HOLY FAMILY NURSING AND MIDWIFERY TRAINING COLLEGE

BEREKUM

A CLIENT/FAMILY CENTERED MATERNITY CARE STUDY ON

MADAM ANIFA LAMINU

BY

OBENG ROSE KORANKYE

4122220114

SUBMITTED TO THE NURSING AND MIDWIFERY

COUNCIL OF GHANA IN PARTIAL FULFILMENT TOWARDS THE

AWARD OF LICENSE TO PRACTICE AS A PROFESSIONAL REGISTERED MIDWIFE

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PREFACE

As part of the Nursing and Midwifery Councils of Ghana's requirement for awarding midwifery students a certificate, every student Midwife is required to undertake this care study to be qualified for the certificate. Students therefore receive training in midwifery as a basic course for three years within which theoretical and practical knowledge is impacted into them and also acquire skills needed in providing holistic care for a woman and her family in pregnancy, labour and puerperium. This care study gives the student midwife the opportunity to utilize the knowledge and skills she has acquired during her training to give quality care to all her clients including her chosen client.

For quality care and prevention of complications, student midwife is made to understand the concept properly for prompt intervention to help identify and manage problems early enough in pregnancy, labour and puerperium. The Client/Family Centered Maternity Care Study is a systematic and thoughtful approach designed to provide accurate and holistic obstetric care to an expectant mother and her family based on the understanding of the knowledge of the client as a unique individual with specific problems and needs throughout the period of pregnancy, labour, delivery and puerperium with the use of the nursing process. This care study helps the student midwife to gain client's confidence without any fear or doubt.

The focus of this booklet is therefore on the selection of a client and also to appreciate her as a unique individual with special needs peculiar to herself and the family. During these interactions, the client gets the opportunity to express herself in order to gain quality care to her satisfaction and to allay her anxiety and fears.

The care study enables the student midwife to use the new trends in midwifery like the use of partograph to monitor, labouring mothers during labour.

This partograph is a tool developed by World Health Organization (WHO), which when used correctly helps reduces the menace of maternal death in the country. The active management of third stage of labour was introduced to limit the occurrences of postpartum hemorrhage.

As qualified midwives and students render quality care through establishment of rapport, health education, counseling and notifying deviations from normal during pregnancy till end of puerperium, maternal and infant mortality could be reduced.

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I am also very grateful to my client Madam Anifa Laminu and her family, for offering me the necessary information to recounting and understanding this script.

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Finally, the authors and publishers of the various books used as references cannot be left out, I am grateful.

INTRODUCTION

This client centered care study is the details of the care rendered to Madam Anifa Laminu 26year old married woman who is Gravida 2 Para 1 as of the time of my first contact. She visited the Antenatal clinic on the 18th August, 2023. After glancing through her card, the records indicated that she could be used for the study, so permission was sought from her and she agreed. She was cared for during the antenatal period and was visited home to assess her environment and community in which she lives.

Madam Anifa Laminu problems identified throughout the period were managed. She delivered a healthy baby girl without complications and they were handed over to the public health nurse for continuity of care. Throughout the period of pregnancy, labor and pueperium, however, a comprehensive approach of considering her physical, psychological, social and economic status was used in caring for her. The information gathered from her Antenatal records, herself, and family helped to render an individualized and appropriate care. In this script however, four main chapters were outlined.

Chapter one contains information on client`s particulars being histories and lifestyles which helped to get more information about the client and be able to take care of her appropriately, as well as ensuring individuality and uniqueness of the client.

Chapter two also deals with the Antenatal care of the client from the day of first visit up to the time labour began.

The third chapter deals with the time labour began, the management of the various stages of labour as well as immediate care of the newborn.

The last chapter, being chapter four also gives information about the puerperium, the care given to the client and the new born baby up to forty days.

In addition to these, are the various care plans for the client at each stage of physiological and psychological process of pregnancy, labour and puerperium, followed by summary and conclusion, bibliography, appendix, complete diagnostic investigation, pharmacology of drugs for the mother and the baby, Antenatal records, labour records, postnatal records and signatories.

LITERATURE REVIEW

PREGNANCY

A general expectation is that by 6 weeks after birth a woman’s body will have recovered sufficiently from the effects of pregnancy and the process of parturition. However, there Pregnancy: The state of carrying a developing embryo or foetus within the female body. This condition can be indicated by positive results on an over-the-counter urine test, and confirmed through a blood test, ultrasound, detection of fetal heartbeat, or an X-ray. Pregnancy lasts for about nine months, measured from the date of the woman's last menstrual period

(LMP). It is conventionally divided into three trimesters, each roughly three months long. The most important tasks of basic fetal cell differentiation occur during the first trimester, so any harm done to the foetus during this period is most likely to result in miscarriage or serious disability. There is little to no chance that a first-trimester foetus can survive outside the womb, even with the best hospital care. Its systems are simply too undeveloped. This stage truly ends with the phenomenon of quickening: the mother's first perception of fetal movement. It is in the first trimester that some women experience "morning sickness," a form of nausea on awaking that usually passes within an hour. The breasts also begin to prepare for nursing, and painful soreness from hardening milk glands may result.

As the pregnancy progresses, the mother may experience many physical and emotional changes, ranging from increased moodiness to darkening of the skin in various areas. During the second trimester, the foetus undergoes a remarkable series of developments. Its physical parts become fully distinct and at least somewhat operational. With the best medical care, a second-trimester foetus born prematurely has at least some chance of survival, although developmental delays and other handicaps may emerge later. As the foetus grows in size, the mother's pregnant state will begin to be obvious. In the third trimester, the foetus enters the

final stage of preparation for birth. It increases rapidly in weight, as does the mother (American College of Obstetricians and Gynecologist, 2018).

According to Davis (2022), conception to about the 12th week of pregnancy marks the first Pregnancy: The state of carrying a developing embryo or foetus within the female body. This condition can be indicated by positive results on an over-the-counter urine test, and confirmed through a blood test, ultrasound, detection of fetal heartbeat, or an X-ray. Pregnancy lasts for about nine months, measured from the date of the woman's last menstrual period (LMP). It is conventionally divided into three trimesters, each roughly three months long. The most important tasks of basic fetal cell differentiation occur during the first trimester, so any harm done to the foetus during this period is most likely to result in miscarriage or serious disability. There is little to no chance that a first-trimester foetus can survive outside the womb, even with the best hospital care. Its systems are simply too undeveloped. This stage truly ends with the phenomenon of quickening: the mother's first perception of fetal movement. It is in the first trimester that some women experience "morning sickness," a form of nausea on awaking that usually passes within an hour. The breasts also begin to prepare for nursing, and painful soreness from hardening milk glands may result.

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final stage of preparation for birth. It increases rapidly in weight, as does the mother (American College of Obstetricians and Gynecologist, 2018).

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

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

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

ANC reduces maternal and perinatal morbidity and mortality both directly, through detection and treatment of pregnancy-related complications, and indirectly, through the identification of

women and girls at increased risk of developing complications during labour and delivery, thus ensuring referral to an appropriate level of care (World Health Organization, 2016). In addition, as indirect causes of maternal morbidity and mortality, such as HIV and malaria infections, contribute to approximately 25% of maternal deaths and near-misses (9), ANC also provides an important opportunity to prevent and manage concurrent diseases through integrated service delivery (World Health Organization, 2016). Through this form of preventive health care, women can learn from skilled health personnel about healthy behaviours during pregnancy, better understand warning signs during pregnancy and childbirth, and receive social, emotional and psychological support at this critical time in their lives. Through antenatal care, pregnant women can also access micronutrient supplementation, treatment for hypertension to prevent eclampsia, as well as immunization against tetanus (United Nations Children's Funnd (UNICEF), 2022).

LABOR

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

The stimulus for labor is unknown, but digitally manipulating or mechanically stretching the cervix during examination enhances uterine contractile activity, most likely by stimulating release of oxytocin by the posterior pituitary gland (Artal-Mittelmark, 2022). Normal labor usually begins within 2 weeks (before or after) the estimated delivery date. In a first pregnancy,

labor usually lasts 12 to 18 hours on average; subsequent labors are often shorter, averaging 6 to 8 hours (Artal-Mittelmark, 2022).

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

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

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

a. **The latent phase of labour** is prior to the active phase stage of labour and may last 6–8 hours in primigravidae when the cervix dilates from 0 cm to 4 cm dilated. The latent phase of labour is so subjective and poorly understood that a normal range is difficult to measure. According to Marshall and Raynor (2014), the cervical canal shortens from 3 cm long to <0.5

cm in length during this time. A woman may believe herself to be labouring, whereas sound midwifery judgement and understanding of the physiology of the first stage of labour may lead the midwife to the diagnosis of the latent phase of labour. Both the woman and midwife being aware of the latent phase of labour, and allowing this time to pass with no intervention, can prevent the medical diagnosis of poor progress or failure to progress later in labour. In a hospital setting, it is good practice not to commence the partograph until active labour has commenced. Assessing the active phase of labour has been highlighted as essential in reducing interventions in normal labour (Marshall & Raynor, 2014).

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

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

2. **The second stage of labour** has traditionally been regarded as the phase between full dilatation of the cervical os, and the birth of the baby (Marshall & Raynor, 2014). On average, it lasts 2 hours in nulliparas (median 50 minutes) and 1 hour in multiparas (median 20 minutes).

It may last another hour or more if the 2nd stage of labor, perineal massage with lubricants and warm compresses may soften and stretch the perineum and thus reduce the rate of 3rd- and 4th-degree perineal tears (Aasheim, et al., 2017).conduction (epidural) analgesia or intense opioid sedation is used. For spontaneous delivery, women must supplement uterine contractions by expulsively bearing down. In the 2nd stage, women should be attended constantly, and fetal heart sounds should be checked continuously or after every contraction. Cntraoctions may be monitored by palpation or electronically (Artal-Mittelmark, 2022). During

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

PUERPERIUM

The words “postpartum” and “postnatal” are sometimes used interchangeably. In this report we use the word “postpartum”, except in sections exclusively dealing with the infant. In those sections the word “postnatal” is used. The postpartum period (also called the puerperium) according to Western textbook definitions starts shortly after the birth of the placenta (American College of Obstetricians and Gynecologist, 2018).

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

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

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

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

The reproductive organs return to the non-pregnant state.

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

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

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

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

she has different priorities from those routinely provided by the healthcare services (Marshall & Raynor, 2014).

WHY CLIENT WAS CHOSEN

Madam Anifa Laminu G2P1 was chosen as a client on 16th August, 2023 at Krobo Community in the Bono East Region, during one of the clinic`s usual outreach. She was 37 weeks pregnant. The purpose of the visit was to see how the pregnant women were doing and to educate them on their nutrition. During interaction, madam Anifa contributed well and was able to bring out all her misunderstandings and also complains of having waists pains, education and clarification was given. Looking at the interaction and the responses she gave as and how happy she was when she saw as in her house, a decision was made to take her as a client in order to support her through her pregnancy. Introduction was made as a student from Holy Family Nursing and Midwifery Training College Berekum and was at the clinic for practical experience. Permission was sought from her to be taken as a client for the care study which she accepted. Client was shown to the in charge and approval was given to use her for the case study. All the necessary particulars were collected. Appointment for home visit was booked, and phone numbers were exchanged. Client was thanked and we left.

CHAPTER ONE

CLIENT PARTICULARS

1.0 INTRODUCTION

This chapter gives an overview about the client and the family. It comprises of personal and social, family, medical, surgical, menstrual, client lifestyle, past and presents obstetrical histories.

1.1 SOCIAL AND PERSONAL HISTORY

Madam Anifa Laminu, 26-year-old G2 P1 alive woman who lives at Krobo (Gyebiri) in the Bono East Region. She stays with her husband and her child at her husband's residence. Client is dark in complexion, 140 centimeters in height and weighs 70kilograms at booking.

Client had formal education to the senior high school, currently, she is a store keeper. Client is married to Mr. Adam Nayina for four years now, who is also a store keeper. Client speaks Bono Twi and English. Her next of kin is her lovely husband. Her parents, husband and her siblings are also Christians.

1.2 FAMILY HISTORY

Madam Anifa is the second born among the four children of Mr. Mohammed and Madam Mariam Abubakari. They are four children in number (two females and two males), all alive. After an extensive conversation with the client, it was noticed that her family does not have any history of an inherited condition such as heart diseases, hypertension, sickle cell disease, diabetes, asthma, mental illness and no birth defects in her family also no known congenital abnormalities like cleft lip and palate, missing digits or extra digits has she noticed yet. She

said there is no history of multiple pregnancies in her family as well. And also added that deaths in the family to the best of her knowledge is by natural means.

1.3 MEDICAL HISTORY

According to Madam Anifa she has no known medical condition like heart disease, Hypertension, tuberculosis, epilepsy, asthma etc., and that she has never been hospitalized. Client said she occasionally suffers from mild headache, general body pains and takes in self-medication like paracetamol from the pharmacy for which she was educated on the effects of over the counter drugs. She has no known allergy to any drug or food.

1.4 SURGICAL HISTORY

Madam Anifa has never undergone any kind of surgical operation. According to client, she had never been involved in accident of any kind which could affect her pelvis. Client has never been transfused, neither has she donated blood.

1.5 MENSTRUAL HISTORY

According to Madam Anifa she attained her menarche at the age of sixteen (16) years and has a regular menstrual cycle of twenty-eight days. Client`s menstrual flow is moderate and lasts for seven days with no dysmenorrhea. Madam Anifa had never experienced any menstrual disorder. She uses soft care sanitary pad during her seven days menstruation and changes it twice a day. Madam Anifa said her Last menstrual period (LMP) was 19th November, 2022.

1.6 CLIENT'S LIFESTYLE/HOBBIES

Madam Anifa most of the time wakes up around 5:00am, she first of all brushes her teeth and after that, she sweeps the compound and empties the dustbin. She empties her bowel two times

in a day when she feels the urge to. Her source of water is from the main pipe of which she fetches water in her house because there is a stand pipe which aids her to prepare food for her family faster.

Client also said she eats at least three times a day. Every evening after meals, she always washes the utensils and baths her children.

According to her, she attends the mosque every day and go for Juma on Fridays. As part of her favorite hobbies, client likes listening to music and according to her mother, client likes talking too much. Madam Anifa is sociable and likes laughing all the time. Client dislikes gossips, liars, alcoholics and smokers.

1.7 PAST OBSTETRICAL HISTORY

PREGNANCY

Madam Anifa G2P1 has never experienced any abortion before being it spontaneous or induce and added that, she carried her first pregnancy to term. According to client, she has never experienced any complications in pregnancy such as gestational diabetes, pregnancy induced hypertension or eclampsia, anemia etc. but she experienced some minor disorders such as backache, waist pains, headache and frequency of micturition which subsided after delivery. She had no danger signs of pregnancy such as severe abdominal pains, severe anemia, and bleeding, severe frontal headache, severe vomiting too and added that she eats well during all her pregnancies. Client said she attended antenatal clinic during her previous pregnancy till labour was due. Client said in her first pregnancy, she received five doses of Sulphadoxine pyrimethamine (SP) till delivery and received three doses of tetanus immunization during her previous pregnancy.

