation to appropriate exercise and by association, nutritional intake and rest or relaxation and sleep. Undertaking regular pelvic floor exercise is of benefit to the woman's longed term health.

Henderson (2009) puerperium is traditionally defined as the time of the complete expulsion of the placenta and arrest of haemorrhage after the end of labour and continues from 6 weeks until the reproductive organs have returned as nearly as possible to their pregravid condition.

Puerperium is a time of major physiological change and a time of major emotional and personal upheaval. An early postnatal check includes: maternal hemoglobin and assessment of the baby and the mother looking particularly for tiredness and depression. The falling progesterone levels affect the alimentary tract. The smooth muscle tone gradually improves throughout the body, and symptoms of heartburn the woman may have experienced should resolve. Constipation may however remain a common problem during the postnatal period.

Konar (2013), puerperium is the period following child birth in which the bodies tissue, especially the pelvic organs revert back approximately to the pre-pregnant state both anatomically and physiologically. During puerperium the following physiological changes take place in all women as the body returns to its pre-pregnant state; Involution of the uterus and other soft parts of the genital tract, commencement of lactation. Physiological changes in other systems of the body. It is important that the midwife is familiar with these to ensure that appropriate care and advice are given. Puerperium begins as soon as the placenta is expelled and lasts for approximately 6 weeks when the uterus becomes regressed almost to the non-pregnant size. The period is arbitrarily divided into; immediate – within 24 hours; early – up to 7 days and remote – up to 6 weeks. Lochia is the vaginal discharge during puerperium. The discharge originates from the uterine body, cervix and vagina. Depending upon the variation of the colour of the discharge, it is named as; Lochia rubra: red, 1-4 days, lochia serosa: 5-9 days the colour is yellowish or pink or pale brownish, lochia alba: 10-15 days, pale white

Ojo and Briggs (2006) at the end of labour the uterus is still very large and mobile; the genital tract is greatly bruised, distended and perhaps lacerated. The abdominal muscles are flaccid. Within the period of six to eight weeks postpartum are called puerperium, and where the bruises heal and genital organs and any other which underwent changes during pregnancy return to their pre gravid states. This process of readjustment is called involution and lactation is established

during this period. Involution is brought about by a shriveling up of the muscle fibers and the absorption of their substance, partly into the bloodstream and partly into the lochia. The lochia is made up of blood from the site where the placenta was attached and the crumbling of the uterus which had developed so greatly in pregnancy. In the first five days after childbirth, the lochia mostly consists of blood and is consequently red in color and is called lochia rubra. For the next 5 to 10 days, it is reddish brown as the blood loss lessens and more of the uterine lining in expelled and is called lochia serosa. By the 12 day it has become pale either yellowish or white and the discharge may persist varying in amount for up to six weeks. The body begins to change to it non-pregnant state. After pains; after delivery, the uterus does not stop contracting. The contraction continues painlessly for the most part, but in some woman, particularly multigravida, painful contractions persist in the few days of the puerperium and may require analgesics. Backache; It mostly affect one woman in five in the weeks for occasionally month after childbirth. Backache appears to be more common if the woman has had an epidural anesthesia or a long second stage of labour. There are no specific treatment and backache gets better by itself. Urination; In the first 24 hours after delivery, the mother sometimes finds it difficult to pass urine because of the stretching during delivery of the vaginal tissues and the tissues around the bladder and with early ambulation help.

Marie Elizabeth (2013) describes puerperium as the period following childbirth during which the body tissues, especially the pelvic organs revert back approximately to the pre-pregnant state both anatomically and physiologically. The period is divided into; Immediate –within 24 hours, early- up to 7 days, remote –up to 6 weeks, immediately following delivery, the uterus becomes firmer and retracted with alternatively hardening and softening. At the end of 6 weeks, its measurement is almost similar to that of the non-pregnant state and it weighs 60 grams. The lower uterine segment becomes thin, flabby and collapsed structure. The cervix contracts slowly;

the external os admits to fingers for the few days but by the end of the first week, narrows down to admit the tip of a finger only. The external os never revert back to the nulliparous state. Soon after birth it takes a long time (4 to 8 days) for the vagina to involutes. The vaginal discharge for the first fortnight during puerperium is the lochia. The lochia originates from the uterine body, cervix and vagina. Depending upon the variation of the colour of the discharge it is named as: Lochia rubra (red) 1 -4 days, lochia serosa (yellowish or pink or pale brownish) 5- 9 days, lochia alba (pale white) 10 -15 days. The average amount of discharge, for the first 5-6 days is estimated to be 250 ml.

Marshall & Raynor (2014) puerperium starts immediately after the delivery of the placenta membrane and continues for six (6) weeks. In many cultures around the world, 40 days for recuperation is a time-honored practice. The general expectation is that by six weeks after birth all the systems in a woman's body will have recovered sufficiently from the effects of the pregnancy.

WHY CLIENT WAS CHOOSEN

Madam Adolf Ama 24 years old, Gravida 4 Para 3 all alive visited the antenatal clinic at Amanten Health Centre, On the 14th August, 2023 with gestational age of 36weeks.It was her 5th visit to the clinic, with the complains of lower abdominal pains. Her antenatal record book was checked and realized that she was a regular attendance and her 3 previous deliveries were normal. Client was reassured of help to manage the abdominal pains. Again, client was within the required criteria for the care study. This gave the opportunity to introduce myself as a student midwife from Holy family Nursing and Midwifery Training Collage Berekum who is on a 6 weeks clinical practice and the interest to select her for the care study was explained to her.

Client agreed and was glad. A detailed of care study was explained to her properly and permission was sought from her to be used as a client and she happily and readily accepted.

CHAPTER ONE

CLIENTS\FAMILY ASSESSMENT

1.0 INTRODUCTION

This chapter gives a clear and detail information of Madam Adolf Ama, her family and her community characteristics. It includes information on social history, medical history, surgical history, past obstetrical history, present obstetric history, habits of daily living as well as her psychosocial live and family history.

1.1 CLIENT PERSONAL AND SOCIAL HISTORY

The family centered maternity care was carried out on Madam Ama a gravida 4 para 3. She is 24years old Dagati woman, born at Nandom-town and lives at Amantin in the Bono East Region in the Republic of Ghana. She is dark in complexion, 156 centimeters tall and weighs 65kilograms according to her antenatal care record which she carried on her first visit. She speaks Twi and Dagati. Madam Ama schooled up to Primary and stopped schooling because she had no support from her parents and is now a farmer. She is married to Nashiru Daniel, 29 years of age, he is also a Farmer and did not attend school. He stays in Amantin and also a Muslim with Madam Ama. Her first born Aishatu Nashiru is her next of kin.

1.2 FAMILY HISTORY

According to Madam Ama, she is the second born of Mr. Augustin Poukang and Mrs. Francisca Bechaabang who are in the blessed memory. She has 4 siblings. Her family and husband's family have no history of hypertension, diabetes, heart disease, sickle cell disease, mental illness,

epilepsy, as or birth defects and there is no history of multiple pregnancies. Again, client indicated that death in the family can largely be connected to natural causes than to the unnatural cause.

1.3 MEDICAL HISTORY

During interaction with Madam Ama, she said she has ever been admitted at the hospital during her first pregnancy which was due to severe headache and labour. Aside this, she usually visits the outpatient department of the health center with minor ailment like malaria and abdominal issues. She also said, she has no history of any medical condition such as peptic ulcer disease (PUD), asthma, pneumonia, TB, diabetes, hypertension, etc. and has not had any blood transfusion before. She also has no known allergy to food or drug. She has no history of STIs and she is not on any long-time medication. She said she has never practiced any artificial family planning method but resort to the natural method.

1.4 SURGICAL HISTORY

Madam Ama has never undergone any surgical operation like salpingectomy, laparotomy and myomectomy since childhood and has never been involved in accident or injury to any part of the pelvis or head injury. She has never donated blood neither has she been transfused. On observation, no scar was seen which could indicate previous surgery or episiotomy.

1.5 MENSTRUAL HISTORY

According to Madam Ama she had her menarche at 13years but has a regular menstrual cycle of 28 days. She also said, she sometimes experiences menstrual cramp which she does not seek any medical treatment but copes with the pains. Her duration of menses is six days. She experiences

heavy flow during the first three days after which it subsides. She uses two sanitary pads which is of good quality a day and changes it when it gets wet. According to the client, her last menstrual period was 28th December, 2022 and her expected date of delivery was calculated to be 4th october,2023 Finally, she never experienced amenorrhea.

1.6 CLIENT'S LIFESTYLE AND HOBBIES

Madam Ama normally wakes up around 5:00am, brushes her teeth twice daily, in the morning and evening, clean and tidy up her environment, bath twice daily, empty her bowel when she feels the urge but it can be once a day or twice, she then empties her bladder depending on the fluid she takes for the day. She then prepares breakfast for her husband and children before they leave for school and before the husband goes to work. She normally goes to the farm around 9:20 am and returns home at 3:00pm to prepare supper for her family. She said her favorite food is fufu and light soup. Friday, she doesn't go to farm, she does her laundry, prepares breakfast and lunch for the family, baths her children and leaves for prayers at 1:00pm at the mosque. When she returns, she cleans the house, and prepare supper. Madam Ama does not drink alcohol or smokes. She normally sleeps around 8:30pm; because she has no activities to be engaged in aside chatting with her husband. Generally, Madam Ama is very friendly in nature. Her hobbies include playing with her family. As a Muslim, she prays five times a day. Her children are not left out as she worships with them. Her source of water is the borehole, which she uses for washing clothes, bathing, cooking, and all household choices and her source of light is touch light and battery during the night and sun during the day.

1.7 PAST OBSTETRIC HISTORY

Madam Ama gravida 4 Para 3 all alive and healthy went through her pregnancy successfully without any complications. She has three children. Her first born is a female and the second born is a female and the third born is male. She carries her pregnancy to term before labour sets in. She has never had spontaneous abortion or induced abortion in her lifetime. According to her, she had all the five doses of Sulphadoxine Pyrimethamine as prophylaxis against malaria and she was given the fourth doses of tetanus diphtheria (TD) injection in her present pregnancy. She attended antenatal clinic according to the scheduled time till she delivers. She had never had any problem in her previous pregnancies like, pregnancy induced hypertension, ante partum hemorrhage or miscarriage. All her three children were spontaneously delivered at Amantin Health Centre. She was not able to recall the weight of her first and second children at birth but the third born weighed 3.0 kilograms she said her babies were neither small nor large. The babies cried immediately after birth and placenta was completely delivered soon after the delivery of her babies. She breastfed all her babies with breast milk for a period of two years and do not practice exclusive breastfeeding for 6months. She never had problem during labour and puerperium like retained placenta, postpartum hemorrhage, still birth, puerperal sepsis, puerperal psychosis, placenta previa or postpartum emotional disturbances. All her three children were immunized against childhood preventable disease according to the immunization scheduled. Her first child is Aishatu Nashiru born on the 13th June, 2015, second one is Adiza Nashiru born on 15th June, 2018 and the third one is Osmani Nashiru also born on 9th February, 2021. All her children were healthy and normal. She had support from her husband and family during her pregnancies and after delivery. Madam Ama attended child welfare clinic monthly for growth monitoring and other medical check on her children. She has never used any artificial family planning method but uses the natural family planning.

1.8 PRESENT OBSTETRIC HISTORY

Madam Ama attended her 1st antenatal clinic on the 26nd May, 2023 at Amantin Health center where the midwife who attended to her took her history. Her last menstrual period (LMP) was 28th December, 2022 and her expected date of delivery calculated to be 4th October, 2023. She weighed 52kg and her height was 156cm at booking. Laboratory investigation done and the results recorded as follows; Hemoglobin 11.3g/dl, hepatitis B negative, blood group O, rhesus factor positive, HIV status negative, sickling test negative, VDR negative, G6PD no defects and urine for protein and sugar negative. Vital signs recorded as: Temperature 36.2 degree Celsius, pulse 78 beat per minute, respiration 21cycle per minute, blood pressure 107/68 mmHg. Head to toe examination was done on Madam Ama and no abnormality was detected. Gestational age was 22 weeks. Sulphadoxine Pyrimethamine was given to prevent malaria and her fourth dose of tetanus diphtheria 0.5ml injection was given she gave no complain. The following routine drugs were given to her as follows; Tab folic acid 5mg daily for 30 days, tab ferrous sulphate 5mg daily for 30 days

CHAPTER TWO

ANTENATAL CARE

2.0 INTRODUCTION

This chapter is about the antenatal care given to client and the family at large throughout the period of pregnancy. This includes first contact with the client, antenatal home visits, subsequent visit to the clinic, and care plans drawn to manage the problems encountered by the client during the antenatal period.

2.1 FIRST CONTACT WITH CLIENT

Madam Ama ($G4P3^{AA}$) was first met on the 14th August, 2023 on Monday morning around 9:20am when she was 36weeks pregnant. It was her 5th antenatal visit to the clinic. She came with the compliance of lower abdominal pains, and headache and since she was in her 36weeks gestation, this gave the opportunity to introduce myself as a student midwife from Holy family Nursing and Midwifery Training Collage Berekum who is on a two Months clinical practice and the interest to select her for the care study was explained to her. Client agreed and was glad. A detailed of care study was explained to her properly and permission was sought from her to be used as a client and she happily and readily accepted my request. After going through her ANC records book, it was noticed that, client has no complications in her previous pregnancy, Labour and puerperium and her gestational age was 36 weeks. The midwife in charge was already informed about a quest to find a client who fit the criteria to be used for the client and family centered maternity care study and the midwife in-charge helped explain and sought consent from

the client with details of the study as the client was found to be illegible. Madam Ama was assisted through the routine laboratory investigation after vital signs checked and recorded. Her hemoglobin level was 11.3g/dl and her HIV screening result was negative. Her vital signs were checked and recorded as: Temperature 36.2 degrees Celsius, pulse 78 beat per minute, respiration 21 cycles per minute, blood pressure 107/68 millimeters of mercury and weight 52 kilograms. After all these procedures, she was asked to empty her bladder and specimen bottle was given to her to collect mid-stream urine to test for urine protein and glucose. Protective clothing like apron and gloves were worn. The quantity, color, odor, 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, it was compared with the corresponding color 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.

