HOLY FAMILY NURSING AND MIDWIFERY TRAINING COLLEGE
BEREKUM

A CLIENT/FAMILY CENTERED MATERNITY CARE STUDY

ON

MADAM BEATRICE BIAKANENA ENOCH

BY

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TABLE OF CONTENTS

PREFACE

Client and Family Centred Maternity Care Study is a holistic obstetric nursing care rendered to a pregnant woman and her family so as to improve quality health and client satisfaction. This care is rendered right from pregnancy through labour to the end of puerperium. This is based on the understanding of the woman as a unique individual with physical, spiritual, psychological and socio-economic needs. It also helps to prepare the family psychologically in their reception of a new family member.

This family centred maternity care study gives a student midwife the necessary opportunity to utilize or put into practice her acquired knowledge in the classroom and to identify clients problem in order to manage her well during pregnancy, labour and then puerperium.

Lastly, it helps the student midwife to gain knowledge in the changes that has brought about new management ideas and practices of audit and quality assurance in the various hospitals, clinics and maternity homes. It is done by every final year student of registered midwifery program to satisfy the Nursing and Midwifery Council of Ghana for the award of licensing professional certificate in midwifery.

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I am particularly indebted to my dear lovely Parent Mr. Nti Benjamin and Kuruwaa Margret my siblings and friends for their support and love for me, who offered me a peace of mind in this my care study by providing me with both financial and spiritually support. May God richly bless them and give them long life to reap what they had sown.

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

INTRODUCTION

The Family Centered Maternity Care Study is a written document on the care given to an expectant mother and family throughout pregnancy, labour and puerperium.

A midwifery student uses the platform to render a holistic care to a client and her family. This care was written on Madam Beatrice Gravida 3 Para 2 all alive and her family at Donkro Nkwanta in the Bono East Region of Ghana. Client was met on 12/11/2021 on her visit to the antenatal clinic at Donkro Nkwanta Health Center. Her general condition was satisfactory when she was met. She went through pregnancy successfully and delivered an alive Female infant on 28/ 11/ 2021. She was monitored continually during puerperium and all problems identified were solved using the nursing care plan. Client was then handed over to the public health nurse to continue with her care.

The script has been arranged in chapters that correspond with the stages in midwifery process (antenatal, labour and puerperium).

Chapter one talks about the vital information about the client, family and the community in which client lives.

Chapter two talks about the antenatal period, problems identified and how it was solved using the nursing care plan.

Chapter three talks about the management of the client during labour, nursing care given,

Problems she had and how it was managed using the nursing care plan.

Summary and conclusion, bibliography as well as various appendixes like the complete diagnostic investigation, pharmacology of drugs, antenatal records labour records, postnatal records are all included.

LITERATUREREVIEW

PREGNANCY

Myles (2009), state that as soon as pregnancy is confirmed, many physiological changes takes place in the body and return to its non-pregnant state during puerperium due to the effect of certain hormones namely progesterone and estrogen. These hormones are responsible for the major change that takes place during pregnancy. Even though these hormones have their own effects by causing the minor disorders that occurs during pregnancy, they are one way or the other an advantage for the mother and growing fetus since the fetus depends solely on the mother for survival when in utero. Variety of care that are rendered to expectant mothers and their entire families include history taking, physical examination (head to toe examination and abdominal examination i.e. inspection, palpation and auscultation), laboratory investigation (urine, blood and stool), administration of routine drugs (folic acid, ferrous sulphate and multivitamins). The anatomical and physiological changes in the uterus play an essential role in pregnancy by protecting and supporting the fetus, placenta and amniotic fluid. At the same time of labour it is able to contract regularly and forcibly to expel the fetus due to its unique properties of contractility and elasticity.

Tiran (2008), Pregnancy is defined as from conception to delivery of the foetus with a normal duration of 280 days (40 weeks or 9 months and 7 days) counted from the first day of the last menstrual period to delivery, or 265 days from conception to delivery. During pregnancy physical and physiological changes take place under the influence of some hormones. Some of this hormonal changes result in minor disorder such as varicose veins, waist pain, heart burns and lower abdominal pain. There is also increase pigmentation of the skin in areas such as the

face called choalasma, the areola, the perinueim and the umbilicus. The mother experiences frequency of micturition due to the effect of the progesterone relaxing the detrusor muscle.