LABOUR

Client said her labour started spontaneously in the evening in the house before she was sent to the hospital. According to Madam Anifa her baby was delivered at the hospital spontaneously when labour was due with no complications such as retained placenta and postpartum hemorrhage. Client said she did not labour for a long time because, she delivered shortly after their arrival at the hospital. When asked, she said that it does not also take long for the placenta too to be delivered and the amount of blood loss was small.

PUERPERIUM

According to Madam Anifa, her baby cried immediately he was delivered. She said she had her first child on 20th November, 2019 and it is a male with birth weight of 3.1 kilograms. Client said she breastfed her baby exclusively for six (6) months after that she introduce him to complementary feeds and finally weaned him at the age of 2years. Her baby was immunized against the childhood preventable diseases at the Krobo Health Center. Client went through puerperium successfully without any complications such as breast abscess, depression and puerperal psychosis.

Client's baby also went through puerperium successfully without any complications. Client was asked if she had any knowledge about family planning during her previous pregnancy and she answered positively but she has never used any before. Client was then educated that breastfeeding is another form of family planning method since client said she breastfed exclusively for six months. Client said her sweet mother Madam Mariam and her husband has been her support over the years in the postnatal period.

1.8 PRESENT OBSTETRICAL HISTORY

Having glanced through her antenatal record book, client first visit to clinic on the 1st May 2023. Madam Anifa last normal menstrual period was 19th November, 2022 and her expected date of delivery was 26th August 2023 when calculated. Client said that, with this pregnancy too, she had appetite for any food and has no problem. At booking, client's weight and height were 70 Kilogram and 140 Centimeters respectively. Vital signs and the following examination were done and findings were recorded as follows;

Temperature	36.1 Degrees Celsius
Pulse	90 Beats per Minute
Respiration	20 Cycles per Minute
Blood pressure	107/64 Millimeter of Mercury

The results for laboratory investigation conducted were as follows:

Hemoglobin level	10.1 gram per deciliter
Urine Protein	Negative
Glucose	Negative
Urine albumin	Negative
Stool test	No abnormality detected
Antibody Screening for HIV	Non -reactive
Sickling Test	Negative
Blood group	O positive
Rhesus factor	Positive
Syphilis	Negative

Head to toe examination was carried out and no abnormality was detected. During client first

Antenatal visit, the following drugs were given dispensed;

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

Her condition was good and then scheduled for the next visit in a month's time. Madam Anifa attended all scheduled visits and received all the necessary care before 18th August 2023 when she was met and chosen for the study. She complained of having waist pain. She received education on topics like minor disorders of pregnancy, birth preparedness, personal hygiene, nutrition, family planning and exercises

CHAPTER TWO

ANTENATAL CARE

2.0 INTRODUCTION

This chapter describes the first contact with client, home visits, monitoring and education given to the client, problems identified and the nursing care plan used to address those problems identified durinvg the antenatal period.

2.1 FIRST CONTACT WITH CLIENT

The first contact with Madam Anifa was on the 16th August 2023 at Krobo community around 9:20am during one of the hospital's usual outreach. We was welcomed and a seat was provided to us, as her Antenatal card was taken to flip through. Her gestation was 37 weeks and she had visited the clinic for five (5) times. Client was worried about having severe waist pain.

Introduction was made as a student midwife on clinical field from Holy Family Nursing and Midwifery Training College, Berekum and would like to take her as a client to support her physically and psychologically through pregnancy, labour and puerperium. She readily agreed and asked whether she was going to get the attention she needed and she was assured of maximum attention. She was thanked and assured of confidentiality. She was also encouraged to share every problem of hers. Client was then introduced to the midwife in-charge for her approval and she consented to it. The procedures to be carried out on her were explained to her to gain her cooperation. The following vital signs were taken and recorded as;

Temperature	36.7 degree Celsius
Pulse	82 beats per minute
Respiration	20 cycles per minute
Blood pressure	112/64 millimeters of mercury
Urine (protein and glucose)	Negative
Weight	70 kilograms

The findings were explained to her afterwards, it was documented.

PHYSICAL EXAMINATION

The procedure for head to toe examination was explained to her and she was asked to empty her bladder in preparation for the examination if she has the urge. She was assisted onto the examination couch whiles privacy was provided. Hand washing was done and dried with a clean dry towel. Hands were then rubbed together to provide warmth. The examination proceeded systematically from head to toe.

The head was examined first for lice, dandruff and other infections of the scalp and also to detect hair loss or breakages but none was detected. Client was then encouraged to continue keeping her hair clean and neat. The face was also examined for the presence of oedema. The eyes were examined for pallor, jaundice and discharges. The mouth for cracked lips, sore and also pallor, halitosis, tooth decay and tongue also for pallor. The ears were examined for pain, discharges and its alignment. The nose was examined for discharges and none was detected. The neck was also examined for enlarged thyroid gland, distended neck veins and enlarged

lymph nodes. Everything was in good health and nothing abnormal was detected. As the examination was going on, she was engaged in conversation to avoid boredom.

On breast examination, the breasts were first exposed and observe for the colour, alignment, size and abnormality of the nipple such as retraction and inversion or dirt. Then the other breast was covered and Madam Anifa was asked to put her hand under her head to examine her breast for presence of lumps and any abnormal discharge by palpation but no abnormality was detected and the other breast was also examined. She was educated on how to examine her breast a week after menstruation, so as to detect any abnormality early enough for appropriate action to be taken. Cotton wool was put on the nipple and the areolar was squeezed to check for any abnormal discharge which was absent and the breast was also examined.

The upper extremities were examined for equality and alignment with the body and whether there is any oedema present but no abnormality was detected. The fingers were checked for over grown nails, dirt and pallor of her palms, then her nail bed capillary refill but all these were absent and she was encouraged to continue her cleanliness.

The lower extremities were examined for varicose veins, oedema, and tenderness in the calf muscles and varicose veins were noticed and were explained to her to be normal during pregnancy and it resolving gradually possibly after delivery. She was asked to turn her back for inspection and palpation but no sacral oedema was palpated. The hands were washed and dried.

Abdominal examination

On abdominal inspection**,** the shape and size of the abdomen was oval and medium. There was no scar except for some very few traces of straie gravidarum and linea nigra. Fetal movement was also observed.

During measurement of the symphysio-fundal height, the upper border of the symphysis pubis and the fundus were located and the zero mark of the tape measure was placed on the fundus and extended along the contour of the abdomen along the midline to the upper border of the symphysis pubis. The symphysio-fundal height measured 35centimeters and gestation was 37weeks**.**

On fundal palpation, whilst standing at the client's right side and facing the head end of client, each palm was placed on either side of the fundus. The fingers were curved around the top of the fundus to determine what was in the fundus. A soft mass was felt which indicated the buttocks.

During lateral palpation, each palm was placed on each side of the uterus at the level of the umbilicus. One hand was used to stabilize the uterus using a rotatory movement of the other hand to map out the back which was smooth at the mother's right side, the same movement was done to reveal the limbs which were rough on the left side of the mother. The fetal position was right occipito anterior.

On pelvic palpation, upon facing the woman's feet, she was asked to bend her knees slightly and also to breathe through her mouth slowly to help her relax the abdominal muscles. Each palm was placed on either side of the uterus, just below the umbilicus, hands directing towards the symphysis pubis as the thumbs were almost meeting, a hard mass was felt indicating the head of the foetus.

During the assessment of descent**,** location of the anterior shoulder was done using two fingers 2cm below the umbilicus. The upper border of the symphysis pubis was also located and with the ulna border of the right hand placed on the upper boarder of the symphysis pubis. Five fingers were accommodated between the symphysis pubis and the anterior shoulder, indicating

a descent of 5/5. The lie was longitudinal, presentation was cephalic, descent was 5/5 and the position was right occipito anterior.

On auscultation, fetal stethoscope was rubbed in the palm to make it warm. It was placed at the area where fetal back was located. The ear was placed against the fetal stethoscope to listen for fetal heart beat for a minute as it was being compared with maternal pulse. The fetal heart rate was148 beats per minute.

Vulva Examination, permission was sought to inspect the genital area and she agreed. Hand washing was done with soap under running water and cleaned with a clean towel. She was then asked to bend her knee and open the thighs. The mons pubis was well shaved; there were no scars, oedema, genital warts, clitorectomy and no abnormal discharges from the vagina. All findings were communicated to her and she was thanked for her cooperation. Client was encouraged to continue keeping the vulva clean and dry, change panties after bathing, wear cotton panties and avoid douching. Madam Anifa was helped to get off the examination bed, as she turned to her left side, sit up before getting out of the bed. She was encouraged to ask any questions bothering her mind and she smile and said no question.

She complains of insomnia and the waist pain. Client was reassured and educated that it was all due to the pregnancy. She has some slight pedal oedema so she was encouraged to stand for short periods, elevate her legs when sitting or sleeping and to do active exercise like walking to prevent circulatory stasis in the lower extremities as well as strengthen the muscles during pregnancy and delivery. She was also educated to lie on her left side when sleeping to prevent supine hypotensive syndrome and also encouraged to wear low heels to reduce the waist pains.

She was however congratulated and the following tablets were given to her.

Tablets multivitamins	200mg daily for 7 days
Tablet folic acid	5mg daily for 7 days
Tablet ferrous Sulphate	200mg daily for 7 days
Tablet paracetamol	1000mg 3 times daily for 7 days

The next visit on 23rd August 2023 was made known to her and also to report to the clinic when there was any problem even if her next visit was not due. Appointment for home visit was also booked with her and she gave the direction to her house and her phone number was collected. Finally, she was bid goodbye at the hospital gate.

2.2 FIRST ANTENATAL HOME VISITS

The first visit to Madam Anifa's home was on the 18th August 2023 at 5:30pm. The main purpose for the visit was to assess the physical environment in which the client lives. The environment was inspected before entering the house. On arrival, greetings were exchanged and seat was offered by client. A brief introduction was made to her mother and husband. The whole family was very happy.

PHYSICAL ENVIRONMENT

The house is built with blocks and roofed with aluminum sheets. The house has two bed rooms, a hall, bathroom and a toilet facility. Client lives with her nuclear family. Client and her husband occupy one room and the other is being occupied by her mother and child. Client's husband is a store keeper and return from the store each day after his work.

She was asked of her preparedness towards labour and delivery and she said she would have no problem with transportation to the clinic since her father own a car she has also arranged with another driver incase her father is not around he can send her to the hospital .Her delivery

items were well packed. Client's room was well ventilated and her source of light was electricity. Client's windows were lined with louvers and mosquito proof net. She sleeps under insecticide treated net every day. The entire house was neat.

They have a nice toilet and bath which was well cemented and neatly kept.

The refuse container was lined with polyethylene bag and well covered so she was congratulated to maintain it. There was a kitchen also attached to the building. They use coalpot in preparing their food. She was educated on sibling rivalry and client was informed that she should start telling the children about the arrival of the new baby. Good communication with the child was also encouraged and she was also educated on danger signs of pregnancy such as vagina bleeding, early rupture of membranes and severe vomiting. She was asked to report immediately if any of the danger signs was experienced. Client was also asked of any complaints of which she complained of insomnia. She was reassured and educated on measures to adopt to cope with the complaints such as drinking less water before bed, urinating before bed, taking warm baths before bed and resting during the day.

PSYCHOSOCIAL HISTORY

Client lives with her husband and her child and other family members and has a cordial relationship with them. Madam Anifa is sociable and is at peace with everyone in the family. She is well related with her neighbors and she also actively participate in most social activities especially in the community. Madam Anifa said she has few friends of which she usually visit them at her free time. She is well respected in the community because of her attitude and behavior that she depicts the community.

The next visit was made known to her and permission was sought to leave.

2.3 CLIENT'S SUBSEQUENT VISIT TO THE CLINIC

Madam Anifa visited the clinic on the 23rd August, 2023 at 8: 45am. She was welcomed and seat was offered to her to rest for a while. Enquiries were made on her health and that of the entire family and she said all was well. The Antenatal card was glanced through and her vital signs and other assessments checked and recorded as follows:

Temperature	36.8 degrees Celsius
Pulse	84 beat per minute
Respiration	20 cycles per minute,
Blood pressure	113/73 millimeters of mercury
Weight	72 kilograms
Hemoglobin	10.2 grams per deciliter

Urine for glucose and protein was negative. She was told to empty her bladder and every procedure to be carried out was explained to her and privacy was provided. Physical examination was done on her. All findings were communicated to the client. She complained of backache and headache. She was reassured and educated on the structural changes that occur during pregnancy. It was also explained to her that, she should have enough rest and try to avoid stressful situations and was reassured.

Madam Anifa medications were as follows:

Tablet folic acid	5mg daily for 7 days
Tablet Ferrous Sulphate	200mg daily for 7 days
Tablet multivitamins	200mg daily for 7 days

Madam Anifa was goodbye at the gate

2.4 SECOND ANTENATAL HOME VISITS

The second antenatal home visit was on the 25th August 2023 at 12:30pm. Greetings were exchanged and seat was offered. The aim of the visit was to check on the improvement on the previous advice given during the first visit. Education was reinforced on rest and sleep, birth preparedness and complication readiness such as transportation readiness, arrangement of donors and support person. She was also educated on true labour signs such as painful rhythmic uterine contractions and show. Client was congratulated for taking the advice. Client complained of heart burns and explanation was made for her to understand that heartburns was as a result of reflex of gastric content into the esophagus due to progesterone relaxing the cardiac sphincter. She was reassured on her condition to allay her fear and misunderstanding and also encourage her to reduce intake of fatty and spicy foods. Client`s mother and husband were educated to help her psychologically and physically. She was reminded of her next visit to the clinic.

2.5 NURSING CARE PLAN DURING ANTENATAL CARE

PROBLEMS IDENTIFIED

1. Waist pain (16th August 2023)
2. Insomnia (16th August 2023)
3. Heartburns (25th August 2023)
4. Backache (23rd August 2023)
5. Headache (23rd August 2023)

SHORT TERM OBJECTIVES:

1. Client will be able to cope with waist pain throughout pregnancy.
2. Client heartburns will reduce within 24hours
3. Client will be able to sleep for 3 hours during the day and at least 8 hours at night throughout pregnancy.
4. Client's backache will subside and she will be able to cope with the backache throughout pregnancy.
5. Client will be relieved of headache within 2 hours.

LONG TERM OBJECTIVE:

Madam Anifa will carry the pregnancy to term, go through labour and puerperium with all the support needed to prevent complications to herself and the fetus.