Physical Examination; under the supervision of the midwife in charge, head to toe examination was correctly done. All necessary equipment needed for the examination was gathered on a tray comprising of the following items; fetal stethoscope, a watch with a second hand, examination gloves, a sterile gallipot with sterile cotton wool swabs, receiver for used swabs and tape measures. The procedure involved in physical examination was explained to her and she consented. Privacy was provided by closing doors and nearby windows and curtains drawn and hand washing was done and client was asked to empty her bladder. She 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.

Head and Neck; the head was examined first during the physical examination. Client's hair was examined for cleanliness, lice, dandruff, ringworm, alopecia, skin infection and any other abnormalities and no abnormality was detected. She was congratulated and praised for keeping the hair clean and tidy and advised to keep it up. Client's face was then inspected for oedema, rashes and chloasma and nothing abnormal was detected. Her eyes were also inspected for pallor of the conjunctiva, yellowish or jaundice of the sclera but no abnormality was detected. The ears were also inspected for discharges and alignment with the eyes and nothing abnormal was detected. The mouth was inspected for dryness, cracks and infection of the lips. The gums and tongue for pallor, sores or lesions and the teeth for decay but no abnormalities were detected. She was encouraged to brush her teeth two times daily and rinse her mouth after each meal. The neck was palpated for enlarged thyroid gland, distended neck veins and enlarged lymph nodes and no abnormality was noted.

Breast Examination; the breast was examined to detect any abnormal condition that could hinder milk production in the future during breastfeeding of baby. The breast was exposed to inspect for size, shape, signs of pregnancy, dimpling, nipple retraction and condition of the skin as well. One breast was covered and she was asked to put her hand of the part to be examined under her head. The breast was palpated systematically in a circular manner using the inner aspect of the fingers and vice visa to the other breast and self-examination was taught. Nipples were squeezed gently for colostrum and were examine for odour and blood but none was detected. Breast abnormalities were not detected. Client breastfeeding history was inquired; client verified the desire to breastfeed exclusively for 6months. Client was reminded to do breast examination at home and if she sees any abnormality, she should report to the health center.

Extremities: Upper Extremities; madam Ama was asked for tingling and tightness of the finger on making a fist, the hands and fingers were inspected for oedema, pallor of palms and nail bed and no abnormality was noted. The finger nails were well trimmed and equal

Lower Extremities; The legs were inspected for size, varicose vein and equality of the limbs and palpated for oedema, tenderness in the calf muscles, size and equality and no abnormality was detected. Client was encouraged to rest in between sitting and standing, avoid prolonged standing and to perform mild exercise like walking to enhance proper circulation to prevent varicosity.

Back; the back was examined for deformity of the spine (scoliosis), oedema of the sacral region and no abnormality was detected.

Abdominal Examination

The examination is carried out to establish and confirm that fetal growth is consistent with gestational age during the progression of pregnancy. Abdominal examination was also done to determine the: Presentation, and the lie, whether longitudinal, transverse or oblique. Attitude, assess fetal size and growth, auscultate for fetal heart, locate fetal parts. To detect any deviation from normal. She was assisted to lie in a dorsal position. A full bladder will make the examination uncomfortable; this can also make the measurement of fundal height less accurate. Before the abdominal palpation, the client was made to urinate to empty her bladder. The hands were rubbed together in order to help prevent pre-mature induction of contraction. She was assisted to lie in a dorsal position with arms by her side to relax the abdominal muscles. Standing on her right-hand side the abdomen was exposed. On general palpation of the abdomen, there was no tenderness, masses, enlargement of the spleen and liver as well as supra pubic tenderness.

Inspection; during inspection of the abdomen, it was observed to be ovoid in shape and medium in size. There was the presence of Linea nigra and Striae gravidarum. No scars were found on the abdomen which indicates signs of previous surgical procedure performed on the abdomen such as caesarean section and myomectomy. On questioning client about the presence of quickening, Madam Ama said she felt foetal movement.

Measurement of symphysio fundal height; is used to measure the symphysio fundal height the hands were warmed by rubbing palms together before the upper border of the symphysis pubic and the uterine fundus were located. The part that is marked zero of the tape measures is placed on the fundus and extended along on the contour of the abdomen along the midline to the upper border of the symphysis pubis. The measurement was recorded in centimeters. The symphysio fundal height was 36cm and gestational age was 36weeks which corresponded with the expected date of delivery.

Fundal palpation; the procedure was explained to the client and permission was granted. The palm was warmed. The palm was faced and the palm was placed on either side of the fundus after warming them. The fingers were curved around top of the fundus to determine what lies in the fundus or upper pole of the uterus. A soft part was felt in the fundus which indicated the buttocks.

Lateral palpation: on lateral palpation, still facing the woman, the palms were placed on both sides of the uterus, midway between the symphysis pubis and fundus; the uterus was stabilized with one hand and examined with the other hand. The palpation was done through the entire midline to the lateral side of the abdomen and from the symphysis pubis to the fundus in a rotational manner, the foetal back (smooth part) was located at the right side of her abdomen, and

the limbs (rough part) were at the left side which is an indication that the position was right occipito-anterior.

Pelvic palpation: the woman's feet were faced and she was asked to bend knees slightly in order to relax the abdominal muscle. She was helped to relax by guiding her to breathe out slowly. The palms of the hands were placed on both sides of the uterus, with the palms just below the level of the umbilicus and the fingers directed towards the symphysis pubic and thumbs almost meeting. A hard mass was felt at the lower pole of the uterus which indicated the head.

Descent of the fetal head; by abdominal palpation, descent was assessed in term of fifths of foetal head palpable above the symphysis pubic. The anterior shoulder was located below the umbilicus and two fingers were placed over the anterior shoulder. Symphysis pubic was located and the right ulna border was placed just above the symphysis pubis and the anterior shoulder. Five finger breaths were accommodated which is $5/5^{th}$ above the pelvic brim.

Auscultation: the fetal stethoscope was warmed by rubbing in palm and placed on the right side of the mother's abdomen. Maternal pulse was located. The ear was placed against the stethoscope to listen to fetal heart beat for one minute comparing with maternal pulse. The rhythm and volume are recorded. The fetal heart rate was 156 beats per minute strong and regular. Madam Ama said she felt fetal movement when she was asked.

Vulva; client permission was sought for vulva inspection and she agreed. Hands were washed with soap and water and was dried with a clean towel, examination gloves were worn on both hands and the vulva and the perineum was examined for abnormal discharges, rashes, warty growth and ulcers, episiotomy scars and varicose veins. The labia majora was examined for size and shape, redness, swelling and tenderness and nothing abnormal was detected. Madam Ama was thanked for her cooperation and all findings were communicated to her.

Client was afterwards congratulated for maintaining good hygiene and was encouraged and educated to wear cotton panties. She was then educated on vulva hygiene and to prevent douching. All equipment's used were decontaminated appropriately. The gloves were removes and also discarded. Hands were washed thoroughly with soap under running water and dried with a dried towel. No abnormality was detected. Finally, she was assisted to lie at a lateral position and also to sit up before getting off the bed. Findings were duly recorded. Client was encouraged to have enough rest and also taught how to perform exercise in Pregnancy such as pelvic rock which will help relieve backache, head and shoulder lift which strengthens abdominal muscles, Kegel exercise which strengthens pelvic floor muscles that makes delivery easier and rib cage lift which strengthen leg muscles and also it improves breathing. Client was also encouraged to take her drugs as prescribed. Health was given on birth preparedness and complication readiness plan, eating of nutritious diet that is food that contains energy given food, body building food and protective food to prevent anaemia. The following drugs were given to Madam Ama; Capsule iron (III) polymaltose 100milligrams 1 daily for 15 days, tablets folic acid 5milligrams 1 daily for 7 days. She complain of heart burns and constipation, and it was explained briefly to her that, the hormone progesterone causes the relaxation of the lower oesophageal sphincter and increased reflux which slows digestion in the stomach and intestinal causing the frequency of the heart burn, she was told that constipation is as a result of an increase in a hormone progesterone that relax the intestinal muscle causing food and waste transit slower or longer through the bowels, she was also told to take in more fluids and food rich in fiber which will relieve her of her constipation and also told to sit upright with the back straightened and also to take her analgesics as administered to her in order to help relieve her of the waist pain . She was educated to skip foods and drinks that will make it worse, such as citrus, spicy foods, fatty foods and carbonated drinks and should not go to bed immediately after

she has taking in her meal. Afterwards, permission was sought from Madam Ama for home visit and it was granted. She gave directions to her house as well as her contact was taken for follow up. This was preceded by booking of an appointment to visit the house. She was then seen off at the main entrance of the hospital.

2.2FIRST ANTENATAL HOME VISIT

On the,16th August ,2023 at 10:50am, Madam Ama was visited at her house for the first time. The main objective set for this visit was to have an interaction with client towards the study. It was also to assess the physical environment and the sanitary conditions in regard to maintaining good hygiene and follow up visit about her complains on the first day of interaction. Location to client's house was not far from the nurse bungalow. At the house, client offered a seat and a cup of water, she asked of the mission for the visit and she was told that, as she had already been informed during the antenatal session, that she will be visited at her house to know how well she was faring. She expressed her appreciation towards the visiting, she was asked about her husband and her children and she said he is in the farm working and her children too are in school. She was asked about her complains when she visited the clinic, she said, she has been reduced of heartburns but can cope throughout pregnancy and have been able to move her bowel. She could visit the lavatory once daily.

On quick assessment of the nature of building, she stays in a family house with four bedrooms built with concrete blocks and stones and roofed with iron sheet. Their environment was neat without weeds. From Madam Ama, she dumps her rubbish in a pit in the neighborhood. Client's items for delivery were asked to be brought for inspection. At the end, all items were found to be complete except her antenatal book and health insurance book. She was congratulated and also advised to include in the items her antenatal record book, national health insurance booklet

together with some money on her when the time is due for delivery before reporting to the clinic. She was reminded of her next visit for antenatal care at the clinic of which was 20th August, 2023.

Physical Environment; Madam Ama lives in a family house which is built with concrete blocks and stones which is roofed with iron sheet. The house contains four rooms.

Psychosocial History; according to Madam Ama, she lives with her family (husband and children) and they all sleep in the same house. She is very friendly with her neighbors and people who live in the same area with her. She does not have television in her house therefore she goes to her friend's house to watch television. Client and the family usually eat together during meal time. She attends weddings, funerals and festivals when the need arises with her sister- in-laws. They help each other in terms of problems and contribute in conversations in terms of advices. Client lives in peace and harmony with her family.

2.3 SECOND HOME VISITS

The second home visit was on the 18th August, 2023; at 1:50pm. The aim of the visit was to check on Madam Ama and her health status on improvement of previous complains and advice been given to her during her first visit. On the visit, Madam Ama and her children were around including the husband, Mr. Nashiru. There were exchanges of greetings. She then offered a seat after which she offered water, the

re after conversation started. She was first asked of any complains of which she stated that she is experiencing lower abdominal pains and fatigue. Here the mission of the visit was made known to her. She was then advised to arrange with a motor driver who would be readily available to take her to the clinic when labour commences. Client was counselled on the need to save money

towards delivery and any emergency. Madam Ama was encouraged to identify an appropriate blood donor who will be available to donate during an emergency. She was then reminded of the actual signs of labour which includes show, painful rhythmic contractions and severe abdominal pains. Also, she was reminded once again to report early to the clinic whenever any of these signs begin to show. She was then congratulated for her cooperation as well as reminded of the date for her next visit. Permission was sought to leave as client led the way to the entrance of the house to bid farewell.

2.4 THIRD HOME VISIT

The third home visit was on the 19th August, 2023; at 10:35am. The aim of the visit was to check if Madam Ama's health status has improved upon her previous complains. On the visit, Madam Ama and her children were around including the husband, Mr. Nashiru. There were exchanges of greetings. She then offered a seat after which she offered water, there after conversation started. She was first asked of the any complains of which she stated, she can cope with lower abdominal pain throughout pregnancy and took the education offered previously of which she was following. Client was congratulated for heeding to the pieces of education given to her. Permission was sought to leave as client led the way to the entrance of the house.

2.5 CLIENT'S SUBSEQUENT VISIT TO THE CLINIC

On the 20th August, 2023, Madam Ama came to the clinic as one of her subsequent visits. It was around 9:30am when she reported and she said she wanted to finish early enough. The following were performed and recorded: Temperature 36.6 degrees Celsius, respiration 24cycles per minute, blood pressure 109/73 millimeters per mercury, weight 62.04kilograms, pulse 80 beats per minutes. Client was made to go to the laboratory for hemoglobin level. Hemoglobin level

11.5 grams per deciliter. Client was made to empty her bladder and specimen was taken for sugar and protein test, but the result proved negative. After checking all these, she was educated on proper nutrition, personal hygiene, the four stages of labour were also explained to her and newborn care. Here all procedures to be carried out were duly explained to client. She was made to lie on the palpation bed for head- to -toe examination. Hands were washed and dried. The head, eyes and the ears of Madam Ama was thoroughly examined. All proved to be healthy. Education of labour to the client is stated below; The second stage starts from when there are painful rhythmic uterine contractions to full dilated of the cervix (10cm) and complete expulsion of the foetus. The third stage starts after the expulsion of the foetus to the delivery of the placenta and its membranes and control of haemorrhage. The fourth stage also said to be the first six hours' observation of the client and her baby after the third stage of labour.

