HOLY FAMILY NURSING AND MIDWIFERY TRAINING COLLEGE BEREKUM

A CLIENT/FAMILY CENTERED MATERNITY

CARE STUDY ON

MADAM BARIKISU HAMIDU

ADOM JOYCE

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A CLIENT/FAMILY CENTERED CARE STUTDY SUBMITTED TO THE NURSING AND MIDWIFERY COUNCIL OF GHANA IN PARTIAL FULFILMENT FOR THE AWARD OF LICENSE TO PRACTICE AS A PROFESSIONAL REGISTERED MIDWIFE

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PREFACE

The practice of midwifery in the past focused mainly on the client in an effort to meet the client‟s needs. However, all the needs of client could not be met because they lacked family support. Again, Midwifery has undergone a lot of changes globally and nationally. These changes have brought the introduction of client and family centered maternity care concept. The concept of family centered maternity care is a systematic way by which a comprehensive maternity and nursing care is given to a pregnant woman and her family throughout pregnancy, labour and puerperium by the use of the nursing care process. The confidentiality of the client is ensured, client feels at ease to provide vivid history and discussions on confidential matters. This system gives the student midwife the opportunity to use all the knowledge and skills acquired during his/her training to give quality maternity care to the pregnant women and her family throughout the period of pregnancy, labour and puerperium.

The study also enables the student midwife to identify and help client solve their health problems. To achieve this, the student identifies the health problems, assess the client, set objectives, provide the necessary interventions, and evaluate the care to know if goals have been fully met at the end of the care.

The care study forms part of the academic exercise from the Nursing and Midwifery Council of Ghana which serves as a partial fulfillment towards the award of a professional midwifery certificate

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INTRODUCTION

The client and family centered maternity care study refers to all the midwifery care rendered to the expectant mother and her family throughout pregnancy, labour and puerperium. It entails every aspect of the woman‟s social, physical, spiritual and psychological wellbeing. The care is considered within the framework of the family and the community with the aim of preparing the pregnant woman to face labour, puerperium and to initiate lactation and subsequent care of the baby.

This particular care study is about Madam Barikisu, a 30 year old woman gravida 3 para 2 all alive during her period of pregnancies, labour and puerperium. The care study started 19th of May 2022 at St Edward‟s Hospital in the Ahafo- Ano South East District in Ashanti region of Ghana. The interaction started when Madam Barikisu was seen eating without washing her hands at the antenatal clinic. She was then approached and served with soap and water to wash her hands. She was told to always wash her hands with soap and water before and after eating and also educated on the need to practice good personal hygiene. It was her seventh antenatal visit and her gestational age was also 37weeks+2days. After a comprehensive introduction to her, she was informed about the desire to choose her for the client/family centered maternity care study which she happily agreed. She was thanked for her cooperation and accepting the request.

Madam Barikisu was cared for during the antenatal period, visitation to her home was made to know her family, her surroundings and the community in which she lives. The client and her entire family were included in the care. The condition from the beginning till the end of the interaction was good and satisfactory. Madam Barikisu had a successful pregnancy, delivered spontaneously on 13th June, 2022 to an alive baby boy. She had a successful puerperium and was in good health. She was then handed over to the midwife in-charge at St Edward‟s Hospital for continuity of care on the 21st of June 2022.

This care study is in four chapters; chapter one talks about client‟s particulars such as social, family, obstetric, medical and surgical histories followed by chapter two which talks about the antenatal care rendered to Madam Barikisu throughout her pregnancy and chapter three is concerned with management of Madam Barikisu during labour and finally chapter four is also about management of Madam Barikisu during puerperium. The chapter two, three and four has

care plan attached to each. In addition is a summary and conclusion, bibliography as well as appendixes.

LITERATURE REVIEW

PREGNANCY

Tiran (2008) defined pregnancy as the condition of having a developing embryo or fetus within the body; the state from conception to delivery of the fetus. The normal duration is 280 days (40 weeks or 9 months and 7 days) counted from the first day of the last normal menstrual period.

Ojo and Briggs (2009) said, pregnancy is the state of having a developing embryo or fetus within the body, Antenatal care service is the advice, supervision and attention a pregnant woman receives to ensure good health and where applicable, early detection and treatment of abnormalities which may affect her health and that of the baby. Pleasant child bearing experience and adequate pregnancy for labour and lactation. A live and healthy baby at the end of pregnancy.

According to them, an effective and thorough antenatal care requires close co-operation of all the medical and paramedical personnel and must take into consideration the general health, mental outlook, social and economic background of the patient as well as her obstetric conditions.

Myles (2014), Pregnancy is a time of enormous physical, psychological changes and adaptation as the woman and her family prepare or expected a new member in the family. For most women, this is an exciting and happy period of time but may be over shadowed by fear and expectation. It was subsequently stated that pregnancy is the growth of the uterus and the foetus. The average duration of pregnancy is 280 days or approximately 40 weeks of gestation and this is counted from the last menstrual period [LMP.] Pregnancy is in three trimesters. In the third trimester of pregnancy, the woman exhibit symptoms like backache, waist pains, frequent micturition, lower abdominal pains and insomnia. This will continue till the woman delivers. Myles again talk of antenatal as the care given to pregnant woman from the time that conception

was confirmed until the beginning of labour. The midwife will provide a woman- centered approach to the care of the woman and her family by sharing information to the woman to facilitate her to make an informed choice about her care. Some of the aims of antenatal care include;

Development of a partnership with the woman and providing holistic approach to the woman‟s care that meet her individual needs.

Being an advocate for the woman and her family during her pregnancy, supporting her right to choose care that is appropriate for her own needs and those of her family.

Recognizing complications of pregnancy and appropriately referring the woman within the multidisciplinary team. Facilitating the woman to make informed choice methods of infant feeding and giving appropriate and sensitive advice to support her decision

Ghana Health Service (GHS 2008), antenatal care is the care given to pregnant women from the time conception is confirmed until the beginning of labour. Antenatal care is given to pregnant women to improve or ensure good outcome of the pregnancy. The aim of antenatal care is to monitor the progress of pregnancy to optimize maternal and fetal health.

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 visit should be made according to the following schedule: First visit: from onset of pregnancy up to 16 weeks gestation. Second visit: between the 24^{th} to 28^{th} week of gestation. Third visit: at 32^{nd} week of pregnancy. Fourth visit: at 36^{th} week

However, Magowan 2009 said, the schedule varies, with the initial or “booking”, visits often 4 weekly until 30 weeks, 2 weekly until 32 weeks and then weekly thereafter. But the client can be seen more than four depending on the client‟s condition. There are two types of antenatal care that is focused and traditional antenatal care.

Marshall & Raynor (2014), Pregnancy is a time of enormous physical, psychological changes and adaptation as the woman and her family prepare or expected a new member in the family.

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Development of a partnership with the woman and providing holistic approach to the woman‟s care that meet her individual needs. Being an advocate for the woman and her family during her pregnancy, supporting her right to choose care that is appropriate for her own needs and those of her family.

Recognizing complications of pregnancy and appropriately referring the woman within the multidisciplinary team. Facilitating the woman to make informed choice methods of infant feeding and giving appropriate and sensitive advice to support her decision

LABOUR

Ojo and Briggs (2006), labour is the process by which the uterus empties its contents after the 28th weeks of pregnancy. It entails the contraction and retraction of the uterine muscle fibres, the dilatation of the cervical os and the expulsion of the baby, liquor amni, placenta and membranes. It further explains that, the causes of onset of labour are unknown but many theories have offered few of these and are stated as, overstretching and over distension of the uterus at term, placental efficiency is diminished toward term, resulting in reductions in the level of estrogen and progesterone. The uterus becomes sensitive to the effect of oxytocin produced by the posterior pituitary gland, there is an increase contractibility of uterus towards term. The Braxton Hicks‟ contractions increase in amplitude and may bring about the onset of labour. The onset of labour has also been associated with hyperpyrexia, cyanosis and emotional upset.

Marshall and Raynor (2014) is a process by which the fetus, placenta and membranes are expelled through the birth canal and that labour is divided into four stages;

The **first stage** of labour is the period of onset of regular uterine contraction till full dilation of the cervical os and it last 12 – 14 hours in the primigravida woman and 6-12 hours in the multiparous woman.

The **second stage** of labour is from the full dilation of the cervical os which is 10 centimetres up to complete expulsion of the fetus.

The **third stage** of labour also starts from the separation and expulsion of the placenta and membranes and subsequent control of haemorrhage. It usually last within 5-15minutes after the birth of the infant.

The **Fourth stage** of labour is the first six hours vigilant observation of the mother and baby.

It also deals with the establishment of lactation and detection of abnormalities and any complication in both mother and baby for prompt management.

According to Konah (2006), labour consists of some three factors; powers: contraction and retraction of the uterine muscle are called the primary power, whereas action of abdominal muscle is called the secondary powers. Passages: the birth canal which includes the lower

uterine segment, vagina and true pelvis are called passages. The passengers comprising the foetus (es) and placenta with membranes.

Normal labour according to world health organization (WHO) (2007) is defined as low risk throughout, spontaneous in onset with foetus, starting from the vertex, culminating in the mother and infant in good condition following birth. With the use of partograph, normal labour should not exceed 15hours.

Myles (2014) stated that labour in the physical sense as the process by which the foetus, placenta and the membranes are expelled through the birth canal. Normal labour occurs between thirty seven to 40 weeks of gestation. Labour begins when there are regular, painful contraction and with a cervical dilatation. Signs and symptoms of labour are painful regular contractions, show, progressive dilatation of the cervix, and sometimes rupture of membranes. First stage of labour begins with cervical dilatation which begins with regular rhythmic contractions until the cervix is fully dilated. The first stage is in two phases, the latent phase which is 0 – 3cm and the active phase starting from 4cm -10cm when the cervix is fully dilated with both phases lasting from 8-12hours.Second stage of labour begins with the expulsion of the foetus from the birth canal. It begins when the cervix is fully dilated and the woman feels the urge to expel the foetus. It is however complete when the baby is born. This last from 30minutes to1hour.The third stage is that of the separation and the expulsion of the placenta and its membranes as well as the arrest of haemorrhage. From the above, it can be deduced that labour is a physiological phenomenon which can be managed by the midwife with the use of partograph, aseptic delivery process and active management of third stage of labour (controlled cord traction).

Tiran (2008), labour means parturition or child birth and also normal labour occurs spontaneously between 37 and 42 weeks of gestation with vertex presentation of a single foetus

and completed within 24 hours without maternal or foetal trauma. Physiology depends on uterus, maternal pelvis and foetus. Labour is in four stages, first stage, second stage third stage and fourth stage. The first stage is in phases, which are latent and active phases. The first stage of labour takes a duration of 10-12hours, the second stage duration is 1-2hour and the third stage takes a duration of 10-30minutes. Labour is associated with painful contractions, expulsion of show and dilatation of the cervix.

World health organization (WHO 2016) defines normal labour as low risk throughout, spontaneous onset with the fetus presenting by the vertex, culminating in mother and infant in good condition following birth. This book also shares the same notion with the safe motherhood protocol and said labour is divided into four stages; first stage, second stage, third stage and fourth stage.

PUERPERIUM

Denise Tiran (2008), puerperium is the period after child birth when the uterus and the other organs return to their non-pregnant state which is termed as involution. Puerperium is six (6) weeks after birth. The puerperal mother is managed socially, mentally and psychologically in the care of the baby and herself including the family. The new born takes the first immunizations to prevent childhood diseases

Marshall and Raynor (2014) also stated that, puerperium starts immediately after delivery of the placenta and membranes and continue to six weeks during which the uterus and other organs which were affected during pregnancy return to their non- pregnant state. Marshall and Raynor further describe puerperium as the education given to mothers on how to care for their babies, good nutrition determination and detection of any abnormality for further treatment and also introduce her to family planning.

Ojo and Briggs (2009) also said puerperium is a period of six to eight weeks postpartum in which the uterus, the genital organs and any other organs which underwent changes during pregnancy return to their pre-gravid state. According to them, this process or readjustment is called involution and that during that period lactation is also established. From the various points of view of the above authors, it maybe deduced that, puerperium is a period of 6weeks which begins as soon as the placenta is expelled. At this stage all the organs and other structures that under gone changes during pregnancy return to their non-pregnant state. The management which the mother and baby required during puerperium are based on three principles; Promoting physical and psychological well-being of mother and baby, encouraging good infant feeding and maternal to child relationship and supporting and strengthening the mother‟s confidence to enable her to fulfill her mothering role within her family and cultural status. During this period, organs of reproduction return to their non-pregnant state, lactation is established, and mother recovers from the stress of pregnancy and labour.

Myles (2014) defined puerperium as the period of six (6) weeks after birth which begins as soon as placenta is expelled. During this period the reproductive organs return to their non-pregnant state and the mother is likely to get infections like puerperal sepsis and urinary tract infection. The mother must therefore be monitored carefully together with the baby both at the

hospital and at home to prevent infection. During this period, the mother is educated on the care of the baby, detection of abnormalities, prevention of anaemia and malaria, nutrition, immunization and counsel on family planning

WHY I CHOSE MY CLIENT

On the 19th May, 2022, Madam Barikisu was chosen as the client for the family centered maternity care study because of the opportunity gained to interact with her at 11:20am at St Edward‟s Hospital, Ahafo-Ano South East District in the Ashanti region.

Familiarity was built with Madam Barikisu at the antenatal clinic when she was seen eating without washing her hands. She was then approached and served with soap and water to wash her hands. She was told to always wash her hands with soap and water before and after eating and also educated on the need to practice good personal hygiene. It was her eighth (8th) antenatal visit and her gestational age was also 37weeks+2days.

After a comprehensive introduction she was informed about the desire of using her for the client/family centered maternity care study which she happily agreed. She was finally thanked for her cooperation and introduced to the midwife in-charge.

CHAPTER ONE

CLIENT'S PARTICULARS / HISTORIES

1.0 INTRODUCTION

This chapter deals with the assessment of the client and her family, which involves a systematic collection of data from the client and her family. Information was acquired through observation, interview, medical records and antenatal records. This information helps the student midwife to provide holistic care for the client and her family taking into consideration the physical, psychological and spiritual needs.

1.1 PERSONAL AND SOCIAL HISTORY

Madam Barikisu, gravida 3 para 2 alive is a 30year old lady who stays at Adugyama, house number AD026 , but comes from Bawku in the Upper East Region. Madam Barikisu is a seamtress She is a Muslim and a Kusaasi by tribe. She is married to Mr. Hamidu who is a Muslim and owns a teacher at Adugyama. Madam Barikisu mentioned that her next of kin is her husband. She completed Junior High school and speaks Twi and kusaal fluently. She has two children with Mr. Hamidu, they are female who is nine(9)years and a male who is also six (6)years respectively. Madam Barikiku is fair in complexion, weight‟s 60kg, 165cm tall and neither smokes nor takes in alcohol.

1.2 FAMILY HISTORY

Madam Barikisu is the third child of her parents. Her father and mother are farmers and stay at Bawku,. She has five siblings. There is no known history of hypertension, heart disease, sickle cell disease, diabetes mellitus, liver cirrhosis, epilepsy, mental illness and congenital abnormalities in her family. She said her self and family seek for medical treatment and pray whenever they are not feeling well. She said all her family members who passed away died naturally.