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NURSING CARE PLAN DURING ANTENATAL CARE

DAT/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVE/ OUTCOME CRITERIA	NURSING ODERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
16/08/23 09:20am	Waist pains related to descend of foetal head	Client will cope wth waist pain within 72 hours as evidence by Client verbalizing that waist pain has subsided. Midwife observing that client no longer frowns her face	1. Reassure client to allay anxiety. 2. Educate client on the physiology of descend of foetal head. 3. Encourage client to assume proper body mechanic when lifting. 4. Encourage client to have rest and sleep for at least two hours in the day and four hours in the night. 5. Serve prescribe analgesics.	1. Client was reassured that she will be relieved of waist pain. 2. Client was educated on the physiology of descend of foetal head during pregnancy that it will resolve after pregnancy 3. Client was encouraged to assumed proper body mechanic like bending from the knee instead of waist. 4. Client was encouraged to rest for at least two hours during the day and four hours in the night. 5. Prescribed analgesics was served	18/08/23 2:00am	Goal was achieved as client verbalizing that waist pain has subsided. 2. As by midwife observing that client facial expression was cheerful	ORK

NURSING CARE PLAN DURING ANTENATAL CARE

DAT/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVE/ OUTCOME CRITERIA	NURSING ODERS	NURSING INTERVENTION	DAT/TIME	EVALUATION	SIGN
25/08/23 10:50am	Heartburns related to progesterone relaxing the cardiac sphincter.	Client heartburns will reduce within 24hours as evidence by Client verbalizing she is relief of heartburns. 2. Midwife visualizing that client no longer complains.	1. Support client emotionally to allay anxiety. 2. Explain the physiology of heartburns to client. 3. Educate client to reduce spicy and fatty. 4. Educate client to eat in bits but at a frequent intervals. 5. Educate client to wait for 30minutes before going to bed.	1. Client was supported emotionally by the midwife to allay fear. 2. Physiology of heartburns was explained to client that it is due to the reflux of gastric content into the esophagus due to progesterone relaxing the cardiac sphincter 3. Client was educated reduce the intake of fatty and spicy foods (fried eggs and indomie). 4. Client was educated to eat bit but at a frequent interval. 5. Client was educated to wait for 30minutes before going to bed to prevent reflux.	26/08/23 8:25 pm	Goal fully met as evidence by client verbalizing that she is relieved of heartburns Midwife visualizing that client no longer complains.	ORK

NURSING CARE PLAN DURING ANTENATAL CARE

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES /OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
16/08/23 9:20am	Insomnia related frequency of micturition at night.	Client will be able to sleep for at least an hour during the day and 3 hours a night throughout pregnancy as evidenced by client verbalizing that she is able to take a nap in the day and slept for 3 hours during the night. 2. Client husband confirming that client had enough sleep	1. Reassure client on her condition. 2. Explain the physiology of frequent micturition to the client. 3. Encourage client support person to help in household chores for her to get enough time to rest. 4. Educate client to take warm baths. 5. Encourage client to reduce intake of fluid prior to bed.	1. Client was reassured that she will be able to sleep during the night. 2. Physiology of frequency of micturition was explained to client as a reduction in bladder capacity by descending of fetal head. 3. Client support person was encouraged to help her in household chores to relieve stress to get enough time to sleep. 4. Client was educated to take a warm bath to promote relaxation. 5. Client was encourage to reduce the intake of water and other liquids prior to bed time.	17/08/23 8:25pm	Goal was met as client reported that she is able to take a nap in the day and sleep for 3 hours in the night. 2. Client's husband confirming that client had enough sleep.	ORK

NURSING CARE PLAN DURING ANTENATAL CARE

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
25/07/23 9:50am	Backache related to compression of foetal head.	Client will cope with a reduced backache within 48 hours as evidence by client verbalizing that the pain has subsided. 2. .Midwife noticing that client no longer complains of backache.	1. Reassure client. 2. Explain the physiology of backache to the client. 3. Educate client to have enough rest and sleep. 4. Encourage client to perform manageable exercise. 5 Encourage client to always sit straight and well supported with pillow.	1. Client was reassured. 2. The physiology of backache was explained to the client that it will resolve after pregnancy 3. Client was educated to have enough rest and sleep. 4. Client was encouraged to perform manageable exercise such as squatting and walking. 5. Client was encourage to always sit straight and supported well with pillow.	27/07/23 8:25pm	Goal was met as client Verbalized backache has subsided. and Midwife visualized that client no longer complains	ORK

NURSING CARE PLAN DURING ANTENATAL CARE

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
25/07/23 9:50am	Headache related to stress during pregnancy.	Client will be relieved of headache within two hours as evidence by client verbalizing that she is relieved of headache. Midwife noticing that client no longer complains of headache	1. Reassure client. 2. Encourage client to have rest and sleep. 3. Encourage client to drink at least 6ml sachets of water daily. 4. Serve prescribed analgesics. 5. Encourage support person to help client with household chores.	1. Client was reassured that she is going to be relieved of the headache. 2. Client was encouraged to rest for at least two hours in the day and five hours at night. 3. Client was encouraged to take 6 sachets of water daily. 4. Prescribed analgesics was served. 5. Support person was encouraged to help client with household chores to reduce stress.	25/07/23 11:50am	Goal was achieved as client verbalizing that she was relieved of headache. 2 Midwife observing that client facial expression looks cheerful	ORK

CHAPTER THREE

LABOUR

3.0 INTRODUCTION

This chapter deals with the management of client during the first, second, third and fourth stages of labour and care plan for problems identified.

3.1 ADMISSION AND MANAGEMENT OF FIRST STAGE

Madam Anifa came to the clinic on 29th August 2023 at 8:00pm accompanied by her husband. They were welcomed and offered seats. Madam Anifa complained of lower abdominal pains and painful uterine contractions which she said started at dawn. Her answers to questions asked indicated that client had seen blood-stained mucus (Show) on 28th August which is a day before labour but membranes have not ruptured. Client's appearance indicated that she was truly in labour pains and her gait indicated that she had no abnormalities on her pelvis. During history taking, Madam Anifa expressed some level of anxiety as to what the outcome of labour would be.

Client's antenatal book was glanced through for previous histories and also to confirm client expected date of delivery. Client and her husband were then oriented to the ward and they were introduced to other colleague midwives on the ward and she was reassured of a successful outcome. Then at the delivery room, client was assisted to undress, changed into a gown and onto a delivery bed. Madam Anifa was reassured and procedures to be done were explained to her for which she gave her consent.

Vital signs were checked and recorded as:

Temperature	36.6 degree Celsius
Pulse	73beat per minute
Respiration	20 cycle per minutes
Blood pressure	110/75 millimeter of mercury
Hemoglobin	10.9grams per deciliter
Amount of urine	75milliliters

Urine tested negative for glucose, protein and acetone. Client was served with a bed pan to empty her bladder. The midstream urine was taken with a clean specimen bottle and the testing strip dipped into the urine. The strip was tapped at the edge of the bottle, compared with colors on the container and urine tested negative for protein, glucose and acetone. After Madam Anifa was admitted, she was informed about the general and abdominal examination that was to be done on her. Hand washing was done and dried with a clean dry towel. The hands were then rubbed together to provide warmth. The examination proceeded systematically from head to toe.

On abdominal inspection there was no scar except for some few trace marks of straie gravidarum and linea nigra. The shape and size of the abdomen were globular and medium respectively. She felt the fetal movement according to her. The fundus was located and the zero mark of the tape measure was placed there. The tape was extended along the contour of the abdomen along the midline to the upper border of the symphysis pubis. The symphysio-fundal height measured 36centimeters and gestation was 39weeks+4 days.

On palpation, upon facing the head of the client, each palm was placed on either side of the fundus. The fingers were curved around the top of the fundus to determine what occupied the upper pole

of the fundus. A soft mass was felt which indicated the buttock of the foetus. During lateral palpation, each palm was placed on each side of the uterus, midway between symphysis pubis and fundus. One hand was used to stabilize the uterus and the palm of the other was used to examine. Fetal back (smooth part) was located at the right-hand side of the woman's abdomen and the fetal limb (rough part) on the left side.

On pelvic palpation, upon facing the woman's feet, she was asked to bend her knees slightly and also to breathe out slowly to help relaxation of the abdominal muscles. Each palm was placed on either side of the uterus, just below the umbilicus, hands directing towards the symphysis pubis as the thumbs were almost meeting, a hard mass was felt indicating the head of the foetus. Location of the anterior shoulders was done using two fingers. The symphysis pubis was located and with the ulna border just above the symphysis pubis and the anterior shoulder, three fingers occupied the space between the symphysis pubis and the anterior shoulder indicating descent of $3/5^{th}$. The lie was longitudinal, presentation was cephalic and the position was right occipito anterior.

On auscultation, fetal stethoscope was rubbed in the palm to make it warm. It was placed at the area where fetal back was located. The ear was placed against the fetal stethoscope to listen for fetal heart beat for one minute as it was being compared with maternal pulse. The fetal heart rate was 142 beats per minute. After the auscultation, hands were warmed by rubbing, in order to check for contractions after sitting comfortably by her. There were two (2) contractions in ten (10) minutes lasting for 30 seconds. Also, there was presence of fetal movement.

Vaginal examination

Permission was sought from Madam Anifa for vaginal examination around.8:10 pm. A tray which was set containing; sterile swabs in a gallipot with savlon solution, sterile cotton wool swab and a

pair of sterile gloves and a receiver were drawn closer to the bedside. Hands were washed with soap under running water and dried with clean dry towel. A pair of sterile gloves was worn and client was asked to flex her knees.

On inspection, there were no sore, scars, abnormal discharges, varicose veins, genital warts or oedema. The vulva was swabbed from the labia majora to the minora and then finally the vestibule using sterile cotton soaked in savlon solution, a swab at each time from top to down. Client's permission was sought and the index and the middle finger of the right hand were gently inserted into the vagina. The vagina was warm, moist and roomy. The cervix was soft, thin and the presenting part was well applied it. The membranes were intact with no moulding. The cervical dilatation was 4 cm. The Midwife in-charge, congratulated client and said, she is very cooperative.

Client was thanked and made comfortable by wiping all discharges and a clean perineal pad was applied. Gloved hands were dipped into 0.5% chlorine solution before removing. Gloves were removed by turning them inside out and were disposed into plastic container. Hands were thoroughly washed with soap and under running water and dried with a clean dry towel. She was informed about the progress of labour using the dilatation board and encouraged to take a walk to help hasten up the dilatation. The findings were documented.

Preparation for birth

Identification of helpers was done that is, a skilled helper and unskilled helper. The skilled helper was Asuuri Cecilia a staff midwife who could help to assist in the care of the baby. The unskilled helper was the husband and was also informed about his role as helping to call another helper. The area for delivery was also prepared. The source of light was checked. Mother was informed that the windows and doors would be closed and curtains would also be drawn down when the baby

was about to be delivered to provide warmth and prevent the baby from losing heat. Hand washing and aseptic technique were observed to prevent infection. Madam Anifa was informed that her hands and chest would be washed for skin to skin contact prior to second stage of labour. The resuscitation table was made clean and the equipment was checked to be adequate and functioning properly. Madam Anifa and her husband were informed about the importance of such preparation.

The emergency drugs and equipment for delivery were checked and made available.

3.2 MANAGEMENT OF FIRST STAGE OF LABOUR

This stage includes monitoring the client until the second stage is due. The fetal heart rate, contraction and maternal pulse were monitored every thirty (30) minutes but temperature, blood pressure, dilation of the cervix and descent of the fetal head were checked every four (4) hours and recorded on the partograph.

Madam Anifa was advised to lie on her left side to prevent supine hypotension syndrome. She was educated on some of possible outcome of labour such as safe delivery without complication. Client complained of waist pains so sacral massage was done and then the physiology behind the pains was explained to her there is decent of the fetal head. She was encouraged to perform deep breathing exercise during contractions to minimize the pains. Water was served frequently to prevent dehydration and also, she was given malt as an energy drink to enable her get energy. She was encouraged to empty the bladder whenever she has the urge to allow descent of the fetal head and prevent prolonged labour. The dilatation board was used to explain the cervical dilation and progress of labour to Madam Anifa, Client was then reassured of normal delivery without any complications. Client was encouraged to breathe through her mouth when there was contraction and also avoid pushing during contraction since the cervix was not fully dilated so as to prevent

edematous cervix and also to rest in-between contraction to prevent exhaustion. Client was educated on the importance of changing the pad when soiled and not to be touching the perineal area and to stop mishandling the perineal pad. Client was thanked for her cooperation. She was encouraged to assume any of the positions used during labour as the various methods were demonstrated to her after confirmation of full dilatation. At 12:10am, contractions were four in ten

(10) minutes lasting forty seconds (40) seconds, fetal heart rate was 141beats per minute, maternal pulse was 72 beat per minute. On vaginal examination, the vagina was warm and moist, the cervix was eight (8) centimeters dilated and the presenting part was well applied with descent $2/5^{th}$.Vital signs were checked and recorded as;

Temperature	36.9 degree celsuis
Respiration	20 cycle per minutes
Blood pressure	130/74
Pulse	73 beat per minutes
Amount of urine	110 milliliters

Urine tested negative for glucose, protein and acetone. Client was made comfortable in bed by cleaning all discharges and a new perineal pad applied, there was spontaneous rapture of membranes, the fluid was clear, moulding was (+) descent was $2/5^{th}$. The delivery trolley was then

set-in preparation for delivery where the top and Bottom shelves contained the following items and;

TOP SHELF

1. A delivery pack containing;

- ✞ Sterile cord scissors
- ✞ 2 sterile artery forceps
- ✞ Sterile sheets
- ✞ Gallipot containing sterile gauze/cotton
- ✞ Sterile receiver for placenta
- ✞ Sterile cot sheet
- ✞ Episiotomy scissors
- ✞ Xylocaine as an anaesthetic agent
- ✞ Suturing forceps
- ✞ Bulb syringe

BOTTOM SHELF

1. Cot sheet
2. Cord clamp
3. Oxytocin
4. Perineal pad
5. Identification band

6. Sterile gloves
7. Examination gloves
8. Savlon
9. Bed pan
10. Measuring jug

Madam Anifa was anxious about the outcome of the labour and was reassured that she is in the hands of competent midwives. Client complained of having the urge to bear down so another vaginal examination was done at 1:10am and the cervix was fully dilated (ten centimeters), there was no cord prolapse, descent was 0/5, moulding was (++). The midwife in- charge also confirmed the full dilatation and she agreed that the findings should be documented on a partograph sheet. Client started vomiting so a vomitus bowl was served, after which she was informed of the full dilatation of the cervix. All observations made were plotted on the partograph as;

Temperature	36.4 degree Celsius
Pulse	84bpm
Blood pressure	120/78mmHg
Fetal heart rate	140bpm

Contractions were four in ten (10) minutes lasting for forty (40) seconds

3.3 MANAGEMENT OF SECOND STAGE OF LABOUR

Madam Anifa was told that, she had successfully passed the first stage and was encouraged to push well with contraction and rest in- between contractions. The aseptically prepared trolley was taken

to the bedside. The client was asked to breathe through the mouth. The midwife in-charge confirmed the findings and preparations were made. Client was reminded that the baby would be delivered onto the abdomen to establish bonding and warmth. Procedure to be carried out was explained to her. She was then reassured and her hands and chest were washed as already explained to her. Madam Anifa was encouraged to assume lithotomy position as she preferred and her head was supported with pillows. After wearing the protective clothing; face mask, plastic apron, goggles and boots, a thorough hand washing was done. Sterile gloves were worn and the delivery pack was opened by the in-charge whiles standing on client`s right side. The perineum, pubis and upper thighs were swabbed with a sterile cotton wool soaked in savlon solution. A sterile towel was placed on the abdomen and another under the buttocks. A perineal pad was kept at the perineum to prevent feaces from contaminating baby's eyes. Client was encouraged to push only when she has the urge. As the fetal head was advancing, the index and middle fingers were placed on the fetal head to aid flexion to allow the smallest diameter to distend the perineum, [sub occipito bregmatic] this was done to prevent perineal tear and intra cranial hemorrhage. When the head crowned, client was asked to stop pushing but pant and blow. This was done to deliver the head slowly in order to prevent perineal tear. The head was delivered by extension, thus allowing the sinciput, face and chin to sweep the perineum. During the resting phase before the next contraction, cord around neck was checked but was not felt. When the head was delivered, client was asked not to push again. Sterile gauze was used to clean the face, the eyes from inside to the outside.