After the education she was assisted onto the examination bed for further examination. After the head- to- toe examination was done no abnormality was detected, palpation was performed on the abdomen, presentation was cephalic and decent was $5/5^{th}$, fundal height was measured with a tape measure and its was 36cm and the gestational age was 38weeks.The fetal heart rate was listened with the help of fetoscope and it was 135 beat per minute. She also confirmed that, she felt the movement of the fetus. Iron and folic acid tablets were given to her as one should to be taken daily for two weeks, in addition, paracetamol tablet to be taken as twice in a day for 5 days. Madam Ama was then scheduled for her next visit that is one week later, but was advised to immediately rush to hospital if she observes any signs of impending labour and not to stay at home. She was bid goodbye and she left.

2.6 ANTENATAL CARE PLAN

Problems Identified

1. Heart burns
2. Constipation
3. Lower abdominal pains
4. Fatigue.

SHORT TERM OBJECTIVES

1. Client heart burns will be reduced and cope with it throughout pregnancy.
2. Client will be able to move her bowel once in every 48 hours.
3. Client lower abdominal pain will subside and cope with it throughout pregnancy.
4. Client will be reduced and cope with fatigue throughout pregnancy.

LONG TERM OBJECTIVES

Madam Ama will be able to go through pregnancy, labour and puerperium successful without any complication to the mother and the baby.

2.6 ANTENATAL CARE PLAN

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVE/ CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
16/08/23 10:50am	Heart burns related to pressure of the growing fetus in the uterus and the relaxation of the cardiac sphincter.	Client heart burns will be reduced and cope with it throughout pregnancy as evidence by client verbalizing.	1.Reassure client 2. Explain the physiology of heart burns to client. 3. Teach client to sit upright during and after eating. 4. Encourage her to avoid eating spicy foods e.g., pepper. 5. Encourage client to avoid strenuous exercise.	1.Client was reassured 2. Explanation was given to the client on the cause of heart burns. 3. Client was taught to sit upright during and after eating. 4. Client was encouraged to avoid spicy foods e.g., pepper. 5. Client was encouraged to avoid strenuous exercise.	04/10/23 10:20am	Goal fully met as client said heartburns has reduced	

ANTENATAL CARE PLAN

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVE CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
18/08/2023 10:50am	Altered bowel movement (Constipation) related to hormonal activities	Client will be able to move her bowel once in every 48 hours as evidenced by client verbalizing.	1. Reassure client 2. Explain the physiology of constipation to client. 3. Educate client to eat fresh fruits and vegetables. 4. Encourage client to take at least 6 glasses of water daily. 5. Encourage client to exercise twice daily.	1. client was reassured 2. The physiology of constipation in pregnancy was duly explained to her 3. Client was educated to increase the intake of fresh fruits and vegetables 4. Client was encouraged to take at least 6 glasses of water daily. 5. Client was encouraged to exercise twice daily.	19/08/2023 10:20pm	Goal was fully met as client was able to empty her bowel once every 48 hours.	

ANTENATAL CARE PLAN

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVE/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
1 9/08/23 1:50pm	Lower abdominal pain related to decent of fetal head.	Client lower abdominal pain will subside and cope with it throughout pregnancy as evidenced by client verbalizing.	1. Reassure client. 2. Explain the physiology of lower abdominal pain to client. 3. Encourage client to have rest and sleep. 4. Administer analgesics as ordered.	1.Client was reassured 2. Physiology of lower abdominal pain was explained to client. 3.Client was encouraged to have enough rest and sleep during the day and in the night 4. Analgesics were served as ordered.	04/10/2023 11:30am	Goal fully met as client said she was coping with the lower abdominal Pain.	

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVE CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
19/08/2023 1:50pm	Fatigue related to weight of product of conception.	Client will cope with fatigue throughout pregnancy as evidenced by client behavior.	1.Reassure client. 2. Encourage family members to assist in household chores. 3. Encourage client to have two hours rest and sleep during the day. 4. Encourage client to do minimal work. 5. Teach client energy conservation technique.	1.Client was reassured 2. Client family members assisted in household chores 3. Client was encouraged to have two-hour rest and sleep during the day. 4. Client did minimal work. 5. Client did energy conservation technique such as sitting whiles working.	4/10/2023 11:30pm	Goal fully met as client been relieved of fatigue.	

CHAPTER THREE

LABOUR

3.0 INTRODUCTION

This chapter consists of how Madam Ama was admitted and managed during the first, second, third and fourth stage of labor. It emphasizes on the immediate care of the baby at birth, nursing care plan for the management of the problems identified.

3.1 ADMISSION AND MANAGEMENT OF FIRST STAGE OF LABOUR

On the 4th October, 2023, Madam Ama was rush to the clinic by her husband at 1:55am with complains of painful rhythmic uterine contractions. She was welcomed and a seat was offered. According to her, she started experiencing lower abdominal pains in the midnight. She was vomiting and blood-stained mucoid discharge (show) from the vagina. Her visual expression and responses indicated that she was in pain, she was reassured that she would be fine. Her maternal book was taken and she was sent to the examination room. She was assisted on the bed and was told to lie on her left lateral to prevent supine hypotension. Every procedure to be done was explained and permission was granted. Her hemoglobin level was 11.5gram per deciliter. Her vital signs were checked and recorded as follows: Temperature 36.1 degree Celsius, pulse rate 74 beats per minute, respiration 22 cycles per minute, blood pressure 110/85 millimeter per mercury. After checking her vitals bed pan was served and she voided and the volume measured 100mls. Midstream urine was taken and tested for protein and glucose; both were negative. She was asked of her meal and bowel action and she said she took fufu with palm nut soap as her

super and emptied her bowel around 9:00pm before going to bed that evening. She was also asked if she took any medication to relieve her of the pains before reporting to the clinic but her reply was no. Procedure was explained to client, hands were washed and head to toe examination was carried out without any abnormalities detected. On inspection the abdomen was globular in shape, fetal movement was visible and linear nigra was also present. No visible vein or scar was seen.

On fundal palpation, fundal height was 36cm, gestational age was 38weeks, lie was longitudinal, presentation was cephalic, position was right occipito anterior, descent of the head was $4/5^{th}$ above the pelvic brim, fetal heart rate was auscultated and it was 142bpm. On inspection of the vulva, it was neatly shaved and clean. There was no abnormality like; vulva warts, varicose vein, edema and scar. The midwife on duty confirms these findings. Madam Ama was thanked for her cooperation and all findings were communicated to her. She was assisted into a left lateral position then hands were washed and dried. Findings were recorded into her antenatal record book.

3.2 PREPARATIONS FOR BIRTH

In preparation for birth, skilled and unskilled helpers were identified. The skilled helper identified was the midwife in-charge whiles Madam Ama's husband served as the unskilled helper. He was told he will help by running errands when needed and be called in case of any emergency. The emergency plan which includes transportation in case of any referral, an obstetrician or pediatrician was reviewed in case of emergency to advance care was put in place. The area for delivery was prepared by closing the windows to provide warmth and all fans were switched off to receive the new born into a warm room. The mother's hands and chest were

cleaned to prepare for skin-to-skin contact. The light was tested to check if it was working and the lamp was made available to be used in case of light out. The area for ventilation and equipment were checked. The ventilation bag, sucker and mask were tested and they were all in good shape for use. Delivery set, drugs and protective clothing were all made available for use.

3.3 MANAGEMENT OF FIRST STAGE OF LABOUR

Madam Ama was encouraged to walk around and also urinate frequently to help in descent of fetal head. She was told that if she feels like bearing down at this stage, she should not push because if she does, her cervix will become edematous and all her energy will be exhausted. Madam Ama was closely monitored, the fetal heart rate, maternal pulse and contractions were continuously checked and plotted on the partograph every 30minutes and vaginal examination, blood pressure and temperature were checked every 4hourly. She was seen mishandling her perineal pad and it was explained not to reuse the pad when it falls on the floor to avoid infections. After explanation she handled her perineal pad well and cleaned herself any time she voided. At 2:32am abdominal examination was done; the following results were recorded; on palpation the lie was longitudinal and the position was right occipito-anterior. The presentation was cephalic and descent was $4/5^{th}$, symphysio fundal height was 36 centimeters. On auscultation, fetal heart rate was 142 beats per minute. The contractions were 3 in 10 lasting for 36, 38, 39 seconds respectively. She was encouraged to lie in a lithotomy position for easy visualization of the vulva during vaginal examination. Hand washing was done and sterile gloves worn. Vaginal examination was conducted after seeking her consent to determine the condition of the cervix and the vagina. The vagina was warm and moist; the cervix was soft and thin and was 4cm dilated with adequate pelvis. Membranes were intact with no moulding. She was

encouraged to lie on her left side to prevent hypotension syndrome. All findings and the progress of labour was explained to client. The dilatation board was used to explain the cervical dilatation and progress of labour to her. Client was thanked for cooperating and all the findings were recorded on a partograph. 'Show' was seen on her sanitary pad the contractions were also regular. These signs confirmed the diagnosis of true labour. Madam Ama was reassured as she was anxious about the outcome of labour. She was taken through the dilatation board for her to know how the cervix dilate before the baby can be born. She was given sacral massage to minimize her backache. At 6:32am, client was due for the next vaginal examination, examination was performed and review cervical dilatation as 7cm with intact membranes, moulding was (+), contractions were 4 in 10 minutes lasting between 42, 41, 46 and 49 seconds respectively, fetal heart rate was 140 beats per minute, descent of the foetal head was $2\backslash5^{th}$ above the pelvic brim. Maternal pulse was 88 beats per minute, blood pressure was 120\80 mmHg and temperature were 36.2 degree Celsius. Urine was collected and measured as 70 millimeter's and tested for protein and acetone of which were both negative.

Trolley was set with top shelf containing: Two artery forceps, two gallipots with cotton swaps and gauze, one cord scissors**,** four clean towels**,** one receiver and episiotomy scissors

Bottom shelf: Jug for measuring blood loss, receiver for placenta**,** container with syringes and needles**,** fetoscope**,** an oxytocin drug**,** extra perinea pad**,** antiseptic lotion**,** sterile gloves**,** small bowl of water and bulb syringe, **c**ord clamp**,** lidocaine**,** urethral catheter**,** identification band and examination glove.

At 9:32am, vaginal examination was performed through aseptic technique; cervical dilatation was 10 cm with sutures slightly overlapping descent at $0/5^{th}$ above the pelvic brim. Membranes ruptured artificially with clear liquor and moulding was (++), contractions were 5 in 10 lasting

for 45, 49, 53, 55 and 56 seconds respectively, fetal heart rate was140 beats per minute, maternal pulse 80 beats per minute, temperature 36.3℃, and blood pressure was 123\69 millimeters per mercury. Client then pass 50mls of urine and complained of the urge to bear down. The midwife present was asked to check and confirmed full dilatation. Client was then informed she has gone through the first stage of labour which lasted for 7 hours and needs to push when asked to do so. Here the set trolley was sent to the bed side.

3.4 MANAGEMENT OF SECOND STAGE OF LABOUR

This stage begins when the cervix is fully dilated (10 centimeters) and ends when the fetus is completely expelled. Madam Ama was assisted to the delivery bed and was asked to assume a lithotomy position which she was allowed to use on the prepared delivery bed with knees flexed and thighs abducted. Client was sweating profusely; windows were opened to ensure proper ventilation and fans were also on to make client comfortable. She was reminded that her baby will be delivered onto her abdomen. Hands were washed and sterile gloves were worn, vulva was scrub, sterile pad was placed at the anus to prevent contamination of the delivery field with fecal matter. Madam Ama was encouraged to bear down with each contraction and take a deep breath when it stops. As the head advanced with contraction the index finger as well as the middle finger of the right hand was placed over the advancing head to aid flexion to enable the smallest diameter to distend the perineum. Immediately the head was delivered, the baby's eyes were cleaned from the inner to outer cantus immediately with sterile gauze. Restitution of the head took place followed by external rotation of the head. This indicates that shoulders have rotated into the anterior posterior diameter and ready to be delivered. Holding the baby's head with both palms on each side over the ears, gentle downward traction was applied to help deliver the

anterior shoulder by slipping under the pubic bone. The head was then flexed upwards towards the mother's abdomen for the delivery of the posterior shoulder. With lateral flexion, the rest of the body was delivered onto the abdomen of the mother to ensure skin-to-skin contact in order to help provide warmth. The abdomen was palpated for the presence of undiagnosed twin, but there was none. A baby girl was delivered at 9:58am and the assistant gave her 10 unit of oxytocin intramuscularly on the thigh at 9:59am; baby was then assessed for the first minute Apgar which was 8/10. The cord was clamped 3cm away from the base and 2cm away from the first clamp. The cord was covered with gauze and cut in between the clamps to avoid splashing of blood. The baby's airway was cleared and body cleaned with a warm towel and wet towel removed. Baby was then shown to the mother to confirm identity. Mother was so happy because of the sex of the child. She was then congratulated for her effort and cooperation.

3.5 IMMEDIATE CARE OF THE BABY

Soon after birth, the baby cried, the baby's eyes were cleaned with sterile gauze from inner cantus to outer cantus and air way was maintained, baby's cord was clamped and cut by measuring 3 cm from the baby's abdomen, and 2 cm from the first clamp. Cord clamp was applied and artery forceps removed. The baby was dried thoroughly and placed on mother's chest and covered with towel to hypothermia. Apgar score for the first minute was 8\10 and for fifth minutes was 9\10. Identification band with the name, sex, date and time of delivery was placed on the baby's wrist to help distinguish him from other babies. Baby was immediately put to breast in order to initiate bonding between the mother and baby. The head of the baby was covered with a cap to provide warmth. The baby was left on mother's chest to initiate skin to skin contact for an hour. The first minute Apgar score: Appearance/ colour 2, pulse/ heart beat 2,

grimace/ reflex 1, activity / muscle tone 1, respiration 2, Total 8/10. Fifth minute Apgar score: Appearance/ colour 2**,** pulse/ heart beat 2, grimace/ reflex 2**,** activity / muscle tone 1**,** respiration 2 Total 9/10.