1.3 MEDICAL HISTORY

According to Madam Barikisu, she has never had any chronic illness, like hypertension, heart disease, sickle cell disease, diabetes mellitus, liver cirrhosis, respiratory disorder, epilepsy, and anaemia. She only said she sometimes suffers minor headache and pyrexia which she visits the clinic immediately to seek for medical treatment after which she gets well. She has no known allergy to food or any drug. She went on to say that she has not received any blood transfusion or donated blood before.

1.4 SURGICAL HISTORY

She said she has never undergone any surgical procedure. She also mentioned that she has never sustained any injury or road traffic accident that called for any abdominal or spine surgery or affected her pelvis or subsequent effect on pregnancy and labour. On examination, there was no scar indicating previous laparotomy such as caesarean section or appendectomy.

1.5 MENSTRUAL HISTORY

Madam Barikisu said she had her menarche at the age of 13 years and her menses lasts for 5 days during every month. She said she has a cycle of 28 days. She also said she changes her pads twice daily indicating she has normal menstrual flow. She has never experienced dysmenorrhoea in her life. Her last menstrual period was 6th September, 2021 and her expected day of delivery was calculated as 13th June 2022.

1.6 HOBBIES AND LIFESTYLE

Madam Barikisu is a person who usually sleeps at 9:30pm and wakes up at 4:30am. Since she is a devoted Muslim, she prays five times daily. She then brushes her teeth, sweeps her compound, empties her bin, fetches water into her barrel and takes her bath. She cook breakfast every day because her kids . She also added that she goes to the market on Sundays since Sundays are their market days. She also goes to the mosque every Friday with her husband and child. She mentioned that, she likes singing and talking very well. She said she prefers T.Z and okro soup with meat to other foods. She does her laundry on Wednesdays and Saturdays after she is done with her general cleaning. She added that she like watching television but because she is so busy and she uses her leisure time to watch. She said she eats three times daily, but ever

since she became pregnant she only eats on demand. She also said that she prepares supper at 4pm. Her husband now picks the kid from school since she is pregnant. She said they all sit together and take their supper around 6:30pm and after praying in the evening she supervises the kid to do her homework, bath her and herself as well and go to bed. She also mentioned that she empties her bowel every morning or evening and micturate whenever she has the urge to.

1.7 PAST OBSTETRIC HISTORY

Pregnancy; Madam Barikisu gravida 3 para 2 alive and healthy went through her pregnancy successfully without any complication. She had her first pregnancy in the year 2013 making the interval between that pregnancy and this current one three years. She said during her pregnancy, she only experienced some minor disorders such as Headache, and cough of which she reported to the clinic and they were explained to her as normal physiological changes in pregnancy which would resolve as pregnancy progresses and after delivery. She also said she has never had any spontaneous or induce abortion and still births in her life. Her first pregnancy got to term. She has never suffered any pregnancy induced condition like gestational diabetes and pregnancy induced hypertension (pre-eclampsia). She also visited antenatal for five (5) times during her pregnancy and received all doses of sulphadoxine pyrimethamine as well as two doses of tetanus toxoid injection.

Labour; Madam Barikisu delivered her bouncing male child spontaneously at the clinic who was active and healthy at birth. She further stated that the duration for her delivery did not exceed 12hours. She also said she never had any perineal tear or been given episiotomy during her previous delivery. She also added that she never experienced post-partum hemorrhage. Her placenta was delivered completely with no retained product of conception. She said her estimated blood loss was small. Her child never had any birth injuries, asphyxia or jaundice. The child was active at birth and healthy with birth weight of 3.0kg.

Puerperium; She also said she started breastfeeding her within the first hour after birth. She practiced exclusive breastfeeding for 6months and then added complementary feed after the 6months for two years. She had a safer breastfeeding with no complication. She added that her child did not have any abnormalities like cleft lip, extra digits or webbed digits. Her child was fully immunized against the childhood preventable diseases, such as diphtheria, measles, polio,

tetanus, tuberculosis, and whooping cough. Her child never suffered any ill health. She herself did not experience any ill health such as puerperal psychosis, Anaemia and malaria. She also did not experience problems like postpartum haemorrhage, puerperal pyrexia, puerperal sepsis, mastitis among others. In relation to family planning, she uses the natural family planning method thus the lactational amenorrhoea method. She also stated that her family supported in taking care of the baby, herself and some of the household chores.

1.8 PRESENT OBSTETRIC HISTORY

Madam Barikisu first visited the clinic on 25th November,2021. Her gestational age was 12 weeks +2D , her last normal menstrual period was 6th septetmber 2021 and her expected date of delivery was calculated as 13thJune 2022, but according to her scan, her expected date of delivery was given as 7th June 2022. Her vital signs and laboratory investigations on that day were as follows;

Vital signs; Temperature 36.0C, Pulse72bpm Respiration 18cpm, Blood pressure 103/62mmHg, Weight 62kg and Height 165cm

Lab investigations; Hb 13.1g/d, Sickling Negative (-), Blood group O, Rhesus factor Positive (+), HIV Negative (-), HEP B Negative (–), VDR Non-reactive, G6PD No Defect, Urine for pregnancy test Positive (+), Protein in urine Negative (–), Glucose in urine Negative (-) and Stool for ova No abnormality

On examination (head to toe), no abnormality was detected, fundus was not palpable and education on danger signs in pregnancy was given. She had no complains so was educated on the need to attend antenatal clinic regularly as scheduled. She was given her third dose of tetanus diphtheria (TD) injection. She was put on the following drugs; Tab multivitamins 200mg daily x 30, Tab folic acid 5mg daily x 30 and Tab ferrous sulfate 200mg twice daily x30.

She made her routine visits regularly, no abnormalities were detected, laboratory investigation ultrasound scan requested were carried out with no abnormalities recorded. She started her SP when she was 23 weeks pregnant and it was repeated at 4 weeks interval. All findings were recorded in her ANC card until she was met

CHAPTER TWO

ANTENATAL CARE

2. 0 Introduction

Basically, this chapter deals with the first encounter with the client during the antenatal period, client‟s subsequent visits to the antenatal clinic, subsequent antenatal home visits as well as the nursing care plan for client during the antenatal period.

2.1 FIRST CONTACT WITH CLIENT

Madam Barikisu was met for the first time on 19th May, 2022, when she was 37weeks+2days pregnant which was her eighth visit to the antenatal clinic at St Edward‟s Hospital around 11:20am. Introduction was made as a student midwife from Holy Family Nursing and Midwifery Training College, Berekum, who has been stationed at Adugyama for eight weeks clinical and to write a care study on a chosen client. The desire to take her as a client was expressed to her and she agreed. All the procedures to be carried out on her were explained to her understanding and she agreed for them to be done. She was encouraged to ask questions when necessary and was also thanked for her co-operation. Her vital signs together with some lab investigations done on her were recorded below. Temperature36.1 degree Celsius, Pulse 76beats per minute. Respiration 18 cycles per minute, Blood pressure110/60 millimeter of mercury, Weight 60 kilograms and Hemoglobin level 11.3 grams per decilitre

Specimen bottle was given to her to collect midstream urine to be checked for the presence of protein and glucose by the use of a urine reagent strip and the test read negative. Permission was sought from her for head to toe examination to be performed and she consented. All the necessary requirements needed for the examination were gathered and sent to the examination room.

A tray comprising of the following items was set; sterile gallipot with sterile cotton wool swabs with a lid, receiver for used cotton wool swabs, tape measure, fetal stethoscope, a watch with a second hand, a pen and client‟s folder.

Privacy was provided using a screen and also drawing down the curtains to make her feel comfortable after explaining the procedures. Having emptied her bladder, permission was sought for head to toe examination to be carried out and she granted. She was assisted to undress and wrapped herself with a cloth. She was helped to lie on the examination couch. Hands were thoroughly washed with soap under running water and dried with clean towel. She was asked to assume a dorsal position. Physical examination from head to toe was carried out under the supervision of the midwife in- change and the aim was to help detect any abnormality or deviation from normal for prompt management.

On examination of the head, her hair was nicely braided. Her hair was inspected for dandruff, cleanliness, alopecia (loss of hair) and lice, among others. The face for signs of oedema and chloasma but none was present and her eyes were also inspected for pallor of the conjunctiva, jaundice of the sclera, sunken eyes and discharges but the conjunctiva was pink in colour, sclera was clear and no sunken eyes or discharges. The nose and ears were inspected for growth, discharges or bleeding but there were none. The mouth was inspected and the lips were moist without cracks, dryness and inflammations. She was engaged in a conversation just for her to open her mouth for quick assessment of the mouth. The gums and tongue where pink without sores, lesions or bleeding. Her teeth were strong, whitish in colour with no odour from the mouth. Neck was also inspected and palpated for enlarged thyroid glands, enlarged lymph nodes and distended neck vein but there was none.

After explaining procedure, inspection proceeded with initial inspection of breasts. After exposing both breasts, the right breast was a little bigger than the left breast and breasts were normally situated with prominent nipples which were centrally placed. The breast looks hemispherical in shape. Primary and secondary areola was present with Montgomery‟s tubercle fairly distributed. Breast was inspected for rashes on the skin and nipple whether everted or inverted. Both breasts were palpated for lumps, enlarged axillary lymph nodes, but none was present. The nipple and areola were gently pressed, and colostrum was expressed and it was swabbed with a sterile cotton wool swab and smelt for bad odour, but it was not offensive and was shown to her. She was educated that the colostrum would serve as the first line of immunity and prevents allergies to the child and she was educated to feed the baby with it when delivered. Client was congratulated and educated to support the breast with a firm brassier with broad stripes. She was educated on the need for self- breast examination and encouraged to regularly

examine her breast at least once in a month after her menses and if any abnormality is detected, she should report to the midwife or any other staff on duty. She was told she can examine her breast when bathing, lying down or standing in front of a mirror.

Her upper limbs were of equal size and length. Client was asked if she had tingling and tightness of the fingers on making a fist and she said no. The palms were inspected for pallor, the nails including the capillary refill of the nail beds were checked and they appeared to be pink in colour. Madam Barikisu‟s finger nails were trimmed neatly, short and with no extra digit.

On examination of the lower extremities, legs were palpated for oedema, tenderness of the calf muscle and none was present and also inspected for varicose vein which were absent and they were of equal size and length. Her toe nails were neatly trimmed and kept short.

She was assisted to lie on the lateral side for examination of her spine but no abnormality such as oedema of the sacral region, scoliosis was not detected.

Abdominal examination

Permission was asked to expose her abdomen for inspection after assisting her to lie on her back. The abdomen was examined to detect any deviation from normal standing on her right side. Items used for the examination were shown to her to allay fear.

On inspection, shape was ovoid, and the size corresponded with the gestational age, no striae gravidarum and linea nigra was seen from the symphysis pubis to the umbilicus and fetal movements were visible. No scars were seen on the abdomen.

Symphysio-fundal measurement commenced by first rubbing the palms together to generate warm in order to prevent stimulation of contractions. The zero end of the measuring tape was placed on the fundus of the uterus and the tape was extended to the upper border of the symphysis pubis and the symphysio-fundal height was 37 centimeters and her gestational age was 37weeks + 2days.

On fundal palpation palms were placed on either side of the fundus with fingers curved around the fundus to detect what was occupying the fundus. A soft mass was felt indicating the buttocks.

On lateral palpation hands were placed on each side of the uterus, midway between the symphysis pubis and the fundus, the uterus was stabilized with one hand and examined with the other and the entire area from the abdominal midline to the lateral side and from the symphysis

pubis to the fundus was palpated in a rotational manner. A smooth curve was felt which indicated the back at the right side of the abdomen, the process was then repeated on the left side of the abdomen and an irregular mass and movement were felt which indicated the limbs. The position was therefore right occipito anterior.

On pelvic palpation Madam Barikisu feet were faced and she was asked to flex her knees (legs) slightly and to breathe out slowly to relax the abdominal muscles. Palms were placed on either side of the uterus, with one palm just below the level of the umbilicus and fingers directed towards the symphysis pubis with thumbs almost meeting. A hard mass was felt which indicated the head and that the presentation was cephalic.

Descent of the head was assessed by locating the anterior shoulder and two fingers (left) were kept over the anterior shoulder and upper border of symphysis pubis was located. Placing the right ulna border just above the symphysis pubis and anterior shoulder, all the five fingers accommodated the area indicating descent was $5/5^{th}$ above the pelvic brim.

Auscultation was done with fetal stethoscope, it was warmed by rubbing it in the palm and placed on the right side of the abdomen where the back was located. Fetal heart rate was listened to without touching the fetal stethoscope. By the use of a breast watch, fetal heart beat was counted for one full minute while comparing it to the maternal pulse it was 142 beats per minute taking note of the volume and rhythm.

Permission was sought from client to conduct vulva examination and she agreed. She was asked to flex her knees and separate her leg. On inspection, it was realized that she had maintained a good personal hygiene and she was therefore commended. The vulva was clean and well shaved with no varicose veins, warts, oedema and no discharges or blood. She was assisted to lie on her side, sit up and got down from the couch and also assisted to dress up. She was made comfortable by offering a seat and she was thanked for her co-operation. Hand washing was done with soap under running water and dried with a clean towel.

Afterwards, all findings were communicated to her understanding and she was encouraged to ask questions which she said she had none. However when asked of her complaints, she complained of headache and constipation. She was reassured and educated to take in more fruits and also eat enough fibre diet such as cereals, whole grains, vegetables and fruits. She was also educated that the pain was due to stress after ruling out other signs of malaria. Madam Barikisu was encouraged to rest in between work, 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 she would need during labour in one bag as very soon she may be due for delivery.

She was also encouraged to report any abnormality to the hospital 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 as 26th May 2022. It was made known to her that a visit would be paid to her house to discuss some important issues pertaining to her pregnancy which would be beneficial to her health and that of the fetus which she willingly agreed and gave her number and directions to her house.

Her medications given were as follows, Tablet Multivitamin 200mg daily for 30 days, Tablet Ferrous Sulphate 200mg daily for 30 days, Tablet Folic Acid 5mg for 30 days and Tab paracetamol 1g tid for 3 days.

2.2 FIRST ANTENATAL HOME VISIT

The first visit to Madam Barikisu house was on 20th May, 2022 at 2pm. The aim of the visit was to observe the environment where she lives, her source of water and light, how well ventilated her room is and the number of people she shares her room with, where she attends to natures call, how she disposes her refuse and also how she relates with her family members and her co-tenants in the house. The journey was made by foot and it is about thirty minutes‟ walk from the health center. Enquiry was made about the headache and constipation

On arrival, it was realized that Madam Barikisu and her husband live in their own apartment with their kids. A warm welcome and a seat were offered in her room. She was asked how herself and the family were faring which she responded that they were all fine. She was asked whether she was doing something but she said she just finished with her chores. But her husband was not in the house she said her husband had gone to work.

The apartment is made up of five bed rooms with a big hall and well-arranged furniture. it had adequate lightening and ventilation, she was congratulated and asked to keep it up. She was asked whether the children sleep under an insecticide treated bed net and she said yes since they sleep in a different room . She was educated on the importance of sleeping under a treated

insecticide net .