Marshall and Raynor (2014), pregnancy can defined as the physiological changes that may produce multitude of symptoms (minor disorders in pregnancy) within the woman's body. Whiles deem physiological, women may experience these as unpleasant and distressing. Examples are, low back pain, fatigue, ptyalism, waist pains, heartburn, constipation and sleep disturbance.

pregnancy starts from the time conception is confirmed until the beginning of labour and also the midwife facililates woman centered care by providing her with accessible and relevant information to help make an informed choice throughout pregnancy. The aim of antenatal care is to monitor the progress of pregnancy optimize maternal and fetal health. The midwife critically evaluates the physical, psychological and sociological effects of pregnancy on woman and her family. The key principle of antenatal care by the midwife;

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

Ojo & Briggs (2006) pregnancy occurs, menstruation ceases and returns some weeks or months after delivery. The hormones progesterone and oestrogen are produced in large quantities which exert some action on the various systems of the pregnant woman. The most outstanding of these

changes is the growth which occurs in the uterus. The patient is usually the first to suspect pregnancy. Her suspicion is often based on the fact that she has missed her period, the amenorrhea occurs because, following the implantation of fertilized ovum. During this period, most woman experience minor disorders such as morning sickness, nausea, backache, frequency of micturition among others. Such may not be life threatening but can be harmful; the woman therefore need to be educated on these condition so that they can understand and cope with their occurrence. Antenatal care is the advice supervision and attention a pregnant woman receives to ensure good health as well as early detection and treatment of complication which may affect the woman or her baby.

Henderson (2009) stated that, pregnancy may be suspected by the woman base on her knowledge of her menstrual cycle, sexual activity and the signs of pregnancy. Women may confirm their pregnancy using home pregnancy test. Pregnancy may be sought from the midwife or doctor. Detail history and relevant clinical examination based on the signs and symptoms of pregnancy. The signs and symptoms of pregnancy are; amenorrhea, breast changes, nausea and vomiting, and frequency of micturition, enlargement of the uterus, leg cramps, backache, skin changes and quickening. This signs will become obvious to the woman in sequential stages. The signs and symptoms of pregnancy may be considered as presumptive, probable and positive.

LABOUR

Myles (2006) state that, labour purely in physical sense may be described as the process by which the fetus, placenta and membranes are expelled through the birth canal. Labour has four stages. First stage comprises of latent and active phase. The latent stage may take 6-8 hours in

primigravida. This begins when the cervix is 3-4cm dilated and in the presence of rhythmic contraction, is complete when the cervix is fully dilated (10cm).The transitional phase is the stage of labour when the cervix is from around 8cm centimeters dilated until it is fully dilated.

The second stage is that of expulsion of the fetus. It begins when the cervix is fully dilated and the woman feels the urge to expel the baby. It is completed when baby is born. The third stage is that of separation and expulsion of placenta and membranes, it also involves the control of bleeding. It lasts from the birth of the baby until placenta and membranes are expelled. The fourth stage of labour is the six hours of observation of the mother and baby. The partograph has been widely accepted as an effective means of recording the progress of labour. It is a chart on which the salient features of labour are entered in a graphic form and therefore provide opportunity for early identification of deviations from normal. The charts are usually designed to allow for recordings at 30 minutes intervals and include; fetal heart rate, strength of contractions, frequency of contractions in terms of the number in 10 minutes, and 4hours intervals which decent, maternal temperature, pulse, blood pressure, details of vaginal examination, fluid balance, urine analysis, and drug administered. Some presumptive signs of second stage include; expulsive uterus contractions, rupture of the fore waters, dilatation and gaping of the anus, show and appearance of the presenting part. Some positions used in delivery are squatting, kneeling, all fours or standing, left lateral position and upright position. The main movements in labour includes; descent, flexion, internal rotation of the head, crowing, extension of the head, restitution, internal rotation of the shoulders and lateral flexion

Tiran (12th) edition defined labour as parturition or child birth which occurs spontaneously between 37 and 43 of gestation with a vertex presentation of a single fetus and is completed within 24 hours without maternal or fetal trauma.