3.6 MANAGEMENT OF THIRD STAGE OF LABOUR

The third stage started after labour was actively managed with Madam Ama still in lithotomy position. All the procedures that were carried out on her were explained in order to allay her anxiety and gain her cooperation. The uterus was palpated to rule out any second twin, 10 unit of oxytocin was administered intramuscularly within a minute of delivery of the baby by the senior midwife to help in contraction of the uterus and separation of the placenta. The bladder was palpated to ensure that it was empty. The cord was clamped closer to the perineum by using an artery forceps and a receiver was placed in between the thighs to receive the placenta, its membranes and blood clots. The left hand was placed on the fundus of the uterus to braced and prevent uterine inversion before controlled cord traction to deliver the placenta and counter pressure was applied on the uterus in order to push the uterus backwards, the cord was gently held and pulled slowly and downwards to deliver the placenta. As the placenta advanced into the vulva it was cupped with both hands by twisting membranes and placenta and its membranes were out and completely delivered at 10:05am into a receiver.

Here, a quick examination of the placenta was carried out and cord was inserted in the center with two arteries and a vein, membranes were intact. It was then placed in a receiver for thorough examination later. The uterus was massaged to expel clot. The perineum was cleaned, the vagina and the cervix were both inspected for laceration as well as tears, but no tear or laceration was detected. Madam Ama was then given education on how to massage the uterus to

help uterus contract. She was cleaned of liquor and blood. A new perinea pad was applied as she was asked to cross her legs to help keep it in position. She was also told to continue to keep it in place, she was encouraged to urinate when she has the urge to, which also aid in contraction of the uterus and it can exclude present bleeding. All soiled linen was changed and client was congratulated. She was made comfortable in a well-dressed bed. Baby was still maintaining skin to skin with breastfeeding initiated.

3.7 EXAMINATION OF PLACENTA AND MEMBRANES

The placenta was sent to the sluice room for examination, it was decontaminated by immerging it in 0.5% chlorine solution as per protocol to enhance infection prevention. The placenta was held straight by the cord with the non-dominate hand and the membranes hanged loosely to inspect the cord which was situated at the middle of it and the end was cut and wiped with gauze to inspect the blood vessels of which there was two arteries and one vein in the cord, it was then place in a receiver and hands was strolled along the cord to identify true knot or false knot. There were no blood vessels running through the membranes which would indicate the presence of additional lobe. The lobes were intact on the maternal surface. The amnion and chorion were intact. Retro placenta clots were added to the blood loss and measured 200 mls. The placenta was discarded into the placenta bucket and instruments used were put in 0.5% chlorine solution for 10 minutes after which the instruments were washed in soapy water and rinsed in clean water and dried, gloves were removed, and hands well washed with soap under running water and dried with a clean dry towel.

Findings were recorded on the partograph and completed. Delivery book and summary of delivery was recorded in the antenatal booklet. Client was then informed that she would be taken

to the lying-in ward and observed for the next 6 hours, but should not hesitate to report any changes noticed. The husband and sister in-law were informed about the safe delivery and sex of the baby of which is a girl. They expressed their gratitude for the patience and care we rendered to Madam Ama not leaving God behind.

3.8 MANAGEMENT OF FOURTH STAGE OF LABOUR

Fourth stage of labour is the first six hours of critical observation of both mother and baby after the delivery of the placenta and membranes to detect any deviation from normal. This stage includes prevention of disease, examination of the new born, management of the mother's condition and the baby.

3.9 PREVENTION OF DISEASES

Hands were washed with soap under running water to prevent infection. The baby's eyes were treated with chloramphenicol eye drops (2 drops on each eye) to help prevent infection such as ophthalmic neonatorum. The cord was dressed with methylated spirit. The baby was given intramuscular injection of vitamin k of 1mg on the right thigh intramuscularly to prevent baby from hemorrhagic disease. Mother was educated to wash hands before and after breastfeeding, visiting the washroom and when changing the perinea pad. Baby was covered to provide warmth. The examination of the baby was to be done after complete expulsion of the placenta and membranes and control hemorrhage. Consent was sought from the mother about the need to examine the baby from head to toe to identify any birth defects for the necessary intervention to be taken. Hands were washed and dried with clean towel and sterile gloves were worn. The baby was wrapped and put on a warm, flat and safe surface. Baby was exposed for a quick inspection.

The baby's color was pink on observation the muscle tone was good, and the baby was covered with clean cloth and was examined systematically. The baby was pink in color and there were no rashes or birthmark seen. Lanugo hair was present and skin was intact and smooth with little vernix caseosa**.**

3.10 EXAMINATION OF THE BABY

The Head, Face: The head and scalp were normal with no caput succedaneum, bulging or sinking fontanels. The eyes opened spontaneously when the baby was held in an upright position and the conjunctiva was clear and the nose was patent.

Mouth: The mouth was examined by pressing the angle of the jaw which opened the mouth and the tongue, gum and palate were inspected and there was also no false tooth noticed. The palate was high arched, intact and the uvula centrally placed. There was no cleft palate or cleft lip, tight frenulum or tongue tie.

Ears: The ears were inspected; the upper notch of the pinnae was at the same level with the canthus of the eye. External auditory meatus was patent and the cartilage in the pinnae was checked for its softness. The shape and size were also noted and no abnormality was detected.

Neck: The neck was inspected and palpated with no swelling such as congenital goiter, enlarged lymph node, rotation and flexion were good.

Chest and Abdomen: The chest was examined; the respiratory movement was regular and the respiratory rate was 49cpm. The space between the nipples was noted and the nipples were in alignment. The abdomen was round with no bleeding from the umbilical cord. The cord was examined and there was one vein and two arteries.

Genitalia and Anus: The genital area was examined and the urethra in the penis was patent, the testicles have also descended and the anus was also patent as baby passed meconium before examination.

Limbs and Digits: The length and movement of the limbs were also noted. The digits were counted to be normal and separate to exclude webbing. The feet were examined for any disability such as talips equinovarus. The axillae, elbow groin and popliteal spaces were examined without any abnormality detected.

Spine: The spine was also examined with baby lying in prone position. The back was palpated for swelling, dimpling, hairy patches to exclude spinal bifida.

The baby was weighed and the weight was 3.2kg, head circumference was 32cm, length 44cm and temperature was 36.6^{oc}. Vitamin K 1mg was given to baby intramuscularly to prevent bleeding. In all, there was no abnormality detected. The baby was classified as normal and routine care of the baby initiated. Gloves were removed and disposed aseptically before washing hands with soap under running water and dried with clean dry towel. The baby's skin was smeared with baby oil and wrapped. All findings were recorded. Vital signs were as follows: Full length of the baby 44centimetres, sex female, head circumference 32centimetres, birth weight 3.2kilograms, temperature 36.6degress Celsius, respiration 49cycles per minute and heart rate 140beat per minute. Baby was wrapped nicely to the mother and findings were communicated to her that there are no abnormalities detected. She was educated on how to maintain good personal hygiene of the baby and herself by washing her hands with soap and water frequently, changing baby's diaper when soiled and not applying any herbs on the cord to avoid any infection and also to keep the baby warm so as to prevent hypothermia.

3.11 MANAGEMENT OF MOTHER AFTER LABOUR

Madam Ama was then monitored for the first one hour and was transferred to the lying in-ware and was served with mashed kenkey. She was encouraged to put baby to breast as early as possible to initiate bonding and establish lactation. She was educated on the importance of breastfeeding that it enhances the release of oxytocin which helps in the contraction of the uterus and drainage of lochia, control hemorrhage and also as a form of family planning. She was encouraged to empty her bladder frequently to aid in the contraction of the uterus. Post-delivery vital signs were checked every 15minutes for the first one hour, every 30minutes for the next two hours and then hourly for the last three hours, both mother and baby were in good condition. Madam Ama's perinea pad was inspected at regular intervals for amount, consistently, color and odour of lochia. The discharge was without a foul smell and was dark red in color (lochia rubra). The fundus was rubbed to enhance contractions. Symphysio fundal height was measured 18centimetres. Madam Ama was encouraged to report if she experiences any profuse bleeding. At the end of the fourth stage, the amount of urine passed was 80 milliliters. She was also asked to change her pad when soiled in order to prevent infections, hand should be washed afterwards. Client was encouraged to have rest and if possible, sleep to regain her strength.

All findings were communicated and were within normal range. Critical and careful observation were made on the mother and baby for 15minutes for the first one hour and recorded as follows; Mother: Temperature 36.8 degree Celsius**,** pulse 81beat per minute**,** respiration 21cycle per minute**,** blood pressure 100/72 millimeters per mercury and symphysio fundal height 18 centimeters. Baby: Temperature 36.4 degree Celsius**,** apex heartbeat 140 beat per minute. Mother's breast milk was slow in flow within the first one hour after delivery but became normal

after two hours' time, the condition of both mother and baby was satisfactory throughout the fourth stage.

3.12 SUMMARY OF LABOUR AND DELIVERY

Client was admitted to the ward with complaints of labour pain and when assessed labour started and was monitored. Labour progressed normally and client had spontaneous vaginal delivery of a live female child at 9:58am. Active Management of Third Stage of Labour was done; time of placenta expulsion and its membranes was at 10:05am. Perineum was intact and blood loss was small (200 mls). Condition of baby was very good as well as the mother. The placenta and its membranes were intact. Duration of labour lasted for seven hours twenty-six minutes (7hrs, 26mins).

Condition of baby at birth: Sex female, Apgar score at 1st minute 8\10, Apgar score at 5th minute 9\10, full length 44 centimeters, head circumference 32 centimeters, birth weight 3.2kilogram, temperature 36.6 degree Celsius, respiration 49 cycles per minute, abnormalities none, condition of the baby very good.

Condition of Mother: Client was made comfortable in bed and was helped to fix baby to breast. Vital signs were checked and recorded and the following examinations were done and recorded as follows; Blood pressure 100/72 millimeters per mercury, pulse 81 beats per minute, respiration 21 cycles per minute, temperature 36.8 degree Celsius, uterus well contracted, symphysio fundal height 18 centimeters, lochia red (Rubra), blood loss 200mls, condition satisfactory.

Condition of placenta: Maternal surface normal (dark red), fetal surface normal (bluish grey), lobes and membranes complete and healthy, blood vessels 2 arteries, 1 vein, cord situation central

3.13 CARE PLAN DURING LABOUR

Problems Identified

1. Lower abdominal pains
2. Anxiety
3. Potential for dehydration
4. vomiting

Short Term Objectives

1. Client will be relieved of lower abdominal pains after delivery.
2. Client will be relieved of anxiety 30 minutes after delivery
3. Client will remain hydrated throughout labour
4. Client vomiting will stop within 20 minutes after delivery.

Long Term Objectives

Madam Ama will go through labour and puerperium successful without any complication to mother and baby.

3.13 NURSING CARE PLAN FOR LABOUR

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVE/OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
04/10/2023 2:05am	Lower abdominal pains related to labour.	Client will be relieved of lower abdominal pain after delivery as evidence by client verbalizing.	1. Reassure client. 2. Ask client to adopt good position. 3. Advise client to empty the bladder frequently. 4. Involve client in diversional therapy like engaging her in conversation.	1. Client was reassured. 2. Client was asked to adopt a good position. 3. Client was advised to empty bladder frequently. 4.Client was engaged in conversation	04/10/2023 11:00am	Goal met as client said pain has reduced.	

3.13NURSING CARE PLAN FOR LABOUR

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVE/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
04/10/23 2:05am	Anxiety related to unknown outcome of labour.	Client will be relieved of anxiety 30 minutes after delivery as evidenced by client verbalizing.	1. Reassured client. 2. Explain the stages of labour to the client 3.Encouraged client to ask questions and give direct answers as related to the question 4. All findings were communicated to her	1. Client was reassured 2. Explanation was giving about labour. 3. Client asks questions and was giving answers to clarify her doubt. 4. All Findings were communicated to her.	04/10/2023 11:00am	Goal fully met as client said she was no more anxious.	

3.13 NURSING CARE PLAN FOR LABOUR

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVE/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
04/10/23 3:00am	Potential for dehydration related to low intake of fluid.	Client will remain hydrated as evidenced by client skin turgor.	1.Reassure client. 2. Give client fluids that she can tolerate 3. Serve fluid like malt in bits and in an attractive container 4. Provide fresh air to prevent sweating.	1. Client was reassured. 2. Client was giving fluid she can tolerate. 3. Client was served with malt. 4. Widowers were opened to introduce fresh air to prevent fluid loss.	04/10/2023 11:00am	Goal fully met as client remain hydrated.	

3.13 NURSING CARE PLAN FOR LABOUR

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES/ OUTCOME CRITERIA	NURSING ORDER	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
04/10/23 2:05am	Vomiting related to the hormonal fluctuation in labour.	Client vomiting will stop within 20 minutes after delivery as evidence by client verbalizing.	1. Reassure client. 2. Assist client to rinse her mouth after vomiting. 3. Hydrate client with IV fluids. 4.Keep all nauseating items away from client. 5. Explain the physiology of vomiting to client.	1. Client was reassured. 2. Client was assisted to rinse her mouth after vomiting. 3.Client was hydrated with IV fluid 4.All nauseating items was kept away from client 5.The physiology of vomiting was explained to the client.	04/10/2023 9:59am	Goal fully met as client verbalized that she has relieved of the pains.	

CHAPTER FOUR

PUERPERIUM

4.0 INTRODUCTION

It is a period that starts from six hours after labour during which all the systems that took part in pregnancy returns to its non-pregnant state. Purpose of the postnatal care is to help maintain the physical and psychological well-being of the mother and the child such as breastfeeding, immunization and education to the mother.

4.1 DAY OF DELIVERY

On Thursday, 4th October 2023 Madam Ama and her baby's general condition were assessed before transferring her to maternity for continuous observation. She was advised to empty her bladder frequently in order to prevent the occurrence of any postpartum hemorrhage. Early ambulation was encouraged to promote effective circulation and drainage.