However, they had a wooden bed with an insecticide treated net hanging loosely over it. She was advised to fold and pack the clean clothes nicely into their various bags and also not to hang any clothes whether dirty or neat on the cross bar since mosquitoes can hide in them and bite them at night. She was also advised to buy a laundary basket and keep the dirty clothes in.

A walk was taken around the house. It is a five bed room house built with cement blocks and roofed with aluminum sheets. It has a separate kitchen and wash room. Client together with other tenants cook in the kitchen. The kitchen was neatly kept, she has a kitchen cupboard in which she has neatly arranged her utensils. There were no dirty dishes found in the kitchen. The toilet and bathroom was also well kept because it was scrubbed on daily basis by occupants. A dustbin with a well-fitting lid was seen outside the house which she said they empty every day into the public refuse dump which is some few meters away from their house. They fetch water from a nearby tap in their vicinity.

Madam Barikisu was educated on the importance of maintaining good personal hygiene and encouraged to continue with her medication. Her layette was inspected and it was complete, however they were in separate polyethen bags. She was encouraged to pack the items in a single bag and identify a birth companion. She complained of heartburns which was explained to her as relaxation of the cardiac spinchter of the stomach with reflux of acidic contents of the stomach into the lower oesophagus which is a normal physiology in pregnancy. She was thanked and permission was sought to leave. She was informed about the next visit on 26th of May 2022.

2.3 SECOND ANTENATAL HOME VISIT

The second home visit to Madam Barikisu house was on the 23th of May, 2022 at 5:00pm. She was met cooking with her mother in-law who had come to visit them. They were greeted and a warm welcome was given and a seat offered. The wellbeing of the family was inquired and she said they were all doing well by God's grace and that the children were in their room doing their homework and her husband also not report from work**.** Enquiry was made about her heartburns.

The aim of the visit was to inquire about her health whether some changes have been made on what were discussed the other time about the fixing of insecticide treated net for the children and

also keeping and arranging their bedroom well and neat. On inspection all these things were corrected as taught, her in-law was her birth companion and she had pack her delivery items with a purse of money and her insurance card as well as antenatal book. She was then congratulated and asked to keep it up. Education on rest and sleep as well as true labour signs such as painful rhythmic uterine contractions, appearance of "show" were given to her and told to report to the clinic anytime she saw any of those signs. She was allowed to ask questions and appropriate answers were given.

She complained of sleeping disturbance due to frequency of micturation. She was educated to empty her bladder completely before going to bed and keep a chamber pot close to her to avoid walking long distance in the night to empty her bladder. Permission was sought to leave, she was thanked and reminded of her next visit to the clinic.

2.4 SUBSEQUENT VISIT TO THE CLINIC

On the 26th of May 2022 at 10am, Madam Barikisu visited the clinic. She was warmly welcomed and a seat was offered to her. Enquiry about her frequency of micturation was made. She was asked how she was faring and she said she was fine. Her weight checked was 62kg whiles her haemoglobin level was 11.6 grams per deciliter. Her vital signs were checked and recorded as follows; Temperature 36.3 degree Celsius, Pulse 72 beats per minutes Respiration 18 cycle per minute and Blood Pressure 104/64 millimetre of mercury

Sample of her urine was taken and checked for protein and glucose and they were all negative. All procedures to be carried out on her were explained to her and privacy was provided. Hand washing was done with soap under running water and dried with a clean towel. She was assisted onto the examination bed, physical examination was done from head to toe and everything was normal.

On abdominal examination, the abdomen was seen to be ovoid and medium in size. Palpation was done and the fetal buttocks was located in the upper pole of the uterus whiles the back of the fetus was felt at the right side of the maternal uterus and the fetal limbs felt on the left side of the mother. The lie was longitudinal. The head occupied the lower pole and the descent checked was 5/5th. The symphysio-fundal height was 37cm with a fetal heart beat of 142 beats per minute and gestational age 38 weeks .

All findings were communicated to her after the procedure and she was thanked for her co-operation. She was asked whether she had any complaint that day and she complained of backache. She was reassured and told that the pain was as a result of the effect of the hormones progesterone and relaxin which relaxes the pelvic ligaments and muscles. She was advised to maintain a straight back when even lifting light objects and also to get a hard board under her mattress for a firm back support. Her fifth dose of SP was given under direct observation therapy (DOT). She asked for permission to leave and she was asked to come to the clinic for next visit on 2nd June, 2022.

2.5 NURSING CARE PLAN

PROBLEMS IDENTIFIED

Headache
Constipation
Heartburns
Sleeping disturbances
Backache

SHORT TERM OBJECTIVES

1. Madam Barikisu‟s headache will resolve within 24 hours.
2. Client will remove her bowel at least once within 48hours.
3. Client heartburns will reduce throughout the pregnancy
4. Client will have at least 3 hours of sleep within 24 hours.
5. Client will reduced episodes of backache within 24 hours.

LONG TERM OBJCETIVES

Madam Barakisu will go through pregnancy, labour and puerperium safely without any complications to both mother and baby.

ANTENATAL CARE PLAN

Date /Time	Nursing Diagnosis	Nursing Objectives/ outcome criteria	Nursing Orders	Nursing Intervention	Date/ Time	Evaluation	Sign
19/05/2022 12:20pm	Headache related to stress of pregnancy.	Client‟s headache will be resolve within 24hours as evidence by client verbalizing.	1. Reassure client. 2. Explain cause of headache. 3. Educate client to have enough rest and sleep. 4. Encourage client to drink adequate amount of water 4. Administer prescribed analgesics.	1. Client was reassured that headache will resolve 2. Client was told it was due to stress. 3. Client was educated to have at least two hours rest during the day and six hours at night. 4. Client was encouraged to drink at least 8 glasses of water every day 4. Tab paracetamol 1g was served as prescribed.	20/05/2022 10:00am	Goal fully met as client said her headache resolved	

Date /Time	**Nursing Diagnosis**	**Nursing Objectives/out come criteria**	**Nursing Orders**	**Nursing Intervention**	**Date/ Time**	**Evaluation**	**Sign**
19/05/2022 12:30pm	Constipation related to increase progesterone level causing relaxation of the smooth muscles .	Madam Barikisu will remove her bowel within 48 hours as evidenced by client verbalizing.	1. Reassure client 2. Explain the physiology of constipation to her. 3. Encourage client to eat enough roughage like vegetables and fruits. 4. Encourage client to take more fluids. 4. Encourage her to respond to the urge of emptying the bowel to avoid reabsorption of water from the stools.	1. Client was reassured that she will empty her bowels. 2. She was told it was due to the effect of progesterone on her GIT. 3. Client was advised to eat enough roughage like fruits and vegetables. 4. Client was encouraged to take at least 2000mls of fluids everyday which is equivalent to four sachets of pure water. 4. She was also encouraged to respond to the urge of emptying her bowel to avoid reabsorpion of water from the stools.	20/05/2022 11:00am	Goal fully met as client said she has moved her bowel.	

Date /Time	Nursing Diagnosis	Nursing Objectives/ outcome criteria	Nursing Orders	Nursing Intervention	Date/ Time	Evaluation	Sign
20/05/2022 :00pm	Heart burns related to the relaxation of the cardiac sphincter of the stomach with reflux of acidic contents.	Clients heartburns will reduce and cope with it throughout the pregnancy As . evidence by Client verbalizing .	1. Reassure client. 2. Explain the physiology of heartburns to client . 3. Encourage client to eat 30 minutes before going to bed. 4. Educate client to elevate the head end of the bed when sleeping. 5. Encourage Madam Barikisu to eat less spicy foods.	1. Client was reassured that the intensity of heart burns would reduce. 2. Client was educated that it was due to regurgitation of gastric content due to relaxation of the cardiac sphincter. 3. Client was encouraged to go to bed at least 30 minutes after meals. 4. Client was educated to use more pillows when sleeping to elevate the head end of the bed. 5. Madam Barikisu was encouraged to eat less spicy foods .	13/06/22 10:0am	Goal fully met as the intensity of heartburns reduced.	

Date /Time	Nursing Diagnosis	Nursing Objectives/out come criteria	Nursing Orders	Nursing Intervention	Date/Time	Evaluation	Sign
23/05/2022 5:00pm	Sleeping disturbances leading to frequency of micturation.	Client will have at least 3 hours sleep within 24 hours as evidence by client verbalizing.	1. Reassure client that she will have adequate sleep. 2. Educate client on the physiology of frequent micturation. 3. Tell client to urinate before going to bed. 4. Educate client to limit the intake of fluid containing natural diuretics. 5.Encourage client to eat before 6pm.	1. Client was reassured of adequate sleep if interventions are followed. 2. She was educated that it was due to descent of the presenting part. 3. Client was told to urinate before going to bed. 4. She was also educated to limit the intake of fluids such as tea, caffeine at night. 5.Client was encouraged to eat before 6pm.	24/05/2022 7:00am	Goal met as client reported that she slept for 5 hours.	

Date /Time	Nursing Diagnosis	Nursing Objectives/out come criteria	Nursing Orders	Nursing Intervention	Date/Time	Evaluation	Sign
26/05/2022 10:00am	Backache related to exaggerated lumbar curvature during pregnancy.	Client will have reduced episodes of backache within 24 hours as evidenced by; Client verbalizing.	1. Reassure client 2. Educate client on the physiology of backache in pregnancy. 3. Advice client to have enough rest. 4. Educate client to support her back with pillow when sleeping or sitting. 5. Serve her prescribed analgesics.	1. Client was reassured that her pain would subside. 2. Client was educated that pain was as a result of the effect of the hormones progesterone and relaxin which relaxes the pelvic ligaments and muscles. 3. Client was advised to have enough rest. 4. Client was educated to support her back with pillow when sleeping or sitting. 5. Prescribed paracetamol 1g was served tid.	27/05/2022 1:30pm	Goal fully met. Madam Barikisu reported to the midwife that her back pains has reduced.	

CHAPTER THREE

LABOUR

3.0 INTRODUCTION

This chapter describes the management of labour, the immediate care of the newborn, examination of the newborn and the care plans drawn for the management of the problems encountered during labour. The goal of care during labour and delivery is to ensure the most positive outcome mainly a healthy mother and baby.

3.1 ADMISSION AND MANAGEMENT OF FIRST STAGE OF LABOUR

Admission

On 13th June, 2022, Madam Barikisu reported to the labour ward at St Edward‟s Hospital around 12: 30pm with her husband and mother in-law with the complaints of waist, lower abdominal pain frequency of micturition. Rapport was established and they were offered seats. Client was taken to the nurses‟ station for necessary information to be taken while glancing through her antenatal card. She was asked if she had experienced any danger signs like, bleeding from the vagina, leakage of liquor and persistent vomiting. Madam Barikisu replied that she had not seen any of the signs. She appeared anxious and she was told that she was in competent hands and that she would have a safe delivery. History of her last meal, last bowel action and if she has taken any medication.

Madam Barikisu said lower abdominal and waist pains started at 6:00am and also noticed the appearance of „show‟. Madam Barikisu‟s husband and her mother in law were reassured that everything was going to be alright. Madam Barikisu was sent to the examination room and assisted to change her clothing. Permission was sought to examine her and all procedures were explained to her.

She was then asked to pass urine and her urine measured 100mls, midstream sample was tested for albumin, sugar and acetone but the results were negative. She was assisted to lie on the couch and a quick examination from head to toe revealed no abnormality.

Her vital signs checked and recorded were as follows: Temperature 36.1^{o}C Pulse 86 beat per minute, Respiration 22 cycle per minute and Blood pressure 110/80 mmHg

Abdominal examination was then carried out after privacy was provided. On inspection the shape of the abdomen was ovoid and straie gravidarum, linea nigra and fetal movement were noticed. Fundal, lateral and pelvic palpations were performed. The symphysio-fundal height was 38 cm, the lie was longitudinal, and presentation was cephalic. The descent of the head was 3/5th above the pelvic brim and uterine contraction was 3 in 10 minutes lasting 32 seconds. On auscultation fetal heart rate was 140 bpm with good volume and regular rhythm.

A sterile tray for vaginal examination was brought to the bed side and the procedure was explained to her. Hands were washed and dried and sterile gloves worn. The vulva was inspected for rashes, varicose veins, warts, scars and oedema but none was present. The vulva was swabbed with savlon solution, using sterile swabs, the labia majora were swabbed with two sterile cotton wool soaked in savlon solution, the labia minora was also swabbed the same way and a single cotton wool soaked in savlon solution was used to swab the vestibule after which vaginal examination was carried out.

The vagina felt moist, warm and distensible. The cervix was thin, soft, effaced and the presenting part well applied to it. The cervical dilatation was 4cm with membranes intact. No moulding was felt. The sacral promontory was not reached, the sacrum was well curved and the ischial spines were blunt. She was asked to lie on her side and a fist was placed in between the tuberosities and it admitted the fist. Client was cleaned after the examination and a clean perineal pad was applied to the vulva.

Madam Barikisu was tidied up and encouraged to lie on her left side. All findings were explained to her and reassured that labour was progressing well. All procedures were done under the supervision of the midwife-in-charge and recorded on a partograph.

3.2 PREPARATION FOR BIRTH

A skilled helper was identified, that was the staff midwife on duty who was also supervising the delivery. She was made aware that her assistance may be needed if the need arose. The non-

skilled helper was the client husband and he was also made aware that he would be called to help when needed. The phone number of the referring hospital was made available in case of any emergency and also a driver was informed that in case of emergency he would be called.

The delivery room was prepared for delivery; the room was made clean and warm by drawing the curtains closer, light were switch on, and touch light was also made ready in an event of light off. Hands were washed with soap and water and dried with clean towel. The client was also assisted to wash her hands, chest and abdomen with clean water and soap and dried with clean towel to prepare for skin to skin contact. Delivery set was available waiting to be set at appropriate time. Oxytocin and other emergency drugs like magnesium sulphate were also made available.

Resuscitation area was made ready by switching on the light to keep the place warm if needed, all equipment such as ventilation bag and mask, stethoscope needed to help baby breath were assembled and tested for their functionability.

3.3 MANAGEMENT OF FIRST STAGE OF LABOUR

The fetal heart rate, maternal pulse and uterine contractions were checked every 30 minutes, temperature every 2hours, blood pressure, descent as well as vaginal examination was done 4 hourly and the results plotted on the partograph. She complained of tiredness and was reassured and encouraged to avoid screaming and perform deep breathing exercise when there are contractions. Again milo and biscuit was served. Sacral massage was given and was also supported to breathe through her mouth. Madam Barikisu was reassured that labour was progressing well and was encouraged to pass urine frequently to prevent her bladder from being full, since this could impede descent of the fetus.

Madam Barikisu was asked to lie on her left lateral to prevent supine hypotensive syndrome or ambulate to enhance descent. She complained of thirst and dry throat. She was then encouraged to take sips of water to quench her thirst and to keep her mouth and throat wet.

