

**HOLY FAMILY NURSING AND MIDWIFERY TRAINING COLLEGE  
BEREKUM**

**A CLIENT/FAMILY CENTERED MATERNITY CARE STUDY ON**

**MADAM HAMIDA AZOUDA**

**BY**

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**PBM 09/020/052**

**A CLIENT/FAMILY CENTERED MATERNITY CARE STUDY 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 study is a systematic approach used in giving holistic obstetric care to an expectant mother and her family based on careful study of the client as a unique individual with specific problems and needs using the nursing care process.

With the new changes in consumer needs and the patient's charter, there is the need for the midwife to know the kind of approaches to adopt as far as the care of the pregnant woman is concerned. Some of these approaches are; explaining procedures to client to gain the client's consent before performing any procedure, providing privacy and involving the family in care of the client. This also includes comprehensive care thus having understanding of the client's problems and providing the best physical, social and psychological care as much as possible.

The maternity care study helps the student midwife to acquire knowledge which can be used to solve every problem associated with pregnancy, labour and puerperium. The practical competence of the student midwife is improved through the maternity care study as this helps the student to identify both short- and long-term problems, set objectives for these problems and give interventions that will help her to solve them. The main reason for carrying out this care is to reduce maternal and infant mortality and to promote the health of the baby and mother, as well as the family.

The World Health Organization (WHO) developed the partograph for the management of first stage of labour. Using this tool, the midwife identifies early complication of labour for intervention.

Finally, the client/family centered maternity care study is an obligation for every final year

student midwife as a requirement by the nurses and midwives council of Ghana in partial fulfilment towards the award of professional midwifery certificate.

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## INTRODUCTION

The client and family centered maternity care study is a systematic approach of nursing care given to an expectant mother and family throughout pregnancy, labour and puerperium. This study also gives the opportunity to adopt approach to collect relevant data, analyze the data, plan nursing care and intervention to resolve the identified problems after which would be evaluated to see if any objectives were achieved. This study was carried out on Madam Hamida a 22year old woman, gravida 2 para 1alive who comes from Nkrankwanta in the Dormaa West District of the Bono Region of Ghana with her family. Client was first met on 18<sup>th</sup>, May 2022 during her 7th antenatal visit at fountain care hospital when she was 35weeks +5days gestation.

An interaction was made with her for about 10 minutes when she was told about the intention to use her for a study which she gladly accepted and assured to be cooperative. Client will be prepared to face the challenges with labour, puerperium and how to initiate lactation and subsequent care of the baby. Client would be cared from 36weeks +5days onwards till she goes through pregnancy and labour successfully and deliver in a good condition. Her condition from the beginning till the end of the study would be monitored to ensure that client is in good state and both mother and baby will be handed over to the Ward in charge for the continuity of care after forty days of delivery. The client and the family centered care study comprises of four chapters.

Chapter one talks about the clients: social, family, medical, surgical, menstrual, client habits of daily living, past and present obstetrical histories. Chapter two also talks about client antenatal care: first contact with client, first and second antenatal home visit, subsequent visit to the clinic.

Chapter three talks about: admission of client during labour, management of the first and second stages of labour, immediate care giving to the baby, management of third and fourth stage of labour.

Chapter four is concerned with puerperium: monitoring and management of both the mother and baby during puerperium. At the end of every chapter a care plan is drawn to identify client's problems and how it was managed. The scripture also includes summary and conclusion, bibliography, appendices which comprises complete diagnostic investigation, pharmacology of drugs for both the mother and the baby, antenatal and postnatal records and signatories.

## LITERATURE REVIEW

### PREGNANCY

**Tiran (2008)**, pregnancy is from conception to delivery of the fetus. Normal duration is 280 days, 40 weeks or 9 months and seven days, counted from the first day of the last normal menstrual period to delivery or 265 days, from conception to delivery.

**King (2014)** states that, the prenatal period covers the time from the first day of the last normal menstrual period to the start of true labour, which marks the beginning of the intrapartum period.

**OJO& Brigg (1982)** also says, the patient is usually the first person to suspect pregnancy. Her suspicion is often based on the fact that she has missed her period. the amenorrhea occurs because, following the implantation of the fertilized ovum, the increased secretion of estrogen and progesterone by the ovary converts the endometrium into the decidua of pregnancy, and menstruation ceases.

He further mentioned that, morning sickness, continuous enlargement of the breast, foetal movement, painless uterine contractions and among others are some of the signs and symptoms that occur at different stages of pregnancy.

**Fraser & Cooper (2009)** also states that every pregnancy is a unique experience for that woman and each pregnancy that the woman experiences will be uniquely different. This is why it is so important that, the midwife has a knowledge and understanding of the common disorders of pregnancy which include; constipation, headache, lower abdominal pain, waist pains, leg cramp, backache ,among others in order to advice the woman on strategies that will help her cope with the condition and minimize the effects she experience.

**Miles (2011)** states that, pregnancy is the term used to describe the period in which a fetus develops in a woman's utero confirmation of pregnancy is established by a detailed history and a

clinical examination based on the signs and symptoms of pregnancy, resulting from the physiological alteration in the body's system and organs. These include; amenorrhea, breast tenderness, nausea and vomiting, and then frequency of micturition as the pregnancy advances.

## **ANTENATAL CARE**

**Marshall & Raynor (2014)**, Antenatal care refers to the care that is given to the pregnant woman from the time that 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.

This book went on further to say that the aim of antenatal care is to monitor the progress of pregnancy to optimize maternal and fetal 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:

1. Providing a holistic approach to the woman's care that meets her individual needs.
2. Recognizing complications of pregnancy and appropriately referring women to the obstetric team or relevant health professionals or other organizations.
3. Facilitating the woman and her family in preparing to meet the demands of birth, and making a birth plan.
4. Offering parenthood education within a planned programme or on an individual basis.

**Ghana Health Service (2008)**, Antenatal Care (ANC) is the health care and education given during pregnancy. Antenatal services are an important part of preventive and promotive health care.

The objectives of ANC include:

- To promote and maintain the physical, mental and social health of the mother and baby by providing education to the pregnant mother on nutrition, rest, sleep, personal hygiene, family planning, immunization, danger signals STI/HIV/AIDS birth preparedness and complication readiness.
- To detect and treat high-risk conditions arising during pregnancy, whether medical, surgical or obstetric.
- To ensure the delivery of a full-term healthy baby with minimal stress or injury to mother and baby.
- To ensure safe delivery and postpartum health
- To help prepare the mother to breastfeed successfully, experience normal puerperium and take good care of the child physically, psychologically and socially.
- To ensure quality care, antenatal care services must be organized in such a manner that it will provide comprehensive and individualized care. As much as possible, all care activities for example history taking, physical examination and treatment should be provided by the same care provider to the pregnant woman. (Focus Antenatal Care)
- **Ghana Health Service (2008)**, the number of times a client needs to be seen during pregnancy may vary. For the uncomplicated pregnancy it is recommended that at least four ANC visits should be made according to the following schedule.
  - First visit: From onset of pregnancy up to sixteen weeks (16) gestation.
  - Second visit: from the 24<sup>th</sup> to 28<sup>th</sup> week of pregnancy.
  - Third visit: at 32<sup>nd</sup> week of pregnancy.
  - Fourth visit: at 36<sup>th</sup> week.

In view of the above, it can be deduced that, Antenatal Care involves care given to the pregnant woman during antenatal which includes educating the woman on the importance of antenatal visits, good nutrition, personal hygiene and management of minor disorders and preparations toward labour or delivery.

## **LABOUR**

**The World Health Organization (WHO)** defines normal labour as one that is low risk throughout, spontaneous in onset with the fetus presenting by the vertex, culminating in the mother and infant being in good condition following birth (WHO 1999 as cited in Marshall &Raynor 2014).

**Ojo& Brigg ( 1982)**labour is defined as the process by which the uterus empties its contents after the 37<sup>th</sup> week of pregnancy .It entails the contraction and retraction of the uterine muscles fibers ,the dilatation of the cervical os and the expulsion of the baby ,liquor amnii ,placenta and membranes .It also states that through a continuous process ,labour is divided into three stages for descriptive purposes and they are: First stage of labour; starts from the onset of regular uterine contractions to full dilatation of the cervical os. it lasts 12-14 hours in primigravidae and 6-12 hours in multigravidae. The first stage of labour comprises: painful uterine contractions, progressive dilatation of the cervix, formation of the forewaters 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 last up to1 hour in primigravidae and 5-30 minutes in multigravida. Strong uterine contractions, descent through the pelvis, and the birth of the child are the features of the second stage of labour. Third stage of labour; entails complete expulsion of the placenta and membranes, usually within 5-15 minutes of birth of the infant. The other feature of the 3<sup>rd</sup> stage apart from the detachment and expulsion of the placenta and the control of bleeding. **Ghana**

**Health Service (2008)**, Defines normal labour as one that has low risk throughout spontaneous in onset with the fetus presenting with the vertex, culminating in the mother and with the fetus being in good condition following delivery. The goal of care during labour and delivery is to ensure the most positive outcome namely a healthy mother and healthy baby.

The specific objectives are:

- Proper management of the four stages of labour, and
- Early identification and proper management (treatment and/or referral complications).

**Marshall &Raynor (2014)** also states the following under bath or shower: Immersion in a warm bath or birthing pool can be an effective form of pain relief for labouring women that facilitates increased mobility with no increased incidence of adverse outcome for the woman or fetus. This midwife should invite the woman who is mobile to have a bath or shower whenever she wishes during labour

labour is monitored electronically of analgesic drug (epidural analgesia) is given, she should be in bed.

**Konar (2013)**, states labour as a series of events that takes place in the woman's genital organs in an effort to expel the viable products of conception out of the womb through the vagina in the outer world. Under rest and ambulation; if the membranes are intact, the patient is allowed to walk around. This attitude prevents vena cava compression and encourages descent of the head. Ambulation can reduce the duration of labour, need of analgesia and improves maternal comfort. If, however, it further went on to state that, assessment of progress of labour and partograph recording are also done. Partograph are tools that allow labour progress to be graphically

recorded and visually assessed. They aid in the early detection of abnormal labour progress and are credited by some for decreasing rates of prolonged labour, oxytocin use, caesarean sections and intrapartum morbidity/mortality as compared to usual care. Use of the partograph is presumed active labour.

## **PUERPERIUM**

**Marshall &Raynor (2014)** states that 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 (Hundt et al 2000; Waugh 2011). 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 and recovered to their non-pregnancy state.

**Ojo& Brigg (1982)**, at the end of labour, the uterus is still very large and mobile. The genital tract is greatly distended, bruised and perhaps lacerated. The abdominal muscles are flaccid and within a period of six weeks postpartum is called puerperium and where the bruises are healed, the genital organs and any other organ which underwent changes during pregnancy return to their pre pregnancy state. This process of readjustment is called involution. Lactation is also established during the said period.

**Ghana Health Service (2008)**, also describes puerperium as the period from the end of delivery to six weeks after delivery. He states further that the purpose of post –natal care is to maintain the physical and psychological wellbeing of the mother and the child. It includes education to the mother in the care of her child, detecting and treatment of referral of any abnormality for further management. The essentials component of post-natal care are therefore:

1. Comprehensive screening to detect complications to both mother and child.
2. Treatment of complications in mother and baby.
3. Assessment and support for the infant feeding
4. Malaria and anemia prevention
5. Health education and counseling
6. Family planning counseling
7. Immunization services for mother and baby;

**Konar (2013)** states that, puerperium is the period from delivery till six month after delivery. lochia is the vaginal discharge for the first fortnight 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

**Konar (2013)** Defines puerperium as the period following childbirth during which the body tissues, specially the pelvic organ revert back approximately to the pre pregnancy state both

anatomically and physiologically. Also, he added that, the average amount of discharge for the first 5-6 days is estimated to be 250ml. Normal duration may extend up to 3 weeks.

**Fraser & Cooper (2009)** also states that, regardless of whether women are breastfeeding, they may experience tightening, and enlargement of their breasts towards the 3<sup>rd</sup> or 4<sup>th</sup> day hormonal influences encourage the breasts to produce milk. For women who are breastfeeding the general advice is to feed the baby and avoid excessive handling of the breasts. Simple analgesics may be required to reduce the discomfort.

**Henderson (2009)** Defines puerperium as the end of labour till six weeks after delivery. during puerperium 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.

**Fraser & Cooper (2009)** puerperium entails when the organs that underwent changes during pregnancy turns gradually to its non-pregnant state. Therefore, it has been traditional to associate afterpains with multiparity and breastfeeding. However, women experience afterpains regardless of whether they have had previous pregnancies and when they are not breastfeeding. Management of afterpains is by an appropriate analgesic.

## **WHY CLIENT WAS CHOSEN**

Madam Hamida was one of the numerous expectant mothers who attended antenatal care on the 18<sup>th</sup> May, 2022 at Nkranwanta hospital at the Dormaa West District. Client was coming for one of her regular antenatal visit when she was met, she was coming for her 7<sup>th</sup> antenatal visit. Education on birth preparedness was conducted but client looked dull and her facial expression wasn't encouraging. After the education, client was approached to confirm from her what her problem was and she mentioned that, she had lower abdominal pain which she is not comfortable with. The physiology behind the lower abdominal pain was also explained to her. The woman was satisfied afterwards. Her antenatal book was glanced through and she was 36weeks+5 gestation and also met the criteria needed for the writing of the study. Introduction was made to her as a student of Holy Family Nursing and Midwifery Training College- Berekum who is here for practical experience. On examination, no abnormality was detected. A glance was made through her antenatal book and a chat with her revealed that her previous pregnancy, labour and puerperium were uneventful. Introduction was made and the client and family centered care study was explained to her and the idea of using her as a client for the study was made known to her which she agreed to it. She was introduced to the in-charge as the client chosen for the study.

## **CHAPTER ONE**

### **CLIENT PARTICULARS**

#### **1.0 INTRODUCTION**

This chapter gives an overview of client's profile, her family and community as a whole in her social, family, medical, surgical, past and present obstetric history and her habits of daily living.

#### **1.1 PERSONAL AND SOCIAL HISTORY**

Madam Hamida A, a twenty-two (22) year old woman is a native of Nkrankwanta Dormaa West district in the Bono Region of Ghana. According to Madam Hamida she attended school and ended at JHS 1. She is a farmer. She is dark in complexion, one hundred and fifty-three (153) centimeters (cm) tall and forty nine (49) kilogram (kg) in weight. She is married to Mr. Osman Yussi with one Daughter. Her husband is also a farmer. They are both Muslim and attends mosque every friday. She speaks Twi and Busanga. According to her, her next of kin is her husband, Mr. Osman Yussif.

#### **1.2 FAMILY HISTORY**

Madam Hamida said that she is the first child among four siblings of Madam Victoria Salam and Mr. Karim Azuoba Both mother and father come from in the Zibilla in Upper East Region. According to her, her parents are all alive by Allah's grace. She also added that, there are no hereditary diseases like diabetes, hypertension, heart disease, sickle cell disease, epilepsy, mental illness, etc in the family as well as her husband's family. She also mentioned that there is a history of twin pregnancy in both families.