After restitution, there was external rotation of the head which meant that shoulders have rotated internally and that they are ready to be delivered. So, the fetal head was held in-between the palms on each side of the parietal bones. With the next contraction, the fetal head was flexed downwards and the anterior shoulder escaped beneath the symphysis pubis. Gently, the fetal head was moved upwards in a direction towards mother`s abdomen to deliver the posterior shoulders. Then with

lateral flexion the rest of the body was delivered onto the mother`s abdomen at 1:21am. A female child was born and she cried.

3.4 IMMEDIATE CARE OF THE BABY

Immediately the head was delivered, sterile cotton was used to clean the baby's eyes. The eyes were cleaned with sterile cotton from inside to outside. The baby was then delivered onto mother's abdomen and the baby cried immediately after birth. Liquor was dried off the baby with a dry cot sheet to keep baby warm and the wet sheet was removed. Baby was then placed skin to skin on mother's abdomen and covered with a warm dry sheet for warmth and bonding. Then the first minute Apgar score was assessed to be 8/10.The cord was clamped with cord clamp at two places and cut in between them to separate baby from mother, 3 finger breaths from baby's abdomen was measured, a cord clamp was applied and then 2 finger breaths above the clamp after which it was cut short. The fifth minute Apgar was also assessed to be 9/10. An identification band with the name of the mother, sex, date and time was placed on the baby's wrist.

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

3.5 MANAGEMENT OF THIRD STAGE OF LABOUR

The procedure was explained to Madam Anifa to gain her usual cooperation. Immediately after delivery, the uterus was palpated through the abdomen to exclude the presence of a second twin and there was none, 10 units of oxytocin was given by the in-charge who supervised the delivery, within a minute after the birth of the baby to enhance the contraction of the uterus which contribute

to the expulsion of the placenta and its membranes as well as controlling of bleeding. The cord was re-clamped closer to the perineum and a kidney dish was placed in-between her thighs. The left hand (non- dominant hand) was placed on the fundus to feel for contractions. As soon as there were contractions, the left hand was removed and placed at the supra pubic area with the palm facing the mother`s abdomen to provide counter pressure. At the same time, the clamped cord was held with the right (dominant hand) and a steady traction was applied (controlled cord traction).

The controlled cord traction and counter traction was maintained until the placenta became visible at the vulva. Then hands were released from the abdomen and clamped cord to receive the placenta at the introitus with both hands. The placenta was gently twisted to tease the membranes to become rope-like till it was delivered at 1:30am. The placenta was quickly examined and placed in the receiver. The uterus was massaged through the abdomen until it contracted and blood clots were expelled. The birth canal was examined; there were no tears or lacerations at cervix, vagina and the perineum. Client was encouraged to void frequently to prevent postpartum hemorrhage. Blood and liquor stains were wiped from her body and a clean perineal pad was applied. She was covered with a piece of cloth.

Client was asked to report any bleeding from the vagina. Client's husband was informed that she had delivered a bouncing baby girl. Client was informed about the findings and necessary documentations were done. Client was congratulated for her effort.

3.6 EXAMINATION OF PLACENTA

The placenta was sent to the sluice room for proper examination. The placenta was immersed into 0.5% chlorine solution to reduce the spread of infection and then removed and held by the cord and the cord was seen to be medially inserted in the fetal surface. The cut end of the umbilical cord was wiped off with cotton swab and one vein and two arteries were seen with no true or false knot

in the cord. The fetal surface was observed for smoothness and the colour was grey. By lifting the cord and holding the placenta up, the membranes were inspected for completeness. The placenta was then returned to the surface and the membranes were spread out to look for extra vessels, lobes or holes but none was identified. The amnion was pulled back towards the cord and the membranes for proper visualization of the chorion which was intact. The maternal surface appeared to be complete with no missing lobes or cotyledons. Estimated blood loss was 150mls.The placenta was discarded per the clinic's protocol. The instruments used were soaked in 0.5% chlorine solution for 10 minutes using utility gloves, the instruments were washed, rinsed and dried, ready for sterilization. The gloved hands were dipped in the 0.5% chlorine solution and the gloves were removed from inside out.

3.7 MANAGEMENT OF THE FOURTH STAGE OF LABOUR

During the fourth stage of labour, close observation of the mother and baby is made for six hours following the expulsion of the placenta, membranes and the subsequent arrest of hemorrhage.

Mother and baby were then transferred to the lying-in after the one-hour skin to skin of the baby. Continuous monitoring was done for five hours since an hour has already been done. The mother and baby were assessed every 15 minutes for two hours and 30minutes for the next one hour.

PREVENTION OF DISEASES

This was done within the 90 minutes after birth. The lower lid of the eyes was instilled with 2 drops of tetracycline eye drop as prophylaxis against infections of the eyes such as opthalmi neonaterium. The cord was dressed with sterile cotton wool soaked in methylated spirit to prevent cord infection such as tetanus and no bleeding was noticed. The mother was educated not to apply anything to

the cord, like herbs, animal dung or other substances, unless a treatment was recommended by the in-charge.

Client was informed that her baby would be injected with one (1) mg of vitamin K intramuscularly in the front, outside of the mid-thigh after the head-to-toe examination. This would help to prevent hemorrhagic disorders of the baby such as cord bleeding. Madam Anifa was again informed that, her baby would be given Polio O Vaccine and Bacillus Calmette Guerin (BCG) 0.05mls intradermal the next day to protect her against tuberculosis. She was educated not to apply anything on the injected site.

EXAMINATION OF THE NEWBORN

This examination was done to exclude any abnormalities of the newborn. Hands were washed with soap under running water and the procedure was explained to the understanding of the client. Disposable gloves were worn and the baby was examined in the presence of the mother in a clean, warm environment. The baby was put on a covered flat surface and only the part to be examined was exposed. Head to toe examination was carried out to detect any abnormalities; the head was examined for depressed skull bone, bulging of the fontanelles, edematous swelling, laceration on the skull but no abnormality was detected. The head circumference was measured by encircling the head with a tape measure from the occipital protuberance to the supra-orbital region and it measured 35cm and full length to be 49cm. The ears were examined for shape, size, patency and the cartilage in the pinna was checked for its softness. The eyes were also examined for the colour; red spot, jaundice and conjunctival hemorrhage but no abnormality was found. The nose was inspected for size and shape and also for deviated septum but the septum was normal. The nostrils were inspected for patency and mucosa for colour. With the examination of the mouth, the little finger was use to feel the palate for any cleft palate, the gum was checked for presence of false

teeth and the tongue for torn tie, but no abnormality was detected. Sucking, rooting and swallowing reflexes were checked and were found to be present when the baby was put to breast.

The neck was examined for congenital goiter, swelling, growth and rigidity of neck but no abnormality was detected. The chest was inspected for shape and the chest wall for abnormal rise and fall and expansion which was normal with respiration rate of 50 cycles per minute. The breast was inspected for false milk. Examination of the upper extremities was done and the hands were inspected for clubbing, extra or missing digit, nails and webbing. Hands and arms were inspected for symmetry, movement and paralysis, and the palm for palmer creases. Shape and colour of nail and nail bed were inspected and reflexes (grasping and Moro) checked and everything was normal. The abdomen was examined and the shape and size of the abdomen were normal. The cord was inspected for bleeding and the number of vessels, the liver, the spleen, the kidney and the bladder were palpated for size, tenderness and masses but no abnormality was detected.

The genitalia were examined, the urethral and anus were examined for patency and they were patent as the baby passed meconium and urine. The labia majora covering the labia minora. The clitoris was present. The lower extremities were inspected for extra digits, webbing, symmetry, movement, clubbed feet, paralysis and hip dislocation but none was detected. The baby was turned on her back with the head turned on one side and the spine were checked for swelling, dimples or hairy patches, spinal bifida and for missing vertebra but none was detected. The skin was inspected and no abnormality was detected. The baby's weight was taken. A scale was cleaned with methylated spirit to prevent infection. A fresh cloth was put on the scale and the weight was then adjusted to 0kg. Hand washing was done and mother was asked to unwrap the baby. The baby was quickly w rap with the weighed cloth and placed on the scale and the weight was taken as 3.0kg. The baby was then taken out.

Baby's temperature was also measured to detect any abnormality. A thermometer was cleaned. The baby was positioned on the side and the tip of the thermometer was put high in the armpit.

The arm was held against the side for the recommended time. Temperature recorded was 36.6^0C.

One (1) mg of vitamin K 1ml was administered. Baby was classified as normal and routine care continued. Baby was wrapped to maintain his temperature after the examination and made comfortable and was given to her mother to breastfeed. Gloves were removed and discarded Hands were washed and dried with a clean towel and all findings were recorded and communicated to the mother. Baby's vital signs were checked and recorded as below;

Temperature	36.6 degree celsuis
Apex heartbeat	148 beat per minute
Respiration	50 cycle per minutes

The measurements done on the baby were recorded as follows:

Head circumference	35 centimeters
Full length of baby	49 centimeters

MANAGEMENT OF THE MOTHER

The fundus was massaged to facilitate contraction and mother was taught how to massage her uterus. The mother's initial vital signs were checked and recorded as follows;

Temperature	36.8 degree Celsius
Pulse	90 beat per minutes
Respiration	20 cycle per minutes
Blood pressure	110/80 millimeter of mercury

She was encouraged to empty her bladder and also change perineal pad when soiled. Baby was put to breast to promote breastfeeding and initiate bonding. Client was taught to place the baby with the head and body in a straight line, the abdomen touching hers, the face opposite the nipple, chin touching the breast and the neck not flexed and that the whole body should be supported. She was told to notice good attachment when the mouth is open wide, the lower lip is turned downward, the chin is touching the breast and most of the dark portion of the nipple is in the baby's mouth. It was explained to her that, breastfeeding soon after birth would help her provide enough milk. Also, it would help the uterus contract to reduce maternal bleeding.

Lochia was red in colour, [Lochia rubra] small in quantity and had no foul smell. Client was educated on frequent of micturition and changing of perineal pads when wet, how to fix baby to breast, the importance of exclusive breastfeeding for the first six months, feeding on demand and feeding the baby not less than eight (8) times a day. Client's mother was allowed to see her and she was served with malt and porridge to restore energy. General condition of client was satisfactory as well as the baby and all labour notes were recorded on the partograph sheet. The

symphysio-fundal height was 17 centimeters. At the end of the fourth stage, the amount of urine passed was 300 milliliters and total blood loss was estimated to 150 milliliters.

SUMMARY OF LABOUR AND DELIVERY

DURATION OF LABOUR

1st stage 5hours 10minutes

2nd stage 11minutes

3rd stage 9minutes

4th stage 7hours

3.7 CONDITION OF BABY AT BIRTH

Head to toe examination	No abnormalities were detected
Baby's weight	3.0kilograms
Head circumference	35centimeters
Length of baby	49 centimeters
Meconium	Passed
Urine	Passed
Temperature	36.6 degree Celsius
Apex heartbeat	148 beats per minutes

Respiration	50 cycle per minutes
First minute APGAR	8/10
Fifth minute APGAR	9/10
Sex	Female
General Condition of baby	Very good

RECORDS ON MOTHER

Date and time of delivery	30th August 2023 at 1:21am
Mode of delivery	Spontaneous vaginal delivery
Temperature	36.8 degree Celsius
Pulse	90 beat per minute
Respiration	20 cycle per minute
Blood pressure	110/80 millimeters of mercury
Symphysio- fundal height	17 centimeters
Lochia	Rubra
Odour of lochia	Non-offensive
General condition	Very good

3.9 NURSING CARE PLAN DURING LABOUR

PROBLEMS IDENTIFIED

On 29/08/23, client complained of;

1. Labour pains
2. Anxiety
3. Vomiting.
4. Lower abdominal pains
5. Waist pain

SHORT TERM OBJECTIVES

1. Madam Anifa will cope with the labour pains throughout the period of labour.
2. Client will be relieved of anxiety at the end of labour.
3. Client will be relieved of vomiting within 2 hours.
4. Client's lower abdominal pain will subside and client will cope with lower abdominal pain throughout labour.
5. Client's waist pain will subside within 4 hours.

LONG TERM OBJECTIVES

Madam Anifa will go through labour and puerperium successfully and deliver a healthy baby without any complications.