At 4:30 pm, she was due for her next V/E. The procedure was explained to her and was asked to empty her bladder before doing the next examination. At this time the fetal heart rate recorded was 140beats per minute with good volume and rhythm. Descent of the fetal head was 1\5th and

uterine contractions were 4 in 10 minute lasting 44 seconds. On vaginal examination cervical dilatation was 8 cm with intact membranes and moulding was not felt.

Her vital signs were checked and recorded as follows. Temperature -
36.0 ^{o}C, Pulse 88 beats per minute. Respiration -
20 cycles per minute and Blood pressure -
120\82 mmHg

All the findings were communicated to her and recorded on the partograph. She was reassured, encouraged to continue with the relaxation techniques and do deep breathing exercise. She was also given sips of water .he was cleaned with a wet towel since she was sweating profusely.

The delivery trolley was set containing the following; **Top shelf,** Sterile scissors, sterile gloves. Two sterile artery forceps, sterile drape, sterile membrane pierce, cord clamp, Sterile episiotomy park containing scissors and suturing forceps, sterile gallipots and injection tray containing 10 units of oxytocin, vitamin k, syringe and needle.

Bottom shelf; Drum containing gauze and cotton wool, chittle forceps, jug for measuring the amount of blood loss, urethral catheter and drainage bag, examination gloves and Identification band.
Other items included sutures, lidocaine face mask, goggle, boots, plastic apron, baby‟s cot with cot sheets and baby‟s dress, bed pan, light source were brought closer.

At 6:00pm Madam Barikisu complained of severe bearing down sensations with the uterine contractions becoming more expulsive and frequent. The anus was gapping with the perineum bulging. Vaginal examination was repeated, cervix was fully dilated with spontaneous rupture of membrane. Liquor was clear and moulding was ++ since the bones were overlapped each other but easily be separated. Fetal heart rate was 130bpm, contractions were 4:10 for 45 seconds, descent was 0/5th. The midwife in-charge confirmed the findings.

3.4 MANAGEMENT OF THE SECOND STAGE OF LABOUR

Madam Barikisu was transferred to the second stage room and positioned on the delivery bed at 6:10pm. What is expected of her during the delivery was explained to her. She was asked to empty her bladder and then was assisted to lie in the dorsal position with knees flexed apart.

She was reassured and every procedure to be done was explained to her. Protective clothing such as mackintosh apron, rubber boots and goggles were worn. Hands were washed with soap under running water and dried with sterile towel and sterile gloves were worn on both hands. The vulva and the upper thigh were swabbed with savlon solution and client draped with sterile towels. She was reminded that her baby will be delivered unto her abdomen to provide warmth and improve bonding. A clean perineal pad was applied to the anus to keep the delivery area clean. Madam Barikisu was encouraged to push with each contraction and rest in between contractions. The midwife in charge checked the maternal pulse and fetal heart rate to ascertain the condition of both mother and fetus. This was done following uterine contractions to assess the recovery rate of the fetal heart rate after contractions and was recorded.

As labour progressed, the head advanced gradually and flexion was aided by gently pressing the occiput downwards in other to allow the smallest diameter of the skull to distend the vulva and the perineum. Descent of the fetal head continued till crowning of the head occurred, Madam Barikisu was asked to stop pushing and pant at this stage to prevent rapid expulsion of the head which could lead to perineal tears and intracranial injury. The sinciput, face and chin swept the perineum and the head was slowly delivered by extension to prevent tear and injury to the baby. The eyes were cleaned with separate sterile swabs from the inner cantus of the eye outwards. The face was cleaned with gauze swabs. The cord was quickly felt for around the baby‟s neck but there was none.

The head was supported and restitution was allowed to take place and internal rotation of the shoulders as indicated by external rotation of the head through 45 degrees took place. This brought the shoulders into anterior-posterior diameter of the pelvic outlet. Client was asked to push with the next contractions. Both palms were placed on either side of the baby‟s ear and gently pressed the head downwards to deliver the anterior shoulder which escaped under the symphysis pubis. The posterior shoulder swept the perineum and was delivered. The rest of the body was delivered by lateral flexion unto the mother‟s abdomen at 6:30 pm. An alive healthy male baby was delivered who cried soon after delivery. The baby was quickly cleaned from head to toe with a clean cot sheet and wrapped her with another clean cot sheet while on her mother‟s abdomen after client confirmed the gender as a male. Client was congratulated for her efforts. The baby was moved to the mother‟s chest for skin-to-skin contact and covered them with a new

sheet. Mother was informed that the baby was going to be there for an hour to improve bonding and initiate breastfeeding.

3.5 IMMEDIATE CARE OF THE BABY

The immediate care of the baby started as soon as the head of the baby was born. Different sterile gauze was used to clean the baby‟s eyes from inner canthus outwards. The face was wiped with guaze. The baby was dried thoroughly to keep the baby warm and stimulate breathing. The cord was clamped and cut in between two clamps. The baby was shown to mother to confirm the sex of the baby. Identification band was prepared with the mother‟s name, baby‟s sex, weight and date of birth and was tied around the baby‟s wrist. Baby was then cleaned and wrapped in a warm sheet with the head covered with a cap to prevent hypothermia.

The baby was put to breast to ensure the natural release of oxytocin to help with the contraction of the uterus, initiate lactation and promotion of bonding between mother and baby. The baby was then nursed with head turned to one side, in order to facilitate drainage of secretions to prevent aspirations.

3.6 ACTIVE MANAGEMENT OF THE THIRD STAGE OF LABOUR

After the cord separation, a sterile receiver was placed near the vulva in between the thighs to receive the end of the cord. Client‟s abdomen was palpated to rule out any second foetus in utero before 10 units of oxytocin was given intramuscularly by the midwife-in-charge to prevent any bleeding. The client was asked to empty her bladder which she said she had no urge. The left hand was placed on the fundus to feel for contractions. As soon as contractions were felt, the clamp was held with the right hand while the left hand was placed on the lower abdomen in the suprapubic area to push the uterus. The right hand which held the clamped cord, was used to apply gentle downward traction in a downward and backward direction. Counter-pressure was maintained with the left hand on the suprapubic area while traction was applied to the cord until the placenta was visible at the vulva. Both hands were used to receive the placenta at the introitus and placed in a bowl at 6:40 pm.

The uterus was massaged to maintain the contraction. Client was thought to massage her uterus and she was asked to feel the hardness of the uterus which indicated that the uterus was well

contracted. This procedure was done every 15minutes for two hours making sure the uterus was firm, while blood loss was checked.

The placenta and membranes were examined quickly, and all the lobes were complete and healthy. The uterus was massaged and blood clots were expelled. Perineum, vaginal walls and cervix were examined under a light source and there were no tears.

The blood loss was approximately 150mls. Client was cleaned and a new perineal pad was placed at the perineum to make her comfortable in bed. Client was encouraged to change her pad and urinate frequently to prevent postpartum haemorrhage and infections. She was also educated on how it would help in the contractions of the uterus.

Madam Barikisu was congratulated for her cooperation. The delivery bed was cleaned and the equipments used were decontaminated in 1:10 chlorine for 10 minutes and then washed in warm soapy water, rinsed under running water. The equipments were put into the autoclave machine for sterilization and stored.

3.7 EXAMINATION OF PLACENTA AND MEMBRANES

After client was made comfortable in bed, the placenta was examined thoroughly in the sluice room. The maternal surface was examined in a cupped hand with no missing lobe, and membranes were intact. The cord was situated at the center of the placenta and there was one vein, two arteries in the cord and no abnormality was detected. The placenta was held by the cord allowing membranes to hang down. The membranes were spread out to aid in inspection. On examination; the chorion and amnion were intact. The fetal surface was smooth with shiny and bluish-grey in colour. The maternal surface of the placenta was red with complete lobes separated by grooves (sulci).

The placenta was discarded after decontaminating it. The instruments and equipment used were soaked in 0.5% chlorine solution and were removed after 10 minutes, washed and put in the autoclave after which the instruments were stored. Hands were dipped in 0.5% chlorine solution before discarding the gloves. Amount of blood loss was 150ml. Client was congratulated for the effort made.

3.8 MANAGEGEMENT OF FOUTH STAGE OF LABOUR

This is the period of six hours after delivery of the placenta during which both the mother and baby are under continuous observation in order to detect early complications, Madam Barikisu and her baby were monitored for six hours before transferring them into the lying-in-ward.

BABY

3.9 PREVENTION OF DISEASE

The following procedures were performed to prevent serious infection to the eye, cord and also prevent haemorrhagic disease of the newborn.

Two (2) drops of chloramphenicol eye drop was instilled on each eye, the cord was dressed with sterile cotton and methylated spirit and vitamin K 1.0mg intramuscularly was given to the baby after head to toe examination was done. Baby skin was smeared with baby oil to provide warmth. Hands were washed with soap under running water and cleaned with dry towel.

3.10 EXAMINATION OF THE NEWBORN

The procedure was explained vividly to Madam Barikisu, examination gloves were worn and the baby was examined head to toe to detect any deviation from normal. Baby was put on a covered flat surface and only the part to be examined was exposed. The head was examined for bulging and sunken of fontanels, size, shape, laceration and caput succedaneum but no abnormality was detected. Head circumference was measured by encircling the head with tape measure from occipital protuberance to the supra orbital ridges and it measured 34cm and the baby‟s length was 50cm. The ear was examined for position, size, and patency. Eyes (conjunctiva) were also examined for pallor, sub conjunctiva haemorrhage and abnormal discharges but no abnormality was detected. The nose was also inspected for size, shape and nostrils checked to rule out deviated septum but everything was normal. The mouth was inspected for cleft palate, tongue tie, false teeth and suckling, rooting and swallowing reflexes were checked but everything was normal. The neck was examined for congenital goiter and swollen lymph nodes but there was none. The chest was inspected for shape, size and chest wall movement with respiration and respiration rate was 42 cycles per minute and the apex heart beat was also 142 beats per minute. Breasts were palpated for masses and nipple was checked for position and extra nipple and

everything was normal. Examination of the upper extremities was done and hands were inspected for clubbing, extra or missing digits and webbing. Hands and arms were inspected for symmetry, movement and paralysis, and the palm for the number of palmer crease. Shape and colour of nail beds were inspected and reflexes (grasping, Moro) checked but were normal. The abdomen was examined the size and shape were normal. The cord was inspected but no bleeding was noted. The liver and spleen were palpated for enlargement and no abnormalities were detected. With the lower limbs, no webbing, extra toes and club foot were found. The baby was turned prone with the head on one side and the spine was checked for swelling, spinal bifida and for missing vertebrae, but no abnormalities were noticed. On examination of the skin, the skin was pink and no abnormality found. The anus and the rectum were inspected for patency and no abnormality was detected since the baby had passed meconium and urine. The baby was weighed and it recorded 3.3kg. The temperature was checked and it was recorded as 37.0 degrees celcius.

Gloves were removed and disposed of. Hand washing was done and dried with clean towel. All finding were then communicated to the mother and documented. The baby was then classified as a normal baby and routine care initiated. The baby was wrapped in a warm dry sheet and was placed beside her mother to breastfeed.

MOTHER

Client‟s vital signs as well as her uterus and lochia were checked 15 minutes for two hours, 30 minutes for an hour and hourly for three hours. Her vital signs were checked and recorded as follows: Temperature 36.8oC, Pulse 80 beat per minute, Respiration 20 cycle per minute and Blood pressure 110/80 mmHg.

Madam Barikisu was asked to empty her bladder frequently in order to help contractions of the uterus. She was served with warm beverage and also encouraged to establish bonding and to initiate and maintain lactation. She was educated on how breastfeeding enhances the release of oxytocin which would improve uterine contractions, drainage of lochia, control of haemorrhage and also as a form of family planning.

Madam Barikisu was examined from head to toe, her conjunctiva was pink and no abnormality detected. Uterus was well contracted and symphysio-fundal height was 18cm, there was no active bleeding from the vagina. She was encouraged to report if she saw any profuse

bleeding. She was asked to change her pad when soiled in order to prevent infection. The findings of all assessments carried out were within the normal range. The baby was also monitored at the same interval to ensure that breathing was normal and the colour of skin was pink.

3.11 SUMMARY OF LABOUR AND DELIVERY; Date of delivery 13th June, 2022, Time of delivery 6:30pm, Type of delivery Spontaneous Vaginal Delivery and Time of placental delivery 6: 40pm.**Duration of labour,** 1st stage of labour 6 hours, 20 minutes, 2nd stage of labour 10 minutes and 3rd stage of labour 10 minutes, Total 6 hours 40 minutes.

Condition of baby, Apgar score at first minute 8/10, Apgar score at fifth minute 9/10, Sex of baby male, Weight of the baby 3.3 kg, Head circumference 34 cm, Full length 50cm, Meconium Passed, Urine Passed, Condition satisfactory.

Condition of mother

Vital signs checked and recorded as Temperature 36.7 ^{o}C Pulse 84beaper minute Respiration 20 cycles per minute and Blood pressure 110/70 mmHg, Fundus 18cm, Lochia Red (rubra), Odour of Lochia Non – offensive, Perineum Intact and Condition Satisfactory

Condition of placenta and membrane

Lobes and membranes Complete and healthy, Maternal surface Normal and Fetal surface Normal.

NURSING CARE PLAN ON LABOUR

PROBLEMS IDENTIFIED

1. Waist pain
2. Anxiety.
3. Tiredness.

5 Thirst and dry throat.

SHORT TERM OBJECTIVES

1. Client will cope with waist pains within 2 hours.
2. Client‟s anxiety will resolve within 30 minutes after birth.
3. Client will regain her strength within 2 hours after birth.
4. Client‟s thirst and dry throat will resolve within 40 minutes.

LONG TERM OBJECTIVES

Client will go through labour, delivery and puerperium successfully without complications to both mother and baby.

LABOUR CARE PLAN

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES /OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTIONS	DATE/ TIME	EVALUATION	SIGN
13/06/22 12:30pm	waist pain related to physiology of labour	Client will cope with waist pains within 2 hours as evidenced by client verbalizing.	1. Explain the physiology of labour pains to her. 2. Reassure client that labour will soon end 3. Put client in a comfortable position 4. Encourage client to perform breathing and relaxation exercises 5. Provide diversional therapy 6. Perform sacral massage for client.	1. The physiology of labour pains was explained to her 2. Client was reassured that labour would soon end 3. Client was put in the left lateral position. 4.Client was encouraged to perform breathing and relaxation exercises 5. Client was stayed with and engaged in a conversation 6. Client‟s sacral region was massaged by her support person.	13/06/2022 2:00pm	Goal fully met as client said she was coping.	

LABOUR CARE PLAN CONT'D

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTIONS	DATE/ TIME	EVALUATION	SIGN
13/06/22 12:30pm.	Anxiety related to unknown outcome of labour.	Clients‟ anxiety will resolve within 30 minutes after birth as evidence by client verbalizing.	1. Reassure client. 2. Explain every procedure to be carried to client. 3. Allow her to ask questions and answer her tactfully. 4. Update client with progress of labour. 5. Allow support person to be with her	1. Client was reassured that labour will end safely. 2. Procedures like checking of vital signs, vaginal examination were explained to client. 3. Client was allowed to ask questions and answers were given tactfully. 4. Client was updated about progress of labour using the dilatation board after V/E. 5. Client‟s husband was allowed to be with her and massage her sacral region during contractions.	13/06/22 8:30pm.	Goal fully met as client said she was no longer anxious.	