### **1.3 MEDICAL HISTORY**

According to Madam Hamida, she has not been admitted to the hospital unless labour but sometimes experience malaria and mild abdominal pain, which she usually go for treatment at the hospital. She added that she has no chronic medical condition like hypertension, diabetes, sickle cell and among others and she is not allergic to any drug and food. According to her she has not experience any signs and symptoms of sexually transmitted disease like burning sensation, abnormal vaginal discharge, swelling of the genital and painful urination. Client was asked about the family planning method used and she mentioned that she usually practice only the natural family planning method that's the calendar-based method and the lactational amenorrhea. She was also asked whether she is on any drug of which she confirmed that she is not on any drug or medication

### **1.4 SURGICAL HISTORY**

According to Madam Hamida she has never undergone any surgery like appendectomy nor laparotomy since childhood, she has not been involved in any road traffic accident which has affected her pelvis in anyway neither has she donated nor received blood transfusion before.

### **1.5 MENSTRUAL HISTORY**

Madam Hamida said that she had her menarche, (first menstrual) period at age fifteen (15) . She has an average of twenty-eight (28) days cycle and bleeds for five (5) days. Her menstrual periods are regular with moderate bleeding and experience mild dysmenorrhea during menstruation but have resolved after her previous delivery. According to the scan her expected day of delivery is 12/06/2022.

### **1.6 HABITS OF DAILY LIVING**

Madam Hamida said that she wakes up around 5:00am. She prays in the morning and starts her daily chores by sweeping the room and the compound, fetch water and gather some fire wood to

put on water for the family to bath. She brushes her teeth afterwards with tooth brush and tooth paste. She prepares breakfast for the family, bath the daughter and sends her to school. She said she normally leaves the house around 8:00am to farm and comes back around 3:00pm in the evening to prepare supper for the family. She said she mostly picks up her daughter from school on her way home from farm since the school and her farm are on the same route. After supper, she bath her daughter, helps her with her homework and put her to sleep. She then talks with her husband for some time and goes to bed mostly around 9:30pm. According to her she usually washes cloths on any day she is free and sleeps during her leisure time. Her favorite food is Banku and okra soup. She goes to mosque with her family on Fridays. According to madam Hamida, she does not smoke nor takes in alcohol.

## **1.7 PAST OBTETRICAL HISTORY**

### **Pregnancy**

Madam Hamida is Gravida 2 para 1 alive. She has never terminated any pregnancy before, neither has she had any spontaneous abortion. Her pregnancy was carried to term with no complications. She added that she experiences constipation and vomits during the first trimester (thus the first three months) and has frequency of micturition and pica (craving for non-nutritious foods) as the pregnancy advances. According to her, she took 2 doses of tetanus toxoid injection; that is the first and second dose in her first pregnancy. She added that she took five (5) doses of Sulfadoxine pyrimethamine as a prophylaxis against malaria in the pregnancy and was a regular attendant to antenatal clinic in her previous pregnancy. She also mentioned that she never had pregnancy induced hypertension, anemia and ante partum hemorrhage.

## **Labour**

According to client, she had spontaneous vaginal delivery in her previous delivery at the clinic with a natural onset of labour. She was not able to recall the weight of the baby at birth but she said that he was neither small nor large and he cried loudly at birth. She said there was no complication like post-partum hemorrhage or retained placenta. The client said she was in good health after delivery and practice skin to skin with the baby and starts breastfeeding as soon as she was sent to the lying –in ward.

She also said that her baby had no abnormality like cleft palate, imperforate anus or extra digits and had no ill health after delivery.

## **Puerperium**

Madam Hamida said she breastfed her baby solely on breast milk for six months before giving him supplementary feeds and weaned him at eighteen months. She said that she sent him to the Child Welfare Clinic and had the necessary immunization against childhood preventable disease. According to her, she uses the natural family planning which is the lactational amenorrhea and the calendar based method. She went through puerperium successfully without any complication like puerperal psychosis, puerperal depression, sepsis, and puerperal pyrexia. She further said her support person were her mother and husband.

## 1.8 PRESENT OBSTETRICAL HISTORY

Madam Hamida started her antenatal visit on 14/10/2021 when she was 4weeks gestation by scan. She said her LMP (last menstrual period) was on 5/9/2021. Her expected date of delivery (EDD) was calculated to be 12/06/2022. Laboratory investigations were done and the results were recorded as the following:

Hemoglobin	12.0g/dl
Hepatitis B	Negative
Rhesus factor	Positive
Blood Group	A
HIV Status	Negative
Sickle Test	Negative
Urine for Protein and Sugar	Negative /Negative
G6PD	Normal
VDRL	Non-reactive

Vital signs and other assessments recorded as:

Temperature	36.2 degrees Celsius
Respiration	20 cycles per minute
Blood Pressure	110/60mmHg
Pulse	83 beat per minutes
Weight	54 kilograms
Height	153centimeters

According to the midwife in charge a head-to-toe examination was done but no abnormality was detected and Madam Hamida looked very healthy. According to the midwife in charge her

symphysio- fundal height didn't measure because it wasn't palpable by then, there was no presentation and decent, foetal heart and movement were present. She was given first dose of Tetanus Diphtheria injection. She was giving routine drugs as

Tablet Folic acid                      5mg daily for 30days

Tablet ferrous sulphate              200mg daily for 30days

Tablet multivitamin                  200mg daily for 30 days.

An ultrasound scan was done on 14<sup>th</sup> October, 2021 was revealed that she was 4 weeks and the expected day of delivery was 19<sup>th</sup> June, 2022.

## **CHAPTER TWO**

### **ANTENATAL CARE**

#### **INTRODUCTION**

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

#### **2.1 FIRST CONTACT WITH CLIENT**

Madam Hamida was a regular attendant to the antenatal clinic and it was through one of these visits that she was met on 26<sup>th</sup> of May 2022 at 37weeks gestation which was her 7th visit to the clinic. Education on birth preparedness and complication readiness was been done and the clients participated well during the discussion. After which she was approached and introduction made as a student midwife from Berekum Nursing and Midwifery Training College who came to have clinical experience, and then wished to involve her in a study named as Family centered maternity care study. Detailed information about pregnancy, labour and puerperium and procedures involved in the study were explained to her and she gladly agreed and promised to give all the information needed and her maximum cooperation. She was introduced to the ward in charge as the client selected for the care study, which she also gave her consent to it. Procedure to be done on her was explained to her and she gave her consent to it. Privacy was provided and a bottle was given to client to urinate. Apron and gloves were worn. Urine was collected and noted for color, odor and amount but no abnormality was detected. One strip of the

urine reagent was dipped in the urine and removed immediately. The strip was compared with the corresponding color chart on the reagent bottle and it was observed that both protein and sugar were negative. All items were discarded. Hands were washed and dried with a clean towel. All findings were communicated to client, recorded and reported. Client was thanked for her corporation. Her history, vital signs and weight were taken and the findings recorded in her antenatal book as follows;

Temperature	36.2degree Celsius
Pulse	83 beat per minute
Respiration	21cpm
Blood Pressure	94/66mmhg
Weight	54kg
Height	153 centimeters

The results of the various laboratory investigations done were as follows

Hemoglobin	11.1grams per deciliters
Sickling test	Negative
Blood group	A
Rhesus	Positive
Stool (cyst, ova)	No abnormalities detected
Malaria Parasite	No MPS
Hepatitis B	Negative
Syphilis (VDRL)	Negative
G6PD	Normal
HIV status	280(negative)

Urine (protein, sugar, acetone)      Negative

She was later sent to the palpation room for various examinations to be conducted on her.

Permission was sought from her to perform head to toe examination on her in which she consented to. All the necessary requirements needed for the examination were gathered and sent to the examination room. Privacy was provided by closing the windows and shutting of the door and client was assisted to undress and asked to lie on the bed. Hands were washed under running water with soap and dried with clean towel. Client was assisted to assume supine position

### **Head to toe examination**

A quick general examination was done on client and it was observed that client looked healthy and after that a careful hair to toe examination was done on the client. The hair was checked for the presence of dandruff, lice, dirt, scars and infections of the scalp and none of these was seen. Client was encouraged to continue to keep her hair clean and neat always. The face was inspected for rashes and no rashes were detected.

The ears were examined for discharges and checked if it is in alignment with the contour of the eyes. The eyes were checked for pallor and discharges and none was detected. The nose for discharges, lips for pallor, mouth for halitosis, teeth for tooth decay; the tongue for pallor, neck for enlarged lymph nodes to rule out any abnormalities like goiter, distended veins but no abnormality was detected. As the examination was going on, she was engaged in conversation to avoid boredom and to also assist in examination of the mouth.

### **Breast examination**

Client was asked to put one of the hands under the head for breast examination. The breast was inspected for rashes and scars but none was detected. The breast was palpated for lump, and armpits for enlarged lymph nodes. Cotton wool was put on the nipple and the breast was squeezed to check for the color of the breast milk. She was thought how to perform self-breast examination and to report any deviation which she agreed to it. The procedure was repeated on the other breast with the other hand under her head.

### **Extremities**

The upper extremities were examined for equality and alignment with the body but both were equal. The fingers for dirt and grown nails, palm for pallor and all these were absent. Client was therefore encouraged to continue with her cleanliness.

The lower extremities were examined for equality, varicose veins and edema as well as leg cramps, tenderness in the calf muscle but no abnormalities were detected.

### **The back**

She was assisted to turn her back for inspection. On inspection of the sacral region; no lesion or edema was detected.

### **Abdominal examination**

**Inspection:** On abdominal inspection, the shape of the abdomen was ovoid, medium sized with presence of linear nigra and striae gravidarum. The abdomen was inspected for scars from previous caesarian section and there was none detected.

Measurement of symphysis-fundal height: The hands were rubbed against each other to

provide warmth before touching the client's abdomen. The zero end of the measuring tape was placed on the upper boarder of the symphysis pubis and the tape was extended along the midline to the fundus of the uterus and the symphysis-fundal height measured 32 centimeters' and Gestational age was 37 weeks ``

**Fundal palpation:** Facing Madam Hamida, arms were rubbed together to provide warmth to prevent inducing contractions. The palms were placed on either side of the fundus, curved around the top of the fundus to determine what lies in the upper pole. A soft mass was felt which indicated the buttocks of the fetus

**Lateral palpation:** Lateral palpation was done with palms on both sides of the uterus midway between the symphysis pubis and the fundus, the uterus was stabilized with a hand and palpation was done through the entire midline to the lateral side of the abdomen to locate the foetal back. The other hand was also used to stabilize the uterus and the procedure was repeated. The right lateral palpation done at the right side of the mother and this region was smooth which indicated the fetal back. This will help to position the fetoscope to listen to the fetal heart rate.

**Pelvic palpation:** This examination was done facing Madam Hamida's feet. She was asked to flex the knee slightly and breathe in and out slowly. The palms were placed just below the level of the umbilicus with the fingers directed towards the symphysis pubis and thumb almost meeting; a hard mass was felt indicating the head of the fetus.

**Descent:** The anterior shoulder was located and two fingers of the non-dominant hand was used to stabilize it. The symphysis pubis was located and with the ulna border of the dominant hand just above the symphysis pubis, five fingers occupied the space indicating descent of 5/5th. Therefore, from the above, it was deduced that, the lie was longitudinal, presentation was cephalic, and descent was 5/5th.

**Auscultation:** On auscultation, the fetal stethoscope was warmed and placed at the area where the foetal back was located to listen to the foetal heart rate. With one hand at the maternal radius to ensure that it is not the maternal pulse being listened to, the foetal heart rate was checked and counted for one minute and recorded as 122 beats per minute. Permission was sought to inspect the vulva and it was granted. Hands were washed with soap under running water and dried with clean towel. Sterile gloves were put on. The mons pubis was well shaved; there were no scars, edema, rashes, sores, varicose veins nor genital warts. The vulva was not clean as there were slight discharges. The discharges were cleaned with cotton wool swab soaked in Savlon and then discarded and the perineum was cleaned with dry cotton. Client was advised to keep the vulva area clean and dry, change panties when wet, wear cotton panties, dry panties in the sun when washed and avoid douching. The client was asked to lie laterally and sit up before getting out of the bed.

Hands were washed with soap under running water and dried with clean towel and all findings recorded into her antenatal record book and communicated to her. She was encouraged to ask any questions bothering her mind and she asked whether the vaginal discharge was going to have any effect on her baby after birth. Madam Hamida was reassured and educated that it is due to proliferation of vaginal epithelium and for that reason vulva hygiene should be re-enforced in other not to cause infections to the foetus.

She was thanked for her cooperation. She was encouraged to eat early and avoid going to bed just after eating and not to take in too much pepper, oily and spicy foods to prevent heartburns and take enough fluids and fruits to prevent constipation. Routine drugs were served.

However, she was asked whether she had any complaints and she said she had lower abdominal pains. The physiology behind the lower abdominal pain was also explained to her.

Madam Hamida was encouraged to rest in between work and also advised to do short intermittent exercise, have enough rest and to take her drugs as prescribed. Education was given on birth preparedness and complication readiness.

She was advised that when she goes home, she should gather all the necessary items (layette) she would need during labour in one bag as very soon she may be due for delivery. She was encouraged to find people who will donate blood for transfusion in case any complications set in and to also save some amount of money as well.

She was also encouraged to report any abnormality to the clinic very early so that early treatment could be given to prevent further complications even when it was not yet time for her to come to antenatal clinic. She was also reminded about her next visit to the clinic which was on 2<sup>nd</sup> June 2022. Phone numbers were exchanged and the direction to the client's house was taken. Agreement was made on the date for a visit to her house which was on the 27<sup>th</sup> May 2022 in the evening time.

The routine drugs served were as follows;

Tablet Folic Acid	5mg daily for 30 days
Tablet Multivitamin	200mg daily for 30 days
Tablet Ferrous Sulphate	200mg daily for 30 days.

She left the clinic happily afterwards.

## **2.2 FIRST ANTENATAL HOME VISIT**

On May 27<sup>th</sup> at 4:30pm, a visit was made to Madam Hamida's house as arranged. The main purpose was to check on how she was faring, her physical wellbeing as well as her surroundings and family's welfare. A seat was offered and rapport was established, opportunity was taken to move around the house and observe the surroundings as well. The house was located behind the

S.D.A School. It was built with blocks and well plastered, which was painted in yellow. It contains two rooms and a corridor with a big hall. A wooden constructed kitchen is just beside the house. There was a bathroom and a toilet which was built with blocks and plastered and was at the back of the house. The floor of the bathroom was covered with cement. It was observed that the surroundings were somehow bushy. Their water was in a barrel and left uncovered in the kitchen. The environment was also arranged with utensils and other household materials haphazardly in the house. Madam Hamida returned from the water sight with a pan of water which she poured into the barrel. She was glad to see us and rapport was established. Madam Hamida mentioned that, she and her family were occupying two rooms. . The room has windows which she said she opens it always to allow fresh air to enter the room. The source of water is from the bore hole which she said is not all that far from the house. She mentioned that they use this water for domestic purposes and also as a drinking water. She mentioned that refuse was dumped in the bush, few meters away from the house. The room was very spacious and well ventilated. It was observed that, she and her family sleeps under a treat mosquito net. A chance was given to educate her on how and the need to keep a good personal and environmental hygiene. Enquiries were made on her vaginal discharges and she confirmed that the discharges have reduced and she had not experienced any sign of infection and also the pains at her lower abdomen have also reduced.