Henderson and Macdonald (2009), defined normal labour as naturally follows a sequential pattern that involves painful regular uterine contractions stimulating progressive effacement and dilatation of the cervix and descent of the fetus through the pelvis, culminating in the spontaneous vaginal birth of the baby, followed by the expulsion of the placenta and membranes. Under vaginal examination, this procedure is one of the options to help confirm the onset of labour. It is invasive and often very uncomfortable for the women and also poses a potential infection risk. Women may request it in seeking reassurance about the status of labour. The aims of midwifery care in labour are to achieve a safe labour and birth for mother and baby, and a pleasurable, fulfilling experience of child birth for the mother and her partner in order to give woman-centered care, the midwife should: Assess the needs and expectations of each individual woman regarding labour and birth. Plan care with each woman in labour that is tailored to meet her specific needs and expectations. Put the care plan into practice, and evaluate the care given to measure its effective. The following under vaginal examination; this procedure is one of the options to help confirm the onset of labour. It is invasive and often very uncomfortable for the woman and also poses a potential infection risk. Women may request it in seeking reassurance about the status of labour.

Safe Motherhood (2008), state that normal labour is defined as when there are regular, painful rhythmic contractions lasting at least 20 seconds (time by a trained midwife) occurring at a frequency of at least two contractions in every 10 minutes and with cervical dilatation of at least

3 centimeters. However in recent times active labour starts from 4 centimeters. The first stage is from the onset of labour to full dilatation of the cervix. This normally lasts up to 15 hours in multips and 18 or 24 hours in primigravidas. Second stage begins from the full dilatation of the cervix and when the woman feels the urge to expel the baby. It is complete when the baby is out. Third stage begins after the birth of baby until the expulsion of the placenta and its membranes it also involves the control of bleeding. Fourth stage is the stage of observation after birth. Four factors are significant in the process of labour; that is the pelvis, passengers, powers and psyche , these are known as the four Ps.

Frazer and Copper (2009) defined labour as a process by which the fetus, placenta and membranes are expelled through the birth canal and this labour is divided in to four stages; the first stage of the labour is the period of onset of regular uterine contraction till full dilatation of the cervical os and it last 12-14 hours in primigravida woman and 6-12 hours in multiparous woman. The second stage of labour is from the full dilatation of the cervical os which is 10cm up to complete expulsion of the fetus. The third stage of labour also starts from the separation and expulsion of the placenta and its membranes and subsequent control of haemorrhage. Usually it last within 5-15 minutes after birth of the baby. The fourth stage of labour is the six hours vigilant observation of the mother and the new born. With the establishment of lactation and detection of abnormalities and any complications in both mother and baby.

Marshall and Raynor (2014), labour, maybe defines as the process by which the feotus, placenta and it membranes are expelled through the birth canal; however labour is much more than a purely physical event. What happens during labour affect the relationship between the mother and baby and can influence the likelihood or experience of future pregnancies. Traditionally, three stages of labour are described; the first, second and third stage, but this is 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 this encompass specific physical changes but should also account for the emotional effects observed in women during this time.

The World health organization defines normal labour as one that is a low risk throughout, spontaneous in the onset with the foetus presenting by vertex, culminating in the mother and baby being in good condition following birth. Labour where the foetus is presenting by breech with no other risk factors should also be considered normal. Definitions of labour appear to be purely physiological and do not encompass the psychological well-being of the woman.

PUERPERIUM

Myles (2008) states that, following the birth of the baby and expulsion of the placenta, the mother enters a period of physiological and psychological recuperation. Puerperium starts immediately after the delivery of the placental and membranes continue for the six weeks. The overall expectation is that by the six weeks after birth of the baby, all the body systems will have recovered from the effects of pregnancy and return to their non- pregnant state. Between exercise and healthy activity verse rest, relaxation and sleep. Exploring each person's level of activity will encouraged in relation to appropriate exercise and by association, nutritional intake and rest or

relaxation and sleep. Undertaken regular pelvic floor exercise is of benefits to the woman's long term health.