LABOUR CARE PLAN CONT'D

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVE/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
13/06/2022 2:00 pm	Fatigue related to advance state of labour.	Client will regain her strength within 2 hours after birth as evidence by the client verbalizing that she is relieved of fatigue.	1. Reassure client. 2. Encourage client not to scream during contractions. 3. Encourage client to continue with the relaxation technique. 4. Support client to perform deep breathing exercise during 5. Serve client with light diet	1. Client was reassured that she will regain her strength. 2. Client was encouraged not to scream during contractions. 3. Client was encouraged to continue with the relaxation technique. 4. Client was supported to perform deep breathing exercise during contraction. 5. Client was served with milo and biscuit/	13/06/22 10:00 pm	Goal fully met as client verbalized she had been relieved of tiredness.	

LABOUR CARE PLAN CONT'D

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVE	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
13/06/2022 3:30pm	Thirst and dry throat related to the process of labour.	Clients‟ thirst and dry throat will resolve within 40 minutes as evidenced by client verbalizing .	1. Reassure client. 2. Explain the process of labour to client. 3. Support client to perform deep breathing exercise. 4. Give client sips of water. 5. Serve client with fluid diet.	1. Client was reassured that measures will be put in place to relieve her off the thirst and dry throat. 2. Process of labour was explained to client. 3. Client was supported to perform deep breathing exercise during contraction. 4. Client was given sips of water and ice to suck. 5. Client was served with cold milo drink.	13/06/22 4:10pm	Goal fully met as evidenced by client verbalizing she does not feel thirsty and dry throat.	

CHAPTER FOUR

PUERPERIUM

4.0 INTRODUCTION

This chapter talks about the management of puerperium thus the care rendered to both mother and baby after delivery. It begins immediately after the expulsion of placenta and membranes and control of hemorrhage and ends at the 40th day or six (6) weeks after delivery.

4.1 DAY OF DELIVERY

0n the 13th 0f June , 2022 before transferring Madam Barikisu and her baby to the lying-in ward they were both assessed carefully. She was made comfortable in an already prepared bed. Madam Barikisu‟s vital signs were checked and recorded as follows; Temperature 36.5^0CPulse 80 beat per minute Respiration 20 cycle per minute and Blood pressure 119/77 mmHg

On palpation the uterus was well contracted and the symphysio-fundal height was 18 cm above the symphysis pubis, lochia was small in amount and red in colour with no clots. She was advised to change her perineal pads frequently when soiled and to report any abnormal vaginal bleeding to the midwives on duty. Client was encouraged to urinate frequently since full bladder interferes with the contraction of the uterus with subsequent bleeding.

Madam Barikisu was encouraged to take in adequate fluid and eat a well-balanced diet to help repair worn out tissues and promote growth. She was served with a cup of beverage. She was also educated on how to position and attach the baby to breast and observed as she breastfed the baby. The baby was examined from head to toe and no sign of injury was observed. The baby‟s weight was 3.3 kg, respiration was 42 cpm, and apex beat was 142 bpm.

4.2 SUBSEQUENT CARE OF THE BABY

After six hours of birth, Madam Barikisu was informed about the need for the baby to be bathed and she responded positively. The baby was then picked to be bathed in the presence of the mother so that education could be given during the procedure.

Requirement for Baby Bath; Top Shelf; Methylated spirit in sterile galipot, Sterile cotton wool swabs and gauze in a galipot, Surgical gloves, Sterile water in a galipot, Baby‟s diapers, Baby‟s dress, Baby‟s towel and cot sheet to wrap the baby, Baby‟s oil or Vaseline, Baby‟s sponge and Baby soap in a soap dish

Bottom Shelf; Disposable gloves, Jug of hot water, Jug of cold water, A bowl for mixing water, Kidney dish for used gauze and swab, A receptacle for used water and Mackintosh apron.

After picking all needed items, the cold and hot water were mixed and the temperature was tested with the elbow. The plastic apron was then worn; hands were washed with soap under running water and dried with clean towel. Gloves were then worn and the baby was placed on a protected flat surface, undressed and covered with the towel living the face. The eyes were cleaned with a sterile cotton, dipped in sterile water from the inner canthus outwards and disposed into a receiver. The face was cleaned with a wet face towel. The nape of the neck was supported by the left palm and the ears were plugged with the thumb and index finger to prevent water from entering the ear. Mother‟s attention was drawn to this. The baby‟s head was washed in a circular motion with a soapy sponge after which it was rinsed out and dried with a towel. The baby was placed on a flat surface and the rest of the body was bathed (arms, chest and back), paying particular attention to the skin folds. The whole body was gently immersed in the bath of water with the head supported above the water level. Baby‟s body was dried with towel paying attention to the skin folds. Vaseline was applied all over the body of the baby to provide warmth. Gloves were removed, hands washed and dried. Sterile gloves were then put on. Cord was inspected for bleeding and there was no bleeding. Sterile cotton wool swabs and methylated spirit was used to dress the cord. One was used to hold the clamp and the cord was dressed aseptically with a cotton wool swab soaked in methylated spirit from the base upwards to the cord clamp and left it opened to heal by dry gangrene. The baby was wrapped nicely to maintain the temperature. The baby‟s head was covered with a cap and dressed warmly to prevent heat loss and the baby was given to the mother to breastfeed in an effort to support breastfeeding. Mother was asked to fix the baby to breast by ensuring that she sat in a comfortable position, which meant the baby was attached well to breast and is sucking well. The mother was educated that the baby should be fed at least 8 to 12 times a day and exclusively for six months. Mother was educated on breast feeding problems such as cracked or sore nipples, breast engorgement

and mastitis. She was asked to report to the clinic especially if the problem was not resolved and also signs of engorgement were noticed.

The baby‟s vital signs checked were recorded as follows: Temperature 37.0ºC, Respiration 42cpm and Heart rate 142bpm

Mother‟s vital signs checked were recorded as follows: Temperature 36.3ºC,

Pulse 80bpm , Respiration 20 cpm and Blood Pressure 100/60mmHg

All findings were communicated to Madam Barikisu and all documentations were done.

4.3 FIRST DAY POSTNATAL (DAY OF DISCHARGE)

The first day after delivery was 14th June, 2022. Madam Barikisu and baby slept soundly during the night and their condition remained satisfactory. Madam Barikisu woke up looking cheerful and healthy. She was served with warm water to bath. Her vital signs were checked and recorded as follows;

Morning; Temperature 36.2 ^{0}C, Pulse 78 beat per minute, Respiration19 cycle per minute and Blood pressure 110/70 mmHg.

Client was examined from head to toe and no abnormality was detected. The breasts were heavy and colostrum was expressed. The uterus was firm and well contracted. Symphysio-fundal height was 16cm above the symphysis pubis. Her vulva was inspected, the lochia was dark red in colour, flow was small and it was not offensive.

She was taught and supervised to do postnatal exercises. She was encouraged to keep the perineum clean and to use clean perineal pads to prevent infection. She was also reminded to wash her hands before and after changing her perineal pad.

The importance of good personal hygiene was explained to her, in order to prevent puerperal sepsis and neonatal infections to the mother and her baby respectively. Exclusive breastfeeding was also encouraged and Madam Barikisu was advised to top and tail the baby until the cord was off. Hands were washed and dried with dry towel and baby examined from head to toe and no abnormalities were found. The baby was topped and tailed in the presence of the mother and the cord was inspected for bleeding or any infection but there was none. Hands were washed and

dried, sterile gloves worn and cord dressed with methylated spirit and left it open to dry. Mother was advised not to apply any hot compress or concoction on the cord to prevent infection of the cord. Baby‟s vital signs were checked and recorded as follows; Morning Temperature 37.1^0 C, Apex beat 136 beat per minute, Respiration 40 cycle per minute and Weight 3.2 kg.

Baby was immunized with Bacilli Calmette Guerin (BCG) 0.05 mls and oral polio „O‟ vaccine, 2 drops in the mouth to protect her against tuberculosis and poliomyelitis respectively.

After this, client was advised not to apply anything at the injection site but to continue the immunizations at the child welfare clinic when the child was six weeks old in order to protect her against the childhood diseases like measles, yellow fever, pertusis among others. Mother and baby were declared fit by the midwife in-charge after all the examination. Client was informed about the discharge. She was helped to pack her belongings and the following drugs were prescribed for the mother; Tablet folic acid 5mg dly x 14 days, Tablet fersolate 200 bd x 14 days, Tablet Flagyl (Metronidazole) 400mg tds x 7 days, Tablet paracetamol 1g tds x 5 days and Capsule Amoxicillin 500mg tds x 7 days

The drugs and dosages were explained to her and the need to take the drugs was stressed. Her NHIS card was used to settle her bills.

Madam Barikisu was advised on the importance of keeping the baby‟s cord clean and dry and to avoid the application of concoctions or unprescribed medications on it. She was educated on the importance of reporting to the clinic anytime they noticed danger signs like bleeding from the cord, offensive odour from the cord or high temperature of the baby.

Client was also educated to avoid applying hot water on the baby‟s fontanels and sutures. In order to prevent nappy rashes, she was advised to change the baby‟s napkins whenever soiled and also apply baby‟s oil on the buttocks.

Madam Barikisu was encouraged to sleep in mosquito net together with the baby to prevent malaria and advised to breastfeed the baby on demand. Her husband was also encouraged to help his wife to take care of the baby. Client was encouraged to have adequate rest and sleep. She was reminded of visits to her house to continue the care for seven days. The family was seen off.

4.4 FIRST POSTNATAL HOME VISIT (SECOND DAY POST NATAL)

Madam Barikisu was visited on 14th June, 2022 at 5:00pm with the aim to assess their general conditions and to detect early conditions that could be harmful to their health so as to give immediate treatment or refer to the hospital for further management. Permission was sought to examine the baby. The baby was placed in her cot and head-to-toe examination was done without any problem. The baby was topped and tailed, hands were washed and new sterile gloves were worn, cord was inspected and dressed. The cord was not offensive and was quite dry. According to Madam Barikisu, her baby passed meconium and urinated. Baby‟s vital signs checked. Findings were recorded as follows**;** Temperature 36.6 ^{0}C, Apex heart beat 136 beat per minute, Respiration 38 cycles per minute, Weight 3.2 kg, Suckling Good, Cord Clean and dry, Colour Pink, Stool Meconium

Madam Barikisu was also examined from head to toe for any abnormality but none were present. The breasts were heavy and full with colostrum expressed. The uterus was well contracted and the symphysio-fundal height was 18cm during abdominal palpation. She said she wanted to know more about family planning which she was educated on the various family planning methods. The lochia was red (rubra), small in quantity and not offensive. After the examination, all the findings were communicated to her. Vital signs were also checked. Findings were recorded as follows; Temperature 36.4^0 C Pulse 82 beat per minute, Respiration 22cycles per minute, Blood pressure 110/70 mmHg, Breast Lactating, Uterus Contracted, SFH 16cm, Lochia Rubra

Madam Barikisu was supervised to perform the postnatal exercises. She successfully attached the baby to breast and baby was able to suckle well. She was encouraged to make sure the baby empties one breast before giving the other breast to prevent engorgement and to make sure the baby takes adequate breast milk. Permission was then sought to leave and promised to visit them the next day.

4.5 SECOND POSTNATAL HOME VISIT (THIRD DAY POSTNATAL)

On the 15th of June, 2022. At 7:30am and 4:30pm Madam Baarikisu and family were visited to access their condition of health. Client complained backache and after pains when the baby suckles. She was reassured and encouraged to perform the postnatal exercise; for about ten to

twenty minutes and also to continue the postnatal exercises to strengthen the pelvic floor muscles and also advised to breast feed the baby on demand as it helps in contraction thus involution of the uterus.

Client permission was sought to perform physical examination and vital signs. The symphysio-fundal height was 16cm on abdominal palpation. On inspection of the vulva it was healthy and the flow of lochia was small and the colour was rubra.

Permission was sought again to examine the baby. The baby was top and tailed and cord examined, it was clean and dry and dressing was done.

Baby‟s vital signs were checked and recorded as follows; **Morning;** Temperature 36.6^{0}C, Pulse 136, Respiration 38 cycle per minute, Weight 3.1kg, Suckling Good, Cord Clean and dry, Colour Pink and Stool Meconium. **Evening**; Temperature 36.7^{o}C, Respiration 41cycle per unit, Pulse 132 beat per minute, Suckling good, Cord clean and dry and Colour pink

Mother‟s observations were checked and recorded as follows; **Morning;** Temperature 36.7 ^{0}C, Pulse 80 beat per minute, 20 cycle per minute, Blood pressure 110/70 mmHg, Breast Lactating, Uterus Contracted, SFH 14cm and Lochia Rubra.**; Evening;** Temperature 36.4^{o}C**,** Pulse 78 beat per minute, Respiration 19 cycle per minute, Blood pressure 110/60mmHg, Breast lactating, Uterus contracted, SFH 14 and Lochia Rubra.

All the findings were communicated to the client and her family. Family planning education was reinforced and they promised to use a method after six weeks. They were congratulated for their cooperation and promised to visit the next day.

4.6 THIRD POST NATAL HOME VISIT (FOURTH DAY POST NATAL)

On the 16thJune, 2022 client was visited again during the morning and evening around 7:00am and 4:00pm respectively to continue the care of the baby, the mother and the family. Enquiry Baby was topped and tailed, cord dressed and the cord was dry and not offensive. Baby was well and suckled well on the breast on observation. She said her baby passed stools and urine. Both baby and mother were assessed and findings were recorded. Mother was also well, breast was lactating, uterus was well contracted and symphysio-fundal height was measured.

Findings on both mother and baby were recorded as; **Baby; Morning;** Temperature 36.9^0 C, Apex heartbeat 138 beat per minute, Respiration 42 cycle per minute, Weight 3.0kg, Suckling Good, Cord Clean and dry, Colour Pink Stool yellowish**. Evening** Temperature 36.7 C, Apex heartbeat 137 beat per minute, Respiration 38 cpm, Suckling Good, Cord clean and dry, Colour Pink and Stool Yellow. **Mother Morning;** Temperature 36.5^0 C, Pulse 80 beat per minute, Respiration 20 cycles per minute Blood pressure120/80 mmHg, Breast Lactating, Uterus Contracted, SFH 12cm and Lochia Rubra. Mother‟s Evening vitals are as follows; Temperature 36.5^oC, Pulse 84bpm, Respiration 22cpm, Blood pressure 110/70mmHg, Breast lactating, Uterus contracted, SFH 12cm and Lochia Rubra.

Madam Barikisu complained of insomnia as a result of night feeding and excessive crying of the baby. She was reassured and educated on the various positions she can assume during breastfeeding and also told to feed the baby on demand, to support the breast with a supportive brassier and also feed the baby well before sleeping. They were promised to be visited again and thanked before leaving the house.