An opportunity was then given to inspect her layette for labour. She said she has gotten all the needed items for labour and were well packed so permission was sought to inspect the items and they were accurate as she had said, she was also educated on true labour signs such as “show” and painful rhythmic regular contractions. She was asked if there was any complains and she complained of frequency in micturition. So an opportunity was taken to reassure and educate her

on the physiological changes that occur in the urinary system during pregnancy. Her husband had returned by then and he was encouraged to support her in any way he could to ease stress and pressure.

Madam Hamida and her family were then appreciated for their warm reception and permission was sought to leave and next visit scheduled, and was then seen off by client.

### **Psychosocial**

According to madam Hamida, she is happily married and stays with her husband. She has a cordial relationship with the family members of which all the members see themselves as one. Therefore, in terms of any difficulties they encounter, they all come together as one big family to find possible solutions to that. Client said, her religion teaches her to live peacefully with one another. Madam Hamida attends occasions like, marriages, funeral and other festivals with her husband whenever the needs arrive. Madam Hamida is a seamstress and makes an appreciable amount of money and this contributes to her self-achievement and targeted goals.

### **2.3 SECOND ANTENATAL HOME VISIT**

The second home visit to Madam Hamida house was made on the 28<sup>th</sup> May, 2022 around 4:00pm. Greetings were exchanged and a seat was offered. At this time the whole families were at home. The aim of the visit was to check up on her wellbeing, the family members and to ascertain whether the education given was taken. She said she was anxious because she did not know the outcome of her pregnancy. She was reassured that so far; all findings proved that there

was no problem. She was reassured that with the competent and skills attained from the school no complication would occur. She was also assured of the competency of the midwives. She was asked to mention the true labour signs and she was able to recall all of them. She was then reminded to report immediately to the clinic if she experienced any of them. She was asked of the one who would accompany her to the clinic and she said her mother. She was also reminded to arrange with a taxi driver who would pick her to the hospital when the need arose. The compound was checked and everything was well kept. Permission was sought to leave and she was reminded of the next visit to the facility.

#### **2.4 SUBSEQUENT VISIT TO THE CLINIC**

On 2<sup>nd</sup> of June, 2022, Madam Hamida reported to the facility as scheduled. She was warmly welcomed. Her antenatal book was collected and glanced through. All the routine procedures to be carried out were explained to her and her consent was sought. Her vital signs and weight were checked and recorded as follows:

Temperature	36.0 degrees Celsius
Pulse	79beats per minute
Respiration	19cycles per minute
Blood pressure	86/ 56millimetres of mercury
Weight	54 kilograms

She was asked to empty her bladder and urine was tested for the presence of protein and glucose which were both negative. She was then sent to the palpation room. She was assisted to position herself on the examination bed. After hand washing with antiseptic soap under running water and well dried with a clean dry towel, head to toe examination was done and no abnormality was detected. Abdominal inspection was done and there was no abnormality detected. On palpation,

the gestation was 38; Symphysio-fundal height 37cm, lie longitudinal, and presentation cephalic, descent 5/5th, foetal heart rate was 136bpm on auscultation. She was then congratulated, asked to lie on her left side, sit and then get up from the examination bed. A seat was offered to her and findings were communicated to her. Client complained of fatigue and was then encouraged to have enough bed rest and sleep and was asked to come to the facility in a week's time if she had not delivered. She was not served with any of her routine drugs because the previous ones had not yet finished. She was reminded of the next visit to the facility which was on the 9<sup>th</sup> June 2022 if labour does not set in. She was then thanked and seen off.

## **2.5 ANTENATAL CARE PLAN**

Nursing care plan is a guideline to nursing action in order to promote individualized care and continues care of the client. It is written to aid in identification of client's problems, out of which nursing diagnosis is made with the specific objective set regarding the problem. Interventions and evaluations are made at the end to ensure that all the objectives are met. Again, it ensures continuity of care and paves way for good interpersonal relationship among staff, client and relatives.

## **PROBLEMS IDENTIFIED DURING ANTENATAL PERIOD**

1. Vaginal discharges on 26/05/2022
2. Frequency of micturition. 27/05/2022
3. Lower abdominal pains on 26/05/ 2022
4. Fatigue on 02/06/2022

### **SHORT TERM OBJECTIVES**

1. Client's vaginal discharges will resolve within 48 hours.
2. Client will be able to cope with the lower abdominal pains throughout pregnancy.
3. Client will be able to cope with fatigue throughout pregnancy.

### **LONG TERM OBJECTIVE**

Madam Hamida will go through pregnancy, labour and puerperium successfully without any complications to both mother and fetus.

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

<b>DATE/ TIME</b>	<b>NURSING DIAGNOSIS</b>	<b>OBJECTIVE/O UTCOME CRITERIA</b>	<b>NURSING ORDERS</b>	<b>NURSING INTERVENTION</b>	<b>DATE / TIME</b>	<b>EVALUATION</b>	<b>SIGN</b>
26 <sup>th</sup> May 2022 at 10:30 am	Risk of urinary tract infections related to increase vaginal discharge and poor perennial hygiene.	Client's vaginal discharge will subside within 48 hours and show no sign of infection as evidenced by client verbalizing that the discharges has minimized. And the midwife observing that, there is minimal discharges and client showed no sign of infections	<ol style="list-style-type: none"> <li>1. Reassure client.</li> <li>2. Encourage client to clean the perineum from the front to the back (anteroposterior) anytime she urinates or visit the lavatory in order to avoid transmitting microbes to the vaginal.</li> <li>3. Encourage client to wear cotton pants only in order to absorb sweat and heat.</li> <li>4. Educate client to avoid vaginal douching.</li> <li>5. Encourage client to wash the perineum with much water to get rid of microbes and discharges.</li> </ol>	<ol style="list-style-type: none"> <li>1. Client was reassured that the discharges will disappear.</li> <li>2. Client was encouraged to clean the perineum from the front to the back to prevent sending microbes to the vaginal.</li> <li>3. Client was encouraged to wear cotton pants only in order to absorb sweat and heat.</li> <li>4. Client was educated to avoid vaginal douching.</li> <li>5. Client was encouraged to wash the perineum with enough water to get rid of microbes and discharges</li> </ol>	29 <sup>th</sup> May 2022 at 8:45p m	Goal met as evidenced by client verbalizing that the discharges has subsided and there is no sign of infection. And midwife observing that discharges at the perineum is minimal and client showed no sign of infection.	AY

**TABLE A: NURSING CARE PLAN DURING ANTENATAL CON'T**

<b>DATE AND TIME</b>	<b>NURSING DIAGNOSIS</b>	<b>NURSING OBJECTIVES</b>	<b>NURSING ORDERS</b>	<b>NURSING INTERVENTIONS</b>	<b>DATE AND TIME</b>	<b>EVALUATION</b>	<b>SIGN</b>
27/05/2022 at 9:00am	Frequency of micturition related to pressure of the presenting part on the urinary bladder.	Client will cope with frequency of micturition within 24 hours as evidenced by client verbalizing that she understand the situation	<ol style="list-style-type: none"> <li>1. Reassure client that Situation is temporal and after delivery it will resolve.</li> <li>2. Educate on the physiology of frequency of micturition to her.</li> <li>3. Encourage client to reduce fluid intake at night</li> <li>4. Encourage client to use chamber pot in her room at night.</li> <li>5. Encourage client to urinate when she has the urge</li> </ol>	<ol style="list-style-type: none"> <li>1. Client was reassured that the situation was temporal and it will resolve after delivery.</li> <li>2. Client was educated on the frequency of micturition due to fetal pressing on the urinary bladder</li> <li>3. Client was encouraged to reduce fluid intake at night.</li> <li>4. Client was encourage to use chamber pot in her room at night.</li> <li>5. Client was encouraged to urinate when she has the urge</li> </ol>	28/05/2022 at 8:00am	Goal achieved as client told the midwife that she coped with the frequency of mictursition.	AY

**TABLE A: NURSING CARE PLAN DURING ANTENATAL CON'T**

<b>DATE/ TIME</b>	<b>NURSING DIAGNOSIS</b>	<b>OBJECTIVE/OUT COME CRITERIA</b>	<b>NURSING ORDERS</b>	<b>NURSING INTERVENTION</b>	<b>DATE/ TIME</b>	<b>EVALUATION</b>	<b>SIGN</b>
26/05/20 22 10:30am	lower abdominal pain related to descent of fetal head.	Client will cope with the lower abdominal pain within 48 hours as evidenced by  1.client verbalizing that the pains have reduced.  2. Midwife observing that client's facial expression is good and cheerful.	1. Reassure client that pains will stop once labour ends.  2.Explain the physiology of lower abdominal pain to the client.  3. Encourage client to adopt a comfortable position.  4. Encourage client to rest between activities.  5. Serve prescribed analgesics.	1. Client was reassured that pain will stop once labour ends.  2. The condition was explained to that due to the descent of the fetal head which is having a straining effect on the pelvic ligament.  3.Client was encouraged to adopt a comfortable position.  4. Client was encouraged to rest between activities.  5. Client was served with 1 gram of paracetamol.	28/05/20 22 9:00am	Goal fully met as evidenced by  1. client verbalizing that pains have reduced  2. and midwife observing that the pains client's facial expression is good and cheerful	AY

**TABLE A: NURSING CARE PLAN DURING ANTENATAL CON'T**

<b>DATE/ TIME</b>	<b>NURSING DIAGNOSIS</b>	<b>OUTCOME/ OBJECTIVE CRITERIA</b>	<b>NURSING ORDERS</b>	<b>NURSING INTERVENTION</b>	<b>DATE/ TIME</b>	<b>EVALUATION</b>	<b>SIGN</b>
02/06/20 22 9:45am	Fatigue related to weight of product of conception and inadequate rest.	Madam Hamida's fatigue will reduce within 72 hours as evidenced by Client verbalizing reduction in fatigue and improvement in body comfort.  Midwife visualizing client feeling more comfortable.	1. Reassure client. 2. Encourage family members to help with household chores. 3. Encourage client to take up little work 4. Teach client energy conservation techniques such as sitting rather than squatting or standing while washing. 5. Encourage client to have more rest during the day.	1. Client was reassured that her fatigue will reduce. 2. Family members were encouraged to help with the household chores. 3. Client was encouraged to take up little work. 4. Client was taught energy conservation techniques such as sitting rather than squatting or standing while washing. 5. Client was encouraged to have more rest during the day.	04/06/20 22 10:35am	Goal fully met as evidenced by 1. Client verbalizing reduction in fatigue and improvement in body comfort.  2. Midwife observing client feeling more comfortable.	AY

## **CHAPTER THREE**

### **LABOUR**

#### **3.0 INTRODUCTION**

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

#### **3.1 ADMISSION AND MANAGEMENT OF LABOUR**

On the , 14<sup>th</sup> June 2022, madam Hamida called and complained of lower abdominal pains and painful uterine contraction. Further enquiries made, indicated that the labour pains started around 12pm in the afternoon and client had seen blood-stained mucus (show) at 4: 00 pm. She was asked to come

to the hospital immediately; she came immediately and was accompanied by her mother in-law to the facility around 5:50pm. Client was observed to be anxious. They were welcomed and were offered a seat and further assured that she is in safe hands. She was reassured to allay anxiety. Her maternal health record book was taken and glanced through. Her expected date of delivery

was confirmed which dated 12/06/2022. She was made comfortable in bed and all procedures to be carried out were explained to her and her consent was sought. She was encouraged to ask questions and was asked if she still felt anxious but she said she's not. Client's labour history was taken and recorded. Her hemoglobin level was checked and it was 13.1g/dl. Her vital signs were checked and recorded as follows:

Vital signs		values
Temperature	-	36.2 degree Celsius
Pulse	-	76 beat per minute
Respiration	-	20 cycle per minute
Blood pressure	-	120/80 beat per minute

A specimen bottle was given to client for the midstream urine collection for urine examination and a bed pan was also served. The amount of urine produced was 250mls. A urine reagent strip was used to test for glucose, acetone and protein and the result was negative and the color of urine was amber, clear and not offensive. Hands were washed with soap under clean running water and dried with clean dry towel. Client drank 500mls of water. Having explained the procedure and her consent sought, head to toe examination was conducted but no abnormality was detected. The abdomen was inspected.

**Inspection:** Client's abdomen was ovoid in shape and medium in size. Strae gravidarum, linear nigra and fetal movement were present but no scar was found.

**Palpation:** The abdomen was palpated, symphysis fundal height was 38cm, and gestational age was 39 weeks +5 days, the lie was longitudinal, presentation was cephalic, and descent was 4/5th. Contractions were checked with one hand on the abdomen for ten minutes and two (2) contractions were obtained in the ten(10) minutes which lasted for 30 seconds.

**Auscultation:** The fetal heart rate was 136 beats per minute with good volume and regular in rhythm.

### **Vaginal examination**

A tray for vaginal examination was set and the items needed include,

1. Sterile gallipot containing lotion (Savlon).
2. A sterile gallipot containing cotton wool swabs.
3. A pair of sterile gloves.
4. Receiver for used swabs.

Madam Hamida was helped onto the lithotomy position at 6:20pm. Hands were washed with soap and water and dried with a clean towel; sterile gloves were worn for vaginal examination. The vulva was then inspected for scars, sores, warts, edema and clitoridectomy, abnormal discharge but none was present. The vulva was then swabbed with sterile cotton wool swabs soaked in Savlon solution. After swabbing the vulva, the vagina was entered with the middle finger and then followed by the index finger.

On vaginal examination, the vagina was warm and moist, the cervix was soft, thin and the presenting part well applied to it. The membranes were intact, cervical dilatation was four (4) centimeters. Presentation was cephalic. The sacrum was well curved, ischial spines were blunt and pubic arch was wide. Madam Hamida's perineum was cleaned and a perineal pad was applied to the vulva.

Client was covered with a cloth and made comfortable in bed. She was also encouraged to ambulate and to lie on her left when she felt tired. Client was then informed about the findings and after that, findings were recorded. Madam Hamida was encouraged to empty her bladder when she felt the urge as that will aid in the descent of the fetal head and effective contractions. She was also asked to change her perineal pad when it got soiled. She was also asked to breathe through the mouth whenever there's severe contractions.

Her sacral region was massaged during contractions to minimize pain. She was cautioned not to push when she felt the pains because that would make the cervix edematous and thereby prolonging labour. She was educated on the importance of deep breathing exercise and how to do it. She was asked if she felt hungry and she said no. Client's husband was offered a seat outside and he was reassured.

## **PREPARATION FOR BIRTH**

**Identification of helper and review of the emergency plan:** The midwife in-charge who was supervising labour was chosen as a skilled helper. The skilled helper was informed that she may be called to help in case of emergency for the baby and mother during and after delivery. The mother in-law of the client who was the unskilled helper was informed to be available in order to run errands when needed. Madam Hamida had two of her relatives

around who were going to donate blood in case of need. The taxi driver who brought them was also informed that his service may be needed when there is an emergency.