LABOUR CARE PLAN

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTIONS	DATE/ TIME	EVALUATION	SIGN
29/08/23 8:15pm	Labour pains related to contractions and descent of the fetal head.	Madam Anifa's pains will be controlled or relieved as evidenced by client verbalizing her pain is relieved or client taking some pain medication. Midwife visualized that client pain is controlled or relieved.	1. Reassure client 2. Educate client on the cause of labour pains. 3. Encourage client to walk around to enhance descent of foetus. 4. Give client sacral massage. 5. Encourage client to practice deep breathing exercise by breathing through her mouth.	1. Client was reassured of relieved of pain after delivery. 2. Client was educated that uterine contraction and descent is the cause of the labour pain. 3. Client was encouraged to walk around to enhance descent of foetus. 4. Client was given sacral massage 5. Client was encouraged to practice deep breathing exercise by breathing through her mouth.	30/08/23 1:45am	Goal met as evidence by client verbalizing pain has subsided. 2. Midwife visualizing that client is cooperating well with the labour pain.	ORK

LABOUR CARE PLAN

DATE / TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES	NURSING ORDERS	NURSING INTERVENTIONS	DATE / TIME	EVALUATION	SIGN
29/08/23 10:30 pm	Anxiety related to unknown outcome of labour.	Client will be relieved of anxiety within 45minutes as evidence by client verbalizing that she is relieved from anxiety Midwife noticing that client is allayed from anxiety	1. Reassure client of competent nursing care. 2. Explain every procedure to be carried out to her. 3. Encourage client to voice out all her fears. 4. Encourage deep breathing exercise. 5. Encourage client to ask questions and answer them tactfully.	1. Client was reassured that She was in the hands of competent midwives. 2. Procedures were explained to client. 3. Client was encouraged to voice out all her fears. 4. Client was encouraged to preformed deep breathing exercise. 5. Client was encouraged to ask questions and was answered tactfully.	29/08/23 11:15pm	Goal achieved as client replying she was no more anxious and midwife reported that client was relaxed in bed.	ORK

LABOUR CARE PLAN CONTINUED

DATE / TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES	NURSING ORDERS	NURSING INTERVENTIONS	DATE / TIME	EVALUATION	SIGN
29/08/23 9:50pm	Vomiting related to the hormonal fluctuation in labour.	Client will be relieved of vomiting within 2 hours as evidenced by; Client verbalizing that she is no longer feels nauseous Midwife observing that client no longer vomits	1. Reassure client. 2. Assist client to rinse her mouth after vomiting. 3. Hydrate the client with IV fluids. 4. Keep all nauseating items away from client 5. Encourage client to put something in her mouth.	1. Client was assured. 2. Client was assisted to rinse her mouth after vomiting. 3. Client was hydrated with IV fluids to replace fluid loss. 4. All nauseated items was kept away from client. 5. Client was encourage to put something in her mouth, like chewing stick.	29/08/23 11:50pm	Goal fully met as Madam Anifa verbalized that she is no more nauseating. 2. Midwife noticing that client no longer vomits.	ORK

LABOUR CARE PLAN CONTINUED

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTIONS	DATE/ TIME	EVALUATION	SIGN
29/08/23 9:00pm	Lower abdominal pains related to painful uterine contractions in labour.	Client's lower abdominal pain will subside within 24 hours as evidenced by client verbalizing that the pain has subsided. Midwife noticing that client is well corperating	1. Reassure client. 2. Explain the physiology behind lower abdominal pain to her. 3. Encourage deep breathing exercise. 4. Encourage client to walk around. 5. Allow client to assume a comfortable but harmless position.	1. Client was reassured that her condition can be managed. 2. Physiology of lower abdominal pain was explained to her that there is descent of fetal head 3. Client was encouraged to perform deep breathing exercise during contractions. 4. Client was assisted to walk around slowly to relieve pain. 5. Client was allowed to assume left lateral with pillows supporting her back and abdomen.	30/08/23 1:30am	Goal was met as evidence by client verbalized that the pain has subside. 2. Midwife visualizing that client is calm and cooperating well.	ORK

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTIONS	DATE/ TIME	EVALUATION	SIGN
29/08/23 8:15pm	Waist pains related to descent of the fetal head in stage of labour	Client waist pain will reduce within 3hours and throughout labour as evidence by 1 Client verbalizing her waist pain is reduced. 2 Midwife visualizing that client no longer complains.	1. Reassure client that her condition is temporary. 2. Allow client to assume a comfortable position but harmless. 3. Give sacral massage 4. Explain the physiology of waist pain to client. 5. Encourage deep breathing exercise.	1. Client was reassured that she will be relieved of waist pains. 2. Client was allowed to assume harmless position such as left lateral position 3. Sacral massage was given to client to relieve her pain. 4. Physiology of waist pain was explained to client that due to descent of the fetal head in the first stage of labour. 5. Client was encourage to perform deep breathing exercises.	29/08/23 11:15pm	Goal fully met as evidence by client verbalizing that she is relieved of waist pains 2. Midwife visualizing that client no longer complains	ORK

CHAPTER FOUR

4.0 INTRODUCTION TO PUERPERIUM

This chapter deals with the management of both the mother and baby from day one to six week's post-partum and care plans drawn from the management of problems encounter during puerperium.

4.1 DAY OF DELIVERY

On 31st August, 2023 at 8:00am, Madam Anifa and her baby's general condition was checked and assessed and was sent to the lying-in-ward for continuous observation.

The Symphysio-fundal height was measured to be 17 centimeters.

Client's vital signs were checked and recorded every 15 minutes for two hours, 30 minutes for one hour and hourly for the next three hours. The first three hours vital signs that were the blood pressure and pulse were also recorded on the partograph. The first vital signs are recorded below;

Temperature	36.6degree Celsius
Pulse	96 beats per minute
Respiration	22 cycles per minute
Blood pressure	124/76 millimeters of mercury

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Madam Anifa complained of after pains, fatigue and then she was reassured. She was also educated on the need to ensure proper personal hygiene and empty the bladder frequently so that the uterus could contract and prevent post- partum bleeding. The need to change perineal pad when soiled and applying of new pad to prevent perineal sepsis was also emphasized.

4.2 SUBSEQUENT CARE OF THE BABY

After six hours of birth, a brief physical examination was done to check for obvious signs and the baby was seen healthy and the baby was bathed for the first time. On the laps of the mother, the baby's skin was assessed, the chest was also checked for fast or slow breathing and any wheezing sound from the nostrils but everything was normal. Vital signs of the baby were checked and recorded as follows;

Temperature	36.2 degree Celsius
Apex beat	142 beats per minute
Respiration	50 cycles per minute

The First Bath of the New Born

Permission was asked from the mother to bath the baby. Items to be used were: Plastic apron, soap and water, sponge, small towel, bath towel, basin, flat surface, gloves, cot sheets, warm water, cotton wool swabs, methylated spirit, baby oil, powder, diaper and baby dress. Water was mixed and the elbow was used to test for the temperature. Plastic apron was put on, hands were washed with soap and water and dried with clean dry towel. Gloves were worn and the baby was

put on a protected flat surface and was undressed. Baby was then wrapped with a cot sheet with the head exposed for bath. The eyes were cleaned with clean cotton wool swabs soaked in clean water from the inner cantus to the outer cantus. The face cleaned with damp face towel and dried. The nape of the baby's neck was supported and ears plugged with two fingers of the hand supporting baby's head. The head was then washed with soapy sponge. Baby was then lifted off flat surface, supporting the nape of the neck and the body resting in the elbow, to the edge of the basin, soap was rinsed off baby's hair and dry. Baby was then put on protected flat surface and exposed. Arms were washed to the trunk with much attention on the skin folds. Baby's back was turned with one arm supporting the chest and the back washed to the feet. Baby was supported firmly and immersed in a bath of warm water, with head above and rinsed thoroughly. Baby was then placed on the flat surface covered with bath towel and dried with a small towel while paying attention to the skin folds. Baby was wrapped with a clean cot sheet.

CORD DRESSING

A tray was set aside containing (sterilized gallipot, cotton wool swab, and methylated spirit). Procedure was explained to mother and was performed in her presence. Hand were washed with soap under running water and was dried with a clean towel. Sterile gloves were worn and cord were exposed. The cord was inspected for bleeding. The cord was dressed with cotton wool swabs soaked in methylated spirit by holding the cord clamp with cotton. The base was cleaned with a swab in a circular manner. Both anterior and posterior where cleaned from the base upwards with different cotton wool swabs. The tip was also clean with a separate swab. The cord was expose to air dry. Baby was oiled and then dressed nicely in a warm cot sheet to maintain her temperature and was given to mother for breastfeeding. The baby's vital signs were checked and recorded as;

Temperature	36.8 degree Celsius
Apex beat	147 beats per minute
Respiration	49 cycle per minute
Baby weighed	3.0 kilogram.

4.3 FIRST DAY POST DELIVERY AND DISCHARGED

On 31st August 2023, was Madam Anifa's first day post-delivery. Client woke up healthy with a cheerful look at the clinic. All procedures to be carried out on both mother and baby were explained to her. Permission was sought from client and head to toe examination was done and no abnormality was detected. The breasts had no abnormality that will interfere with breastfeeding just that it was not lactating well, uterus was well contracted and the symphysio-fundal height was

17 centimeters, The Perineal pad was inspected for the flow of lochia which was small and red (rubra) in colour with no smell. Post-delivery hemoglobin level also recorded 10.9gld. Client vital signs were checked and recorded as,

Temperature	36.6 degree Celsius
Pulse	97 beats per minute
Respiration	20 cycles per minute
Blood Pressure	110/72mmHg

Client complained of loss of appetite client was reassured that she will regain her appetite. She then took a warm bath and was served with porridge and bread. Client was educated on how to fix baby to breast and was encouraged to breastfeed baby frequently on demand not less than 8 to 12 times a day. She was also educated on exclusive breastfeeding for the first 6 months and completes emptying of one breast before the other.

Emphasis was also made on hand washing after visiting the toilet, removing baby's soiled napkins, before and after handling the baby to prevent infection.

The baby was then given his first immunizations which were Bacillus Calmette Guerin (BCG) vaccine 0.05ml intradermal at the right upper arm and oral polio vaccine O (OPV) two drops at the back of the tongue by the community health nurse. Client was advice not to apply anything at the injection site or massage it. She was also reminded that additional doses of the immunizations would be required later. Immunizations against other diseases would also be needed later and so she should follow the recommendation of the health authority. It was explained to her that, these immunizations will help prevent the child from serious childhood illnesses. Client was told that there could be a tissue reaction over the area and a scar formation later indicating that the child was immunized against tuberculosis effectively.

The baby was then wrapped in a clean and warm cot sheet and handed over to the mother for breastfeeding. She was educated on breastfeeding problems such as cracked nipples, sore nipple, and breast engorgement, among others. The position and attachment to the breast was taught and encouraged.

Client was reminded on the intake of nutritious diet, fruit and frequent breastfeeding of the baby. Education was given on the change of perineal pad when soiled and the need to wash her hands after removal to prevent infections. Client was also educated on postnatal exercises such as Kegel, ambulation and also family planning as well as exclusive breastfeeding, changing of napkins frequently when soiled. Washing of baby's clothes, drying them in sun and keeping the baby warm always were also made known to her.

Before discharge, Client was assessed on her readiness for home care and also on breastfeeding of which she was able to position baby correctly to the breast. The baby was re-assessed without any abnormality. Most importantly, the umbilicus was thoroughly inspected because of risk of bleeding. As part of preparing parents for home care, breastfeeding exclusively for six (6) months at a frequency of 8 to 12 times a day and recognizing signs of successful breastfeeding, recognizing and managing common breastfeeding problems such as breast engorgement, hand washing, dressing cord with cotton wool and methylated spirit, complete scheduled immunizations, recognizing danger signs of the baby such as fever and cord bleeding and then to the mother; offensive vaginal discharge were reinforced. The vital signs of the baby were as follows: MMBN

Temperature	36.7^0C
Apex beat	146 beat per minute
Respiration	48 cycle per minute

Client was finally discharged at 7:30am on the 31th August and she was helped to pack her belongings after serving medications. Madam Anifa was given the following drugs;

Tablet folic acid	5mg tablet daily for 7 days
Tablet ferrous Sulphate	200mg tablet daily for 7 days
Tablet multivitamin	200mg tablet daily for 7 days
Tablet paracetamol	1g tid for 7days

Her bills were settled by the National Health Insurance Scheme. Client was accompanied home and she was informed that she would be visited daily for seven (7) days. Client was congratulated. Madam Anifa and family were visited in the evening at 5:30pm. Client was at home, with the family. General health condition of mother and baby was good. Explanation was given to her that she and her baby were going to be examined from head to toe to determine any abnormality for prompt treatment. Client was examined from head to toe and nothing abnormal was detected. Breasts was firm and has started lactating small, lochia was bright red and the flow was small with no offensive odour. On palpation, the uterus was well contracted and the symphysio-fundal height was 17 centimeters. Observations and vital signs checked and recorded were**;**

MOTHER'S VITALS EVENING

Temperature	36.8 degree celcius
Pulse	98 beats per minutes
Respiration	23 cycle per minutes
Blood pressure	126/84 millimeters of mercury

BABY'S VITALS EVENING

Temperature	36.8 degree celcius
Apex heart beat	148 beat per minutes
Respiration	49 cycle per minutes
Weight	3.0

4.4 FIRST POSTNATAL HOME VISIT

On the 1st September 2023, at 7:30am and 5:00pm, Madam Anifa and family were visited as promised. Client was at home, with the family. General health condition of mother and baby was good. Client was relieved of after pain and fatigue. Explanation was given to her that she and her baby were going to be examined from head to toe to determine any abnormality for prompt treatment. Client was examined from head to toe and nothing abnormal was detected. Breasts was firm and has started lactating small, lochia was bright red and the flow was small with no offensive odour. On palpation, the uterus was well contracted and the symphysio-fundal height was 15 centimeters. Client complains of having insomnia and she was advised of resting when the child sleeps. Observations and vital signs checked and recorded were**;**

VITALS	MORNING	EVENING
Temperature	36.4 degree Celsius	36.2degree Celsius
Pulse	96 beats per minute	80beat per minute
Respiration	23 cycles per minute	20 cycle per minute
Blood pressure	124/76 mmHg.	117/60mmHg

BABY'S VITALS

VITALS	MORNING	EVENING
Temperature	36.3degree Celsius	36.7degree Celsius
Apex heart beat	149bpm	141bpm
Respiration	42cpm.	42cpm
Weight	2.9kg	2.9kg

The baby was toped and tailed paying attention to skin fold. She passed meconium and urine during in the process, the cord was inspected for bleeding but it was not, so it was dressed with sterile cotton wool soaked in methylated spirit. Head to toe examination was performed with no abnormalities detected. Baby was suckling well and it was weighed and wrapped nicely before feeding. The mother and the baby's vital signs, weight and observations were also checked and recorded as stated above.

Cord	Clean
Color	Pink
Stool	Meconium

Client was educated to keep the baby warm always and not to expose the baby to cold weather. The surrounding was neat and she was congratulated and encouraged to keep it up. In the evening client was visited and findings were not different from the morning visit. Baby was having skin rashes on his body. Client was reminded of the next visit and permission was sought to leave.

SECOND POSTNATAL HOME VISIT

On the 2nd September 2023, at 8:00am and 5:15pm, Madam Anifa and family were visited as promised. Client was at home with mother. Client was asked about the condition of the children and she said they are all doing well. General health condition of mother and baby was good. Explanation was given to her that she and her baby were going to be examined from head to toe to determine any abnormality for prompt treatment. Client was examined from head to toe and nothing abnormal was detected. Cord was not bleeding and has even started drying, baby was suckling well and according to Madam Anifa it passed stools and urinated as well.

Mother's breast was firm and lactating well; lochia was rubra and the flow was small with no offensive odour on examining the perineal pad. On palpation, the uterus was well contracted and the symphysio-fundal height was 13centimeters. Observations and vital signs checked and recorded were;

VITALS	MORNING	EVENING
Temperature	36.7 degree Celsius	36.5 degree Celsius
Pulse	81beats per minute	90beats per minute
Respiration	21 cycles per minute	21 cycle per minute
Blood pressure	120/80 mmHg	115/70 mmHg

Lochia was Bright red.