.Ojo & Briggs (2006) states that puerperium is the period of six (6) weeks after delivery when the uterus and other organs of the reproductive system return to their pre pregnant state. During puerperium the puerperal woman regains her strength that was lost during labour. During this period, care of the new born baby is established; bonding is fostered through the establishment of breastfeeding. The abdominal muscle are flaccid and within a period of six weeks postpartum is called puerperium, and where the bruises heal, the genital organs and any other organ which underwent changes during pregnancy return to their pregravid state. This process of readjustment is called involution. Lactation is also established during the said period. Lochia is the term used to describe the discharges from the uterus during the puerperium. The woman is educated on what goes on throughout the puerperal period and how to cope with these changes. The puerperal woman needs a lot of rest and sleep, regular exercise, intake of adequate fluids and nutritious diet rich in protein, carbohydrate and vitamins. The mother is educated on how to care for the baby to prevent infections. Among this education include cord dressing, changing of napkins frequently and exclusive breastfeeding. Emphases are also laid on family planning within six weeks after childbirth.

Tiran (12^{th}) edition state that puerperium is a period of six to eight weeks following delivery or childbirth when the uterus and the other Organs and structures of reproduction return to their non-pregnant state. During this period the physiological changes that occurred during pregnancy are resolved. The aims of puerperium according to Fraser and Cooper include:

1. To encourage exclusive breastfeeding as well as the establishment of a bond between mother and child.
2. To promote and also maintain the health of both mother and child.
3. To supervise the mother to successfully adopt the roles of motherhood.
4. To facilitate involution of the uterus, prevention of infection as well as other complications that may arise during this period .

Perry (2013) Post birth uterine discharge, commonly called lochia, initially is bright red (lochia red) and may contain small clots. For the first 2hours after birth, the amount of uterine discharge should be about that of a heavy menstrual period. After that time, the lochia flow should steadily decrease. lochia rubra consist mainly of blood and decidual and trophoblastic debris. The flow pales, becoming pink or brown (lochia serosa) after 3 to 4 days. Lochia serosa consists of serum, leukocytes and tissue debris. The median duration of lochia serosa is 3 to 4 days .in most women about 10days after child birth the drainage become yellow to white (lochia alba). Lochia Alba consists of leukocytes decidua, epithelial cells, mucus serum, bacteria. It may continue for 2 to 6 weeks after the birth but drainage last longer and still be normal.

In first time mother uterine tone is good, the fundus generally remains firm, and the woman usually perceives only mild uterine cramping. Periodic relaxation and vigorous contractions are more common in subsequent pregnancies and may cause uncomfortable cramping called afterpains (after birth pains) which persist throughout the early puerperium. Afterpains are more noticeable after birth in which the uterus was over distended (e.g., large baby, multifetal gestation and polyhydramnios). Breastfeeding and exogenous oxytocin medication usually intensify these after pains because both stimulate uterine actions. According to Perry (2013) the

return of the uterus to a non-pregnant state following birth is called involution. This process begins immediately after expulsion of the placenta with contraction of the uterus smooth muscle. At the end of the third stage of labour the uterus is in the midline, approximately 2cm below the level of the umbilicus, with the fundus resting on the sacral promontory. At this time, the uterus weighs approximately 1000g. Within 12hours, the fundus may rise to approximately 1cm above the umbilicus.