**Preparation of area for delivery:** The area for delivery was prepared by drawing curtains down, testing of light and making provision for artificial lighting and switching off fans. Madam Hamida's abdomen was washed and dried to prevent infection to the baby after delivery since the baby will be placed skin to skin on the mother's abdomen. She was assisted to wash and dry her hands.

**Preparation of area of resuscitation and checking of equipment:** it was ensured that resuscitative is clean and prepared for resuscitation when necessary. The equipment needed for resuscitation were assembled and tested for functioning and they were in good condition. The equipment included head cover, ambu bag and mask, timer, suction device, stethoscope, source of light and others.

### **3.2 MANAGEMENT OF FIRST STAGE OF LABOUR**

Client was put on partograph on admission when labour was established. Fetal heart rate, contractions and pulse was checked every 30 minutes and vaginal examination, descent, blood pressure and temperature were done four hourly.

At 6:50pm, fetal heart rate was 142bpm with good volume and regular in rhythm. Uterine contraction was 2 in 10 lasting for 30 seconds, maternal pulse was 84bpm.

At 7:20pm, fetal heart rate was 134bpm with good volume and regular in rhythm. Uterine contractions was 3 in 10 lasting for 32 seconds and maternal pulse was 89bpm. Client

complained about lower abdominal pain and waist pain. client was reassured that she will be relieved and all procedures and findings were explained to her.

At 7:50pm, fetal heart rate was 138bpm. Uterine contractions was 3 in 10 lasting for 34seconds and maternal pulse was 79bpm.

At 8:20pm, fetal heart rate was 144bpm. Uterine contractions was 3 in 10 lasting for 35seconds and maternal pulse was 96bpm.

At 8:50pm, fetal heart rate was 146bpm with good volume and regular in rhythm. Uterine contraction was 4 in 10 lasting for 36seconds and maternal pulse was 83bpm.

At 9:20pm, fetal heart rate 144bpm. Uterine contractions was 4 in 10 lasting for 38seconds. maternal pulse was 90bpm.

At 9:50pm, fetal heart rate was 148bpm. Uterine contractions was 3 in 10 lasting 40seconds, maternal pulse was 92bpm.

At 10:20pm, fetal heart rate was 142bpm with good volume and regular in rhythm. Maternal pulse was 86bpm. Temperature was 36.8°C and blood pressure was 110\60mmHg, urine measured 130mls. Uterine contractions was 3 in 10 lasting for 44 seconds. Client was due for vaginal examination. On examination, cervix was 8cm dilated. Decent was 2\5<sup>th</sup> and membranes intact with moulding(0).

At 10:50 pm maternal pulse was 82bpm. Fetal heart rate was 150bpm. Uterine contraction was 4 in 10 lasting for 46seconds.

At 11:20pm, fetal heart rate was 140bpm with good volume and regular in rhythm. Uterine contractions was 4 in 10 lasting for 48 seconds and maternal pulse was 89bpm.

At 11:50pm, fetal heart rate was 136bpm with good volume and regular in rhythm. Uterine contractions was 4in 10 lasting for 50 seconds and maternal pulse was 90bpm

At 12:20pm, Madam Hamida shouted; she had the urge to pass stools. She was asked to lie down for assessment to ascertain the stage of dilatation. Membranes ruptured spontaneously as she tried to lie on the bed. Liquor was clear. vaginal examination was done and the cervix was 10cm dilated, descent was 0/5<sup>th</sup> with mouldin(++), contractions was 5 in 10 minutes lasting 52 seconds and fetal heart rate was 144 bpm, the perineum bulged and the anus gaped. The in-charge was informed of the progress of labour and was asked to confirm it and she confirmed which marked the beginning of second stage of labour. Maternal pulse was 92bpm. Temperature was 36.6°C and blood pressure was 110\70mmHg, amount of urine was 100mls with protein and glucose was checked and all recorded negative.

All findings was recorded on the partograph sheet, communication of findings was related to the client and she was reassured.

### **3.3 MANAGEMENT OF SECOND STAGE OF LABOUR**

. After carrying out vaginal examination, client was informed that she was due to deliver her baby.

Madam Hamida was asked about the position she preferred to deliver her baby with and she chose the lithotomy position and was helped to assume it. Protective clothing which include plastic apron, boots and face mask were worn. Delivery pack was opened by the midwife in-

charge and sterile gloves were worn. The vulva was cleaned with cotton wool balls soaked in Savlon solution. She was draped with sterile sheets on both thighs, on the abdomen and under the buttocks to maintain a sterile field for the foetus. Madam Hamida was reminded that the baby would be delivered onto her abdomen and she agreed. With the second stage being confirmed by the last vaginal examination, she was asked to push with contractions and take a rest when the contractions wear off. As she pushed and the head was advancing, a clean perinea pad was placed at the anal region to prevent the stool from contaminating the delivery field and getting into contact with baby's face. The middle and index fingers of the right hand were placed on the fetal advancing head to aid flexion and to allow the smallest diameter of the fetal head to distend the vulva; this was done to prevent crack or tear of the perineum. With four contractions crowning took place and the woman was asked to pant with contraction in order to prevent sudden expulsion of the fetal head. Extension of the head was done in which sinciput, face and chins swept the perineum and the head was born. The eyes were cleaned immediately with sterile gauze, cleaning from the inner canthus of the eyes outward using a swab at a time.

The neck was felt for cord around it and there was none. Restitution occurred and external rotation of the head which indicates that internal rotation of the shoulders had occurred. The fetal head was held in both palms, each palm on the parietal bones and with little downward traction, the anterior shoulder was delivered. The posterior shoulder was also delivered with upwards traction as it was allowed to sweep the perineum and with lateral flexion, the trunk and the rest of the body was delivered onto the mother's abdomen. Time of delivery was noted to be 12:30pm on the 14/06/2022. Sex of the baby was noticed to be a female. The baby coughed and started crying out very loudly.

### **3.4 IMMEDIATE CARE OF THE BABY**

Immediately the head was delivered, sterile gauze was used to clean the baby's face, eyes, mouth and nose. As soon as the whole body was delivered, the baby was placed on the mother's abdomen and dried thoroughly off liquor and the first minute APGAR score was recorded as;

First Minute APGAR score: 8/10

Appearance - 2

Pulse - 2

Grimace - 1

Activity - 1

Respiration - 2

Total = 8/10

Within 1-3 minutes, the cord was clamped 10 centimeters away from the baby's abdomen and the cord was again clamped 8 centimeters from the mother using the forceps. The cord was covered with gauze and cut in- between the clamps to separate the baby from the mother. The cord was then measured 3 finger breaths from the baby's abdomen and clamped with the cord clamp and measuring 2 finger breath above the clamp the cord was cut.

The baby was made warm by wiping off the liquor and was left on the mother's abdomen for skin-to-skin to prevent heat loss and an identification band was placed at the baby's wrist with

the mother's name, sex, date and time of delivery. The condition of the baby was very good as she was actively crying and responding to stimuli.

Fifth Minute Apgar score was recorded as 9/10

Appearance - 2

Pulse - 2

Grimace - 2

Activity - 1

Respiration - 2

Total = 9/10

### **3.5 MANAGEMENT OF THIRD STAGE OF LABOUR**

The assistant gave 10 units of oxytocin intramuscularly at the thigh of Madam Hamida with the aim of contracting the uterus after palpating to diagnose second twin. Controlled cord traction was the method used in delivering the placenta in order to prevent retained placenta or products of conception. The cord was clamped closer to the perineum. A receiver was placed in between Madam Hamida's thigh to receive the placenta and membranes. The left palm was placed on the uterus to feel for contraction. With counter pressure and with the palm facing the fundus of the uterus and at the same time, the dominant hand held the clamped cord. When the uterus contracted, control traction was applied on the cord in a downward motion to deliver the placenta. The steady traction was maintained until the placenta was visible at the vulva. The placenta was then received in both hands and twisted to deliver its membranes in a steady

downward motion. The placenta and membranes were expelled completely at 12:35pm. The placenta was placed in the receiver after quick examination was done to know whether the membranes and lobes were intact. The uterus was rubbed to stimulate contraction and expel clots. Client was taught how to perform uterine massage and also educated on how the uterus should feel after massaging. The perineum, vulva, vagina and the cervix were swabbed and examined for tears and lacerations under a good source of light was done but there was no tear. A clean pad was then used to clean the liquor and the blood from her body. A clean perineal pad was also applied to the perineum and the client was asked to lie on her back and cross her legs so that any bleeding could easily be identified. She was thanked for her co-operation and efforts. She was informed to empty her bladder whenever she felt the urge in order to prevent bleeding. Her husband was informed of a safe delivery of a baby girl and he was happy. Finally, the placenta and membranes were sent to the sluice room to be examined and discarded afterwards as per the protocol of the facility. Placenta and membranes were immersed in 0.5% chlorine solution for ten minutes to minimize the risk of infection during examination.

### **3.6 EXAMINATION OF THE PLACENTA**

The placenta was put in 0.5% chlorine solution and it was examined. The placenta was held by the cord with the membranes hanging and the membranes were examined for completeness and it was intact. The placenta was then laid on a flat surface for further examination. The amnion was peeled from the chorion up to the umbilical cord and was fully viewed when placenta tissues were cupped in both hands, the lobes fitted together without any gap and edges also forming uniform circle at the maternal surface and this indicated there was no missing lobe, there were no white patches on the maternal surface, there was also no blood vessels radiating through the membranes which indicated absence of succenturiate lobe. The cord was situated at the Centre of

the placenta with one vein and two arteries seen in the cord. There was no abnormality detected. The placenta was discarded after decontaminating it according to the protocol of the facility.

The instruments and equipment used were soaked in 0.5% chlorine solution for ten minutes and washed, rinsed, dried and repacked for sterilization. Hands were dipped in chlorine solution before discarding the gloves.

### **3.7 MANAGEMENT OF THE FOURTH STAGE OF LABOUR**

Madam Hamida finished skin to skin at the labour room before being taken to the lying-in-ward for further observation to be carried out. This stage includes prevention of disease, examination of the new born, management of the mother's condition and that of the baby

### **3.8 PREVENTION OF DISEASE**

Chloramphenicol eye drops (two drops) was instilled on the baby's eye as prophylaxis for any eye infection. The baby was covered to provide warmth to prevent heat loss, vitamin K1, 0.5mls was given intramuscularly on the thigh to prevent bleeding. Hands were washed and cord was dressed with methylated spirit and cotton. The baby was put to breast. She was further asked to report when she observes any bleeding, discharge and redness of the cord. Hands were washed with soap and water and dried with a clean towel.

### **3.9 EXAMINATION OF THE NEWBORN**

The procedure (examination of the newborn) was explained to client. Baby's weight was 2.8kilograms. Measurements of the baby were done and the head circumference 34centimeters, chest circumference 32centimeters, length of the baby was 50centimeters. Baby's vital signs were checked and recorded as follows;

<b>Vital signs</b>	<b>value</b>
Temperature	36.0 degree Celsius
Apex heart beat	137 beat per minutes
Respiration	41 cycle per minutes

Examination gloves were worn and the baby was examined in the presence of the mother in a clean, warm environment, where nearby windows were closed. Baby was put on a covered flat surface and only the part to be examined was exposed. The general condition of baby was checked and it was normal. The color was pink, chest was moving normally and the baby was active. A detailed head to toe examination was carried out to detect any abnormality.

**the head, face:** The head and scalp were normal with no caput succedaneum, bulging or sunken fontanel. The eyes were examined for jaundice, discharge and redness but no abnormality was found.

**nose:** The nose was inspected for size and shape and examined for deviated septum but the septum was normal. The nostrils were inspected for patency and discharges and the mucosa for color and polyps. No abnormality was detected.

**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, 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. 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.

**upper extremity:** Hands and arms were inspected for symmetry, movement and paralysis, and the palm for the number of palmer creases. Shape and color of nail beds were inspected for reflexes (grasping, Moro) and they were normal. Hands were again examined for clubbing, extra or missing digits, nail growth and webbing and no abnormality was detected.

**genitalia and anus:** the labia majora covered the labia minora, baby passed urine indicated that the meatus was patent and there was no any abnormality and the anal canal too was patent.

**lower extremity:** 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 talipsequinovarus. The lower limbs were also examined for congenital dislocation of the hip but no abnormality was 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 2.8kg, head circumference was 34centimeters, full length was 50 centimeters.

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 reported and recorded.

### **MANAGEMENT OF THE MOTHER**

Her vital signs were checked every 15 minutes for the first two hours, then 30 minutes for the third hour and hourly for the fourth, fifth and sixth hours post-delivery. At 12:30am, madam Hamida's vital signs were checked and recorded as follows;

<b>Vital signs</b>	<b>Values</b>
Temperature	36.5 degree Celsius
Pulse	82 beat per minutes
Respiration	20 cycle per minutes
Blood pressure	120/70 millimeters of mercury

Client was asked to empty her bladder for fundal height to be measured and she was further informed that, emptying her bladder would provide comfort, prevent postpartum hemorrhage and ensure accurate measurement. Afterwards, a new perineal pad was applied on her vulva. She was helped to lie down comfortably.

The uterus was well contracted with symphysio fundal height measuring 18centimeters. The lochia was red in colour (rubra) and moderate in amount with no offensive odor. The baby was

then put to breast to stimulate the release of oxytocin to aid in the contraction of the uterus and also to help in the production of milk. Education was also given to her on the need to change her perineal pad frequently and any time it got soiled.

## **CONDITION OF MOTHER AND BABY**

### **mother**

The uterus was palpated and it was well contracted. Mother's condition was satisfactory

Mother

Temperature	36.1 degree Celsius
Pulse	80 beat per minute
Respiration	20 cycle per minute
Blood pressure	120/70 millimeters of mercury
Symphysio fundal height	18 centimeters
Lochia	red in colour

### **BABY**

Temperature	36.6 degree Celsius
Pulse	135beat per minute
Respiration	42 cycle per minute

Meconium and urine were passed. Baby's condition was good.

### **SUMMARY OF LABOUR**

Date and time of delivery	-	14th, June 2022 at 12:30pm
Type of delivery	-	Spontaneous Vaginal Delivery
Time of expulsion of placenta and membranes	-	12:35am
Drug given	-	Injection Oxytocin (10 units)

### **DURATION OF LABOUR**

1 <sup>ST</sup> stage	5hours, 50minutes
2 <sup>nd</sup> stage	10 minutes
3 <sup>rd</sup> stage	5 minutes
Total time	6hours, 5minutes

### **CONDITION OF MOTHER AT BIRTH**

General condition of the mother was stable as evidence by the following findings.