The baby was toped and tailed paying attention to skin folds around 8:30 am due to the condition of the weather which was very cold in the morning. He passed meconium and urine during the top and tail, the cord dressed with sterile cotton wool soaked in methylated spirit. The baby was weighed and wrapped nicely before feeding. The baby's vital signs and observations were checked and recorded as;

VITALS	MORNING	EVENING
Temperature	36.7degree Celsius	36.6degree Celsius
Apex beat	143 beats per minute	147beat per minute
Respiration	49 cycles per minute	45cycle per minute
Weight	2.8kg	2.8kg

Cord	Clean
Color	Pink
Stool	Meconium

Client after pain had subsided when enquired but she complained of loss of appetite. She was reassured and advised to have warm bath before bed and rest in a noise free environment and also limit time spent with visitors during the day. Client was also advised to keep the baby warm always and not to expose the baby to cold weather. The surrounding was neat and she was congratulated and encouraged to keep it up.

In the evening at 5:20pm client was visited and findings were not different from the morning visit. Client was also advised to keep the baby warm always and not to expose the baby to cold weather. Client was able to eat half of the meal served. The surrounding was neat and she was congratulated and encouraged to keep it up. Observation and vital signs checked and recorded as stated above. Another day was scheduled for the visit and permission was sought to leave.

THIRD POSTNATAL HOME VISIT

On 3rd September 2023, Madam Anifa was visited in the morning around 8:20am and5:30pm as promised. Everybody in the house was in good health and every procedure to be carried out was explained to her. The perineal pad was inspected before she took her bath and the flow of lochia was small and bright red in colour (rubra) which was not offensive. Head to toe examination was carried out without any abnormality such as anaemia was detected. The breast was lactating well and the symphysio-fundal height was 11 centimeters. Observations and vital signs were checked and recorded as follows;

VITALS	MORNING	EVENING
Temperature	36.8 degree Celsius	36.8degree Celsius
Pulse	80 beats per minute	88beart per minute
Respiration	21 cycles per minute	19cycle per minute
Blood pressure	120/80 mmHg	112/73mmHg

And breast was lactating.

The baby was examined from head to toe and there was heat rashes at the buttocks. Mother was reassured. The baby was toped and tailed. The cord was seen to be drying up and was dressed with sterile cotton wool soaked in methylated spirit. It had no signs of infection. Baby's weight was 2.8 kilogram. The baby's vital signs and other observations were checked and recorded as,

VITALS	MORNING	EVENING
Temperature	36.6 degree Celsius	36.7 degree Celsius
Apex heart beat	136 beats per minute	148beats per minute
Respiration	46 cycles per minute	48cycle per minute
Weight	2.8kg	2.8kg

Color	Pink
Cord	Clean

The baby was wrapped in a warm cot sheet and was given to the mother for breastfeeding. Client was regaining her appetite.

Client was once again visited in the evening and findings were not different from the morning visit. Mother and baby were healthy. Client was reminded of the next visit; she was thankful and permission was sought to leave. Vital signs were checked and recorded as stated above.

FOURTH POSTNATAL HOME VISITS

Madam Anifa was visited again on the 4th September 2023, at 7:30am. Greetings were exchanged and a seat was offered. On observation, the general condition was good. Clients fatigue had subsided when asked. Client said she was able to sleep better than the previous night. Uterus was contracted with symphysio-fundal height of 9centimeters. Perineal pad was inspected and the flow of lochia was small, and pink (serosa) in colour with no offensive odour. Assessment was made on mother and the results were recorded as;

Blood pressure	110/70mmHg
Pulse	96 beats per minute
Respiration	20 cycles per minute
Temperature	36.6 degree celsuis

Lochia Serosa and Breast was lactating well.

The baby was toped and tailed and the cord was also dressed as usual and cord was dry off without offensive odour. Baby's vital signs and other observations were recorded as below;

Temperature	36.5 degree Celsius
Apex heart beat	138 beats per minute
Respiration	49 cycles per minute
Cord	Clean and dry
Weight	2.9kilogram

FIFTH POSTNATAL HOME VISIT

On the 5th September 2023 at 7:20am the next home visit was made to the client's house. They were found in good health and the family was congratulated for taking good care of the baby. Client said fullness of breast was good and had no complaints. Client was advised to continue sleeping during the day time and also the need to take in nutritious diet. During examination, it was realized that the cord had fallen off and the mother confirmed that it fell during the night.

Baby was bathed in the presence of Madam Anifa and her mother as they were told to observe and the cord stump was dressed and the area was left to dry. Baby passed urine and yellowish brown stool. Baby's weight was 3.0 kilograms. Client lochia was pink in colour (serosa) with scanty flow and not offensive. Client and family were informed that the visit would be ending on 7th September, 2023. The Symphysio-fundal height was 7 centimeters. Observations and vital signs of the mother were checked and recorded as;

VITALS	MORNING
Temperature	36.7 degree Celsius
Pulse	87 beat per minute
Respiration	23 cycles per minute
Blood pressure	110/80 millimetres of mercury

And breast was lactating. The vital signs and other observations of the baby were checked and recorded as;

VITALS	MORNING
Temperature	36.8 degree Celsius
Apex heart beat	138 beat per minute
Respiration	49cycles per minute
Weight	3.0kg

SIXTH POST NATAL HOME VISIT

On the 6th September 2023 at 8:00am, Madam Anifa and her family were visited again as scheduled. They were all doing well and were congratulated for their support towards the care of the new born when she confirmed the maximum support being rendered by the Mother and family and they were encouraged to continue supporting her. On arrival, Madam Anifa was with her baby. Water was placed on fire in preparation for the baby to be bathed. The baby was bathed as usual, dressing of the stump of the cord was done. Enquiries were made about client's state of bowel action and the existence of any infections and she said she had regained her normal bowel action

without any problem. Client's conjunctiva was inspected for pallor. The breast was also observed lactating well. On perineal pad examination, the lochia was pink (serosa), minimal flow without any offensive odour. The symphysio-fundal height was measured to be 5 centimeters.

She was thanked and was reminded of the next day's visit being the last home visit after which home care will be terminated. In fact, this information did not go down well with the family so they were all sad but were reassured of continuity of care.

Vital signs and other observations of the mother were checked and recorded as:

Temperature	36.9 degree Celsius
Pulse	80 beats per minute
Respiration	22 cycles per minute
Blood pressure	120/70 millimetres of mercury

Lochia Serosa, Breast Lactation very well. Observations on baby and vital signs were recorded as;

Temperature	36.9 degree Celsius
Apex heart rate	140 beats per minute
Respiration	46 cycles per minute
Stool	Yellowish brown
Weight	3.1kg

Permission to leave was requested and granted.

SEVENTH POSTNATAL HOME VISIT

On 7th September 2023 at 4:30pm was the last visit to Madam Anifa's house. Client was doing well with baby and the entire family. All procedures to be carried out were explained. Hands were washed and examination from head to toe was done but no abnormality was detected. Lochia was inspected and it was pink in colour (serosa) with no odour. The symphysio-fundal height was 3centimeters.The breast was soft and was lactating very well. Vital signs and other observations were checked and recorded as:

Temperature	36.8 degree Celsius
Pulse	82 beat per minute
Respiration	21 cycles per minute
Blood pressure	110/80 millimeter of mercury

Lochia Serosa and Breast well Lactating. The baby was examined and Madam Anifa's mother was supervised to bath and dress the stump of the cord which was done perfectly.

The wound had healed. Baby's weight was 3.2kilograms. The baby's vital signs and other observations were checked recorded as;

Temperature	36.7degree Celsius
Apex heart beat	142 beat per minute
Respiration	49cycle per minute
Weight	3.2kg

Stool was yellow. The baby was dressed and handed over to the mother for breastfeeding. Emphasis was made on her perineal care and the intake of nutritious diets as well as avoiding the use of hot application on the fontanels. Client was encouraged to continue exclusive breastfeeding for 6 months. It was further explained that, exclusive breastfeeding could serve as a family planning method. Mother was reminded of the 1st postnatal visit to the clinic on 7th September and its importance and also the need to immunize the baby against the childhood preventable diseases. Client was told to report to the hospital when there was any problem as soon as possible and also made her aware that, the day was the last visit to her house, Madam Anifa together with the entire family was thanked for their cooperation. Client and her family also expressed their heartfelt gratitude.

4.5 FIRST POSTNATAL VISIT TO THE CLINIC

On the 8th September 2023, at 8:00am Madam Anifa came to the clinic for the first postnatal examination. Both mother and baby were doing well. Every procedure to be carried on client was explained to her. Vital signs and Hemoglobin level were checked and recorded as follows;

Temperature	36.5 degree Celsius
Pulse	80 beat per minute
Respiration	19 cycles per minute
Blood pressure	110/70 millimeters mercury
Haemoglobin level	12.5 gram per deciliter
Weight	60 kilograms

Madam Anifa was given a specimen bottle to collect midstream urine to test for protein and glucose and they tested negative. Client was asked to lie on the couch for head-to-toe examination. On the head, the hair was neatly dressed. The eyes were free from discharges and the conjunctiva was not pale and no jaundice was noted. The ears were also free from discharges. The neck veins were not distended and no lymph nodes palpated. The breast was examined and there were no mass, engorgement or sore nipple. There was no tenderness, enlarged liver or spleen. The fundus was not palpable. The upper extremities were also inspected and no abnormalities were detected.

The baby was taken from the client's relative with permission and examined from head to toe and nothing abnormal was detected. Baby weighed 3.3 kilogram, the skin color was pink, and cord was off.

The baby's vital signs were taken and recorded as follows;

Temperature	36.8degreeCelsius
Pulse	134 beats per minute
Respiration	46 cycles per minute

After the examination, she was also educated on various types of family planning methods which would be appropriate for her and also emphasized on the need to feed the baby exclusively. Madam Anifa was told about the intake of well-balanced diet to improve her health and also provide more breast milk for the baby. Again, she was encouraged to maintain her personal hygiene and to continue the pelvic and abdominal exercises and also attend the six weeks postnatal care. Madam

Anifa was educated to register the baby at the birth and deaths registry of which she agreed. Client was thanked for her cooperation throughout the care and then informed of termination of care and that the midwife in charge would continue with her care.

The client was left in the hands of the midwife in-charge at the Krobo Health Center for continuity of care. She was served with Multivitamin one (1) tab twice daily. She was very delighted and expressed her gratitude for the care rendered to her. She was thanked and she was seen off at the facility gate.

4.6 SECOND POSTNATAL VISIT TO THE CLINIC

The six weeks postnatal visit was made on 10th October 2023. According to the midwife in charge, head to toe examination done on both mother and baby revealed no abnormality. The uterus was not palpable and no lochia drainage.

Baby was immunized with the following vaccines*;*

VACCINE	**DOSAGE**	**ROUTE OF ADMINISTRATION**
Polio1	2drops	Oral
Rotavirus	1.5ml	Oral
Pneumococcal	0.5ml	Intramuscular right thigh

DPT-HepB-Hib1 0.5ml Intramuscular left thigh

Client was also advised to report to any health facility if she encounters any health- related problem. Client was then handed over to the public health nurse for continuity of care. The midwife in charge really appreciated for her cooperation.

4.7 CARE PLAN DURING PUERPERIUM

PROBLEMS IDENTIFIED DURING PUERPERIUM

1. After pains (1st September, 2023)
2. Fatigue (2nd September, 2023)

3 -Loss of appetite (1 September, 2023)

3. Insomnia (5th September,2023)
4. Skin rashes (3rd.September,2023)

SHORT TERM OBJECTIVES

1. Client will be relieved of after pains within 48 hours
2. Client will be relieved of fatigue within 48 hours.
3. Client will be able to eat half of the meal served within 48 hours.
4. Client will be able to sleep for 3 hours during the day and at least 8hours at night throughout the puerperium.
5. Baby's skin rashes will go within 72hours.

LORM OBJECTIVES

Madam Anifa will go through puerperium without complication and her baby.

PUERPERIUM CARE PLANE

DAT/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVE/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
31/08/23 8;30am	After pains related to involution of the uterus.	Client after pains will reduce within 48 hours as evidence by client verbalizing that the pains has been relieved. And relative reporting that client is not complaining of pains. .	1. Reassure client. 2. Explain the physiology of after pains to the client 3. Teach client how to perform postnatal exercise. 4. Encourage client to continue breastfeeding. 5. Encourage client to lie on her abdomen.	1. Client was reassured that she is in the hands of competent midwives. 2. Physiology of after pain was explained to client that it is due to the stimulation of oxytocin. 3. Client was thought how to preformed post-natal exercises like kegel, pelvic rock exercise. 4. Client was encouraged to continue breastfed. 5. Client was encouraged to lie on her abdomen.	02/09/23 3:30pm	Goal fully met as evidence by client verbalizing she is relieved of pains. 2 And client reporting that she is relieved of pain	ORK

PUERPERIUM CARE PLAN CONTINUED

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVE/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
31/08/23 3:30pm	Fatigue related to stresses during labour.	Client will be relieved of fatigue within 48 hours as evidenced by the client verbalizing that she is active and midwife noticing that client is active and cheerful	1. Reassure client. 2. Encourage client to rest when her baby is asleep. 3. Advice client and family to ensure noise free environment. 4. Encourage client to do minimal work. 5. Encourage client's support person to help with the care of baby.	1. Client was reassured that the fatigue would subside. 2. Client was encouraged to rest when baby is asleep. 3.Client was encouraged to ensure noise-free environment 4. Client was encouraged to do minimal work. 5. Client support person was encouraged to help with the care of baby.	01/09/23 4:00pm	Goal met as evidence by client reporting that, she is relieved of fatigue. 2 And midwife observing that client is active and cheerful	ORK

PUERPERIUM CARE PLAN CONTINUED

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVE/OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
02/09/23 07:30am	Loss of appetite related to stresses of labour.	Madam Anifa will be able to eat half of the meal served within 24hours as evidenced by client verbalizing that, she was able to eat and support person observing client eating three quarters of meal served.	1. Reassure client. 2. Serve client with appetite stimulants 3. Plan meals with client. 4. Serve foods attractively 5. Encourage client to perform oral hygiene twice daily.	1. She was reassured that her eating pattern would return to normal. 2. Client was serve with appetite stimulants such as Vitamin B Complex and multivitamin. 3.Client was part of the planning of her meal 4. Client food was served attractively. 5. Client was encouraged to perform oral hygiene twice daily.	03/09/23 7:30 am	Goal achieved as evidence by client verbalizing she ate half of the meal served. And support person reporting that client ate three quarters of meals served.	ORK

NURSING CARE PLAN ON PUERPERIUM CONTINUED

DATE/ TIME	NURSING DIGNOSIS	NURSING OBJECTIVES/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
01/09/23 7:00am	Insomnia related to frequency of micturition at night.	Client will be able to sleep for at least 3 hours during the day and 4 hours at night as evidence by client verbalizing that she is able to sleep for 3hours in the day and 4 hours during the night and support person reporting that client is able to sleep.	1. Reassure client. 2. Explain the physiology of frequent micturition to the client. 3. Encourage client support person to help in household chores. 4. Educate client to take warm bath. 5. Encourage client to reduce fluid intake prior to bed time.	1. Client was reassured 2. Physiology of frequent micturition was explained to client as a reduction in bladder capacity descending of fetal head during labour. 3. Client support person was encouraged to help her in her household chores. 4. Madam Anifa was educated to take warm bath to promote relaxation. 5. Client was encourage to reduced intake of water and other liquids prior to bed time.	02/09/23 **7:**30am	Goal met as Madam Anifa reported that she was able to sleep for 3hours during the day and 8 hours during the night And the support person reported that client was able to sleep.	ORK

NURSING CARE PLAN ON PUERPERIUM CONTINUED

DATE/ TIME	NURSING DIGNOSIS	NURSING OBJECTIVES / OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
01/09/23 7:00am	Skin rashes related to warm environment and overdressing of the baby.	Baby skin rashes will go within 72hours as evidence by client verbalizing that the baby skin rashes has resolved 2 Relative reporting that baby skin rashes have resolved.	1. Reassure client. 2. Educate client on the need to cloth baby according to the weather 3. Educate client not to scratch the rashes. 4. Educate woman to use dusting powder. 5. Educate mother to wash hands before and after handling baby.	1. Client was reassured. 2. Client was educated on the need to dress baby in warm cotton cloths according to the weather changes. 3. Mother was educated not to scratch the rashes as it could cause more pain and infection. 4. Client was educated to use dusting powder for the rashes. 5. Mother was educated to wash hands before and after handling baby.	03/09/23 7:30am	Goal fully met as evidence by client informing the midwife that baby's skin rashes have resolved. Relative reported that baby's rashes have resolved.	ORK

SUMMARY AND CONCLUSION

The Client and Family Centered Maternity Care Study was conducted on Madam Anifa Laminu, a 26-year-old Gravida 2 Para 1 and her entire family through pregnancy, labour and puerperium safely without any complications.