4.7 FOURTH POST NATAL HOME VISIT (FIFTH DAY POST NATAL)

On the 17th June, 2022, client was visited in the morning at 7:35am to continue the care of client and family. Mother and baby were in good condition when inquired .she added that the backache was resolving. Baby was topped and tailed, cord dressed and the cord was almost off. Baby was well and suckled well on the breast on observation. She said her baby passed stools and urine. Findings after assessment were recorded.

Madam Barikisu was also assessed after explaining procedure to her and she emptying her bladder. Her symphysio fundal height was 12cm. Lochia was inspected and it was pink in colour, odourless and small in flow. She was encouraged to do postnatal exercises, eat a well-balanced diet with more fruits and fluids, sleep under insecticide treated mosquito net with the baby to help promote and maintain adequate general health and prevent malaria. They were promised to be visited again and thanked before leaving the house.

Findings on both mother and baby were recorded as; **Baby;** Temperature 37.0^0 C, Apex beat 132 beat per minute, Respiration38 cycle per minute, Weight 2.9kg, Suckling Good, Cord Almost off, Colour Pink and Stool yellowish. **Mother;** Temperature 36.2^0 C, Pulse70 beat per minute, Respiration 18 cycles per minute, Blood pressure 110/80 mmHg, Breast Lactating, Uterus Contracted, SFH 10cm and Lochia Serosa

4.8 FIFTH POST NATAL HOME VISIT (SIXTH DAY POST NATAL)

On the 18thJune, 2022. At 7:20am client and family were visited, hands were washed and dried after explanation of procedure. The baby was bathed since the cord fell the previous night. He was examined from head to toe but nothing abnormal was detected. The stump of the umbilical cord was cleaned with methylated spirit and left opened. No sign of infection such as redness was noted. Madam Barikisu complained of breast pains and breast engorgement during physical examination. She was reassured and encouraged to put on a firm brassier and continue to breast feed the baby on demand. She was also encouraged to allow one breast to be emptied before the baby is attached to the other breast. No abnormality was detected on the mother and baby during the general examination except for the mother‟s breast engorgement. Client‟s symphysio fundal height was 10cm and lochia was serosa.

Findings after assessing both mother and baby were recorded as follows; **Mother;** Temperature36.7^0 C, Pulse 80 beats per minute, Respiration 20 cycles per minute, Blood pressure 110/70 mmHg, Breast Engorged, Uterus Contracted, SFH 8cm, Lochia Serosa.

Baby; Temperature 37.0^0 C, Apex heart beat 130 beat per minute, Respiration 40 cycle per minute, Weight 2.9kg, Suckling Good, Cord Off, Colour Pink and Stool Yellowish.

They were congratulated for their cooperation and permission was sought to leave.

4.9 SIXTH POST NATAL HOME VISIT (SEVENTH DAY POST NATAL)

On the19th June, 2022. At 7:00an client and family were visited, hands were washed and dried. Feedback was made about client‟s breast engorgement. Procedure was explained to client after

which she went and emptied her bladder. The baby was bathed and examined from head to toe but nothing abnormal was detected in the presence of client and mother in law. The stump of the umbilical cord was cleaned with methylated spirit and left opened. The stump was healing nicely. Madam Barikisu said the breast felt a bit lighter. Baby‟s weight was checked and was recorded as 3.2kg. No abnormality was detected on the mother and baby during the general examination. Client‟s symphysio fundal height was 8cm. On inspection, the lochia was creamy brown with scanty flow and not offensive. Client was advised to have adequate rest and sleep during the day while her in law cared for the baby. The mother in law was encouraged to assist her daughter in law. All the findings were communicated to the client and her family. Family planning education was reinforced and they promised to use a method after six weeks.

Findings were recorded as follows; **Mother;** Temperature 36.5^0 C, Pulse 80 beats per minute, Respiration 20 cycles per minute, Blood pressure 120/80 mmHg, Breast Lactating, Uterus Contracted, SFH 6cm and Lochia Serosa. **Baby;** Temperature 36.8^0 C, Apex beat 132 beat per minute, Respiration 40 cycle per minute, Weight 3.0kg, Suckling Good, Cord Off, Colour Pink, Stool Yellowish.

Permission was sought to leave and client was told the next day was going to be the last visit.

4.10 SEVENTH POST NATAL HOME VISIT (EIGHT DAY POST NATAL)

On the 20th of June 2022, at 7:45am Madam Barikisu and family were visited in the morning to access their condition of health. Client permission was sought to perform physical examination and vital signs. The symphysio-fundal height was 4cm on abdominal palpation. On inspection of the vulva it was healthy and the lochia was creamy brown with scanty flow and not offensive. Permission was sought again to examine the baby. The baby was bathed by the mother under supervision and stump examined, it was clean and dry and dressing was done. Findings were recorded as follows; Baby Temperature 36.8 ^{0}C, Respiration 38 cycle per minute, Apex beat 132 beat per minute, Weight 3.1kg, Suckling Good, Cord Off, Colour Pink and Stool Yellowish. Mother; Temperature 36.6 ^{0}C, Pulse 80 beat per minute, Respiration 20 cycle per minute, Blood pressur109/70 mmHg, Breast Lactating, Uterus Contracted, SFH 4cm and Lochia Serosa.

All the findings were communicated to the client and her family. They were congratulated for their cooperation and told it was the last home visit. Madam Barikisu was reminded of her first postnatal visit to the clinic which fell on the 21St of June, 2022. The need for registration of the child at the Births and Deaths Registry was emphasized. Client was encouraged not to hesitate to visit the clinic anytime she has any health problem before the date of appointment. She was advised to continue with exclusive breastfeeding of the baby for six months

Client‟s husband and the mother in law were encouraged to assist her in the household duties and caring of the baby to ensure adequate rest and sleep. The need for personal and environmental hygiene was stressed on and Madam Barikisu and family were thanked for their co-operation and support. Permission was sought to leave.

4.11 FIRST POSTNATAL VISIT TO THE CLINIC

Madam Barikisu and her baby arrived at the clinic for postnatal care on the 21st of June, 2022 accompanied by her husband. Client was neatly dressed and looked cheerful. They were welcome and given a comfortable seat. Health educations on nutrition, immunization against preventable childhood diseases and family planning as well as care of the baby were given. Client was asked about her condition and that of the baby and she said they were doing well. Madam Barikisu said her baby was able to feed well and slept well. Madam Barikisu also confirmed that baby passed urine and stools regularly.

Permission was sought to examine the baby generally. The baby was taken and undressed and then wrapped with a clean cot sheet and placed on a flat surface for the examination in the presence of the mother. Baby‟s weight was 3.2kg. There were no discharges from the eyes, nose and ears. No discolouration of the mucus membranes, palms, eyes, conjunctiva and feet were observed during inspection. Baby‟s abdomen was not distended and the umbilical stump was completely healed. The baby‟s vital signs were checked and recorded as follows; Temperature 36.6^{0} C, Apex beat 130 beat per minute and Respiration 38 cycle per minute

The baby was neatly wrapped before she was given back to the clients‟ husband. The findings were communicated to the mother and thanked for the care. Madam Barikisu was advised to dress the baby with light clothes so as to prevent the rashes on the baby‟s skin.

Madam Barikisu was examined and her vital signs were recorded as follows; Temperature 36.6 ^{0}C, Pulse 82 beat per minute, Respiration 20 cycle per minute and Blood pressure 110/70 mmHg

Permission was sought from to examine client from head to toe. The procedure was explained and she was asked to empty her bladder and midstream sample tested negative for protein and glucose. Privacy was provided after which hands were washed and dried and examination was commenced.

On inspection, it was observed that the conjunctiva was not pale, the nose was not discharging. The breasts were soft with no cracks or sore on the nipples. There was also no abdominal tenderness and the uterus was 4cm palpable. The mother‟s perineal pad was inspected and the lochia was Serosa with no odour. After that findings were communicated to her. Madam Barikisu was advised to ensure that the baby completes the immunization schedule. There was a successful circumcision done for the baby by the midwife in-charge. Mother was advised to apply the sheabutter to baby‟s penis frequently. She was reminded of her second postnatal visit to the clinic. Baby was registered at the Births and Deaths Registry and client was handed over to the midwife in-charge for continuity of care. Madam Barikisu and her entire family were thanked for their co-operation and for helping me to achieve my aim.

4.12 SECOND POST-NATAL VISIT TO THE CLINIC

According to the midwife in charge, on the 25th July, 2022 client came to the clinic for six weeks visit. They were warmly welcome and they all looked very healthy. General examination was conducted from head to toe as well as vital signs after her permission was sought. Her vital signs were checked and recorded as follows: Temperature 36.4ºC, Pulse 78bpm, Respiration 20cpm and Blood Pressure110/70mmHg

Madam Barikisu was given a urine sample container to provide midstream urine to be sent to the laboratory for urine analysis to be performed. A sample of blood was also taken to the laboratory for haemoglobin level estimation. The samples were then sent to the laboratory. The results from the Laboratory were as follows; Haemoglobin 12.2 g/dL, Urine protein Negative and Glucose Negative.

The results were explained to her and recorded in her card. Head to toe examination was done on her with no abnormalities detected. She had not resumed her menses when asked. She was educated on the need to start a family planning method to prevent unwanted pregnancy.

Her baby was also examined from head and abnormalities were detected. On the head, the anterior fontanelle was palpated for pulsation and it was normal. The posterior fontanelle had closed. Vital signs were checked and recorded as follows: Temperature 36.2C Respiration 34cpm, Apex heart beat 134bpm and Weight 4.0kg

Madam Barikisu and her baby were handed over to the child welfare clinic and family planning unit for the six weeks immunization against diphtheria, pertussis, tetanus, haemophilus influenza and hepatitis B.

She was encouraged to ask questions but she had none and made no complaints either. She was reminded on exclusive breastfeeding, rest and sleep, exercise and nutritious diet, which would help in lactation. She was finally referred to the public health nurse for continuity of care but report to the facility anytime she encounters any health related problem. She was thanked for her co-operation and understanding.

4.13 NURSING CARE PLAN DURING PUERPERIUM

PROBLEMS IDENTIFIED

1. Backache.
2 After pains
3 Insomnia.
4 Engorgement of breast.

SHORT TERM OBJECTIVES

1. Client‟s backache will resolve within 72 hours.
2. Client‟s after pain will resolve within 72 hours.
3. Client will have at least four hours sleep within 48 hours.
4. Client‟s breast engorgement will resolve within 72 hours.

LONG TERM OBJECTIVES

Mother and baby will get a safe puerperium without any complication.

PUERPERIUM CARE PLAN

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES /OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
15/06/2022 7:20 am	Backache related to poor feeding and sitting position	Client‟s backache will resolve within 72 hours as evidenced by client verbalizing .	1. Reassure client. 2. Explain the causes of the backache to client. 3. Educate client on the proper use of body mechanics and good posture. 4. Educate client to assume correct position during breastfeeding 5. Educate client not to bend down during household chores.	1. Client was reassured that pain will resolve 2. The causes of the backache were explained to client. 3. Client was educated on the proper use of body mechanics and good posturing. 4. Client was educated to straight with back supported when feeding baby. 5. Client was educated to bend from knees during household chores.	18/06/2022 11:20 am	Goal was fully met as client verbalized a reduced of backache.	

PUERPERIUM CARE PLAN CONT'D

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE/TIME	EVALUATION	SIGN
16/06/2022 7:00 am	Insomnia related to breastfeeding and excessive crying of baby at night	Client will have at least four hours sleep within 48 hours as evidenced by client verbalizing .	1. Reassure client. 2. Advice client to change baby‟s diaper when wet before bed . 3 Encourage client to breastfeed the baby well before sleeping 4. Explain the need for frequent night feeds. 5. Encourage family support.	1. Client was reassured that adequate measures will be put in place to promote sleep. 2. Client was advised to change baby‟s diapers whenever wet 3. The client was encouraged to breastfeed the baby well before sleeping. 4. The needs for frequent feeds at night of baby was explained to mother 5. Husband and in-law were encouraged to support client.	18/06/2022 @ 10:00 am	Goal was fully met as client said she had adequate sleep.	JA

PUERPERIUM CARE PLAN CONT'D

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
17/06/22 7:30 am	After pains related to involution of uterus	Client‟s after pain will resolve within 72 hours as evidenced by client verbalizing .	1. Reassure client. 2. Explain the cause of pain to allay anxiety 3. Encourage client to empty bladder frequently. 4. Encourage client to feed baby on demand. 5. Serve analgesics as prescribed.	1. Client was reassured that pain is temporary 2. Madam Barikisu was told it was due to uterine involution. 3. Client was encouraged to empty her bladder at least every two hours. 4. Client was encouraged to feed baby at least every 2 to 3 hours or frequently as demanded by baby. 5. Client was served with paracetamol as prescribed.	20/06/2022 8:30 am	Goal was fully met as client verbalized a reduction in pain.	

PUERPERIUM CARE PLAN CONT'D

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
18/06/2022 10:00 am	Engorgement of breast related to poor feeding pattern	Client‟s breast engorgement will relieve within 72 hours as evidenced by client verbalizing.	1. Client was reassured to allay anxiety 2. Encourage client to support the breast with a well fitting brassiere or breast binder. 3. Assist client to position and fix baby well to breast. 4. Encourage client to breastfeed baby on demand 5. Teach client to empty one breast completely before offering another one.	1. Client was reassured to ally anxiety 2. Client was encouraged to support the breast with good brassiere or breast binder. 3. Client was assisted to position and fix baby well to breast. 4. Client was encouraged to breastfeed baby on demand 5. Complete emptying of breast was ensured.	21/06/2022 10:00 am	Goal was fully met as client verbalized a reduction of breast engorgement.	

SUMMARY AND CONCLUSION

This script is a family centered maternity care given to Madam Barikisu, a 30 year old gravid 3 Para 2 all alive. Client hails from Burku and lives at Adugyama. She was first met at the Antenatal clinic on the 19th May, 2022 at St Edward Hospital, when she was 37weeks+2days pregnant. Various observations and examination including laboratory investigations were carried out to aid in the progress of normal pregnancy.

She experienced some minor disorders which were managed successfully. Madam Barikisu‟s labour and delivery were carefully managed without any complications and she delivered an alive 3.3 kg male infant on the 13th June, 2022, at St Edward Hospital.

She went through puerperium successfully where both mother and baby were finally handed over to the Public Health Nurse at St Edward on the 21st of June, 2022, for continuity of care.