Condition of mother	Stable
Perineum	Intact
Fundal Height	18cm
Temperature	36.1 degree Celsius
Pulse	80 cycles per minute
Respiration	20 cycles per minute
Blood Pressure	120/70millimeters of mercury

### **CONDITION OF THE PLACENTA**

Lobes	-	Intact
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Membranes	- Intact
Fetal Surface	- Greyish blue in colour
Maternal Surface	- Dark red in colour
State of Placenta	- Complete and healthy
Blood Loss	- 150mls
Cord vessels	- Two arteries and one vein

### **3.11 CARE PLAN DURING LABOUR**

#### **PROBLEMS IDENTIFIED**

- Lower abdominal pains at 7:20pm
- Anxiety at 5:40pm
- Exposure to infection
- Waist pains at 7:20pm

#### **SHORT TERM OBJECTIVES**

1. Madam Hamida will cope with lower abdominal pain throughout labour.
2. Client will be relieved of anxiety within 60 minutes
3. Client will show no sign of infection within 72 hours
4. Client will cope with the waist pains throughout labour

#### **LONG TERM OBJECTIVES**

Madam Hamida will go through all the stages of labour without any complications to both mother and baby

**TABLE 1: LABOUR CARE PLAN**

<b>DATE/ TIME</b>	<b>NURSING DIAGNOSIS</b>	<b>OUTCOME CRITERIA</b>	<b>NURSING ORDERS</b>	<b>NURSING INTERVENTION</b>	<b>DATE/ TIME</b>	<b>EVALUATION</b>	<b>SIGN</b>
14/06/20 22 7:20 pm	Lower abdominal pain related to descent of foetal head	Madam Hamida will cope with the labour pains throughout labour as evidenced by 1. Client verbalizing that can adapt and cope with the labour pains 2. Midwife observing that client is exhibiting her coping mechanisms.	1. Reassure her that after delivery, pain will be reduced. 2. Educate client on the causes of the lower abdominal pains. 3. Perform sacral massage for the client. 4. Encourage client to do deep breathing exercise with contraction. 5. Encourage client to empty her bladder frequently 6. Educate client on ambulation and position	1. Client was reassured that pain would be reduced after delivery. 2. Client was educated on the cause of the lower abdominal pains. 3. Sacral massage was performed for the client . 4. Client was encouraged to do deep breathing exercise with contractions. 5. Client was encouraged to empty her bladder frequently. 6. Client was encouraged to ambulated and lie in the left lateral position.	14/06/20 22 8:00pm	Goal met as evidenced by  1.client verbalizing that she is adapting and coping with the pains.  2.And midwife observing that client was exhibiting her coping mechanism.	AY

**TABLE 2: LABOUR CARE PLAN**

<b>DATE/ TIME</b>	<b>NURSING OBJECTIVE</b>	<b>OUTCOME CRITERIA</b>	<b>NURSING ORDERS</b>	<b>NURSING INTERVENTION</b>	<b>DATE/ TIME</b>	<b>EVALUATION</b>	<b>SIGN</b>
14/06/20 22 5:40am	Anxiety related to unknown outcome of labour.	Madam Hamida will be relieved of anxiety within 30 minutes as evidence by 1. Client verbalizing that she is no more anxious. 2. Midwife observing that client is no more asking questions.	1. Reassure client she is in the hands of competent midwives. 2. Educate client on the effect of anxiety on labour. 3. Explain the stages of labour to the client. 4. Explain every procedure to be carried out on client to her. 5. Update client with progress of labour. 6. Allow her to ask questions and answer her appropriately.	1. Client was reassured that she was in the hands of competent midwives. 2. Client was educated on effect of anxiety on labour E.g., It can prolong labour. 3. The stages of labour were explained to the client. 4. Every procedure carried on client was explained to her. 5. Client was updated with progress of labour. 6. Client asked questions and was answered appropriately.	14/06/202 2 6:35pm	Goal met as client said she was no more anxious.  2.And midwife observing that client asked less questions during labour.	AY

<b>DATE/ TIME</b>	<b>NURSING DIAGNOSIS</b>	<b>NURSING OBJECTIVES</b>	<b>NURSING ORDERS</b>	<b>NURSING INTERVENTION</b>	<b>DATE/ TIME</b>	<b>EVALUATI ON</b>	<b>SIGN</b>
14/06/20 22 9:30am	Risk for infection related to mishandling of perineal pad.	Client will show no sign of infection as evidenced by 1. Client verbalizing that she is not having signs and symptoms of an infection 2. Midwife observing that client showed no sign of infection after 48 hours	1. Reassure client that she will go through labour without infections. 2. Encourage client to wash hands with soap and clean water before and after changing her pad. 3. Advice client not to use pad when it falls on the ground. 4. Encourage client to change pad regularly when soiled. 5. serve prescribed antibiotics as prophylaxis	1.Client was reassured that she will go through labour without infection. 2. Client was encouraged to wash hands with soap and clean water before changing her pad 3.client was advised not to use pad when it falls on the floor. 4.Client was advised to change pad regularly when soiled. 5.Prescribed antibiotics was server as prophylaxis.	17/06/20 22 8:00am	Goal fully met as evidenced by 1. Client verbalizing that she is not having signs and symptoms of an infection  2. Midwife reported that there was no sign of infection.	JM

**TABLE 4: LABOUR CARE PLAN**

<b>DATE/ TIME</b>	<b>NURSING DIAGNOSIS</b>	<b>NURSING OBJECTIVES</b>	<b>NURSING ORDERS</b>	<b>NURSING INTERVENTION</b>	<b>DATE/ TIME</b>	<b>EVALUATION</b>	<b>SIGN</b>
14/06/2022 7:20pm	Pain (waist pain) related to compression of the sacral nerves by the fetal advancing head.	Client will be able to cope with waist pains throughout labour as evidenced by 1. Client verbalizing that she can cope with the pains. 2. Midwife observing that client is coping with the pain.	1.Reassure client that the waist pains will stop once labour ends.  2. Encourage client to lie on the left when she is tired  3. Perform sacral massage for the client  4.Communicate with client to take her mind off the pain.	1. Client was reassured that waist pains will stop once labour ends.  2. Client was encouraged to lie on the left side when she is tired.  3. Sacral massage was provided for client  4. Communication was established with client to take her mind off the pain.	14/06/2022 8: 00pm	Goal met as client verbalized that the pains has stopped.  And midwife observing that client's pains has stopped	STM AY

## CHAPTER FOUR

### PUERPERIUM

#### 4.0 INTRODUCTION

This chapter entails the day of delivery, subsequent care of baby, home visits, first and second visits to the clinic as well as care plan for problems identified.

#### 4.1 FIRST DAY OF DELIVERY

Madam Hamida was transferred to the lie in ward after the one-hour skin to skin contact on the 14/6/ 2022 where she was given a comfortable bed to sleep on. Both mother and baby were kept warm to prevent heat loss by closing all doors and windows with the baby well wrapped in a warm cot sheet. Madam Hamida was educated on how to properly fix the baby to breast. She was advised to have enough rest and sleep and she mentioned that her fatigued level and lower abdominal pains has reduced and body comfort has improved after delivery. The following were her vital signs:

	MORNING	EVENING
Temperature	36.7 degree Celsius	36.8 degree Celsius
Pulse	78 beat per minute	81 beat per minute
Respiration	21 cycles per minute	20 cycles per minute
Blood pressure	110/70 millimeters of mercury	110/70 mmhg

Perineum was inspected for lochia which was red (rubra) with scanty flows and no odor.

Symphysio-fundal height measured 18centimeters. She was served with porridge afterwards.

## **4.2 SUBSEQUENT CARE OF BABY**

After six hours, Madam Hamida was informed about the need for baby bath and general examination of the baby and she responded positively. Head to toe examination was done and no abnormality was detected. Vital signs were checked and recorded as:

	MORNING	EVENING
Apex heart beat	135 beats per minute	131 beats per minute
Temperature	36.8 degree Celsius	36.7 degree Celsius
Respiration	40 cycle per minute	45 cycle per minute
Weight	2.8 kilograms	2.8 kilograms

All findings were communicated to Madam Hamida.

## **BABY'S FIRST BATH**

### **Requirements**

1. Soap
2. Sponge
3. Cream and powder
4. Sterile cotton in a gallipot or wrapped
5. Basin
6. Towels: 1 big towel and 2 small ones
7. Cot sheets 2

8. Apron
9. Gloves
10. A clean baby dress, cap and socks.
11. Mackintosh
12. 2 jugs containing hot and cold water each
13. Two receptacles for used water and dirty linen
14. A receiver for used swab

### **Procedure**

All windows and doors were closed, fans switched off and the lights switched on to make the room warm. Procedure was explained to Madam Hamida and was thanked for accepting. After gathering all items, the hot and cold water were mixed and temperature was tested with the elbow. Mother was asked to observe in order to do it the next time.

Plastic apron was then worn; hands were washed with soap under running water and dried with a clean towel. Sterile gloves were worn and the baby was positioned on a protected flat surface, he was undressed and covered with the cot sheet leaving the face. The general condition was observed and baby had a pink skin color covered with vernix caseosa. Baby`s eyes were cleaned with cotton wool swab soaked in clean water from the inner canthus out. The face was cleaned with face towel and dried. The baby`s neck was supported with the hand; the ears were plugged with the thumb and middle finger to prevent water from entering the ears. The hair was washed with soap and sponge in a circular manner and rinsed, dried and covered.

The baby was kept on the working surface, the arms and trunk were exposed and washed to the feet paying attention to the skin folds then turned to the back and with one arm supported the

chest and the back was also washed down to the feet paying attention to the skin folds. Baby`s body was immersed in a basin of warmed water, with the head supported above the water and the body was rinsed thoroughly. The baby was then placed on a clean cot sheet and a small clean dried towel was used to dry the body. Baby oil was applied on the skin and was dressed leaving the umbilical cord exposed for dressing and the hair combed neatly. Gloved were removed and discarded. Hands were washed and dried with clean towel.

### **cord dressing**

Mother was asked to protect her on the table. The tray containing six dry cotton wool swabs in a gallipot containing antiseptic solution which was soaked with methylated spirit and a receiver for the used swabs was already set. Hands were thoroughly washed again with soap under running water and dried in a clean towel. Sterile gloves were worn and the cord was exposed. The cord was inspected for bleeding but there was none. The tip of the cord clamp was held with one swab in the non-dominant hand. The base of the cord was cleaned with another cotton wool swab and was discarded. The whole cord was cleaned using four of the cotton wools swabs from the base upwards. One cotton wool swap was used to clean the anterior part, and another one was also used to clean the posterior part of the cord. The tip of the cord was dried with a swab, and the swab that was used in holding was used to clean it. The cord was left exposed to air dry

Baby was dressed, wrapped and, given to mother to breastfeed. The waste materials were discarded according to infection prevention protocol. Gloves were removed and discarded. Hands were washed with soap and water before handling the baby.

Immediately after the cord dressing, the baby was kept for mother to take her bath.

#### **4.3 FIRST DAY POST DELIVERY (DAY OF DISCHARGE)**

The first day post-delivery for Madam Hamida was discharged home on the 15/06/ 2022. Client was asked about her sleep during the night and she said she slept well but had to wake up intermittently to breastfeed her baby. At around 11: 30am, Madam Hamida complained of after pains and the physiology behind it was explained to her and was also reassured that it was a normal disorder. She was encouraged to urinate frequently and assume a prone position with a pillow at the lower abdomen to minimize pains. Her vital signs were then checked and recorded as follows:

Temperature	-	36.5 degree Celsius
Pulse	-	80 beats per minute
Blood pressure	-	110/80 mmHg
Respiration	-	20 cycles per minute

Permission was sought for head-to-toe examination to be performed on her and was granted, and there was no abnormality detected. The breast was lactating well and the uterus was well contracted when palpated and measured with symphysio fundal height of 17cm. On inspection of the perineal pad, the lochia flow was small and the colour was red (rubra) with no odour. She was encouraged to ambulate to promote effective circulation and drainage of lochia. She took her bath after she was served with warm tom brown and a loaf of bread as breakfast. Baby was also examined with permission from the mother after hand washing was done with soap under running water and dried with clean towel. A thorough head to toe examination was performed on

the baby again but no abnormality was detected. The cord was inspected for bleeding, odour and discharge but there was none. The baby was top and tailed and the cord dressed with methylated spirit. The baby was dressed nicely and wrapped in clean warm sheet. The baby`s weight was 2.7kilogram. The baby`s vital signs were checked and recorded as follows:

Temperature	-	37.0 degree Celsius
Pulse	-	135 beats per minute
Respiration	-	45 cycles per minute

Education on how to position herself when breastfeeding and how to put the baby to breast were demonstrated to Madam Hamida to enable her breastfeed well and prevent breast sore. She was asked to give return demonstration and she did that perfectly. She was informed that she would be discharged that day so the baby was reassessed to rule out any abnormality.

She was educated on the intake of nutritious diet which would help boost her immunity and repair worn out tissues. She was rounded to maintain good personal hygiene and was also advised and encouraged to sleep whenever the baby is sleeping so that she can also have enough rest. She was educated on the minor disorders in puerperium such as breast engorgement and skin rashes on the baby and told to report it to the midwife whenever she sees them.

The baby was given polio oral vaccine and bacilli culmette Guerin (BCG) immunization before they were discharged home. Routine drugs were served as follows:

Tablet folic acid 5mg once daily for 7days.

Tablet multivitamin 200mg once daily for 7 days

Table ferrous sulphate 200mg once times daily for 7 days.

Madam Hamida was also advised on the importance of keeping the baby`s cord clean and dry and to avoid the application of unprescribed medications. Madam Hamida was also educated on the importance of reporting to hospital anytime she notices danger signs like bleeding from the cord, offensive odour from the cord or high temperature of the baby. She was also encouraged to sleep under treated mosquito net together with the baby to prevent malaria.

She was also educated to breastfeed the baby on demand and was also encouraged to have adequate rest and sleep. The information about visits to her house to continue the care up to the seventh day was reinforced and saw them off. At 1:30pm client was bid welfare.

#### **4.4 FIRST POSTNATAL HOME VISIT (1<sup>ST</sup> DAY POST DELIVERY)**

On the 15/06/2022 at 4:00pm in the evening, Madam Hamida was visited in her house. Greetings were exchanged and a warm welcome and seat was offered. She was asked about her health and that of her family and responded that they are all well. Permission was sought to examine her which she agreed. After hand washing was done with soap under running water and dried with a clean hand towel. The symphysis fundal height was 16cm. The perineal pad was checked and the colour of the lochia was reddish brown with no foul smell and scanty in amount. The breast was lactating well. There was no observed abnormality. Her vital signs were checked and recorded as follows: Again, permission was sought from the mother to examine the baby which was agreed. The baby was examined from head to toe with no abnormality detected. The cord was also clean and dry.

Temperature

-

36.3 degree Celsius

Respiration	-	21 cycle per minute
Blood pressure	-	120/80mmHg
Pulse	-	76 beats per minute.