She was educated on exclusive breastfeeding for the first six months, emptying of one breast before giving the other breast and the need to feed the baby frequently, as well as how to attach the baby to breast. She was also educated to keep the baby warm to prevent hypothermia. She was educated on the need to change the baby's soiled napkins and diapers frequently to prevent nappy rash and to make the baby comfortable. She was encouraged to wash her hands under running water with soap after visiting the toilet, changing her perinea pad, removing the baby's soiled napkins and also before and after touching the baby. It was explained to her the need to change her perinea pad frequently, changing perinea pads was stressed on to prevent ascending infection to the uterus since she is at risk of infection. Mother's vital signs were checked and

recorded as follows: Blood pressure 118/77 mmHg, temperature 36.3 degrees Celsius, pulse 84 beat per minute, respiration 22 cycles per minute and symphysio fundal height 18 centimeters

The vital signs were checked every 15 minutes for 1 hour and 30 minutes for 2 hours, and hourly for 3 hours and then checked for every 4 hours. The perineum was inspected and the lochia was small in amount of flow and red in colour with no clots and she was told to report any abnormal bleeding. She was served with malt beverage with bread after which she was made comfortable in bed with baby by her side. Baby's vitals were checked and recorded below; Temperature 36.7 degrees Celsius, pulse 142 beats per minute, respiration 45 cycles per minute, weight 3.2 kilograms, stool meconium urine pass.

4.2 SUBSEQUENT CARE OF THE BABY

Baby was monitored continuously and the condition of baby was good throughout. Madam Ama was informed about the need for baby bath and general examination and she responded positively. Baby was bathed six (6) hours after delivery. Immediately after the baby bath, cord was checked for bleeding and was dressed. Baby was dressed up and wrapped in a warm cot sheet to keep baby warm to prevent hypothermia by maintaining baby temperature. Client was advised not to put anything such as cow dung, herbs or ointment on the cord apart from what she will be given. The breathing rate was also checked and was within the normal range. Mother was educated on frequent breastfeeding as many as possible a day and also exclusive breastfeeding, proper hand washing and also on the essential care of the new born such as cord care. Then mother was encouraged to report any danger sign such as irregular breathing rate, jaundice, fever, and report immediately to the hospital or nearest health facility. Baby vital signs:

Temperature 36.0 degree Celsius, respiration 47 cycles per minute, heart rate 138 beats per minute, weight 3.2 kilograms

BABY BATH

Requirements: Soap, sponge**,** cream/ powder**,** sterile cotton in a gallipot or wrapped**,** basin**,** towels: 1 big towel and 3 small ones**,** cot sheets 2**,** apron**,** gloves**,** a clean baby dress, cap and socks**,** mackintosh, 2 jugs containing hot and cold water each**,** two receptacles for used water and dirty linen and a receiver for used swab.

After six hours of delivery, procedure was explained to the mother. Baby was bathed and wrapped in a warm cloth and a cap on the head to keep baby warm. The baby bath is as follows: All items to be used were assembled, water was mixed and temperature of water tested with (elbow). Hands were washed with soap and water and dried. Gloves were worn. Baby was put on a protected flat surface and undressed. Baby was then wrapped with a cot sheet with the head exposed for it to be bathed. The eyes were cleaned (wiped) with clean cotton wool swabs soaked in clean water 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 thumb and middle 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 crook of the elbow, to the edge of the basin and soap rinsed off baby's hair and dried. Baby was then put back on the flat surface and exposed. The arms and front trunk were washed paying attention to the skin folds. Then baby's back was turned with one arm supporting the chest 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 a basin of warm water, with head above water, it was rinsed thoroughly. She was then placed on the flat surface covered with a new bath towel. A

small towel was used to dry baby, paying attention to skin folds. Baby was oiled, as well as, powdered, a diaper was put on and the baby was dressed and wrapped with clean cot sheet exposing the cord.

Cord Dressing: after baby was bathed, the cord was dressed with six cotton wool swabs soaked in a methylated spirit, baby was wrapped in a towel to keep her warm and the mother was asked to protect her on a table. A tray containing a gallipot with cotton wool swabs soaked in methylated spirit, and a receiver was set. Procedure was explained to the mother. A protective apron was worn, nearby windows were closed and baby was kept on an examination table, still wrapped up and protected by mother or assistant with cord exposed. Hands were washed thoroughly with soap and water and dried with a clean towel. Gloves were worn and cord was inspected for bleeding. A cotton wool swab was used to hold one end of the clamp, the base of the cord was cleaned with cotton wool swab soaked in methylated spirit. The whole cord was cleaned with another clean cotton wool soaked in methylated spirit from the base upwards. The tip of the cord was dried with a separate a cotton wool swab, cord was then left exposed. The diaper on the baby was folded below the umbilicus, dressed and wrapped with clean cot sheet, both gloved hands were immersed in 0.5% chlorine solution and it was removed. Hand washing was done with soap and water and dried with a clean towel and baby was given to the mother. As Mother and baby vital signs were recorded in the evening at 4:30pm as follows: Mother's vital signs was checked and recorded as: Temperature 36.8 degree Celsius, Pulse 74 beats per minute, Respiration 20 cycles per minute, Blood pressure 123/70 millimeters per and symphysio fundal height 18 centimeters. Baby's vitals: Temperature36.4 degree Celsius, respiration 48cycles per minute, heart rate 151 beats per minute, weight 3.2 kilograms. Breastfeeding was initiated. Mother was educated to wash hands thoroughly with soap under running water before feeding

baby. She was told to wash breast before breastfeeding. The mother was educated on proper attachment of the baby to breast to prevent breast engorgement and education on breast feeding problems such as breast engorgement and its management was given. She was told to allow baby to empty one breast completely before giving the other breast to the baby. Mother was educated not to add any complementary feed to the breast milk but to do exclusive breastfeeding for 6 months and on demand or 8 to 12 times a day.The mother was educated not to use hot water on the fontanels, with the intention of early healing of wound on the head. She was told that anterior fontanels close by itself with one and half years and the posterior within six weeks. Education was also given on how to clean the cord and not to use anything apart from what was given to her to dress the cord. This was to prevent infection of the cord.

4.4 FIRST DAY POST DELIVERY

On the 5th october,2023 at 7:30 am, Madam Ama woke up from bed healthy, she then went to brush her teeth and went to empty her bladder. After which she took her bath. A head-to-toe examination was conducted on her, paying much attention on the breast whether it was lactating or there was an engorgement. The uterus was also palpated for firmness and symphysio fundal height was measured as 16 cm. The lochia was inspected and it was bright red (rubra) in color and flow was scanty with no odour or clots. According to client, the baby had sound sleep throughout the night. Client complained of painful micturition on which she was reassured that the pains will subside and was asked to cooperate with the examination. She was encouraged to empty her bladder frequently and also have adequate rest and sleep. 1gram of Paracetamol was given. Vital signs were then checked and recorded as follows Mother's vitals: Temperature 36.6 degree Celsius, Blood pressure 107/90 mmHg, Respiration 19 cycles per minutes, Pulse 80 beat

per minutes, Symphysio fundal height 16 centimeters, Lochia Rubra. Some minutes later, permission was asked from the mother to examine the baby. Hands were washed with soap, rinsed and dried with a clean towel. Head to toe examination was done and there was no abnormality detected. The umbilical cord was inspected for bleeding and discharges but there was none. It was clean and dry. Baby's weight was 3.15 kg. Baby received an initial immunization which was Bacillus Calmette Guerine (BCG) vaccine 0.05ml intradermal at the right upper arm to prevent tuberculosis and oral polio vaccine 0 (OPV0) 2 drops at the back of the tongue to prevent poliomyelitis. Client was asked about baby's urination and bowel movement and she responded that baby passed meconium and urinated about three times.

Madam Ama was also advised to bring her baby for subsequent doses of the immunizations at the child welfare clinic when the baby is six weeks old. She was also told to come to the hospital anytime she has a problem or detected any abnormality of her baby like; bleeding from the umbilical cord, offensive odour from the cord or high temperature of the baby.

Baby's vital signs were checked on the baby and recorded as follows: Temperature 36.3 degree Celsius, respiration 40 cycles per minutes, apex heart beat 138 beats per minutes, weight 3.1 kilograms. Madam Ama was educated on the importance of keeping the baby's cord clean and dry and was asked to use only the methylated spirit and avoid the application of unprescribed medications on it which could cause infections. She was also educated not to apply hot water on the baby's fontanels and that it helps in the growth and expansion of the brain and it would close on its own within 6 weeks for the posterior and 18 months for anterior fontanels. Mother was served with porridge and bread as breakfast. After she has finished with her breakfast, baby was put to breast. Madam Ama was educated to take in a lot of vegetables and fruits to boost her immune system and to replace worn-out tissues. She was also educated on pelvic floor exercises

to strengthen the pelvic floor muscles. Client was educated to change the baby's diapers whenever soiled and also to apply baby's oil on the buttocks in order to prevent skin rashes and nappy rash and was also encouraged to sleep under insecticide treated nets together with the baby to prevent mosquito bites which can cause malaria. Madam Ama was encouraged to maintain good personal hygiene by bathing twice daily and change soiled perineal pads, wear clean clothing and under wears as well as fitting brassieres with adjustable broad straps to give support to the breast and change it frequently to help prevent puerperal sepsis and neonatal infections to the mother and her baby respectively. She was educated to observe the lochia for color, consistency and amount and should report any changes like excessive bleeding or any foul smell. Madam Ama was reminded on the need for family planning. She was educated on the available methods and the effectiveness to clear her minds from any misconception since she had inadequate knowledge about family planning. Client's sister in-law was encouraged to help her to take care of the baby. She was informed about her discharge after reassessment by midwife in-charge. Madam Ama was registered with the health insurance scheme therefore her medicines were collected for her from the pharmacy with her insurance documents and others bills settled with ease, mother was asked to feed the baby at least 8-12 times a day. The midwife in-charge re-assessed the baby but no abnormality was detected. The following drugs were prescribed for her as per facility’s protocol: Iron (III) Polymaltose 100 milligrams to be taken daily for fifteen days, Folic acid (tablet) 5 milligram daily fifteen days, Tablet Paracetamol 1g tid x 5 days, Tablet Metronidazole 400mg tid x 7 days, Tablet Amoxicillin 500mg tid x 7 days. Client’s claims sheet and insurance card was sent to the claim’s office for entries. She was discharged home by the midwife in-charge. Madam Ama was assisted to pack belongings for home. Her seventh day postnatal visit was scheduled of 13th september,2023. She was reminded about visit

to her house to continue the care up to the seventh day. Client was also informed about what will be done during the home visits, such as; baby bath, assessment of both mother and baby, health education. She was helped to pack her belongings and they were seen off and informed they will be visited in the evening. She was congratulated and seen off at 10:00am.

4.5 FIRST POSTNATAL HOME VISIT

Madam Ama and her baby were visited in the evening after discharge which was on 5th October, 2023 at 4:30pm. On arrival greetings was exchange and seat was offered. Mother and baby were in good condition. Explanation of procedure was given to detect and treat any abnormalities earlier. General examination was done to rule out, cracked and sore nipple, lymph, masses, infection as well as engorgement of the breast and anaemia which were all absent and no abnormalities were detected. Palpation of the abdomen was done to rule out tenderness and sub-involution and there were none. The uterus was firm and well contracted on palpation and was measured 16cm. Her perineum was inspected and lochia was bright red (rubra) with no odour.

Client was taught and supervised to do postnatal exercises. She was also reminded to wash her hands before and after changing her perinea pad and before breastfeeding the baby. Vital signs together with other findings were checked and recorded below. Madam Ama's vital signs: Morning respiration 19 beats per minute, Blood pressure 110/79 mmHg Temperature 36.3 degrees Celsius, Pulse 80 beats per minute, Symphysio fundal height 16 centimeters Lochia Rubra. Evening respiration 21 beats per minute, blood pressure 106\83 mmHg, temperature 36.9 degrees Celsius, pulse 79 beats per minute, symphysio fundal height 16 centimeters, lochia rubra.

Hands were washed with soap and water and dried. Baby was examined from head to toe. Baby´s general condition was good and she was active. At 4:50pm baby was bathed and demonstrated to the mother. Baby passed urine during bathing process. The cord was inspected for bleeding and infection and was noticed that an unprescribed medication was applied to the cord, cord cleans and dressed with the methylated spirit and an education was giving to both mother and sister in-law to avoid the use of herbs or unprescribed medication on the cord to prevent infection.

Mother was advised not to compress or massage the head with the intention of early healing of wound in the head. It was explained to mother and sister in-law that the anterior fontanelles close by itself by 18months and the posterior fontanelles also closes within 6weeks once again. Baby was given to mother to breastfeed. Hands were washed and dried.Baby's vital signs and other findings were recorded as follows; Morning Temperature 36.3 degree Celsius, apex heart beat 138 beat per minute, respiration 46cycle per minute, weight 3.15kilograms, suckling good, skin pink, cord intact, stool meconium, urine pass. Evening Temperature 36.8 degree Celsius, apex heart beat 142 beat per minute, respiration 56cycle per minute, weight 3.15kilograms, suckling good, skin pink, cord intact, stool meconium, urine pass. She was educated on proper positioning and attachment during breastfeeding by firstly washing the hands with soap under running water. She was assisted to assume a comfortable position, and was helped to put the baby to breast without the baby's abdomen touching the mother's abdomen, the buttocks were allowed to rest in mothers palm, which helps in supporting the baby's back. Mother was assisted to ensure baby shoulder and hip are in alignment and also adjusting baby's position to enable the chin to touch the breast. She was help to elicit rooting reflex by touching the cheeks of the baby with the nipple of the breast. Mother was assisted to insert the nipple and areola of the breast into baby's well opened mouth. She was told to smile and have an eye-to-eye contact with the baby whiles

breastfeeding. The family members were encouraged to continue supporting her so that she can have enough rest and strength to take care of the baby. After interacting with her for some time, permission was sought to leave and client was thanked for her cooperation.