Madam Anifa was met as a regular attendant to the Krobo Health Center who was in her 37 weeks+6 days at the time she was met. Arrangements were made for her to be used as client and she accepted willingly. Various histories were taken and she was visited to render midwifery care to her entire family in her house. Madam Anifa was assisted throughout her late pregnancy, labour and puerperium safely without any complication. During the care, she encountered some minor disorders and was managed appropriately through the use of the nursing process. She was also educated on personal hygiene; danger signs in pregnancy and nutrition, importance of exclusive breastfeeding, postnatal exercise among others were all discussed until she delivered.

Madam Anifa delivered spontaneously on 30th August 2023 to an alive and healthy female baby with a birth weight of 3.6kg at 1:21am. Placenta and membranes were delivered by the active management of the third stage cord. Client went through normal puerperium without any complications as of the time she was discharged home on the 30th August 2023. Postnatal care was well rendered to her and the baby and all problems during the period were addressed promptly. Visits were made to her house to give daily routine care; problems like Loss of appetite and after pains were found and solved. She visited the hospital till the 7th day after delivery and she later reported to the clinic for the first week and was handed over to the midwife in charge and the child

welfare clinic for continuity of care and client reported to the clinic for the sixth week postnatal examination.

In conclusion, client family centered maternity care study equipped me with the skills to deal with challenges of pregnant, laboring and puerperal women. It also created good interpersonal relationship between the midwives and the family.

Again, care study encourages learning by doing, the development of analytical and decision making skills as well as reporting skills. Being base on the nursing process, the students become familiar with the use of nursing process as a basic for practice thereby encouraging evidence-based nursing care, as it provides a systematic way of collecting data, analyzing information and reporting the results of nursing care.it gives an in-depth description and explanation of how a patient's response to a specified disease condition is diagnosed and given intervention. The study also broadened students' knowledge on issues concerning pregnancy, labour and puerperium. With this experience gained, standard care will be rendered to all clients that will come my way irrespective of their social status and the environment in order to reduce maternal and infant morbidity and mortality.

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APPENDIX I

ANTENATAL RECORDS

DATE	BLOOD PRESSURE (mmHg)	URINE FOR GLUCOSE AND PROTEIN	PRESENTATION AND POSITION	FETAL HEART RATE	GESTATIONAL AGE	FUNDAL HEIGHT (cm)	DESCENT	WEIGHT (kg)	COMPLAINS	TREATMENT	REMARKS
01/05/23	120/70	Negative	-	-	USG	EP	-	64	No Complain	Routine drugs	Healthy
02/06/23	110/70	Negative	-	-	$27^{+}6$ weeks		-	65	No Complain	Routine drugs	Healthy
30/06/23	120/70	Negative	-	143	$31^{+}6$ weeks	30	-	66	No Complain	Routine drug	Good
28/07/23	105/63	Negative	-	Present	20 weeks	19	-	67	No Complains	Routine drugs	Healthy
11/08/23	102/70	Negative	-	141	24	23	-	68	No Complains	Routine drugs	Good
16/08/23	122/69	Negative	Cephalic	145	28	27	-	70	No Complains	Routine drugs Sulphadoxine pyrimetham	Good
23/08/23	100/60	Negative	Cephalic	144	32	31	5/5	72	Headache	Routine drugs Paracetamol	Good

APPENDIX II

COMPLETE DIAGNOSTIC INVESTIGATION

DATE	SPECIMEN	INVESTIGATIONS	NORMAL RANGE	FINDINGS	REMARKS
01/05/23	Blood	Hemoglobin level	11g/dl-16g/dl	10.1g/dl	Normal
		Sickling	negative	Negative	Normal
		Rhesus factor	Positive/negative	Positive	Normal
		Grouping	A, B, AB, O	A (positive)	Normal
	Urine	Protein	Negative	Negative	Normal
		Glucose	Negative	Negative	Normal
23/08/23	Blood	Hemoglobin level	11g/dl-16g/dl	10.8g/dl	Normal
		Malaria	Negative	Negative	Normal
		Protein	Negative	Negative	Normal
	Urine	Glucose	Negative	Negative	Normal

LABOUR

DATE	SPECIMEN	INVESTIGATIONS	NORMAL RANGE	FINDINGS	REMARKS
29/08/23	Blood	Hemoglobin level	12g/dl-16g/dl	10.9g/dl	Normal
	Urine	Protein	Negative	Negative	Normal
		Glucose	Negative	Negative	Normal

PUERPERIUM

DATE	SPECIMEN	INVESTIGATIONS	NORMAL RANGE	FINDINGS	REMARKS
31/08/23	Blood	Hemoglobin level	11g/dl-16g/dl	10.9g/dl	Normal
	Urine	Protein	Negative	Negative	Normal
		Glucose	Negative	Negative	Normal

PUEPERIUM

DATE	SPICEMEN	INVESTIGATIONS	NORMAL RANGE	FINDINGS	REMARKS
08/09/23	Blood	Hemoglobin level	11g/dl-16g/dl	12.5g/dl	Normal
	Urine	Protein	Negative	Negative	Normal
		Glucose	Negative	Negative	Normal

APPENDIX III

PHARMACOLOGY OF DRUGS FOR THE MOTHER

NAME OF DRUG	CLASSIFICATION	DOSAGE	ROUTE	ACTION AND USES	ACTUAL EFFECT	SIDE EFFECT	SIDE EFFECT EXPECTED
Tablet folic acid	Vitamin preparation	5 milligrams once daily	Orally	Proper formation and functioning of red blood cells	Hemoglobin level increased	Nausea and Vomiting	None
Tablet multivitamins	Vitamin preparation	200 milligrams once daily	Orally	Increased appetite helps in the formation of red blood cell.	Increase appetite	Gastrointestinal disturbances	None
Tablet ferrous Sulphate	Iron supplement	200 milligrams once daily	Orally	Help in formation of haemoglobin and red blood cells	Haemoglobin increased	Gastrointestinal disturbances and black stool	None
Tablet sulphadoxine pyrimethamine	Anti -malaria and prophylaxis	3 doses start from 16 weeks or after quickening and the remaining doses with 4 weeks intervals until she delivers.	orally	Treatment and prevention of malaria	Malaria prevention	Itching, nausea, dizziness, headache	None

PHARMACOLOGY OF DRUGS FOR THE MOTHER CONTINUED

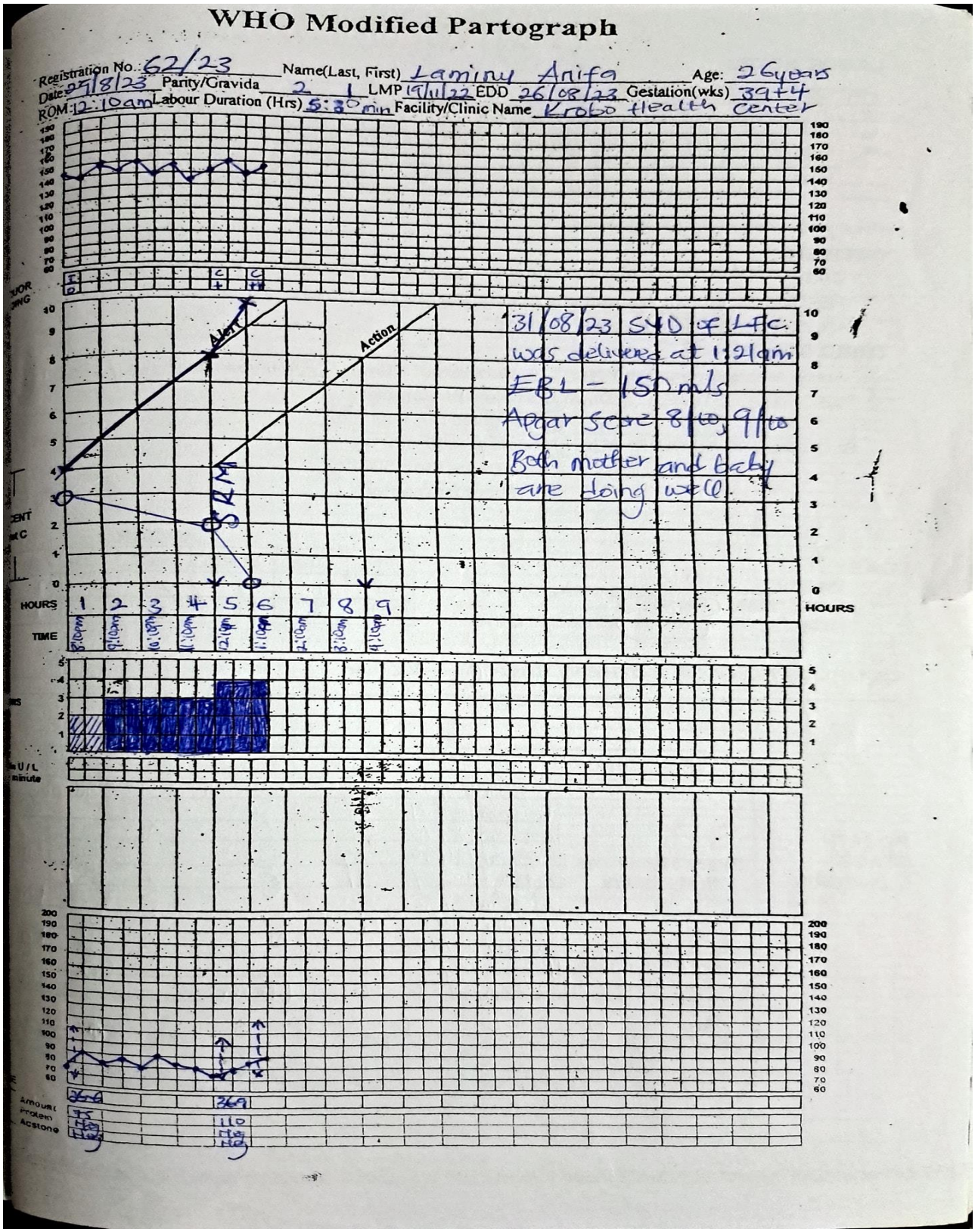
Tablet paracetamol	Analgesics	1 gram for one day	Orally	Helps to relieve pain	Pain was relieved	Prolong use causes damage to the liver	None
Oxytocin	Oxytocic agent	10 units	Intramus cular IV	Stimulates uterine contractions	Client had Good contractions	Hypotension, Nausea and vomiting	None

PHARMACOLOGY OF DRUGS FOR THE BABY

NAME OF DRUG	CLASSIFICA-TION	DOSAGE	ROUTE	ACTION AND USES	ACTUAL EFFECT	SIDE EFFECT	SIDE EFFECT EXPECTED
Tetracycline eye Ointment 1%	Antibiotic	1cm strip of ointment was squeeze in the eye	Instillation	Prevention of infections	Infections of the eye were prevented.	None	None
Vitamin K	Coagulant	1milligram	Intramuscularly	Production of prothrombin to aid in clotting	No bleeding	None	None
Oral polio vaccine	Antigen	2 drops	Orally	Production of antibodies	Poliomyelitis was under observation.	There may be diarrhea	None
Bacillus Calmette Guerin (BCG)	Antigen	0.05 milligrams	Intradermal	Production of antigen to prevent tuberculosis.	Tuberculosis was under observation.	Blister formation.	None

PHARMACOLOGY OF DRUGS FOR THE BABY

NAME OF DRUG	CLASSIFICA-TION	DOSAGE	ROUTE	ACTION AND USES	ACTUAL EFFECT	SIDE EFFECT	SIDE EFFECT EXPECTED
Penta Valente (5 in 1)	Antigen	0.5mls	Intramuscularly	Production of antibodies against diphtheria, tetanus, pertussis, hepatitis B, haemophilia influenza B	Under observation	Under observation	None
Rotavirus	Antigen	1.5mls (2 drops)	Orally	Prevention of gastroenteritis	Under observation	Under observation	None
Pneumococcal	Antigen	0.5mls	Intramuscularly	Prevention of Pneumonia	Under observation	Under observation	None


WHO Modified Partograph
Registration No. 62/23
Name(Last, First) Laminu Anifa
Age: 26 years
Date 27/8/23
Parity/Gravida 2 1
LMP 19/11/22
EDD 26/08/23
Gestation(wks) 39+4
ROM 12:10am
Labour Duration (Hrs) 5:30 min
Facility/Clinic Name Krobo Health Center
Alert
Action
31/08/23 SVD of LFC was delivered at 1:21am
EBL - 150 mls
Apgar Score 8/10, 9/10
Both mother and baby are doing well.
HOURS
TIME
1 2 3 4 5 6 7 8 9
Amount
Protein
Acetone

LABOR NOTES

On 31st August, 2023, a client delivered a live female infant weight of 3.0kg at 1:21am, Apgar score of 8/10, 9/10. Essential care done. Estimated blood loss was 150mls. The uterus was massaged to rule out second twin, Oxytocin 10units was given and placenta was delivered at exactly 1:30am with its membranes, clots were expel. Mother was cleaned and made comfortable. Both mother and baby are doing well and have been moved to the lying in ward for continuity of care.