Again, permission was sought from the mother to examine the baby which was agreed. The baby was examined from head to toe with no abnormality detected. baby`s vital signs are as follows:

Temperature	-	37.0 degree Celsius
Respiration	-	46 cycles per minute
Pulse	-	136 beat per minute

#### **4.5SECOND POSTNATAL HOME VISIT (2<sup>ND</sup> DAY POST DELIVERY)**

On the 16/06/2022 at 8:00am in the morning, Madam Hamida was visited in her house at Nkrankwanta. Rapport was established. She was asked about her health and that of her family and responded that they are all well. Permission was sought from Madam Hamida to examine her which she agreed. After hand washing was done with soap under running water and dried. The symphysio fundal height was 15cm. The perinea pad was checked and the colour of the lochia was reddish brown with no foul smell and scanty in amount. The breast was lactating well. There

were no observed abnormalities and client showed no sign of infection Her vital signs were checked and recorded as follows:

Temperature	36.5 degree Celsius
Respiration	21 cycle per minute
Blood pressure	120/80 millimeters of mercury
Pulse	80 beat per minute

Again, permission was sought from the mother to examine the baby which was agreed. The baby was examined from head to toe with no abnormality detected. The baby`s weight was 2.6kg and vital signs are as follows:

Temperature	36.6 degree Celsius
Respiration	40 cycles per minute
Pulse	138 beat per minute

The baby was bathed and cord was dressed with methylated spirit. After that baby was dressed nicely, wrapped in a warm clean sheet and was given to the mother to breastfeed. Madam Hamida was encouraged to continue the practice of exclusive breastfeeding not to put anything

on the cord apart from the methylated spirit and also wash hands before handling baby. She was thanked and permission to leave was sought.

### **Evening**

On the 16/06/2022 at 4:00pm in the evening, Madam Hamida was visited again. Greetings were exchanged and a warm welcome, seat was offered. She was asking about her health and that of the family and responded that they are fine, Permission was sought from Madam Hamida to examine her which she agreed. After hand washing was done with soap under running water and dried. The symphysis fundal height was 15cm. The perineal pad was checked and the colour of the lochia was reddish brown with no foul smell and scanty in amount. The breast was lactating well. There was no observed abnormality. Her vital signs were checked and recorded as follows:

Temperature	36.9 degree Celsius
Respiration	20 cycle per minute
Pulse	82 beat per minute
Blood pressure	110/80 millimeters

Again, permission was sought from the mother to examine the baby which was agreed. The baby was examined from head to toe with no abnormality detected. The baby's vital signs are as follow:

Temperature	36.9 degree Celsius
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Respiration	44 cycles per minute
Pulse	132 beats per minute

The baby was top and tailed and cord was dressed with methylated spirit. After that baby was dressed nicely, wrapped in a warm clean sheet and was given to the mother to breastfeed. Madam Hamida was reminded to continue the practice of exclusive breastfeeding and not to put anything on the cord apart from the methylated spirit and also wash hands before handling baby. She was thanked and permission to leave was sought.

#### **4.6 THIRD POSTNATAL HOME VISIT (3<sup>RD</sup> DAY POST DELIVERY)**

On the 17/06/2022 at 8:00am in the morning, Madam Hamida was visited in her house. Greetings were exchanged and a warm welcome and seat was offered. She was asked about her health and that of her family and responded that they are all well. Enquires about her after pains was made and she confirmed that she no longer experiences the pains. Permission was sought from Madam Hamida to examine her which she agreed. After hand washing was done with soap under running water and dried. The symphysis fundal height was 14cm. The perineal pad was checked and the colour of the lochia was bright red with no foul smell and scanty in amount. The breast was lactating well. There were no observed abnormalities. Her vital signs were checked and recorded as follows:

Temperature	36.5 degree Celsius
Respiration	19 cycle per minute
Pulse	82 beat per minute

Blood pressure

110/70 millimeters of mercury

Again, permission was sought from the mother to examine the baby which was agreed. The baby was examined from head to toe. The baby's weight was 2.5kg and vital signs were checked and recorded as follows:

Temperature

36.7 degree Celsius

Respiration

40 cycle per minute

Pulse

130 beats per minute

The baby was bathed and cord was dressed with methylated spirit. After that baby was dressed nicely, wrapped in a warm clean sheet and was given to the mother to breastfeed. Her breast was lactating well and the uterus well contracted. Education was given on prevention of infection. Client complained of fatigue. She was reassured that she will regain her energy. She was encouraged to sleep during the day and also have enough rest. The husband and siblings were also encouraged to help her in all household chores.

## EVENING

On the 17/06/2022 at 4:00pm in the evening, Madam Hamida was visited again. Rapport was established. She was asked about her health and that of the family and a positive respond was given. Permission was sought from Madam Hamida to examine her which she agreed. After hand washing was done with soap under running water and dried. The symphysis fundal height was

14cm. The perineal pad was checked and the colour of the lochia was reddish brown with no foul smell and scanty in amount. The breast was lactating well. There were no observed abnormalities. Her vital signs were checked and recorded as follows:

Temperature	36.6 degree Celsius
Respiration	23 cycle per minute
Pulse	86 beat per minute
Blood pressure	120/70 millimeters of mercury

The baby was top and tailed and the cord was dressed. General examination was done and no abnormality was detected and was dressed nicely and wrapped loosely in a clean warm sheet. Baby was given to the mother to breastfeed.

Baby's Vital Signs:

Temperature	36.6 degree Celsius
Respiration	47 cycle per minute
Pulse	135 beat per minute

#### **4.7FOURTH POSTNATAL HOME VISIT (4<sup>TH</sup> DAY POST DELIVERY)**

On the 18/06/2022 at 7:30am in the morning Madam Hamida's family was paid another visit. Warm greetings were exchanged and her health and that of the family was asked and she said

they are all fine. Purpose of the visit was made known to her. Madam Hamida was asked about the fatigue and she mentioned that she is no longer feeling fatigued and it was observed that she was active now. Permission was sought to perform head to toe examination which was granted and no abnormality detected. Her perineal pad was inspected for lochia and the flow was small, pink in colour (serosa) and was not offensive. Her symphysio fundal height measured was 13centimetres. Her vital signs were checked and recorded as:

Temperature	36.6 degree Celsius
Pulse	82 beat per minute
Respiration	21 cycle per minute
Blood pressure	110/70 millimeters of mercury

The baby was bathed and cord was dressed. It looked dry and about to slough off and the baby was nicely dressed and wrapped in a clean sheet and made comfortable in bed. Baby's weight was 2.6kg and vital signs as follows:

Temperature	36.7 degree Celsius
Pulse	132 beat per minute
Respiration	47 cycle per minute

Client complained of backache. Reassurance was given and was educated on the position to assume when breastfeeding as well as the various positions used in breastfeeding. She was informed of the next visit.

#### **4.8 FIFTH POSTNATAL HOME VISIT (5<sup>TH</sup> DAY POST DELIVERY)**

Client was visited on the 19/06/2022 at 8:30am in the morning. On arrival, greetings were exchanged and she was asked about her health and that of the family and she responded that they are doing well. After the purpose of the visit was explained to Madam Hamida, her vital signs were checked and recorded as follows;

Temperature	36.7 degree Celsius
Pulse	82 beat per minute
Respiration	22 cycle per minute
Blood pressure	120/80 millimeters of mercury

Her perineal pad was inspected and the lochia was pink (serosa) with scanty flow and not offensive. Her symphysio fundal height was 12cm. The baby was top and tailed and the cord was dressed nicely. It looked very dry and it was reported that she passed yellowish stool. The baby was dressed and wrapped in a clean warm sheet and was given to the mother to breastfeed. Client was reminded of the practice of good personal hygiene. Baby's weight was 2.7kg and vital signs checked and recorded as follows:

Temperature	36.5 degree Celsius
Pulse	135 beats per minute
Respiration	41 cycle per minute

Madam Hamida was asked if there was any complain and she said there was none. She was thanked and permission was sought to leave.

#### **4.9SIXTH POSTNATAL HOME VISIT (6<sup>TH</sup> DAY POST DELIVERY)**

On 20/06/2022, client and family were visited again in the morning at 7:30 am. Rapport was established. The health of the client and her family was inquired and a positive response was given. She was asked about the backache and she mentioned that, she is no longer experiencing backache. Permission was then sought and daily routine examination was carried out on both mother and baby from head to toe and no abnormality was detected in any of them. Their condition was very good and both looked healthy. Lochia was inspected and the colour was serosa and amount drained was scanty with no foul odour. Symphysis fundal height was 8cm and vital signs checked and recorded as follows:

Temperature	-	36.7 degree Celsius
Pulse	-	80 beat per minute
Respiration	-	20 cycles per minute

Blood pressure - 110/70 millimeters of mercury

On examination of the baby, the cord was seen torn. Baby bath was provided and mother educated on how to properly bath the baby and also to avoid pouring hot water on the head and genital areas. She was also encouraging to continue to keep the stump dry. Baby's weight was 2.8kg and vital signs checked and recorded as follows:

Temperature - 36.7 degree Celsius

Pulse - 134 beat per minute

Respiration - 42 cycles per minute

Madam Hamida complained of sleeplessness due to baby's crying and feeding at night. She was reassured and her mother was also encouraged to help in taking care of the baby and also sleeps when the baby is asleep. She was thanked and permission to leave was sought.

#### **4.10 SEVENTH DAY POSTNATAL HOME VISIT (7<sup>TH</sup> DAY POST DELIVERY)**

At 8:30am in the morning of 21/06/2022, client and family were visited again. A warmly greetings were exchanged and the health of client and her family was inquired and positive response was given. She was asked if she was able to sleep well and she mentioned that she was able to sleep for more than 6 hours in both day and night. Permission was then sought and routine examination was carried out on both mother and baby from head to toe and no abnormality was detected in any of them. Mother was examined from head to toe and no abnormality was detected and was lactating well. Symphysis-fundal height was 6cm. Her perineal pad was inspected and lochia was scanty and pinkish in colour. The baby's bath was provided

and stump was clean. The baby's weight was 2.9kg and vital signs checked and recorded as follows:

### **Mother**

Temperature	-	36.6 degree Celsius
Pulse	-	84 beat per minute
Respiration	-	21 cycle per minute
Blood pressure	-	110/60 millimeters of mercury

### **Baby**

Temperature	-	36.8 degree Celsius
Pulse	-	136 beat per minute
Respiration	-	48 cycle per minute

Client was asked whether she had complaints that day but she had nothing to report. She was thanked and reminded of the last visit which would be the next day.

### **4.11 FIRST POSTNATAL VISIT TO THE CLINIC**

Madam Hamida and her baby reported to the clinic on 22/06/2022 for the 7th day postnatal examination. She was welcomed and offered a seat. She was asked how they were faring and she responded that they were doing well. Procedures to be carried on her and the baby were explained and she consented. Midstream urine was collected from her to test for protein and sugar and it was negative. Her hemoglobin was checked and recorded as 13.3g/dl. Her vital signs were checked and recorded as follows:

Temperature	-	36.7 degree Celsius
Pulse	-	76 beat per minute
Respiration	-	21 cycle per minute
Blood pressure	-	110/80 millimeters of mercury

Madam Hamida was assisted to undress and lie on the bed for head-to-toe examination. Hands were washed and dried with clean towel. On examination, her hair was nicely braided and neatly kept. The eyes were inspected for pallor and discharges, the nose and ears were also inspected for discharges but nothing abnormal was detected. There were no swellings or lymph nodes around the neck. The breast was lactating well and was educated on breastfeeding the baby on demand to avoid breast engorgement.

On abdominal examination, involution had almost taken place. The extremities were free from oedema, equal in size and no abnormalities detected. On vulva inspection, the lochia was pink in colour, small and the vulva was neatly kept with no odour. No abnormality was detected on the lower extremities too. She was assisted out of the bed and all finding communicated to her. The

baby was also examined in the presence of Madam Hamida but no abnormality was detected. The baby`s weight was 3.0kg. baby`s vital signs was checked and recorded as follows:

Temperature	-	36.6 degree Celsius
Pulse	-	137 beat per minute
Respiration	-	44 cycle per minute

Education was given to the mother on how to care for the baby. Findings on the baby were communicated to her and she was congratulated of taking good care of the baby and herself. She was educated on various family planning methods and the benefits of practicing family planning, when to resume sex and the need to feed the baby exclusively for six months. She was also educated on the need to attend child welfare clinic in order to monitor the growth of her baby, any detection of diseases to complete all the immunization. She was reminded of the importance of rest, eating nutritious diet, maintaining good personal hygiene, baby care, breastfeeding and breast care. Finally, she was handed over to the midwife in charge for the continuity of care. She was congratulated and thanked for her cooperation and support.

#### **4.12 SECOND POSTNATAL VISIT TO THE CLINIC (SIX WEEKS POSTNATAL EXAMINATION)**

According to the midwife in charge, Madam Hamida reported to the clinic on the 26/07/2022 for six-week postnatal examination. A general head to toe examination was carried out on her and the baby and no abnormality was detected. Madam Hamida`s midstream urine was collected for protein and acetone laid and it was negative. Mother and baby were in healthy condition and had no complains. Madam Hamida`s uterus was palpated and was seen not to be palpable and her

breast was lactating well. She had not resumed menstruation when asked. She was educated to continue to practice breastfeeding on demand since that can serve as family planning and prevent unplanned pregnancy until she resumes menstruation before considering the other family planning methods. On examining the baby, the posterior fontanelle was closed and the umbilical stump was completely healed. The baby`s weight was 2.8kg. Their vital signs were checked and recorded as follows:

### **Mother**

Temperature	-	36.7 degree Celsius
Pulse	-	82 beat per minute
Respiration	-	21 cycle per minute
Blood pressure	-	120/80 millimeters of mercury

### **BABY**

Temperature	-	36.4 degree Celsius
Pulse	-	124 beat per minute
Respiration	-	42 cycle per minute

#### **4.13 CARE PLAN DURING PUERPERIUM**

Madam Hamida complained of

- After pain on 15th June 2022 at 11:30am
- Fatigue on 17th June 2022 at 8:00am
- Backache on 18<sup>th</sup> June 2022 at 8:00pm
- Sleeplessness on 20<sup>th</sup> June, 2022 at 7:30am

#### **Short Term Objectives**

- Madam Hamida would be relieved of afterpains within 48 hours
- Madam Hamida would be relieved of fatigue within 24 hours
- Madam Hamida would be relieved of sleeplessness within 24 hours
- Madam Hamida would be relieved of backache within 48 hours

#### **Long Term Objectives**

Client will go through puerperium successfully without any complication to herself and the baby.