By 24hours after birth, the uterus is about the same size as it was at 20weeks gestation. Involution progresses rapidly during the next few days. The fundus descent 1to 2cm every 24hours by the sixth postpartum day, the fundus is normally located halfway between the umbilicus and symphysis pubis. The uterus should not be palpable abdominally alter 2 weeks the uterus, which at full term weighs approximately 11 times its pregnancy weight, involutes approximately 500g by 1 week after birth and to 350g by 2 weeks after birth at 6 weeks postpartum it weighs 50 to 60g

Marie Elizabeth (2013) puerperium is the period following childbirth during which the body tissues, especially the pelvic organs revert back approximately to the pre pregnant state both anatomically and physiologically. The period is divided into;

Immediate –within 24 hours

Early- up to 7 days

Remote-up to 6 weeks

Immediately following delivery, the uterus becomes firmer and retracted with alternating hardening and softening .At the end of 6 weeks, its measurement is almost similar to that of the non- pregnant state and it weighs 60gram. The lower uterine segment becomes thin, flabby and

collapsed structure. The cervix contracts slowly, the external os admits to fingers for the few days but by the end of the first week, narrows down to admit a tip of a finger only. The external os never revert back to the nulliparous state. During puerperium the number of muscle fibers is not decreased but there is substantial reduction in the myometrium cell size. The arteries are constricted by contraction of its wall and thickening of the intima followed by thrombosis. New blood cells grow in the thrombi. Soon after birth it takes a long time (4-8) for the vagina to involute. The vaginal discharge for the first fortnight during puerperium is called the lochia. The lochia originates from the uterine body, cervix and the vagina depending upon the variation of the colour of the discharge it is named as;

Lochia rubra (red) 1-4 days

Lochia serosa (yellowish or pink or pale brownish) 5-9 days.

Lochia Alba(pale white) 10-15 days.

The average amount of discharge, for the first 5-6 days is estimated to be 250mls.

Henderson (2009), the postnatal period or puerperium is traditionally defined as the time from immediately after the end of labour until the reproductive organs have returned as nearly as possible to their pre-gravid condition, a period estimated to be around 6-8 weeks.

Henderson (2009) further states that, the following are some of the aims of postnatal care, the successful achievement of which will result from the contribution to care made by the midwife and other members of the multidisciplinary healthcare team. To help the woman adapt and successfully fulfil the role and responsibilities of motherhood.

1. To promote and monitor the woman and the infant's physical well-being.
2. To promote and monitor the woman's psychological well-being.

3. To assist the woman with the successful establishment of her infant feeding.
4. To foster the development of maternal-infant chosen method of attachment.
5. To foster good family relationships.
6. To educate the woman and her family in the needs and development of the infant.
7. To enhance the woman's confidence in her ability to fulfil her role as a mother to promote health education.

During the puerperium the following physiological changes take place in all women as the body returns to its pre-pregnant state:

1. Involution of the uterus and other soft parts of the genital tract.
2. Commencement of lactation.
3. Physiological changes in other systems of the body.

It is important that the midwife is familiar with these to ensure that appropriate care and advice are given.

Safe Motherhood (2008), states that puerperium is the period from the end of delivery to six weeks after delivery. Also, the purpose of post-natal care is to maintain the physical and psychological wellbeing of the mother and child. This includes education to the mother on the care of her baby, detection, treatment or referral of any abnormalities for further management. The essentials of post-natal care are therefore, comprehensive screening to detect complication in both mother and baby, Treatment of mother and baby, assessment and support for the infant feeding, Malaria and anemia prevention, Health education and counseling, Family planning counseling and service, immunization services for mother and baby. It can be deduced from

above views that, puerperium is the management of the mother and baby and establishment of lactation.

WHY CLIENT WAS CHOSEN

Madam Beatrice was one of the numerous expectant mothers who attended antenatal care on the 12th November 2021 at the Donkro Nkwanta, Nkoranza south district. Client was coming for one of her regular antenatal visits. Education on the importance of taking Sulphadoxine Pyrimethamine (SP) was conducted .Client was seen in the morning taken pica and opportunity was cease to educate her to prevent it. The woman was satisfied afterwards. Her antenatal book was glanced through and she was 36 weeks + 2 days gestation. Introduction was made to her as a student of Holy Family Nursing and Midwifery Training College- Berekum who is on practical experience. Introduction was made and the client and family centered care study were explained to her and the idea of using her as a client for the study was made known to her which she agreed to it. She was introduced to the in-charge as the client chosen for the Study.