4.6 SECOND POSTNATAL HOME VISIT

The second post-natal home visit was on the 6th October, 2023 at 7:30am. Perinea pad was inspected for lochia and it was bright red in color (serosa) with no bad odour. Head to toe examination was carried out on mother, but no abnormality was found present. Client vitals was checked and recorded as follows: Morning respiration 20 beats per minute, blood pressure 113/66 mmHg, temperature 36.7 degrees Celsius, Pulse 80 beats per minute, symphysio fundal height 14 centimeters, lochia rubra. Evening respiration 21 beats per minute, blood pressure 111/72 mmHg, temperature 36.8 degrees Celsius, Pulse 89 beats per minute, symphysio fundal height 14 centimeters, lochia rubra. She complained of sleeplessness due to baby crying and breastfeeding during the night. She was educated to breastfeed the baby when she wakes up and goes to bed when baby sleeps. Baby was then given a warm bath during which baby passed stools and cord was dressed with methylated spirit soaked in cotton wool. The cord was clean without any discharge. Head to toe examination was carried out but nothing abnormal was detected. The baby's eyes were inspected to rule out for jaundice but nothing abnormal was detected. Mother said baby feeds well during breastfeeding. Baby's vital signs was checked and recorded as follows: Morning Temperature 36.8 degree Celsius, apex heart beat 131 beat per minute, respiration 49cycle per minute, weight 3.1kilograms, suckling good, skin pink, cord intact, stool meconium, urine pass. Evening Temperature 36.4 degree Celsius, apex heart beat 140 beat per minute, respiration 42cycle per minute, weight 3.1kilograms, suckling good, skin

pink, cord intact, stool meconium, urine pass.Mother was advised to cover baby well in order to help provide warmth. In the evening at about 4:30pm, client and her baby were visited to check on their health. Head to toe examination was carried out and nothing abnormal was detected. Perinea pad was checked and lochia was rubra without odour. Mother complained of sleeplessness she was encouraged to allow her sister in-law to help in daily house chores. Mother was encouraged to do pelvic floor exercise.Baby was bathed and cord was dressed with methylated spirit. Head to toe examination was conducted with no abnormality found.

4.7 THIRD POSTNATAL HOME VISIT

Again, Madam Ama and her family were visited on the third day; 7th October, 2023 at 8:00am. The whole family looked well. All procedures to be carried out were explained. Head to toe examination was first carried out on both mother and baby. There was no abnormality found. She complained of backache after breastfeeding her baby. She was taught on how to position herself when breast feeding. Client said baby passed stools early in the morning. The baby was then bathed and cord dressed with methylated spirit. Cord was detected to be dry and clean and about falling off. The baby suckles well. Perinea pad was inspected and lochia was bright red in color (rubra) with no offensive smell. Client was lactating well and active. Enquiries were made about her complains concerning sleeplessness. She said she sleeps whenever baby sleeps. She was congratulated.

At 4:30pm client and her baby were visited and baby was bathed and examination on both mother and baby was done. Madam Ama's vital signs were checked and recorded as follows: Morning respiration 20 beats per minute, blood pressure 110/60 mmHg, temperature 36.4 degrees Celsius, Pulse 80 beats per minute, symphysio fundal height 12 centimeters, lochia

rubra, breast lactating and uterus contracted. Evening respiration 22 beats per minute, blood pressure 100/85 mmHg, temperature 36.1 degrees Celsius, Pulse 86 beats per minute, symphysio fundal height 12 centimeters, lochia rubra, breast lactating and uterus contracted.

Baby's vital signs recorded as follows: Morning Temperature 36.4 degree Celsius, apex heart beat 140 beat per minute, respiration 42cycle per minute, weight 3.05kilograms, suckling good, skin pink, cord shrinking, stool yellowish brown, urine pass. Evening Temperature 36.7 degree Celsius, apex heart beat 137 beat per minute, respiration 46cycle per minute, weight 3.05kilograms, suckling good, skin pink, cord shrinking, stool yellowish brown, urine pass.

Baby was wrapped and given to the mother to breastfeed. Previous condition was improving due to medication taken. She was reminded to come to the clinic when she detects any abnormalities like; excessive bleeding from the vagina, bleeding of the baby's umbilical cord.

4.8 FOURTH POSTNATAL HOME VISIT

Madam Ama and her family were visited on the fourth day, on 8th October, 2023 at 8:00am. The whole family was in good health. Head to toe examination begun immediately but there was no detection of abnormality. Baby was then bathed. It was noticed that the cord was neat. The cord stamp was dressed using dry cotton wool soaked in methylated spirit. Perinea pad inspection was carried out and lochia was pink in colour (serosa) but not offensive. Mother was educated on perinea hygiene. At 4:30pm client and her baby were visited and baby was bathed and examination on both mother and baby was done. Mother vital signs checked and recorded as follows: Morning respiration 22 beats per minute, blood pressure 116/66 mmHg, temperature 36.4 degrees Celsius, Pulse 83 beats per minute, symphysio fundal height 10 centimeters, lochia serosa. Evening respiration 19 beats per minute, blood pressure 100/85 mmHg, temperature 35.9

degrees Celsius, Pulse 88 beats per minute, symphysio fundal height 10 centimeters, lochia serosa. Baby's vital signs was checked and recorded as: Morning Temperature 36.6 degree Celsius, apex heart beat 133 beat per minute, respiration 48 cycles per minute, weight 3.0kilograms. Evening Temperature 36.9 degree Celsius, apex heart beat 143 beat per minute, respiration 46 cycles per minute, weight 3.0 kilograms. After baby's vitals, baby was wrapped with a cot sheet and given to mother to breastfeed. She was encouraged to breastfeed on demand and exclusively.

4.9 FIFTH POSTNATAL HOME VISIT

The fifth day post-natal visit was on the 9th October, 2023 at 8:00am. Greetings were exchanged. Client's sister in-law who had been taught on the previous day how to bath the baby assisted in the baby's bath this time. The cord stamp was dressed with cotton wool and methylated spirit. Head to toe examination was carried out on the baby for any signs of abnormality but none was detected. The baby's eyes were clear without any abnormality. The baby breastfeeds well but have less demand for breast milk. The mother was examined from head to toe and she complained of fullness of the breast. Education on breast care was given to client to relieve the pain. Perinea pad was inspected but no abnormality was detected. She complains of backache and she was taught to position herself when breast feeding the baby. Mother's previous condition was seen to be improving due to education given. The vital signs for both mother and baby after inspection were recorded as follows:Mother's vital signs: Morning respiration 20 beats per minute, blood pressure 110/60 mmHg, temperature 36.5 degrees Celsius, Pulse 77 beats per minute, symphysio fundal height 8 centimeters, lochia serosa. Baby's vital signs; Morning Temperature 36.7 degree Celsius, apex heart beat 136 beat per minute, respiration 42 cycles per

minute, weight 3.05 kilograms, cord shrinking, urine pass and stool yellowish. Client was reminded of the next visit.

4.10 SIXTH POSTNATAL HOME VISIT

On the 10th October, 2023 at about 8:00am, client and family were visited once again. Greetings were exchanged with client and her family and a seat was offered. The mother and the baby were both examined without any form of abnormality detected. The lochia was pink (serosa) and scanty. The baby was feeding well and was healthy. The baby had passed stools early in the morning. The baby was bathed, vital signs checked for both mother and baby were recorded as follows: Mother vital signs: Morning respiration 20 beats per minute, blood pressure 110/70 mmHg, temperature 36.7 degrees Celsius, Pulse 80 beats per minute, symphysio fundal height 6 centimeters, lochia serosa. Baby vital signs: Morning Temperature 36.5 degree Celsius, apex heart beat 132 beat per minute, respiration 41 cycles per minute, weight 3.1 kilograms, cord off, urine pass and stool yellowish. Madam Ama was informed that she will be visited for the seventh time and that will be the last postpartum home visit. She was therefore encouraged to continue to have enough sleep and breastfeed exclusively for six months after which she was thanked and exited.

4.11 SEVENTH POSTNATAL HOME VISIT

The final postpartum home visit was conducted on the 11st October, 2023 at 7:30am. At the house, greetings were exchanged as procedures leading to the visit were duly explained to client. Head to toe examination was carried out on baby as well as mother and no abnormal signs detected. Baby breast feeds well. Perinea pad inspection was also carried out as blood flow was

pink (serosa) and very little without any offensive smell. Symphysio Fundal height was 11cm. The vital signs for both mother and child checked and recorded included the following:

Mother's vital signs: Morning respiration 20 beats per minute, blood pressure 119/65 mmHg, temperature 36.4 degrees Celsius, Pulse 76 beats per minute, symphysio fundal height 4 centimeters, lochia serosa. Baby's vital signs: Morning Temperature 36.4 degree Celsius, apex heart beat 134 beat per minute, respiration 42 cycles per minute, weight 3.1kilograms, cord clean, urine pass and stool yellowish. Baby was seen to be active and in good health. Umbilical stamp was healed but dressed with cotton wool and methylated spirit after bath. Client was encouraged to maintain good nutritious diet at all times to enable the baby get the required nutrients. Client and family were informed of the end of the scheduled visits. She was encouraged to report to the clinic immediately she detected any unhealthy signs of health challenges. She was again reminded once more for the need to visit the clinic at six weeks for postnatal care.

Client and family were thanked for their hospitable nature as well as cooperation in all aspects throughout the exercise. Client and her family were also thankful and showed great sense of appreciation. Permission was sought and exited.

4.12 FIRST POST NATAL VISIT TO THE CLINIC

Madam Ama reported to the clinic on1 13th October, 2023 at 9:30am with her baby and sister in-law. It happens to be her 8th day postnatal within which she was scheduled to attend her first postnatal visit to the clinic after one week of subsequent home visit. On arrival, they were welcomed and offered seats. Her sister in-law was kindly asked to handle the baby for a while as mother was being taken care of. Her vital signs were checked and recorded as follows; Mother's

vital signs: respiration 19 beats per minute, blood pressure 110/70 mmHg, temperature 36.1 degrees Celsius, Pulse 84 beats per minute, symphysio fundal height 4 centimeters, lochia serosa.

Head to toe examination was to be conducted so client was asked to empty her bladder if she had the urge to promote comfort. Sample of the urine was taken to test for protein and sugar of which both tested negative. She also had hemoglobin of 12.5 grams per deciliter. Permission was sought to conduct head to toe examination and she consented to that. There were no abnormalities detected. Some disorders of the breasts such as; masses, engorgement, sore nipples, abnormal discharges and lumps were not seen during the examination and she was also lactating well. On the abdomen, the uterus was palpable. The perineum was also examined and scanty lochia (serosa) was present. She was thanked and all findings were communicated to her. She showed a sign of relief when she was told no abnormality was detected on her. Hand washing was done again before handling the baby for head to examination. Baby's clothing was removed before the inspection. The distribution of hair was noted followed by the inspection of sutures and fontanelles to see if bulging or sunken and for the presence of cephal haematoma but none of those were detected. Her eyes were inspected for pallor, discoloration of the sclera and the conjunctiva for anaemia. The breast was examined for discharges and the chest for respiration as well as the abdomen for distension. The urethra meatus was present with a patent anus. No abnormality was detected on the baby. Baby's vital signs and weight were checked and recorded as follows: Temperature 37.0 degree Celsius, apex heart beat 128 beat per minute, respiration 40 cycles per minute, weight 3.0 kilograms, cord clean. Baby was handed over to mother. Hands were washed under running water and dried and all findings were communicated to both client and sister in-law. They were given education on the varieties of family planning methods available and they choose a natural method specifically the lactational amenorrhea

method. This was because they wanted to use the natural way of preventing pregnancy and spacing their children rather than the oral and injectable contraceptives due to their side effects. They were taught on how to achieve the method they have chosen. Client was asked to attend child welfare clinics with her baby for the remaining immunizations. They were reminded on the second post-natal visit to the clinic on the 6th week or 40 days post-delivery. Client and her baby were handed over to the public health nurse for continuity of care. Madam Ama gave no complains and so they were thanked for cooperating and escorted to the entrance of the clinic and left

4.13 SECOND POSTNATAL VISIT TO THE CLINIC

According to the midwife in charge, client reported to the clinic on 20th October, 2023(40 days) with her baby and her sister in-law at exactly 9:30am. She was breastfeeding her baby on arrival. Greetings were exchanged and seat was offered. Explanations were made to her about the importance of conducting a general physical examination on her and her baby to detect any deviation early to prevent complications and she was encouraged to empty her bladder. Hands were washed and dried and all doors and windows were closed to provide privacy. A general inspection was done on baby from head to toe but no abnormality was noted. There was no injury or swelling on the baby's head. There were also no discharges from the eyes, ears and nose. The sclera was clear with no pallor or yellow discoloration. Cord was inspected and it was clean. It was neither offensive nor bleeding. Mother was recommended and was encouraged to continue to keep the cord clean and dry. The baby was dressed and wrapped in warm cot sheet and given to the mother to continue breastfeeding. According to Madam Ama, baby passed meconium about three times and urinated about two times.

Madam Ama's vital signs were checked and recorded below: respiration 20 beats per minute, blood pressure 110/70 mmHg, temperature 36.2 degrees Celsius, Pulse 82 beats per minute, weight 59 kilogram

All findings were explained to the mother and recorded. Baby's vital signs checked and recorded below: Temperature 36.7 degree Celsius, apex heart beat 135 beat per minute, respiration 39 cycles per minute, weight 4.5 kilograms. Baby was given the due immunization at the Childs Welfare Clinic by the midwife in charge. The following vaccines were given:

Vaccine	**Dosage**	**Route of administration**
Polio 1	2 drops	oral
Rotavirus 1	1.5ml	oral
DPT-HepB Hib	0.5ml	intra-muscular, left thigh
Pneumococcal 1	0.5ml	intra-muscular, right thigh

Mother was encouraged to ask questions but she had none practiced exclusive breastfeeding to inhibit ovulation. The client was educated on family planning. She was advised to report any problem they may encounter to the nearest health facility. The client was then handed over to the public health nurse for continuity of care.