<b>DATE/ TIME</b>	<b>NURSING DIAGNOSIS</b>	<b>NURSING OBJECTIVES</b>	<b>NURSING ORDERS</b>	<b>NURSING INTERVENTION</b>	<b>DATE/ TIME</b>	<b>EVALUATION</b>	<b>SIGN</b>
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<p>15/06/2022 11:30am</p>	<p>Pain (afterpains) related to involution of the uterus.</p>	<p>Client will be relieved of after pain within 48 hours as evidence by:</p> <ol style="list-style-type: none"> <li>1. Client verbalizing that The pains have reduced.</li> <li>2. Midwife observing that the client is having a cheerful expression.</li> </ol>	<ol style="list-style-type: none"> <li>1. Reassure client that the pain is temporary</li> <li>2. Educate client to gently massage the lower abdomen to help the uterus to contract</li> <li>3. Educate the client to assume a prone position with pillow under her lower abdomen to exert pressure to help relieve her from the pain.</li> <li>4. Encourage the client to urinate frequently whenever she feels the urge to help the uterus to contract well.</li> <li>5. Serve analgesics like paracetamol as prescribed.</li> </ol>	<ol style="list-style-type: none"> <li>1. Client was reassured that the pain is temporary.</li> <li>2. Client was educated to apply a gentle massage at the lower abdomen to help the uterus to contract.</li> <li>3. Client was educated to assume a prone position with pillow under her lower abdomen to exert Pressure to help relieve her from the pain.</li> <li>4. Client was encouraged to urinate frequently whenever there is the urge to help the uterus to contract well.</li> <li>5. Client took prescribed analgesics. (paracetamol 1 gram tidx3)</li> </ol>	<p>17/12/2020 9:00am</p>	<p>Goal fully met as client said that she is relieved of the pain.</p> <ol style="list-style-type: none"> <li>2. Midwife observed that, client is exhibiting a cheerful expression</li> </ol>	<p>AY</p>
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<b>DATE/ TIME</b>	<b>NURSING DIAGNOSIS</b>	<b>NURSING OBJECTIVES</b>	<b>NURSING ORDERS</b>	<b>NURSING INTERVENTION</b>	<b>DATE/ TIME</b>	<b>EVALUATION</b>
17/06/20 22 at 8:00am	Impaired body comfort (fatigue) related to physical demands of caring for the new born and less sleep.	Client will be relieving of fatigue within 24 hours as evidence by: 1. Client verbalizing that she is relieved of fatigue.  2. Midwife visualizing that client's physical activity is improved.	1. Reassure client that she will regain her energy.  2. Encourage client to sleep in the day when baby is asleep.  3. Encourage client's mother to assist in the caring of the baby.  4. Encourage client to have enough rest  5. Educate client to take nutritious diets.	1. Client was reassured that she would regain her energy.  2. Client was encouraged to sleep in the day when the baby was asleep.  3. Client's mother was encouraged to assist in the caring for the baby  4. Client was encouraged to have enough rest.  5. Client was educated to take nutritious diet take nutritious diets.	18/06/20 22 at 7:00am	Goal fully met as evidenced by  1. Client verbalizing that she is not feeling fatigued anymore  2. Midwife observing that client's physical activity is improved.

**TABLE 4: THE NURSING CARE PLAN**

<b>DATE/ TIME</b>	<b>NURSING DIAGNOSIS</b>	<b>OBJECTIVES /OUTCOME CRITERIA</b>	<b>NURSING ORDERS</b>	<b>NURSING INTERVENTIONS</b>	<b>DATE/ TIME</b>	<b>EVALUATION</b>	<b>SIGN</b>
18/06/20 22 at 8:00am	Impaired body comfort (backache) related to poor posture during breastfeeding	Client will be relieved of backache within 48 hours as evidenced by 1. client verbalizing that she is relieved from the pain. 2. Midwife visualizing that client is feeling comfortable	1.Reassure client that she will be relieved of the pain  2. Teach client how to position herself when breastfeeding  3. Educate client on different types of position used in breastfeeding. 4.Educate client to sit upright with pillows supporting the back  5. Encourage client to attach baby properly during breastfeeding.	1. Client was reassured that she will be relieved of the pain.  2. Client was encouraged to support back with pillows when breastfeeding baby.  3. Client was thought on different positions used in breastfeeding.  4. Client was encouraged to sit upright and support the back with pillows  5. Client was encouraged to fix baby properly to the breast.	2/06/202 2 at 7:00am	Goal fully met as client said that is relieved of the backache.  2. Midwife observed that client is comfortable afterwards	AY

<b>DATE/ TIME</b>	<b>NURSING DIAGNOSIS</b>	<b>NURSING OBJECTIVES</b>	<b>NURSING ORDERS</b>	<b>NURSING INTERVENTION</b>	<b>DATE/ TIME</b>	<b>EVALUATION</b>	<b>SIGN</b>
20/06/20 22 at 7:30 am	Insomnia related to baby's crying and feeding at night.	Madam Hamida would be able to sleep for at least 8 hours within 24 hours as evidenced by 1. Client verbalizing that she was able to sleep for about 8 hours in the night. 2. Midwife observing that client slept for about 8 hours.	1. Reassure client that her sleeping pattern will be restored to normal. 2. Encourage client to feed baby on demand. 3. Educate client to change baby's soiled napkins before going to bed and when necessary. 4. Teach client how to breastfeed whilst lying. 5. Encourage client relative to help her in taking care of the baby.	1. Client was reassured that her sleeping pattern will be restored to normal 2. Client was encouraged to feed baby on demand. 3. Client was educated to change baby's soiled napkins before going to bed and when necessary. 4. Client was taught how to breastfeed baby whilst lying. 5. Client's relatives were encouraged to help her in taking care of the baby.	21/06/20 22 at 7:00am	Goal fully met as client verbalized that she slept for 8 hours during the night and 2 hours during the day.  Midwife confirming from client that she slept for about 8 hours.	AY

## **TERMINATION OF CARE**

Explanation was given to madam Hamida on the need to hand her over to the midwife-In- charge for continuity of care on January 21 /06 /2021 at 8:30am. She was handed over to the midwife in charge for the continuity of care. It was made known to her that update on her will be received from the midwife-in-charge and she will be called if the need arises for any information, and she gladly said she will be available anytime needed. Client and husband were thanked for their support and co- operation shown throughout the study. They were also much appreciative for the loving care rendered to them. They took taxi by the road side and left.

## **SUMMARY AND CONCLUSION**

The family centered maternity care study was conducted on Madma Hamida a 22-year-old gravida 2 para 1 alive and her entire family. Care was given during antenatal; labour and puerperium periods and these processes were gone through successfully.

Madam Hamid's first visit to the clinic was on 10<sup>th</sup> November 2021 when she was 8 weeks pregnant and attended the clinic till delivery and the first contact with her was on 25<sup>th</sup> May 2022 when she was 36 weeks +5days pregnant.

She had spontaneous vaginal delivery of a life female child on the 14<sup>th</sup> June, 2022 without any complications and went through a normal and safe puerperium. She and her family were cooperative, supportive and acted towards any form of education given to them. Through home visits, a close monitoring was made throughout puerperium and education given on how to care for herself and the baby and they were later handed over to the midwife in charged for continuity of care.

To sum up, this care study has given me the student midwife an opportunity to put my theoretical knowledge into practice, boost the confidence level in me and has also help me to improve upon my ability in caring for other pregnant women whom I shall meet in the nearest future throughout pregnancy, labour and puerperium successfully. I have learnt to care systematically for a pregnant woman and her family. It has also broadened my knowledge on issues concerning pregnancy, labour and puerperium. I have also learnt how to care for a pregnant woman in her own environment.

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## APPENDIX I. ANTENATAL RECORDS

<b>DATE</b>	<b>WEIGHT HT (KG)</b>	<b>BLOOD PRESSURE</b>	<b>URINE FOR PROTEIN/ SUGAR</b>	<b>GESTATIONAL AGE IN WEEKS</b>	<b>FUNDAL HEIGHT (CM)</b>	<b>PRESENTATION</b>	<b>DESCENT OF FETAL HEAD</b>	<b>FETAL HEART RATE (FH)</b>	<b>TREATMENT GIVEN</b>	<b>COMPLAINTS</b>	<b>SIGNATURE</b>
10/2021	48kg	104/68mmHg	negative/ negative	4weeks	-	-			Routine drugs	No complaints	
11/2021	49.5kg	94/61mmHg	negative/ negative	8weeks	-	Cephalic	5/5 <sup>th</sup>	150	Routine drugs	No complaints	
12/2022	49.6kg	92/61mmHg	negative/ negative	12weeks	-	Cephalic	5/5 <sup>th</sup>	155bpm	Routine drugs.	No Complaint	
01/2022	50kg	105/68mmHg	negative/ negative	16weeks	17cm	cephalic	5/5 <sup>th</sup>	151bpm	Routine drugs.	No complaints	JB

DATE	WEIGHT (KG)	BLOOD PRESSURE	URINE FOR PROTEINS UGAR	GESTATIONAL AGE IN WEEKS	FUNDAL HEIGHT (CM)	PRESENTATION	DESCENT OF FETAL HEAD	FETAL HEART RATE (FH)	TREATMENT GIVEN	COMPLAIN
03/02/2022	50kg	89/55mmHg	Trace/ negative	20weeks	20cm	cephalic	5/5 <sup>th</sup>	146bpm	Routine drugs.	No complain
03/03/2022	53kg	82/69mmHg	negative/ negative	24weeks	23cm	cephalic	5/5 <sup>th</sup>	132bpm	Routine Drugs	No complaint
31/03/2022	53.5	82/60mmHg	Negative/ negative	28weeks	27cm	Cephalic	5/5 <sup>th</sup>	132bpm	Routine drugs	Healthy
15/04/2022	54	94/66mmHg	Negative / negative	32weeks+ 1	30	Cephalic	5/5 <sup>th</sup>	136bpm	Routine drugs	Healthy
28/04/2022	54	86/56mmHg	Negative / negative	34weeks	33	Cephalic	5/5 <sup>th</sup>	139bpm	Routine drugs	Healthy
12/05/2022	55	90/60mmHg	Negative/ negative	36weeks	35	Cephalic	5/5 <sup>th</sup>	138bpm	Routine drugs	No complains
26/05/2022	56	102/60mmHg	Negative / negative	37weeks	36	cephalic	5/5 <sup>th</sup>	133bpm	Routine drugs	Waist pain

2/06/2022	56	100/58mmHg	Negative / negative	38weeks	37	Cephalic	5/5 <sup>th</sup>	136bpm	Routine drugs	No complains
9/06/2022	57	94/56mmHg	Negative / negative	39weeks	40	Cephalic	5/5 <sup>th</sup>	133bpm	Routine drugs	No complains

LLIN Given – 20/03/2019

TETANUS IMMUNIZATION	PREVIOUS TT		TD 1	no	TD2	no
	CURRENT TT		Date			Date
			TD 1	10/11/21	TD2	06/12/21
INTERMITTENT PREVENTIVE TREATMENT (IPT)FOR Malaria	1 <sup>ST</sup> dose SP* 3 tabs (Directly Observed Therapy) 11/01/2022	Gestation age In weeks	2 <sup>nd</sup> dose (1 month after 1 <sup>st</sup> dose (Directly Observed Therapy)09/02/2022	Gestation age In weeks	3 <sup>rd</sup> dose (1 month after 2 <sup>nd</sup> dose (Directly Observed Therapy)09/03/2022	Gestational age in weeks
		17weeks +4days				

4 <sup>TH</sup> Dose SP* 3tabs (DOT)	06/04/2022	Gestational age 29weeks +5days	5 <sup>th</sup> Dose SP* 3tabs. (DOT)	Date 04/05202	Gestational weeks 33weeks +5days	
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**COMPLETE DIAGNOSTIC INVESTIGATIONS**

<b>DATE</b>	<b>SPECIMEN</b>	<b>IVESTIGATION</b>	<b>NORMAL VALUES</b>	<b>FINDINGS</b>	<b>REMARKS</b>
10/11/2021	1. Blood	Hemoglobin level	12.4g/dl-16g/dl	12.0g/dl	Normal
		Sickling status	Negative	Negative	Normal
		Grouping and Rhesus factor	A, B, AB, and O	A Positive	Normal
			Positive and negative		Normal
		HIV status	None reactive	Negative	Normal
		Syphilis	None reactive	Non-defect	Normal
		Hepatitis status	Negative	Negative	Normal
		G6PD status	None reactive	Non-defect	Normal
	2. Urine	Sugar	Negative	Negative	Normal
		Protein	Negative	Negative	Normal

04/05/2022	1.Urine	Sugar	Negative	Negative	Normal
		Protein	Negative	Negative	Normal
	2. Blood	Hemoglobin level	12.4g/dl-16g/dl	9.5g/dl	Normal
04/05/2022	2.Urine	Sugar	Negative	Negative	Normal
		Protein	Negative	Negative	Normal
01/062022	1.Urine	Sugar	Negative	Negative	Normal
		Protein	Negative	Negative	Normal
	2.Blood	Hemoglobin level	12.4g/dl-16g/dl	11.0g/dl	Normal
		Syphilis	Negative	Negative	Normal
		Hepatitis status	Negative	Negative	Normal
		Blood group	A, B, AB, O.	A positive	Normal
		Rhesus factor	Positive	Positive	Normal
		HIV.	Non-reactive	Negative	Normal
		G6PD	Non defect	Negative	Normal
0106/2026	1.Urine	Sugar	Negative	Negative	Normal

		Protein	Negative	Negative	Normal
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### Appendix III

#### PHARMACOLOGY OF DRUGS (MOTHER)

<b>Drugs</b>	<b>Classification</b>	<b>Dosage</b>	<b>Route</b>	<b>Actions and Uses</b>	<b>Actual Effect</b>	<b>Side Effect</b>	<b>Side Effects Experience</b>
Ferrous Tablet	Haematinics	200mg daily	Orally	Aids in Red Blood Cell formation	Increase in hemoglobin level	Black stool, diarrhea and constipation	None observed
Folic Acid Tablet	Vitamin preparation	5mg daily	Orally	Helps in the formation of blood cell	Increase in hemoglobin level	Nausea, vomiting, diarrhea and constipation	None observed
Multivitamin Tablet	Vitamin preparation	200mg daily	Orally	Increases appetite	Increase in appetite	Gastrointestinal disturbance	None observed

				and helps in the formation of Red Blood Cells			
Tetanus Injection	Anti-tetanus drugs	0.5mg	Intra- muscula r	Protect mother and fetus against infections	Client was protected against tetanus infection	Nausea, general ill feeling	None observed
Metronidazole tablet	Anti- infective	400mg tds x 30	orally	Prevention of infection	Infection was prevented .	Dizziness,headache,naus ea,	None observed

Sulfadoxinepyramethamine Tablet	Anti-malaria prophylaxis	3 start 16 weeks after quickening and other 2 doses 4.	Orally	Prevention of malaria	Malaria was prevented	Urticaria rash, dizziness, nausea, stomatitis	None observed
Oxytocin injection	Oxytocin drug	10 units	Intra-muscular	Increase uterine contraction and control bleeding	Client had good uterine contraction	Vomiting, uterine spasm and raised blood pressure	None observed
Vitamin A capsule	Group A vitamin supplement	200,000 units for 2 days	Orally	Growth development and proper	Normal vision and healthy skin	Vomiting	None observed

				vision			
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## PHARMACOLOGY OF DRUGS (BABY)

Drugs	Classification	Dosage	Route	Actions and Uses	Actual Effect	Side Effect	Side Effects Experienced
Vitamin K	Group K vitamin	0.5mg	Intra-muscular	Prevent hemolytic diseases	No bleeding	Risk of hemolysis in people with G6PD, rashes and brain damage	None observed
Chloramphenicol	Antibiotics	2 drops	Instillation	Prevent eye infection	Increase risk of aplastic anemia	toxicity and nephrotoxicity	None observed
Bacillus Calmette Guerin injection	Antigen	0.5mg	Intra-dermal	Immunity against tuberculosis	Under observation	Mild fever, swelling of injection site and blister formation	Blister noticed
Polio O	Antigen	2 drops	Orally	Production of antibodies to prevent	Under observation	There may be diarrhea	None observed

				poliomyelitis			
Hepatitis B vaccines	Antigen	0.5ml	Subcutaneous	Immunity against hepatitis B virus	Under observation	Fever	None observed
Diphtheria pertussis tetanus	Antigen	0.5ml	Subcutaneous	Immunity against Diphtheria pertussis tetanus	Under observation	Fever	None observed
Hemophilus influenza Hepatitis B	Antigen	0.5ml	Subcutaneous	Immunity against Haemophilus influenza Hepatitis B	Under observation	Fever	None observed



SIGNATORIES

STUDENT MIDWIFE

NAME..... ALICE YARONG

DATE.....