CHAPTER ONE

1.0 INTRODUCTION

This chapter gives the preview on various information about the client's social, family, medical, surgical, menstrual, past and present obstetrical histories as well as client lifestyle, hobbies, and her community in a whole.

1.1 SOCIAL HISTORY

Madam. Beatrice Biakanena Enock is the name of my client. She is 31 years of age from Donkro Nkwanta a suburb of Nkoranza in the Nkoranza south district in the Bono East Region. Her house is located at the community center near the church of Pentecost building. She is dark in complexion, weight 58 kilogram and is 157 centimeters in height at booking Madam. Beatrice Biakanena Enock is a trader. She is a Christian and fellowships at Roman Catholic Church, Donkro Nkwanta. She is senior high school graduate, speaks three dialects which is Guruma, Twi and English. She does not indulge herself in any social practices such as alcoholism or smoking. Her source of support during pregnancy is both her husband and sister. She intends to deliver at Donkro Nkwanta health centre.

Madam. Beatrice Biakanena Enock is married to Mr. Enock Denika who hailed from Mumpurugu but stays at Donkro Nkwanta due to his work as Teacher. Client live in compound house with her husband, children and sister. Her next of kin is Madam Akua Lariba who is a sister to her.

1.2 FAMILY HISTORY

Madam. Beatrice Biakanena Enock is the sixth born to Mr. Sambo and Mrs. Laari. Mr. Sambo and Mrs. Laari are all from Mupurugu in the North East Region with their children. Her father work as a farmer at Mumpurugu and mother is a trader. They are Christians who worship at Roman Catholic Church, Mumpurugu. Client said her parents gave birth to eight (8) Children of which she is the sixth born. According to Madam. Beatrice Biakanena Enock, there is no known inherited conditions such as hypertension, asthma, epilepsy, diabetes mellitus, sickle cell disease and mental illness in the family. She added that, there is no known congenital abnormalities such as missing digit, extra digits, cleft palate, cleft lip, imperforate vagina or anus and spinal bifida in the family. There is history of multiple pregnancies in the family and she further explain that, the cause of death in the family is natural.

1.3 MEDICAL HISTORY

Madam. Beatrice Biakanena Enock has no known history of hypertension, heart disease, sickle cell disease, diabetes, jaundice, respiratory disease, epilepsy or mental illness. She added that, occasionally, she experience headache, which she treat with over the counter drugs for relieve and I educated her to report to the hospital for treatment rather than buying drugs. She is not allergic to any food or drug. Client also said that, she has neither receive nor donated blood.

1.4 SURGICAL HISTORY

According to Madam Beatrice Biakanena Enock, she has not undergone any surgical procedure like salpingectomy, cesarean section and has also not sustained injury to any part of her pelvis

and has not been involved in any road traffic accident. She has never received any blood transfusion in her life.

1.5 MENSTRUAL HISTORY

Madam. Beatrice Biakanena Enock has a regular menstrual cycle of 28 days. Client had her menarche when she was 16 years old. Client has seven (7) days duration of menses which flows moderately on all days and has no dysmenorrhea. She said her last menstrual period was in the month of February. And her expected date of delivery was calculated to be on 26th November, 2021. She uses Delords sanitary pad during her menstruation and also, changes it twice daily that is in the morning and evening but she changes it when soaked heavily.

1.6 CLIENT LIFESTYLE AND HOBBIES

Madam. Beatrice Biakanena Enock wakes up around 5:30am and goes to bed around 9pm, prays and brush her teeth with toothbrush and toothpaste (pepsodent) after which she sweep her room and compound. She then goes to refuse dump to throw her refuse which is five minutes' walk away from her house. She bath her son and daughter, prepare their breakfast after which she also take her bath and escort them to school. Client takes in porridge with bread as breakfast, banku with soup or rice with tomatoes stew as lunch and fufu with groundnut soup or yam with agushie stew as super. After sending her children to school, she then go back home and prepare to go and open her shop. She said that, she closed from shop at 4:00pm every day from Monday to Friday. Client said that, during her leisure time, she rest on her bed or watch television.