4.14 CARE PLAN DURING PUERPERIUM

Problems Identified

1. Painful micturition
2. Sleeplessness
3. Backache
4. Fullness of breast

SHORT TERM OBJECTIVES

1. Client will be relieved of painful micturition within 72 hours.
2. Client will be able to have at least three hours sleep within 24 hours
3. Client will be relieved of backache within 48 hours.
4. Client will be relieved of fullness of breast within 72 hours

LONG TERM OBJECTIVES

Madam Ama and her baby will be able to go through puerperium process successfully without any complication to her and baby.

4.13 CARE PLAN FOR PEURPERIUM

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVE/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
05/10/23 7:30am	Painful micturition related to perineal lacerations during the second stage of labour	Client will be relieved of painful micturition within 72 hours as evidence by; Client verbalizing.	1. Reassure client. 2. Explain the physiology of the burning sensation to client. 3. Encourage client to have warm sitz bath. 4.Encourage client to empty her bladder frequently 5.Serve client with prescribed analgesic	1. Client was reassured 2. Client was taught that it was as result of urine in contact in the Lacerations. 3. Client have warm sits bath at least twice daily. 4. Client emptied her bladder more whenever she felt the urge. 5. Client was served with the prescribe analgesic to relieve pain.	8/10/2023 10:07am	Goal fully met as client said she is relieved from the pain.	

4.13 CARE PLAN FOR PEURPERIUM

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVE /OUTCOME	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
06/10/23 7:30am	Sleep pattern disturbance related to frequent breastfeeding of baby.	Client will be able to have at least three-hour sleep within 24 hours when she breastfeeds the baby on demand as evidenced by client verbalizing.	1. Reassure client 2. Encourage her to have some sleep during day time when baby is sleeping. 3. Encourage client relatives to help with household chores. 4. Encourage client to do kangaroo mother care. 5. Encourage client and family to reduce the number of visitors.	1. Client was reassured 2. She was encouraged to sleep during day time as baby is sleeping. 3. Client relatives was encouraged to assist with household chores. 4. Client was encouraged on kangaroo mother care 5. Client and relatives were encouraged to reduce the number of visitors.	7/10/23 7:30am	Goal fully met as client said she had enough sleep.	

4.13 CARE PLAN FOR PEURPERIUM

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVE/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
07/10/23 7:30am	Backache related to physical body alteration during late pregnancy.	Client backache will subside within 24 hours as evidenced by client verbalizing.	1. Reassure client. 2.Teach client how to position herself when breastfeeding (upright position). 3. Serve prescribed analgesics. 4. Provide pillow to support her back when sitting. 5. Ensure adequate rest.	1. Client was reassured. 2. Client was taught how to position herself when breastfeeding. 3. Analgesics was served as prescribed. 4. Pillow was given to support her back when sitting. 5. Adequate rest was ensured.	08/10/23 9:15am	Goal fully met as client said that she does not feel pain.	

4.13 CARE PLAN FOR PEURPERIUM

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVE/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
07/10/23 7:30am	Fullness of breast related to hormonal activities in the breast milk production secondary to less demand from the baby.	Client will be relieved of fullness of breast within 72 hours as evidence by client verbalizing.	1. Reassure client 2. Assist her to apply cold compress on breast. 3. Teach client on manual expression of breast milk. 4. Educate client to continue breast feeding the baby. 5. Teach client the proper way of fixing baby to the breast.	1. Client was reassured. 2. Client was assisted to apply cold compress on breast. 3. Client was taught how to express breast milk manually. 4. She was educated to breast feed the baby 8-12 times a day. 5. Client was taught proper fixing of baby to breast.	10/10/2023 7:04am	Goal met as client said she was relieved of fullness of breast.	

TERMINATION OF CARE

This is the time when the care and interaction which had been developed between the student midwife and the client comes to an end. Care was commenced from the first encounter with the client. During my first encounter with Madam Ama, she was informed of quality of care throughout the remaining period of her pregnancy, labour and puerperium but was also informed that the care will end on the second postnatal visit to the clinic. A day before the postnatal visit to the clinic she was reminded that the routine home care would end the following day and then she would be handed over to the community health nurses for continuity of care. Education on various topics which included family planning, immunization of her baby till the baby is five years old, registration of the baby at the birth and death office and also to check on her nutrition. Madam Ama was encouraged to breastfeed exclusively for six months. She was encouraged to report to the clinic immediately or anytime she or the baby is not feeling well. Client was encouraged to have enough rest to gain her strength.

Madam Ama was thanked for giving in the opportunity to care for her. Sincere gratitude was shown to the family for their time and attention they gave throughout the study. Client and family showed their appreciation and gratitude for caring for their relative.

SUMMARY AND CONCLUSION

The Family Centered Maternity Care Study was conducted on Madam Ama, a 24year old, gravida 4 Para 3 and her entire family. She was 36 weeks of gestation when client was seen at Amanten Health Center. She was cared for during the periods of antenatal, labour and puerperium. She went through the process of pregnancy, labour and puerperium without any complications. She visited the antenatal clinic during her 22nd weeks of gestation till she delivered. During home visits, Madam Ama was monitored during puerperium and was also educated on how to take good care of the baby.

She had spontaneous vaginal delivery of a live female child on the 4th October, 2023 without any complications. All the home visits, the first and second postnatal examination were performed on her as required. She and her family were supportive and co-operative and adhered to all the advice given to them.

Madam Ama and the baby were handed over to the public health nurse for continuity of care in a good health. Our interaction ended on 13th October, 2023. The care study has given the writer more experience to handle client during antenatal, labour and puerperium. It also helped the writer to use the partograph in managing the first stage of labour.

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APPENDIX I

COMPLETE DIAGNOSTIC INVESTIGATION

DATE	SPECIMEN	INVESTIGATION	NORMAL VALUES	RESULTS	REMARKS
22/05/2023	Blood	Hemoglobin level	11-16g/dl	11.4g/dl	Normal
		Sickling test	Negative	Negative	Normal
		Grouping and Rhesus factor	A, B, AB, O	O	Normal
			Positive or Negative	Positive	Normal
			Negative	Negative	
		HIV status (PMTCT)	Negative	Negative	Normal
		Hepatitis B	Non-reactive	Non-reactive	Normal
		G6PD	Non-reactive	Non-reactive	Normal
		VDRL			Normal
			Normal	No abnormality	
	Stool	Cyst, ova, shapes, etc.	Negative	Negative	Normal
	Urine	Protein and Glucose			Normal
22/05/2023	Urine	Protein and Glucose	Negative	Negative	Normal
	Blood	Hemoglobin level	11-16g/dl	12.0g/dl	Normal

DATE	SPECIMEN	INVESTIGATION	NORMAL VALUES	RESULTS	REMARKS
7/07/2023	Urine Blood	Hemoglobin level Protein and Glucose	11-16g/dl Negative	11.2g/dl Negative	Normal Normal
11/08/2023	Urine Blood	Protein and Glucose Hemoglobin level	Negative 11-16g/dl	Negative 11.3g/dl	Normal

APPENDIX II

PHARMACOLOGY OF DRUGS FOR MOTHER

DRUG	DOSAGE	ROUTE	CLASSIFICA-TION	ACTION OR USES	ACTUAL EFFECT	SIDE EFFECTS	SIDE EFFECT OBSERVED
Capsule iron (III) polymaltose	100mg once times daily	Oral	Haematinics	Helps in the formation of red blood cells	Haemoglobin level increase	Nausea and sweating,	None
Tablet Paracetamol	1000mg three times daily	Orally	Analgesic	Helps to relief pain and reduce body temperature	Relieve pain	Prolong use causes liver damage	None
Tablet Ferrous sulphate	200mg two times daily	Orally	Iron supplement	Helps in the formation of red blood cells	Haemoglobin level increased	Gastrointestinal disturbances Dark stools	None
Tablet Folic Acid	5mg daily	Orally	Haematinics	Helps in the formation of red blood cells	Haemoglobin level increase	Nausea and vomiting	None
Injection Tetanol	0.5 mls shot	Subcutaneous	Anti- tetanus	Helps prevent tetanus	Prevention of tetanus	Slight fever and chills	None

PHARMACOLOGY OF DRUGS FOR MOTHER CONTINUATION

DRUGS	DOSAGE	ROUTE	CLASSIFICATION	ACTUAL EFFECTS	ACTION OR USES	SIDE EFFECTS	SIDE EFFECT OBSERVED
Sulphadoxine Pyrimethamine	3 tablets start at 16 weeks and repeated at the 4 weeks interval till delivery.	Orally	Anti-malaria and prophylaxis	For treatment and prevention of malaria	Prevention of malaria	Nausea, dizziness, headache, rashes Nausea	None
Injection Oxytocin	10 units	Intramuscularly	Oxytocin drug	To stimulate uterine contraction	Good contraction	Vomiting, raised blood pressure	None
Capsule Vitamin A	200,000 international units	Orally	Group A Vitamin supplement	For proper growth and sight	Normal vision and healthy skin	Vomiting	None

APPENDIX III

PHARMACOLOGY OF DRUGS FOR BABY

Drug	Dosage	Route of Administration	Classification	Desired Effects	Actual Action	Side Effects	Side Effect Observed
Vitamin K	1 milligram	Intramuscularly	Vitamin preparation	For production of prothrombin to aid in blood clot	Prevent bleeding	None	None
Polio vaccine	2 drops	Orally	Antigen	Production of antibodies against polio	Under observation	There may be diarrhea None	None
Bacillus Calmette Guerin	0.05 milliliters	Intradermal	Antigen	Production of antibodies against tuberculosis	Under observation	Blister formation Pyrexia and blister noticed	None
Penta Valente (5 in 1)	0.5mls	Intramuscular	Antigen	Production of antibodies against diphtheria, tetanus, pertussis, hepatitis B, haemophilus influenza	Under observation	None	None
Rotavirus	1.5mls (2 drops)	Orally	Antigen	Prevention of gastroenteritis	Under observation	None	None
Pneumococcal	0.5mls	Intramuscular	Antigen	Prevention of Pneumonia	Under observation	None	None

APPENDIX IV

ANTENATAL CHART RECORD

DATE	WEIGHT (Kg)	BLOOD PRESSURE (mmHg)	URINE FOR SUGAR& PROTEIN	GESTA-TION IN WEEKS	FUNDAL HEIGHT (cm)	PRESEN-TATION	DES-CENT	FHR	COMPLAINS	TREATMENT	REM-ARK
26/05/ 23	58.0	109/61	Negative Negative	22	21	Breech	-	154 bpm	Coming for ANC	Routine drugs and S. P	Healthy
23/06/ 23	58.75	113/72	Negative Negative	24	23	Breech	-	152 bpm	Coming for ANC	Paracetamol Routine drugs SP	Healthy
07/07/ 23	60.35	111/64	Negative Negative.	29	28	Cephalic	-	139 Bpm	Coming for ANC	Routine drugs and S.P	Healthy
18/07/23	61.15	111/62	Trace. Negative	33	32	Cephalic	-	135 bpm	Coming for ANC	Routine Drugs and S. P	Healthy
22/08/23	61.99	112/64	Negative Negative	36	36	Cephalic	5/5	136 bpm	Heartburns	Routine Drugs and Ranitidine	Healthy
26/09/23	62.04	109/73	Negative Negative	37	36	Cephalic	5/5	140 bpm	Constipation Waist pain	Routine drugs and ibuprofen.	Well.

WHO Modified Partograph

Registration No.: 2-54/23 Name(Last, First) Adolf Ama Age: 24 years
Date: 04/10/23 Parity/Gravida 3, 4 LMP 28/12/22 EDD 04/10/23 Gestation(wks)
ROM: 9:30am Labour Duration (Hrs) 7hrs 20min Facility/Clinic Name Amanten Health Centre

FETAL HEART RATE

LIQUOR MOULDING

CERVIX (CM)

Plot X

DESCENT Plot C

HOURS

TIME

Alert

Action

SVD @ 9:51am
A/S - 8/10, 9/10
BWt - 3.2kg
Sex - F/C
BL - 200mls
Peri - Intact

CONTRACTIONS PER 10 MINS

Oxytocin U / L
Drops / minute

DRUGS & IV FLUIDS

BLOOD PRESSURE & PULSE

TEMPERATURE

36.1 36.2 36.3

90 mg 90 mg 60 mg

LABOR NOTES

Client G4P3 with gestational age of 38wks +4 days had an SVD at 9:59am an alive female child. APS 8/10, 9/10. Im oxytocin 1 unit is given to her within 1 minute after birth. Second twin was palpated on diagnosis. Third stage completed successful through controlled traction. Im Vitamin K was given to baby as well as care of the eye and cord. Head to toe examination was made with no abnormalities detected. Client and baby were clean and made comfortable in bed.

Please circle or write responses.

DELIVERY

DATE: 04/10/23 TIME: 9:59am METHOD: (Spontaneous) / Vacuum Extraction / C/S / Other

PERINEUM: (Intact) / Episiotomy / Laceration

ANESTHESIA: (None) / Local / General

THIRD STAGE

Active Management: (Yes) / No Medication: Time 10:00am Type/Dose Oxytocin 1 units

PLACENTA: TIME: 10:10am (Complete) / Incomplete

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

BABY

Weight: 3.2kg

Sex: Male / (Female)

Baby Position: (Vertex) / Breech / Other

APGAR

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

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

FOURTH STAGE MONITORING

Frequency	Time	B/P.	Pulse	Fundus	Bleeding	Bladder
Every 15 minutes first 2 hours	10:15am	100/72	81bpm	1 cm	No Active Bleeding	Nil 100mls
	10:30am	111/76	92bpm	Well contracted	"	
	10:45am	118/82	70bpm	"	"	Nil Nil
	11:00am	107/60	83bpm	"	"	
	11:15am	100/80	90bpm	"	"	Nil voided
	11:30am	112/73	79bpm	"	"	
	11:45am	119/85	72bpm	"	"	Nil Nil
	12:0pm	107/76	81bpm	"	"	
Every 30 minutes For 1 hour	12:30pm	104/70	88bpm	"	"	Nil 120mls
	1:00pm	115/73	85bpm	"	"	

Birth Attendant Kogh Linda Supervised by Date 04/10/2023

Jamiffer Ayambire.