Please circle or write responses

DELIVERY

DATE: 30/08/2023 TIME: 1:21am METHOD (Spontaneous) / Vacuum Extraction / C/S / Other

PERINEUM: (Intact) / Episiotomy / Laceration

ANESTHESIA: (None) / Local / General

THIRD STAGE

Active Management: (Yes) / No Medication Time 1:22am Type/Dose oxytocin (10units)

PLACENTA: TIME: 1:30am (Complete) / Incomplete

BLOOD LOSS AMOUNT: 150mls (Small (Less than 250 cc)) / Moderate (250-499 cc) / Large (more than 500 cc) / Significant for mother

BABY

Weight: 3.0kg

Sex: Male / (Female)

Baby Position: (Vertex) / Breech / Other

APGAR

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

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

FOURTH STAGE MONITORING

Frequency	Time	B/P.	Pulse	Fundus	Bleeding	Bladder
Every 15 minutes first 2 hours	1:35am	124/76	97	17cm	150mls	300mls
	1:50am	115/81	98	2		
	2:05am	108/76	96	2	0	
	2:20am	121/80	99	2	1	
	2:35am	116/84	91	2	1	
	2:50am	118/82	90	2	1	
	3:05am	120/80	92	2	0	
	3:20am	118/79	88	2	0	
Every 30 minutes For 1 hour	4:20am	123/85	86	2	0	150mls
	5:20am	121/83	90			

Birth Attendant Obeng Rose Korankye Date 31/08/2023

MATERNITY CHART

NAME: Laminy Anifa

AGE: 26years WARD: Lying - In

P.NO.: 133/23 BED NO.: 2

Date	2/8/23	1/9/23	2/9/23	3/9/23	4/9/23	5/9/23	6/9/23	7/9/23
Days in Hospital	DD							
Days P.N.C.		D1	D2	D3	D4	D5	D6	D7
Hour AM	1:21	7:30	8:00	8:20	7:30	7:20	8:50	7:30
Hour PM	5:30	5:00	5:15	5:30				

Temperature

Temp °F / °C SFH

°F	°C	SFH
104	40.0	17
103	39.5	15
102	39.0	13
101	38.5	11
100	38.0	9
99	37.5	7
98	37.0	5
97	36.5	3
96	36.0	
95	35.5	
94	35.0	
93		

Pulse

	2/8/23	1/9/23	2/9/23	3/9/23	4/9/23	5/9/23	6/9/23	7/9/23
Pulse	98	96	87	88	96	98	80	82
Resp.	23	23	21	21	20	23	22	21
F.M.	Passed	Passed	Passed	Passed	Passed	Passed	Passed	Passed
Urine	Passed	Passed	Passed	Passed	Passed	Passed	Passed	Passed
B.P. AM	110/72	124/76	120/80	120/80	110/70	110/80	120/70	110/80
B.P. PM	117/60	115/70	115/70	124/78				

NEW BORN EXAMINATION FORM

Name: Baby of Ms. Fa Lamin | Date of Assessment: 30/08/2023 | Time: 1.35pm
Date of Birth: 30th Aug 23 | Time of Birth: 1.21am | Sex: ☐ M ☑ F | Age at time of Assessment (days/hrs): 10mins
Gestational Age ☐ 39+4 | Mode of Delivery: ☑ Vaginal ☐ Assisted Vaginal ☐ C-Section
APGAR: 1min 8 ☑ 5min 9 ☑ 10 | Birth Weight: ☐ 3.0 kg ☐ | Length 49 cm | Head Circumference: 35 cm
Temperature at time of Assessment: 36.8 °C | Urine passed: (Yes) No | Meconium passed: (Yes) No
Name of Assessor (Midwife/Doctor): Obeng Rose Komnkyi

1. Respiration
Rate 50
☐ Rate < 30 b/m *
☐ Rate < 60 b/m *
☑ 30-60 b/m
☐ Retractions *
☐ Grunting *
☐ Stridor *

2. Activity/Movemnet
☑ Spontaneous symmetric movements
☐ Reduced/Absent Movement in ≥1 limb *
☐ No Movement

3. Tone
☑ Normal
☐ Floppy *
☐ Increased *

4. Colour
☑ Pink all over
☐ Pink body but blue hands/feet
☐ Blue all over *
☐ Pale *
☐ Jaundiced *

5. Cord
☑ Normal
☐ Red, draining pus
☐ Bleeding

6. Cry
☑ Normal
☐ Shrill *
☐ Absent *

7. Suck
☑ Good
☐ Weak
☐ Absent

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

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

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

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

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

13. Mouth
☑ Normal
☐ Cleft palate
☐ Cleft Lip
☐ Other:_____

15. Neck
☑ Normal
☐ Swelling
☐ Webbed
☐ Other:_____

16. Clavicle
☑ Normal
☐ Swelling/Fracture

17. Chest
☑ Normal (Shape/movement)
☐ Abnormal_____

18. Heart rate
Rate: 148
☑ Normal (100-160)
☐ <100 *
☐ >160*

19. Femoral pulse
☑ Present
☐ Not palpable*

20. Abdomen
☑ Normal
☐ Distended*
☐ Scaphoid*
☐ Abdominal defect*
☐ Maases:_____
☐ Other_____

21. Back (spine)
☑ Normal
☐ Abnormal Swelling *
☐ Hairly patch over spine
☐ Abnormal dimple
☐ Abnormal curvature

22. Limbs
☑ Normal
☐ Abnormal_____

23. Genitalia
Male Genitalia
☐ Normal
☐ Undescended testes
☐ Abnormal meatus
☐ Hernia
☐ Other:_____

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

24. Anus
☑ Patent
☐ Imperforate*

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

26. Services provided
☑ Vitamin K1 given
☑ Eye care provided
☑ Cord care provided
☑ Breastfeeding initiated
☑ Breastfeeding established
☑ Immunization (BCG/Polio)
☐ BCG ☐ Polio Immunization
☑ Antibiotics in mother
☐ Antenatal corticosteroids

*May indicate severe disease that requires urgent referral
Diagnoses (if known)_____

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

NEW BORN EXAMINATION FORM

Name: Baby of Anita Laminy Date of Assessment: 31/08/2023 Time: 7:3
Date of Birth: 30/08/2023 Time of Birth: 1:21am Sex: ☐ M ☑ F Age at time of Assessment (days/hrs) 6
Gestational Age ☐ 37-41 ☐ Mode of Delivery: ☑ Vaginal Assisted Vaginal C-Section
APGAR: 1min 8 5min 10 Birth Weight: ☐ 3.0kg ☐ Length 45 cm Head Circumference: 35 cm
Temperature at time of Assessment: 36.8 °C Urine passed: Yes No Meconium passed: Yes
Name of Assessor (Midwife/Doctor): Obeng Rose Korankye

1. Respiration
Rate 50
☐ Rate < 30 b/m *
☐ Rate < 60 b/m *
☑ 30-60 b/m
☐ Retractions *
☐ Grunting *
☐ Stridor *

2. Activity/Movement
☑ Spontaneous symmetric movements
☐ Reduced/Absent Movement in ≥1 limb *
☐ No Movement

3. Tone
☑ Normal
☐ Floppy *
☐ Increased *

4. Colour
☑ Pink all over
☐ Pink body but blue hands/feet
☐ Blue all over *
☐ Pale *
☐ Jaundiced *

5. Cord
☑ Normal
☐ Red, draining pus
☐ Bleeding

6. Cry
☑ Normal
☐ Shrill *
☐ Absent *

7. Suck
☑ Good
☐ Weak
☐ Absent

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

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

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

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

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

13. Mouth
☑ Normal
☐ Cleft palate
☐ Cleft Lip
☐ Other:_____

15. Neck
☑ Normal
☐ Swelling
☐ Webbed
☐ Other:_____

16. Clavicle
☑ Normal
☐ Swelling/Fracture

17. Chest
☑ Normal (Shape/movement)
☐ Abnormal_____

18. Heart rate
Rate: 148
☑ Normal (100-160)
☐ <100 *
☐ >160*

19. Femoral pulse
☑ Present
☐ Not palpable*

20. Abdomen
☑ Normal
☐ Distended*.
☐ Scaphoid*
☐ Abdominal defect*
☐ Maases:_____
☐ Other_____

21. Back (spine)
☑ Normal
☐ Abnormal Swelling *
☐ Hairly patch over spine
☐ Abnormal dimple
☐ Abnormal curvature

22. Limbs
☑ Normal
☐ Abnormal_____

23. Genitalia
Male Genitalia
☐ Normal
☐ Undescended testes
☐ Abnormal meatus
☐ Hernia
☐ Other:_____

Female Genitalia
☑ Normal
☐ Fistula(meconium/urine through abnormal opening vagina) *
☐ Large clitoris *
☐ Other:_____

24. Anus
☑ Patent
☐ Imperforate*

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

26. Services provided
☑ Vitamin K1 given
☑ Eye care provided
☑ Cord care provided
☑ Breastfeeding initiated
☑ Breastfeeding established
☑ Immunization (BCG/Polio
☐ BCG ☐ Polio Immuniz
☑ Antibiotics in mother
☐ Antenatal corticosteroid

*May indicate severe disease that requires urgent referral
Diagnoses (if known)_____

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

NEW BORN CHART

Name: Baby of Anita No: Birth Weight: 3.0kg

Sex: Female Mother's No: 133/23 Length: 47cm

Nature of Delivery: Spontaneous Vaginal Delivery Diagnosis: Term baby

Date of Birth: 28th August, 2023 Time: 1:35am Date of Discharge: 31st August, 2023

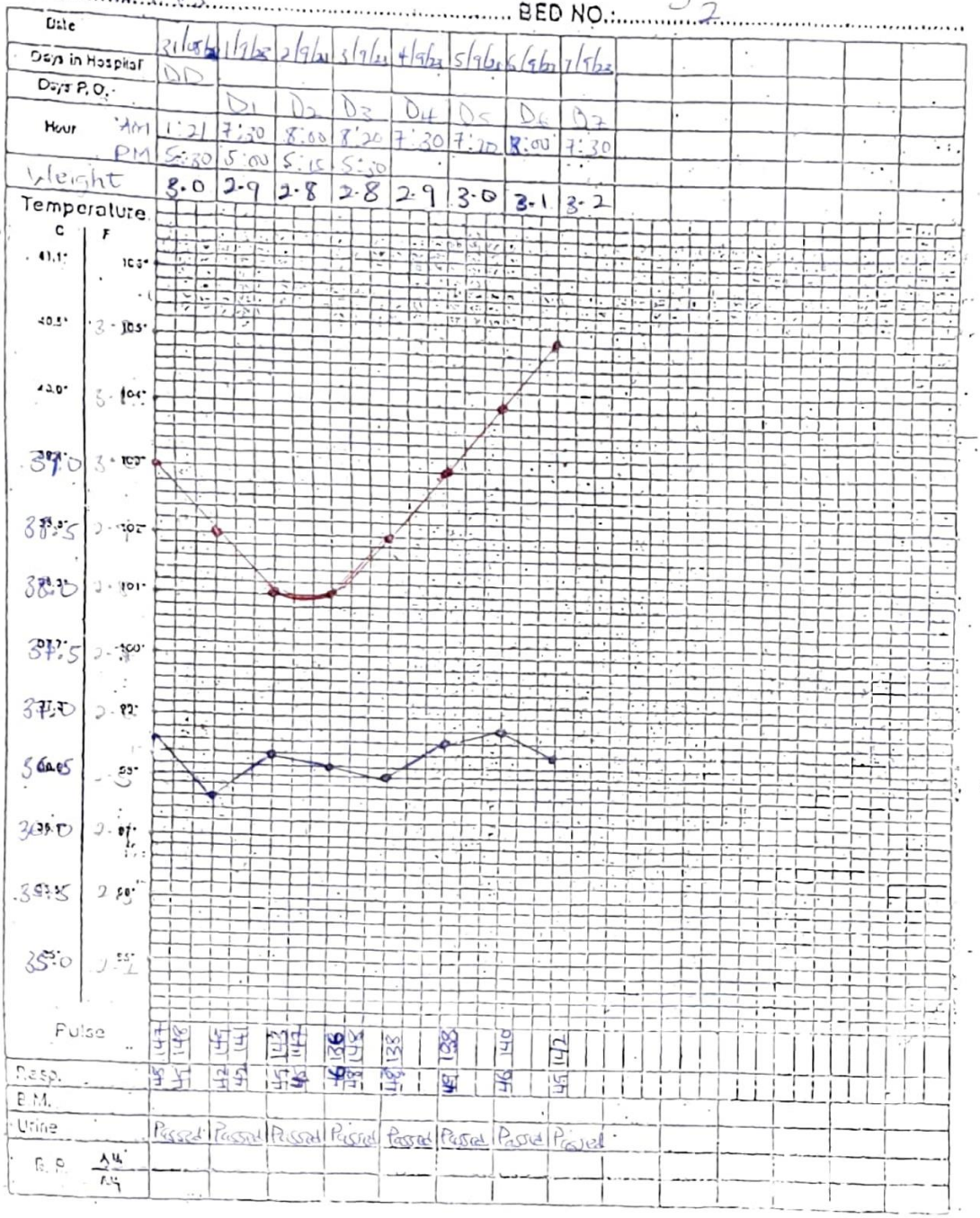
Date	31/08/23		01/09/23		02/09/23		03/09/23		04/09/23		05/09/23		06/09/23		07/09/23							
No. of Days	DD		D1		D2		D3		D4		D5		D6		D7							
Weight	3.0kg		2.9		2.8		2.8		2.9		3.0		3.1		3.2							
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Temperature	36.8°C	36.8°C	36.3°C	36.7°C	36.7°C	36.6°C	36.6°C	36.7°C	36.5°C		36.8°C		36.9°C		36.7°C							
Stools	Passed	Passed	Passed	Passed	Passed	Passed	Passed	Passed	Passed		Passed		Passed		Passed							
Urine	Passed	Passed	Passed	Passed	Passed	Passed	Passed	Passed	Passed		Passed		Passed		Passed							
Remarks	Head Neck Limbs Genitalia → N A D																					

TEMPERATURE CHART

NAME: Baby of Arifa

AGE: Newborn WARD: Living-In

IP NO.: 133/23 BED NO.: 2



SIGNATORIES

HE STUDENT MIDWIFE

AME: OBENG ROSE KORANKYE

IGNATURE: .....

ATE: 07-05-2024

HE MIDWIFE IN CHARGE

AME: MS. ALI FATIMA

IGNATURE: ..... (for)

ATE: 07-06-2024

HE SUPERVISOR

AME: MS DORCAS OSEI

IGNATURE: ..... (for)

ATE: 07-06-2024

HE PRINCIPAL

AME: MONICA NKRUMAH

IGNATURE: ..... PRINCIPAL HOLY FAMILY NURSING AND MIDWIFERY TRAINING COLLEGE BEREKUM

ATE: 10-06-2024