This family centered maternity care given to Madam Barikisu has enabled me gain much experience about the importance of proper client management during pregnancy, labour and puerperium. It has also helped me to improve my skills as a student midwife in planning, interviewing, implementing, setting objectives and evaluating them to solve client‟s problem identified. As a result I will be able to give quality care to every woman who comes under my care

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APPENDIX I: PHARMACOLOGY OF DRUGS (MOTHER)

Drugs	**Classification**	**Dosage**	**Route**	**Actions and Uses**	**Actual Effect**	**Side Effect**	**Side Effects Experienced**
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 and helps in the formation of Red Blood Cells	Increase in appetite	Gastrointestinal disturbance	None observed
Tetanus Injection	Anti-tetanus drugs	0.5mg	Intra-muscular	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, nausea,	None Observed

Paracetamol	analgesic	1000mg 3times daily	Orally	Helps relieve of pain	Pain was relieved	Prolonged use causes damage to the liver	None observed
Sulfadoxine pyramethamine 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 vision	Normal vision and healthy skin	Vomiting	None observed

PHARMACOLOGY OF DRUGS FOR THE BABY

NAME OF DRUG	CLASSIFICATION	DOSAGE	ROUTE	ACTION AND USES	ACTUAL EFFECT	SIDE EFFECT	SIDE EFFECT EXPERIENCE
Vitamin K	Coagulant	0.5 mg	Intramuscularly	Prevent of prothrombin to prevent hemolytic diseases	No bleeding	Risk of hemolysis in people with G6PD, rashes and brain damage	None
Chloraphenicol eye drops	Antibodies	2 drops	Instillation	To prevent infection	Infection of the eye was prevented	Toxicity and nephrotoxicity	None
Oral polio vaccine	Antigen	2 drops	Orally	Production of antibodies to prevent poliomyelitis	Poliomyelitis. Under	There may be diarrhoea	None

					observation		
Injection Bacillus Calmatte Guerin	Antigen	0.5 mg	Intradermal	Production of antibodies to prevent tuberculosis	Tuberculosis. Under observation	Blister formation and slight fever	None
Pneumococcal 1	Antigen	0.5 ml	Intramuscular right thigh	Vaccinates neonate against pneumonia	Under observation	Redness at the sight of injection and fever.	None observed
Pentavalent 1 (5 in 1)	Antigen	0.5 ml	Intramuscular left thigh	Vaccinates neonate against diphtheria, pertussis (whooping cough), tetanus, hepatitis B, homophiles influenza B	Under observation	Low grade fever	None observed
Rotavirus 1	Antigen	1.5 ml	Oral	Prevention of gastroenteritis	Under observation	None	None

APPENDIX II

LABORATORY INVESTIGATION **TABLE F**

DATE	SPECIMEN	INVESTIGATION TYPE	FINDINGS	REMARK
25/11/2021	Blood	Blood group	O	**N**ormal
		Rhesus factor	(D) positive	Normal
		Haemoglobin level (Hb)	13 g/dl	Normal
		Hepatitis B (HBsAg)	Negative	Normal
		Sickling	Negative	Normal
		VDRL status	Negative	Normal
		Glucose 6 phosphate dehydrogenase (G6PD)	No defect	Normal
		HIV Status	Negative	Normal

	Urine	Protein	Negative	Normal
		Glucose	Negative	Normal
	Stool	Worm infestation	Negative	Normal
25/11/2021	Urine	Protein/glucose	Negative/negative	Normal
08/02/2022	Urine	Protein/glucose	Negative/negative	Normal
Date	**Specimen**	**Investigation type**	**Findings**	**Remark**
15/03/2022	Urine	Protein/glucose	Negative/negative	Normal
12/04/2022	Urine	Protein/glucose	Negative/negative	Normal
15/03/2022	Blood	Haemoglobin level (HB)	11 g/dl	Normal
		Hepatitis B (HBsAg)	None reactive	Normal
		PMTCT	None reactive	Normal

	Urine	Protein /glucose	Negative /negative	Normal
12/04/2022	Blood	Haemoglobin level	10.9 g/dl	Low
	Urine	Protein /glucose	Negative /negative	Normal
12/05/2022	Blood	Haemoglobin level	11.6 g/dl	Normal
	Urine	Protein /glucose	Negative /negative	Normal

APPENDIX III

TABLE G ANTENATAL PROGRESS

Date	Temperature (^{o}c)	WT (Kg)	BP. (mmHg)	Urine Protein Glucose	Gestational Age in Weeks	Fundal height (CM)	Presentation	Descent	Fetal Heart Rate (Bpm)	Routine medication	Complain, Treatment and Advise	Name & signature
25/11/2021	36.3	60	107/60	Negative Negative	12 +2 D	NP	_	_	+	Routine drugs x30 days	Nausea and vomiting.	E O N
8/02//22	36.0	62	100/70	Negative Negative	23 +0	24	Cephalic	-	+	Routine drugs x30 days	No complains.	P.A
15/03/2	36.0	62	100/70	Negative	28 +0	28	Breech	-	137	Routine drugs x30 days	Feels well	O L

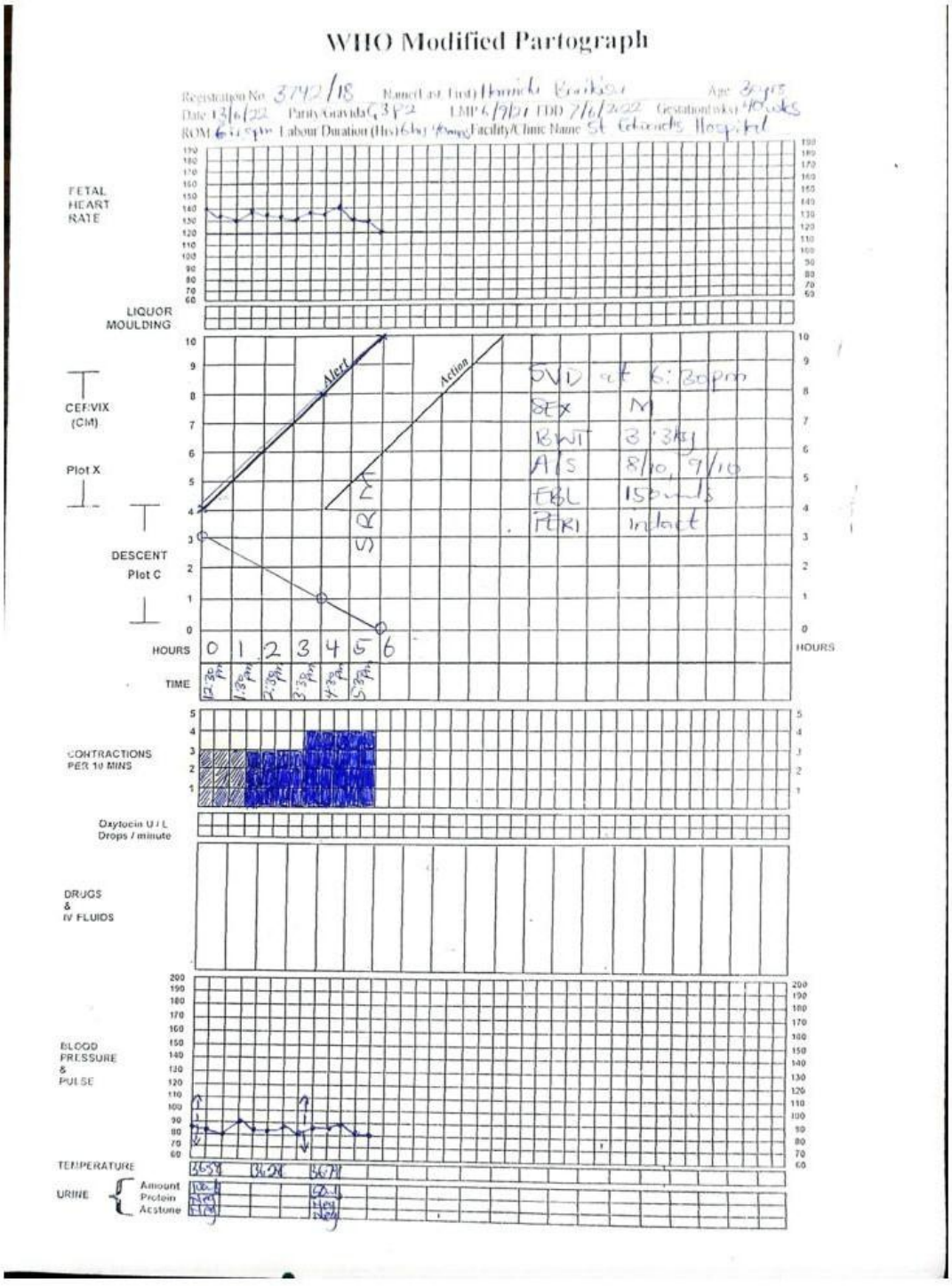
2				Negative								
12/04/22	36.2	63	105/80	Negative / Negative	32 +0	31	Cephalic	-	130	Routine drugs x30 days	Waist pain.	M O B
12/05/22	36.0	64	100/70	Negative / Negative	36+2D	33	Cephalic	5/5th	132	Routine drugs x30 days	Feels well	P A
19/05/2022	36.6	64	110/70	Negative / Negative	37+2D	35	Cephalic	5/5th	137	Routine drugs x14 days	Waist pain & heart burns	
Date	**Temperature (^{o}c)**	**WT (Kg)**	**BP. (mmHg)**	**Urine**	**Gestational Age in Weeks**	**Fundal height (CM)**	**Presentation**	**Descent**	**Fetal Heart Rate (Bpm)**	**Routine medication**	**Complain, Treatment and Advise**	**Name & signature**

26/05/2022	36.1	65	110/70	Negative / Negative	38+2D	37	Cephalic	5/5th	142	Routine drugs x7 days	Headache Tab. Paracetamol 1g x 3days.	A.J
9/06/2022	36.0	65	110/80	Negative / Negative	39 weeks	37	Cephalic	5/5th	137	Routine drugs x7 days	Backache	

INSECTICIDE TREATED NET (ITN)			DATE SUPPLIED ……25/11/2021……..			
INTERMITTENT PREVENTIVE TREATMENT (IPT) FOR MALARIA	1ST DOSE SP*3TABS DIRECTELY OBSERVED TGHERAPY 8/02/2022	GESTATIONAL AGE IN WEEKS 23weeks	2ND DOSE (1 MONTH) AFTER 1ST DOSE DIRECTELY OBSERVED TGHERAPY 15/03/2022 4TH DOSE 1 MONTH	GESTATIONAL AGE IN WEEKS 28weeks	3RD DOSE (1 MONTH) AFTER 2ND DOSE DIRECTELY OBSERVED TGHERAPY 12/04/2022	GESTATIONAL AGE IN WEEKS 32weeks

			AFTER 3RD DOSE 12/05/2022 GESTATIONAL AGE IN WEEKS…..36+2D			

.


WHO Modified Partograph
FETAL HEART RATE
LIQUOR MOULDING
CERVIX (CM)
Plot X
DESCENT
Plot C
Alert
Action
SVD at 6:30pm
SEX M
BWT 3.3kg
APGAR 8/10, 9/10
FBL 15cm
PERI intact
HOURS 0 1 2 3 4 5 6
TIME 12:30pm 1:30pm 2:30pm 3:30pm 4:30pm 5:30pm
CONTRACTIONS PER 10 MINS
Oxytocin U / L
Drops / minute
DRUGS & IV FLUIDS
BLOOD PRESSURE & PULSE
TEMPERATURE
36.5°C 36.2°C 36.7°C
URINE
Amount
Protein
Acetone

LABOR NOTES

Client had an alive male baby at 6:30pm with APS 8/10, 9/10. 10 units of oxytocin administered at 6:31. Placenta and its membranes delivered through cord traction. [illegible] emptied, client cleaned up, head to toe examination of the baby done and no abnormalities detected. Baby wrapped nicely and breastfeeding initiated. Both mother and baby are healthy and made comfortable in bed.

Please circle or write responses.

DELIVERY

DATE 13/6/2022 TIME: 6:30pm METHOD: (Spontaneous) / Vacuum Extraction / C/S / Other

PERINEUM: (Intact) / Episiotomy / Laceration

ANESTHESIA: (None) / Local / General

THIRD STAGE

Active Management: (Yes) / No Medication: Time 6:31pm Type/Dose 10 units of oxytocin

PLACENTA: TIME: 6:40pm (Complete / Incomplete)

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

BABY

Weight: 3.3kg

Sex: Male / Female

Baby Position: Vertex / Breech / Other

APGAR

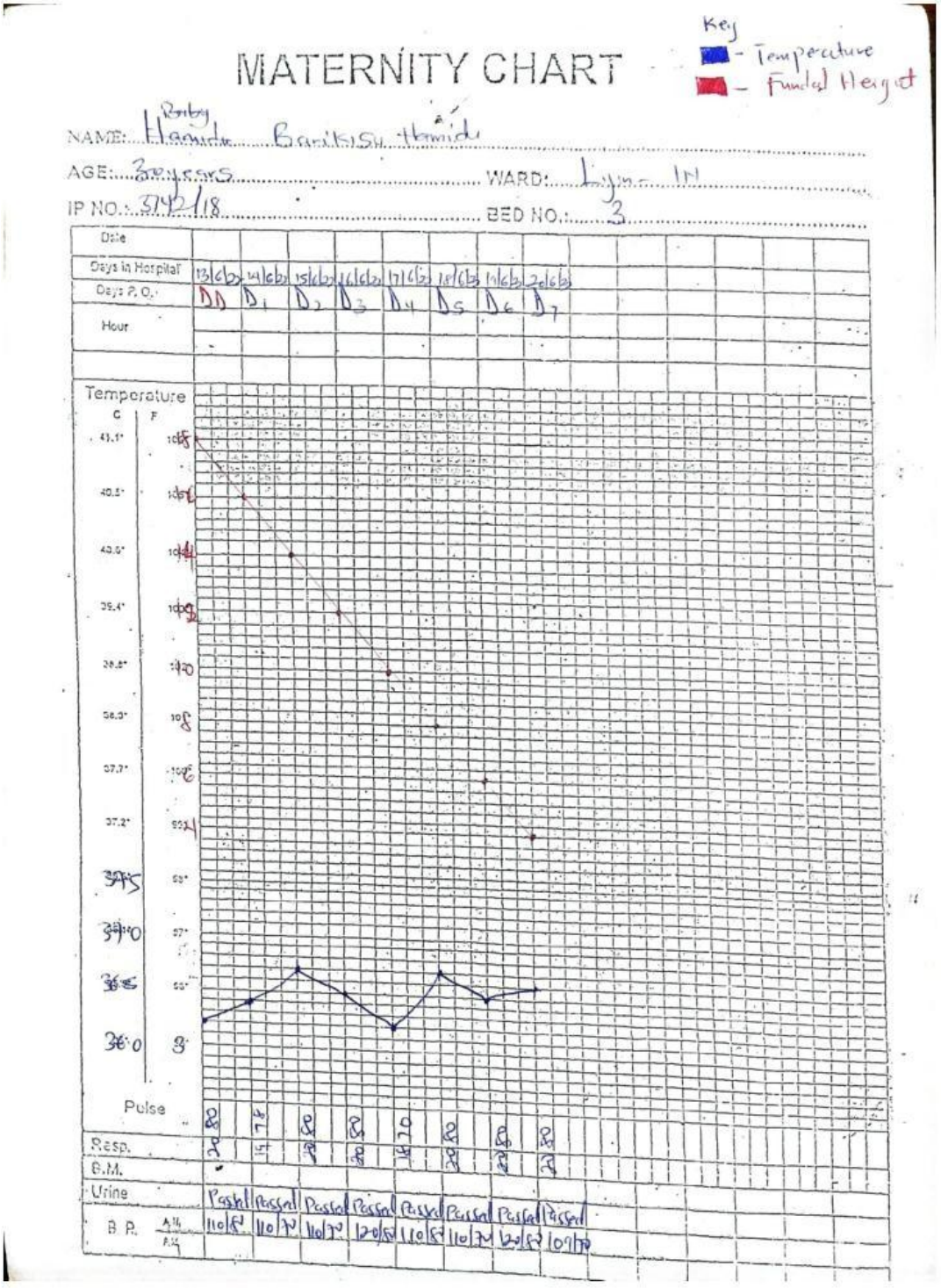
Time	Color	Breath	Heart	Tone	Reflex	TOTAL
1min	2	2	2	1	1	8/10
5min	2	2	2	2	1	9/10