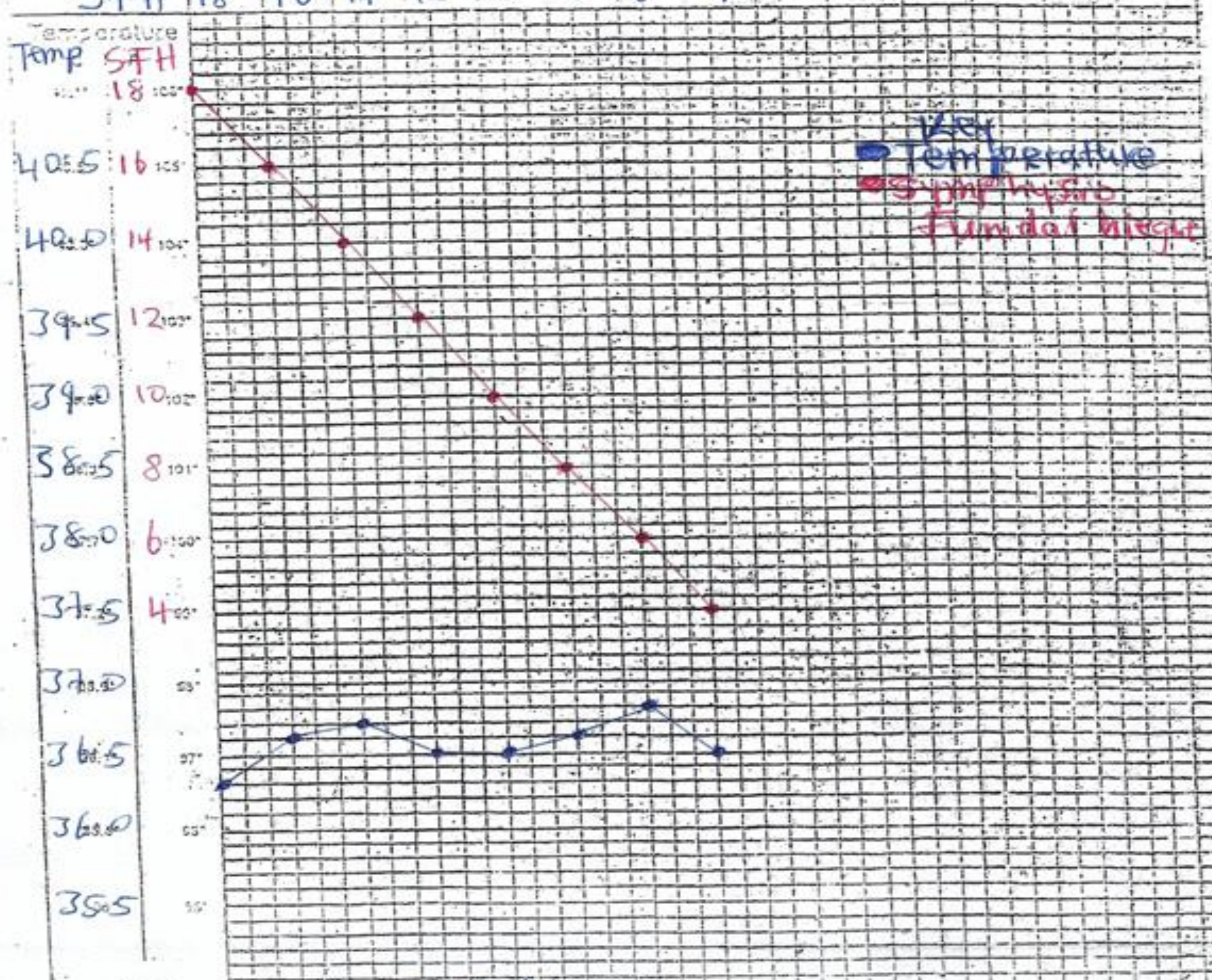
MATERNITY CHART

NAME: Ama Adolf

AGE: 24 years WARD: Lying - In

IP NO.: 254/23 BED NO.: 2

Date	04/10/23	5/10/23	6/10/23	7/10/23	8/10/23	9/10/23	10/10/23	11/10/23
Days in Hospital	DOD							
Day of P.O.		D1	D2	D3	D4	D5	D6	D7
Hour Am	10:30	8:30	8:30	8:30	8:40	8:30	8:40	8:40
Hour Pm	-	4:30	4:30	4:30	4:30	4:30		
SFH	18	16	14	12	10	8	6	4



Pulse	84	80 / 79	80 / 89	80 / 86	85 / 88	74	80	76
Resp.	22	19 / 21	20 / 21	20 / 21	21 / 19	20	20	21
B.M.	—	—	—	—	—	—	—	—
Urine	Passed	Passed	Passed	Passed	Passed	Passed	Passed	Passed

Am 115/97 100/80 115/66 110/60 110/76 110/80 110/70 118/65

Pm 123/70 106/83 111/72 100/85 100/85

NEW BORN EXAMINATION FORM

Name: Baby Yaw Adolf Date of Assessment: 04/10/2023 Time: 10:30am
Date of Birth: 04/10/23 Time of Birth: 9:58am Sex: ☐ M ☑ F Age at time of Assessment (days/hrs) New born
Astational Age ☐ 38+4 ☐ Mode of Delivery: ☑ Vaginal Assisted Vaginal C-Section
APGAR: 1min 9/10 ☐ 5min ☐ 9/10 Birth Weight: ☐ 3·2 kg ☐ Lenght: 44 cm Head Circumference: 32 cm
Temperature at time of Assessment: 36.7 °C Urine passed: (Yes) No Meconium passed: (Yes) No
Name of Assessor (Midwife/Doctor): Student Midwife Kogh Linda

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
☐ 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: _____
☑ 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) Term 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

NEW BORN EXAMINATION FORM

Name: Baby Jaw Adolf Date of Assessment: 05/10/2023 Time: 6:00am
Date of Birth: 04/10/2023 Time of Birth: 9:59pm Sex: ☐ M ☑ F Age at time of Assessment (days/hrs): 1 day 8hrs
Astational Age ☐ 38+4 ☐ Mode of Delivery: ☑ Vaginal Assisted Vaginal C-Section
APGAR: 1min 8/10 ☐ 5min ☐ 9/10 Birth Weight: ☐ 3.2 kg ☐ Length: 44 cm Head Circumference: 32 cm
Temperature at time of Assessment: 36.3 °C Urine passed: (Yes) No Meconium passed: (Yes) No
Name of Assessor (Midwife/Doctor): Student Midwife Kogh Linda

1. Respiration
Rate 40 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: _____
- ☑ 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 clitoris *
- ☐ Other: _____

24. Anus
- ☑ Patent
- ☐ Imperforate*

25. Resuscitation provided
- ☑ None
- ☐ 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) Term 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

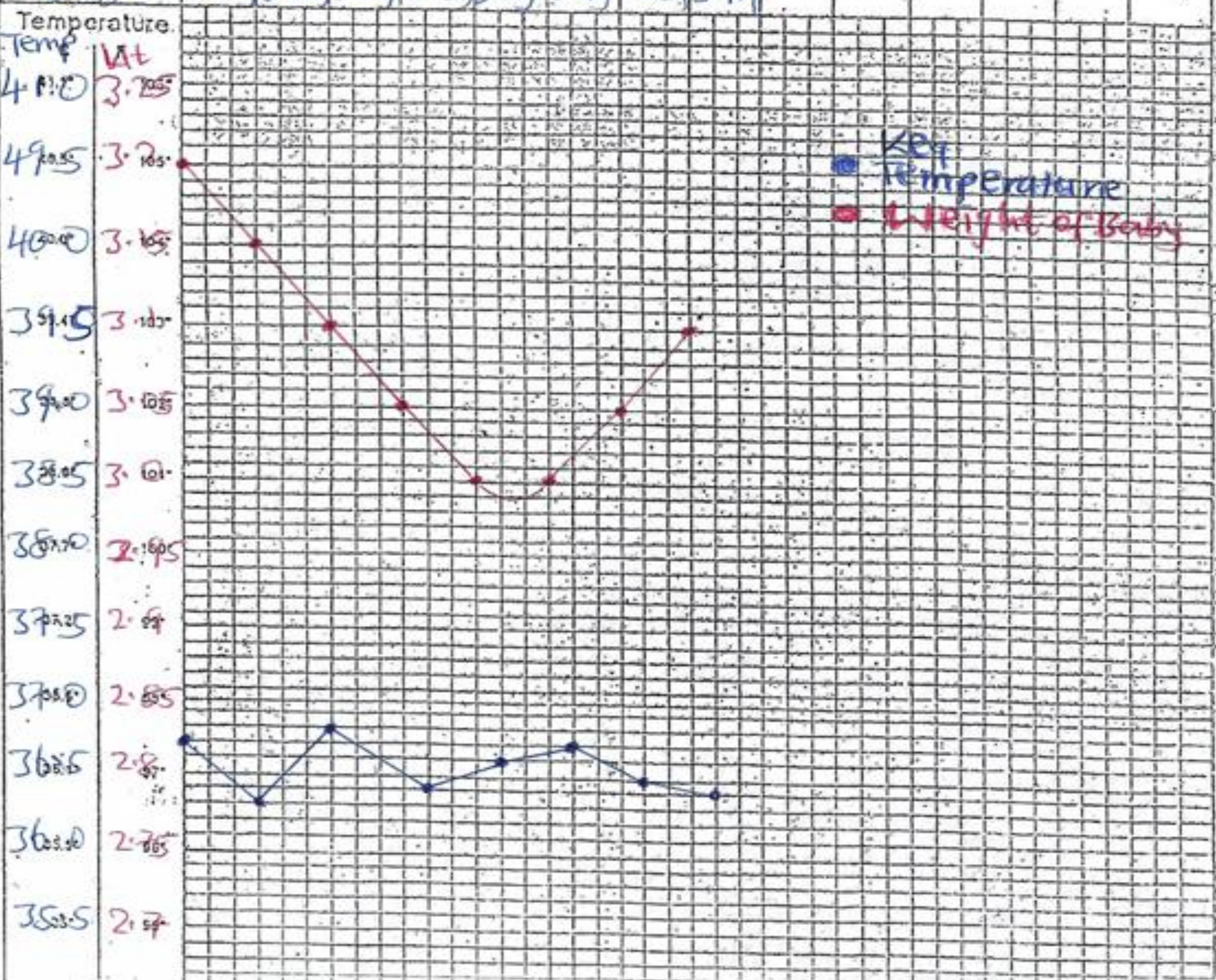
TEMPERATURE CHART

NAME: Baby of Ama Adolf

AGE: New born (Term baby) WARD: Lying - In

IP NO.: 254/23 BED NO.: 2

Date	04/10/23	5/10/23	6/10/23	7/10/23	8/10/23	9/10/23	10/10/23	11/10/23
Days in Hospital	DOD							
Days P.O.		D1	D2	D3	D4	D5	D6	D7
Hour Am		8:30	8:30	8:30	8:40	8:30	8:40	8:40
Hour Pm		4:30	4:30	4:30	4:30	4:30		
Weight	3.2kg	3.15kg	3.1kg	3.05kg	3.0kg	3.0kg	3.05kg	3.1kg



Pulse	142	135 / 142	131 / 140	140 / 136	133 / 143	136	135	134
Resp.	45	40 / 38	49 / 42	42 / 44	46 / 48	42	44	42
B.M.	—	—	—	—	—	—	—	—
Urine	Passed	Passed	Passed	Passed	Passed	Passed	Passed	Passed
B.P. AM								
B.P. PM								

NEW BORN CHART

Name: Baby Yaw Adolf ..... No: 2 ..... Birth Weight: 3.2kg

Sex: Female ..... Mother's No: 254/23 ..... Length: 44cm

Nature of Delivery: Spontaneous Vaginal Delivery ... Diagnosis: Term baby

Date of Birth: 04/10/2023 ..... Time: 9:59 a.m ..... Date of Discharge: 05/10/2023

Date	04/10/23		05/10/23		06/10/23		07/10/23		08/10/23		09/10/23		10/10/23		11/10/23							
No. of Days	D0		D1		D2		D3		D4		D5		D6		D7							
Weight	3.2kg		3.15kg		3.11kg		3.05kg		3.0kg		3.0kg		3.0kg		3.1kg							
Temperature	AM 36.7°C	PM	AM 36.3°C	PM 36.8°C	AM 36.8°C	PM 36.4°C	AM 36.4°C	PM 36.7°C	AM 36.6°C	PM 36.9°C	AM 36.7°C	PM	AM 36.5°C	PM	AM 36.4°C	PM	AM	PM	AM	PM	AM	PM
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 Neck Trunk Limbs → No Abnormalities Detected.																					

SIGNATORIES

THE STUDENT MIDWIFE

NAME: MS. LINDA KOGH

SIGNATURE: .....

DATE: 07/06/2024

THE MIDWIFE IN CHARGE (WENCHI HEALTH CENTRE)

NAME: MS. JANIFFER AYAMBIRE

SIGNATURE: .....

DATE: 07/06/2024

THE SUPERVISOR

NAME: MS. MARTHA KYEREMAA

SIGNATURE: .....

DATE: 07/06/2024

THE PRINCIPAL

NAME: MS. MONICA NKRUMAH

SIGNATURE: .....

DATE: 07/06/2024

PRINCIPAL
HOLY FAMILY NURSING AND
MIDWIFERY TRAINING COLLEGE
BEREKUM