SIGNATURE.....

THE MIDWIFE IN – CHARGE

NAME.....

DATE.....

SIGNATURE.....

SUPERVISOR

NAME.....

DATE.....

SIGNATURE.....

THE PRINCIPAL

NAME .....

DATE.....

SIGNATURE.....



## NEWBORN EXAMINATION FORM

**Baby Abena Hamida** Date of Assessment: 14th June Time \_\_\_\_\_  
 of Birth: \_\_\_\_\_ Sex  M  F Age at time of Assessment (days/hrs) \_\_\_\_\_  
 Mode of Delivery  Vaginal  Assisted Vaginal  C-Section  
 Birth Weight:  2.5 Kg  Length \_\_\_\_\_ Cm Head Circumference 34 Cm  
 Temperature at time of Assessment: \_\_\_\_\_ °C Urine passed Yes No Meconium passed: Yes No  
 Name of Assessor (Midwife/Doctor): Constance

<p><b>Respiration</b></p> <p><u>47 cpm</u>                  rate &lt; 30 b/m*                  rate &gt; 60 b/m*                  retractions*                  grunting*                  flail chest*</p> <p><b>Activity/Movement</b></p> <p>Spontaneous symmetric movement                  reduced/absent movement in &gt; 1 limb                  no movement*</p> <p><b>Tone</b></p> <p>Normal                  floppy*                  increased*</p> <p><b>Colour</b></p> <p>pink all over                  pink body but blue hands/feet                  pale all over*                  jaundice*</p> <p><b>Cord</b></p> <p>Normal                  red draining pus                  bleeding</p> <p><b>Cry</b></p> <p>Normal                  hoarse*                  absent*</p>	<p><b>7. Suck</b></p> <p><input checked="" type="checkbox"/> Good  <input type="checkbox"/> Weak  <input type="checkbox"/> Absent*</p> <p><b>8. Head swelling</b></p> <p><input type="checkbox"/> Caput succedaneum  <input type="checkbox"/> Cephalhaematoma  <input type="checkbox"/> Subgaleal hemorrhage  <input checked="" type="checkbox"/> No swelling</p> <p><b>9. Sutures</b></p> <p><input checked="" type="checkbox"/> Normal  <input type="checkbox"/> Overlapping  <input type="checkbox"/> Fused  <input type="checkbox"/> Widely separated*</p> <p><b>10. Fontanelle</b></p> <p><input checked="" type="checkbox"/> Normal  <input type="checkbox"/> Sunken*  <input type="checkbox"/> Raised*  <input type="checkbox"/> Wide(&gt;5cm)*</p> <p><b>11. Eyes</b></p> <p><input checked="" type="checkbox"/> Normal  <input type="checkbox"/> Subconjunctival bleed  <input type="checkbox"/> White pupil or cornea  <input type="checkbox"/> Eye discharge  <input type="checkbox"/> Other _____</p> <p><b>12. Ears</b></p> <p><input checked="" type="checkbox"/> Normal (size/shape/position)  <input type="checkbox"/> Abnormal</p> <p><b>13. Mouth</b></p> <p><input checked="" type="checkbox"/> Normal  <input type="checkbox"/> Cleft palate  <input type="checkbox"/> Cleft lip  <input type="checkbox"/> Other _____</p>	<p><b>14. Neck</b></p> <p><input checked="" type="checkbox"/> Normal  <input type="checkbox"/> Swelling  <input type="checkbox"/> Webbed  <input type="checkbox"/> Other _____</p> <p><b>15. Clavicle</b></p> <p><input checked="" type="checkbox"/> Normal  <input type="checkbox"/> Swelling/Fracture</p> <p><b>16. Chest</b></p> <p><input type="checkbox"/> Normal (shape/movement)  <input type="checkbox"/> Abnormal _____</p> <p><b>17. Heart rate</b></p> <p>Rate <u>135 bpm</u>  <input checked="" type="checkbox"/> Normal (100-160)  <input type="checkbox"/> &lt;100*  <input type="checkbox"/> &gt;160*</p> <p><b>18. Femoral pulse</b></p> <p><input checked="" type="checkbox"/> Present  <input type="checkbox"/> Not palpable*</p> <p><b>19. Abdomen</b></p> <p><input checked="" type="checkbox"/> Normal  <input type="checkbox"/> Distended*  <input type="checkbox"/> Scaphoid*  <input type="checkbox"/> Abdominal defect*  <input type="checkbox"/> Masses  <input type="checkbox"/> Other _____</p> <p><b>20. Back (spine)</b></p> <p><input checked="" type="checkbox"/> Normal  <input type="checkbox"/> Abnormal Swelling*  <input type="checkbox"/> Hairy patch over spine  <input type="checkbox"/> Abnormal dimple  <input type="checkbox"/> Abnormal curvature</p>	<p><b>21. Limbs</b></p> <p><input checked="" type="checkbox"/> Normal  <input type="checkbox"/> Abnormal _____</p> <p><b>22. Genitalia Male Genitalia</b></p> <p><input type="checkbox"/> Normal  <input type="checkbox"/> Undescended tests  <input type="checkbox"/> Abnormal meatus  <input type="checkbox"/> Hernia  <input type="checkbox"/> Other: _____</p> <p><b>23. Female Genitalia</b></p> <p><input checked="" type="checkbox"/> Normal  <input type="checkbox"/> Pustula (meconium/urine through abnormal opening in vagina)*  <input type="checkbox"/> Large clitoris  <input type="checkbox"/> Other: _____</p> <p><b>24. Anus</b></p> <p><input checked="" type="checkbox"/> Patent  <input type="checkbox"/> Imperforate*</p> <p><b>25. Resuscitation provided</b></p> <p><input checked="" type="checkbox"/> None  <input type="checkbox"/> Suction/Stimulation  <input type="checkbox"/> Bag and mask  <input type="checkbox"/> Endotracheal Tube  <input type="checkbox"/> Ventilator/CPAP</p> <p><b>26. Service provided</b></p> <p><input checked="" type="checkbox"/> Vitamin K given  <input checked="" type="checkbox"/> Eye care provided  <input checked="" type="checkbox"/> Cord care provided  <input checked="" type="checkbox"/> Breastfeeding initiated  <input checked="" type="checkbox"/> Breastfeeding established  <input checked="" type="checkbox"/> BCG <input checked="" type="checkbox"/> Polio Immunization  <input type="checkbox"/> Antibiotics in mother  <input type="checkbox"/> Antenatal corticosteroids</p>
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Complete severe disease that requires urgent referral (e.g. meningitis, sepsis, etc.) \_\_\_\_\_  
 (if known) \_\_\_\_\_  
 Overall assessment: [ ] Normal [ ] Baby at Risk [ ] Danger Sign/<1800g [ ] Severe Jaundice  
 [ ] Problem/Concern (specify) \_\_\_\_\_ [ ] Urgent Referral/Advanced

# MATERNITY CHART

NAME: Hamida Azoula

AGE: 22 years WARD: 24 ng - Inn

IP NO.: \_\_\_\_\_ BED NO.: \_\_\_\_\_

Date	14/6/22	15/6/22	16/6/22	17/6/22	18/6/22	19/6/22	20/6/22	21/6/22	22/6/22
Days in Hospital	D0	D1	D2	D3	D4	D5	D6	D7	D8
Days P. O.									
Hour	AM	11:30	8:00	8:00	7:30	8:30	7:30	8:30	
	PM	12:30							



Pulse	78	80	80	82	82	80	84	76
Resp.	17	20	21	19	21	20	21	21
B.M.	Passed	Passed	Passed	Passed	Passed	Passed	Passed	Passed
Urine	Passed	Passed	Passed	Passed	Passed	Passed	Passed	Passed
B. P.	110/70	110/80	110/80	110/70	110/70	110/80	110/70	110/80



LABOR NOTES

Client G2 P1A reported to the facility with 39 weeks gestation and complains of LAP. At 5:30pm on examination, SFH - 38cm, present cephalic, H/D 4/5th above pelvic brim, FHR - 136 bpm, V/E done with vaginal warm and moist and membranes intact. At exactly 12:30pm client delivered an alive female baby with APGAR score 8/10, 9/10, weight 2.8kg, H/L - 34cm, FL - 50cm. All findings were communicated to client. Client and baby are all doing well, has been transferred to the lying-in ward and breastfeeding initiated.

Please circle or write responses.

DELIVERY

DATE 14/6/22 TIME: 12:30pm METHOD: Spontaneous / Vacuum Extraction / C/S / Other

PERINEUM: Intact / Episiotomy / Laceration

ANESTHESIA None / Local / General

THIRD STAGE

Active Management: Yes / No Medication: Time 12:31pm Type/Dose Oxytocin 10units

PLACENTA: TIME: 12:35pm Complete / Incomplete

Small (Less than 250 cc)

BLOOD LOSS AMOUNT: Moderate (250-499 cc)

Large (more than 500 cc)

Significant for mother

APGAR

BABY

Weight: 2.8 kg

Sex: Male / Female

Baby Position: Vertex / Breech / Other

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

COMPLICATIONS OF MOTHER / BABY: None / Other: \_\_\_\_\_

FOURTH STAGE MONITORING

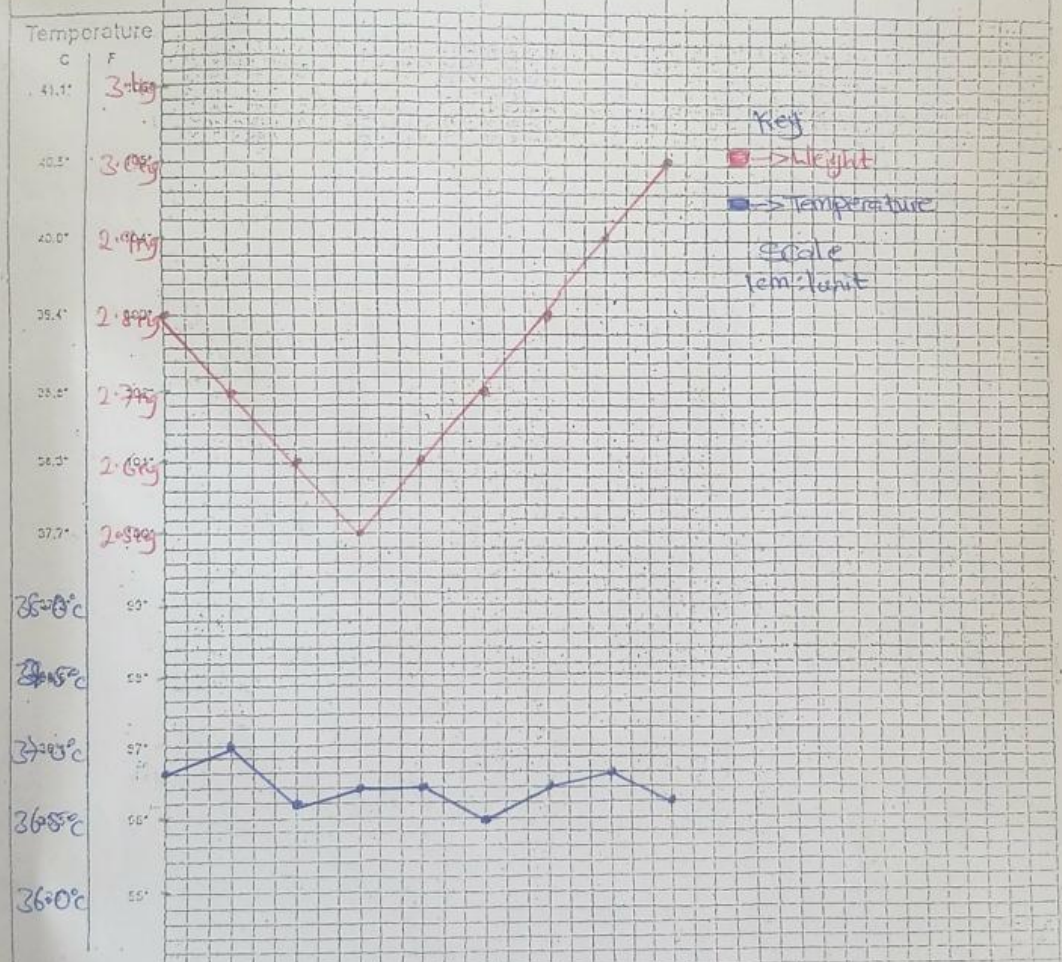
Frequency	Time	B/P	Pulse	Fundus	Bleeding	Bladder
Every 15 minutes first 2 hours	12:50pm	120/70	80	18cm	Small	Toms
	1:05pm	110/60	83	Contracted	Small	
	1:20pm	120/80	76	Contracted	Small	Emptied
	1:35pm	120/70	82	Contracted	Small	
	1:50pm	110/80	78	Contracted	Small	Emptied
	2:05pm	110/70	79	Contracted	Small	
	2:20pm	120/70	83	Contracted	Small	Emptied
	2:35pm	120/70	84	Contracted	Small	
Every 30 minutes For 1 hour	3:05pm	110/60	77	Contracted	Small	Emptied
	3:35pm	120/70	80	Contracted	Small	

Birth Attendant Alice (STM) supervised by Midwife Date 14/6/22  
Constance

# TEMPERATURE CHART

NAME: Baby Abena Hamida  
 AGE: Newborn WARD: Lying-in  
 IP NO.: \_\_\_\_\_ BED NO.: \_\_\_\_\_

Date	14-6-20	15-6-20	16-6-20	17-6-20	18-6-20	19-6-20	20-6-20	21-6-20	22-6-20
Days in Hospital	D0	D1	D2	D3	D4	D5	D6	D7	D8
Days P.O.									
Hour	AM	11:30	8:00	8:00	7:30	8:30	7:30	8:30	9:30
	PM	10:30							



Pulse	135	135	138	130	132	135	134	136	137
Resp.	40	45	40	40	42	41	42	46	44
B.M.	Passed	Passed	Passed	Passed	Passed	Passed	Passed	Passed	Passed
Urine	Passed	Passed	Passed	Passed	Passed	Passed	Passed	Passed	Passed
B.P.	110/70								

SIGNATORIES

THE STUDENT MIDWIFE

NAME: ALICE YARONG

SIGNATURE: Alice Yarong

DATE: 7/10/2022

THE MIDWIFE IN-CHARGE

NAME: CONSTANCE YEBOAH

SIGNATURE: Constance Yeboah

DATE: 22/09/2022

THE SUPERVISOR, (HOLY FAMILY NURSING AND NURSING TRAINING COLLEGE, BEREKUM)

NAME: MRS. GRACE AFRIYIE KONAMA

SIGNATURE: Grace Afriyie Konama

DATE: 10-10-2022

THE PRINCIPAL (HOLY FAMILY NURSING AND MIDWIFERY TRAINING COLLEGE- BEREKUM )

NAME: MONICA NKRUMAH

SIGNATURE: Monica Nkrumah

DATE: 11-10-2022

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