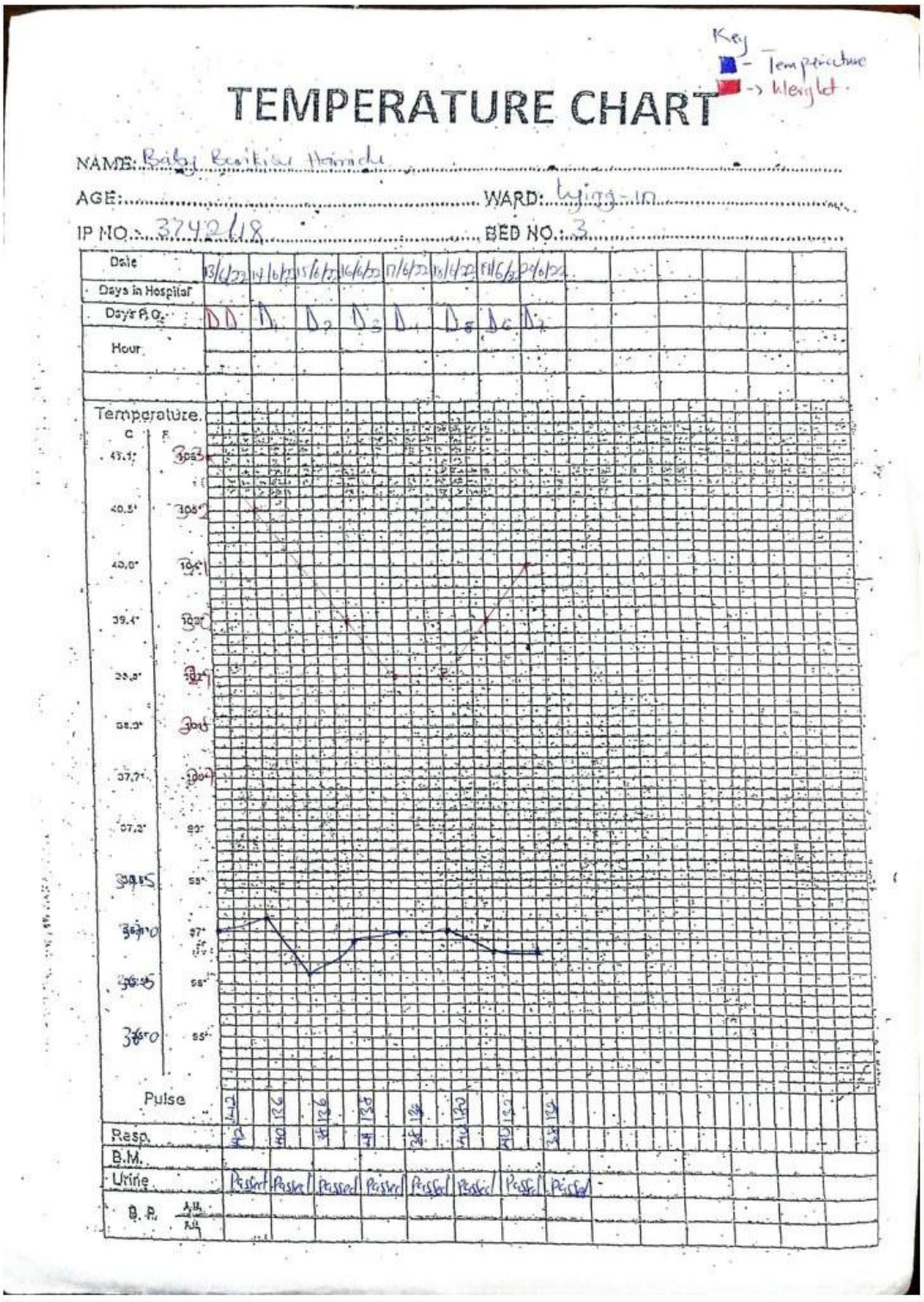
COMPLICATIONS OF MOTHER / BABY: (None) / Other: Nil

	Frequency	Time	B/P.	Pulse	Fundus	Bleeding	Bladder
FOURTH STAGE MONITORING	Every 15 minutes first 2 hours	7:00pm	110/80mmHg	80 bpm	18cm	150mls	100mls
		7:15pm	110/70mmHg	82bpm	Contracted	"	
		7:30pm	110/80mmHg	86 bpm	"	"	—
		7:45pm	110/70mmHg	70 bpm	"	"	
		8:00pm	100/88mmHg	68 bpm	"	"	120mls
		8:15pm	120/70mmHg	70 bpm	"	"	
		8:30pm	110/86mmHg	80 bpm	"	"	—
		8:45pm	110/80mmHg	82bpm	"	"	
	Every 30 minutes For 1 hour	9:15pm	120/70mmHg	76 bpm	"	"	100mls
		9:45pm	120/60mmHg	84 bpm	"	"	

Birth Attendant Adom Joyce assisted by Mary Oferi Date 13/6/2022

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


MATERNITY CHART
Key
- Temperature
- Fundal Height
NAME: Baby Hamida Banu S/o Hamida
AGE: 30 years
WARD: Lying - In
IP NO.: 342/18
BED NO.: 2
Date
Days in Hospital
Days P. O.
Hour
Temperature
C
F
Pulse
Resp.
B.M.
Urine
B P.
AM
PM


Key
- Temperature
-> Weight
TEMPERATURE CHART
NAME: Baby Reethika Hanuchu
AGE:
WARD: Living-in
IP NO.: 3742/18
BED NO.: 3
Date
Days in Hospital
Day's P.O.
Hour
Temperature
C
F
Pulse
Resp.
B.M.
Urine
B.P.

NEWBORN EXAMINATION FORM

Baby Barikisu Hamidu 14/6/2022 Time 6:30am

of Birth 13/6/22 Time of Birth 8:39 Sex ☑M ☐F Age at time of Assessment(days/hrs)

Gestational Age 40 wks Mode of Delivery ☑Vaginal ☐Assisted Vaginal ☐C-Section

APGAR 1 min 8/10 ☐ 5min 7/10 ☐ Birth Weight ☐3.3 Kg ☐ Length 50 Cm Head Circumference 34 Cm

Temperature at time of Assessment 36.7 °C Urine passed Yes No Meconium passed Yes No

Name of Assessor (Midwife/Doctor)

Respiration
42cpm
Rate < 30 b/m*
Rate > 60 b/m*
30-60 b/m
Retractions*
Grunting*
Stridor*

Activity Movement
Spontaneous symmetric movement
Reduce d/Absent movement in > 1 limb
No movement*

Tone
Normal
Floppy*
Increased*

Colour
Pink all over
Pink body but blue hands/feet
Blue all over*
Pale*
Jaundice*

5. Cord
Normal
Red draining pus
Bleeding

6. Cry
Normal
Shrill*
Absent*

7. Suck
☑Good
☐Weak
☐Absent*

8. Head swelling
☐Caput succedaneum
☐Cephalhaematoma
☐Subgalcal hemorrhage
☑No swelling

9. Sutures
☑Normal
☐Overlapping
☐Fused
☐Widely separated*

10. Fontanelle
☑Normal
☐Sunken*
☐Raised*
☐Wide(>5cm)*

11. Eyes
☑Normal
☐Subconjunctival bleed
☐White pupil or cornea
☐Eye discharge
☐Other

12. Ears
☑Normal (size/shape/position)
☐Abnormal

13. Mouth
☑Normal
☐Cleft palate
☐Cleft lip
☐Other

14. Neck
☑Normal
☐Swelling
☐Webbed
☐Other

15. Clavicle
☑Normal
☐Swelling/Fracture

16. Chest
☑Normal (shape/movement)
☐Abnormal

17. Heart rate
Rate 142bpm
☑Normal (100-180)
☐<100*
☐>160*

18. Fermoral pulse
☑Present
☐Not palpable*

19. Abdomen
☑Normal
☐Distended*
☐Scaphoid*
☐Abdominal defect*
☐Masses
☐Other

20. Black (spine)
☑Normal
☐Abnormal Swelling*
☐Hairy patch over spine
☐Abnormal dimple
☐Abnormal curvature

21. Limbs
☑Normal
☐Abnormal

22. Genitalia Male Genitalia
☑Normal
☐Undescended tests
☐Abnormal meatus
☐Hernia
☐Other

23. Female Genitalia
☑Normal
☐Pistula (meconium/urine through abnormal opening in vagina)*
☐Large clitoris
☐Other

24. Anus
☑Patent
☐Imperforate*

25. Resuscitation provided
☑None
☐Suction/Stimulation
☐Bag and mask
☐Endotracheal Tube
☐Ventilator/CPAP

26. Service provided
☑Vitamin K given
☑Eye care provided
☑Cord care provided
☑Breastfeeding initiated
☑Breastfeeding established
☐BCG ☑Polio Immunization
☐Antibiotics in mother
☐Antenatal corticosteroids

... disease that requires urgent referral ...
... known) ...
... (overall assessment) [ ] Normal Baby ... Danger Sign/<1800g [ ] severe Jaundice
... [ ] Problem Identified ... Referral Advanced

NEWBORN EXAMINATION FORM

ne Baby Barikisu Hamidu — Date of Assessment 14/6/2022 Time 6:30 am

e of Birth 13/6/22 Time of Birth 6:30 pm Sex ☑M ☐F Age at time of Assessment(days/hrs)

tational Age 40wks Mode of Delivery ☐Vaginal ☐Assisted Vaginal ☐C-Section

SAR 1 min 8/10 ☐ 5min 9/10 ☐ Birth Weight ☐3.3 Kg ☐ Length 50 Cm Head Circumference 34 Cm

perature at time of Assessment 37.1 °C Urine passed Yes No Meconium passed Yes No

ne of Assessor (Midwife/Doctor)

Respiration
e 38cpm
Rate < 30 b/m*
Rate > 60 b/m*
30-60 b/m
Retractions*
Grunting*
Stridor*

Activity Movement
Spontaneous symmetric movement
Reduce d/Absent movement in > 1 limb
No movement*

. Tone
Normal
Floppy*
Increased*

. Colour
Pink all over
Pink body but blue hands/feet
Blue all over*
Pale*
Jaundiee*

5. Cord
Normal
Red draining pus
Bleeding

6 Cry
Normal
Shrill*
Absent*

7. Suck
☑ Good
☐ Weak
☐ Absent*

8. Head swelling
☐ Caput succedaneum
☐ Cephalhaematoma
☐ Subgalcal hemorrhage
☑ No swelling

9. Sutures
☑ Normal
☐ Overlapping
☐ Fused
☐ Widely separated*

10. Fontanelle
☑ Normal
☐ Sunken*
☐ Raised*
☐ Wide(>5cm)*

11. Eyes
☑ Normal
☐ Subconjunctival bleed
☐ White pupil or cornea
☐ Eye discharge
☐ Other

12. Ears
☑ Normal (size/shape/position)
☐ Abnormal

13. Mouth
☑ Normal
☐ Cleft palate
☐ Cleft lip
☐ Other

14. Neck
☑ Normal
☐ Swelling
☐ Webbed
☐ Other

15. Clavicle
☑ Normal
☐ Swelling/Fracture

16. Chest
☑ Normal (shape/movement)
☐ Abnormal

17. Heart rate
Rate 138bpm
☑ Normal (100-160)
☐ <100*
☐ >160*

18. Fermoral pulse
☑ Present
☐ Not palpable*

19. Abdomen
☑ Normal
☐ Distended*
☐ Scaphoid*
☐ Abdominal defect*
☐ Masses
☐ Other

20. Black (spine)
☑ Normal
☐ Abnormal Swelling*
☐ Hairy patch over spine
☐ Abnormal dimple
☐ Abnormal curvature

21. Limbs
☑ Normal
☐ Abnormal

22. Genitalia Male Genitalia
☑ Normal
☐ Undescended tests
☐ Abnormal meatus
☐ Hernia
☐ Other

23. Female Genitalia
☑ Normal
☐ Fistula (meconium/urine through abnormal opening in vagina)*
☐ Large clitoris
☐ Other

24. Anus
☑ Patent
☐ Imperforate*

25. Resuscitation provided
☑ None
☐ Suction/Stimulation
☐ Bag and mask
☐ Endotracheal Tube
☐ Ventilator/CPAP

26. Service provided
☑ Vitamin K given
☑ Eye care provided
☑ Cord care provided
☑ Breastfeeding initiated
☑ Breastfeeding established
☑ BCG ☑ Polio Immunization
☐ Antibiotics in mother
☐ Antenatal corticosteroids

*ey indicate severe ... required immediate referral
iagnosed ...
lassification (Over ...) [illegible] Problem ( ) Danger ... 00g ( ) severe ...

NEW BORN CHART

Name: Baby Barikisu Hamidu ..... No: 3742/18 ..... Birth Weight: 3.3kg .....

Sex: Male ..... Mother's No: 3742/18 ..... Length: 50cm .....

Nature of Delivery: Spontaneous vaginal delivery ..... Diagnosis: Healthy Term baby .....

Date of Birth: 13/06/2022 ..... Time: 6:30pm ..... Date of Discharge: 14/06/2022 .....

Date	13/6/2022		14/6/22		15/6/2022		16/6/22		17/6/22		18/6/22		19/6/22		20/6/22							
No. of Days	DD		D1		D2		D3		D4		D5		D6		D7							
Weight	3.3		3.2		3.1		3.0		2.9		2.9		3.0		3.1							
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Temperature		37.0°C	37.1°C	36.6°C	36.6°C	36.7°C	36.9°C	36.5°C	37.0°C		37.0°C		36.8°C		36.8°C							
Stools		Passed	Passed	Passed	Passed	Passed	Passed	Passed	Passed		Passed		Passed		Passed							
Urine		Passed	Passed	Passed	Passed	Passed	Passed	Passed	Passed		Passed		Passed		Passed							

Remarks: Head, Neck, Trunk, Limbs, Genitalia — No Abnormalities detected

SIGNATORIES

STUDENT

NAME: MISS JOYCE ADOM

SIGNATURE: .....

DATE: 11/10/2022

MIDWIFE IN-CHARGE

NAME: MISS EVELYN OWUSU NYARKO

SIGNATURE: ..... (for)

DATE: 11/10/2022

SUPERVISOR

NAME MARTHA KYEREMAA

SIGNATURE: .....

DATE: 12/10/2022

PRINCIPAL

NAME: MONICA NKRUMAH

SIGNATURE: ..... (Ag)

DATE: 12/10/2022

STAMP: ..... ACADEMIC CO-ORDINATOR - NURSING
HOLY FAMILY NURSING & MIDWIFERY
TRAINING COLLEGE - TECHIMAN

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