1.7 PAST OBSTETRIC HISTORY

Pregnancy

Madam. Beatrice G3P2AA said she has never had either spontaneous or induced abortion. According to her, she carried her previous pregnancies to term without any complications like antepartum hemorrhage, pregnancy induced hypertension or any other complications except minor disorders like lower abdominal pains, and backache that occurred in the latter stages of the pregnancy and were managed. According to her, she took five doses of anti-malaria prophylaxis (sulphadoxine pyrimethamine) that was given to her to prevent malaria. Madam Beatrice said intervals between her previous pregnancies were 2years.

Labour

Madam. Beatrice said, all her children were delivered spontaneously per vaginum and was delivered at Donkro Nkwanta health centre. According to her, she had no complications like prolonged second stage of labour or maternal distress. She also said that the duration of labour for both pregnancies did not exceed 6 hours. Madam Beatrice further mentioned that she had no history of retained placenta or postpartum hemorrhage in her birth. She said at birth her babies were in good condition and cried immediately after delivery. Client however said the weight of her children at birth was 3.0kg and 3.2kg.

Puerperium

According to her, there were no complications like puerperal sepsis and sub-involution. Client said, her babies were able to suck soon after birth and lactation was well established within 3 days of the puerperium. She practiced exclusive breastfeeding for six months and continued to breastfeed until her children got one and half years old before she stopped breastfeeding. She

also said she usually introduced sips of water in between feeds when her babies were six months old. Her babies were immunized against the preventable diseases and Client said she has never been on contraceptives to prevent her from getting pregnant but rather she uses the natural family planning that is the fertility awareness. The health condition of her babies were good. Madam. Beatrice also indicated that she had family support when she delivered.

1.8 PRESENT OBSTETRIC HISTORY

According to her antenatal card, Madam. Beatrice reported at the antenatal clinic of Donkro Nkwanta Health Centre on the 26th May, 2021 and her gestational age was 15 weeks + 3 days. Client said her last normal menstrual period (LMP) was 19th February, 2021 so her expected date of delivery (EDD) was calculated as 26th November, 2021. Her antenatal card revealed that on her first visit, histories were taken, examination and investigations were carried out with her consent and the procedures were explained to her.

Her vital signs were checked and recorded as follows;

Temperature	-	36.6^{o} C
Pulse	-	84bpm
Respiration	-	24cpm
Blood pressure	-	110/60 mmHg.
Weight:	-	59.0 kg.
Height	-	157cm

Laboratory investigations requested revealed the following;

Urine R/E	-	No abnormality detected.
Stool R/E	-	No abnormalities detected.

Hemoglobin	-	11.6 g/dl
VDRL	-	Non-reactive.
MPs	-	No MPs seen
Blood group	-	A
Rhesus factor	-	Positive
HIV/AIDS	-	Negative.
HBsAg	-	Non-reactive.
G6PD	-	No defect.

Head to toe examination was done, no abnormalities were detected. Symphysio fundal height was 15cm. Madam Beatrice said she had no complaints and felt good. She was given her fourth dose of Tetanus diphtheria (TD) injection since she had already taken 3 doses in her previous pregnancy and Sulphadoxine Pyrimethamine (SP) was given on directly observed treatment (DOT). The following drugs were served and she was scheduled to visit the clinic in a month time but to report before the scheduled date in case of any ill health.

Tablet folic acid	5 milligrams daily for 30days
Tablet fersolate	200 milligrams daily 30 days
Tablet multivitamin	200 milligrams daily 30 days.

Client reported every month for her routine visits. Required lab investigations were carried out. The SP was repeated on each visit and all minor disorders reported were managed.

CHAPTER TWO

ANTENATAL CARE

2.0 INTRODUCTION

This chapter includes the first contact with the client, subsequent visit to the clinic, home visits during antenatal period and care plan drawn to solve any problem faced by client.

2.1 FIRST CONTACT WITH THE CLIENT

Madam Beatrice was first met on 12th November, 2021 around 9:40am at Donkro Nkwanta Health Centre during one of her usual antenatal visits. She was observed as she came in and her appearance was good with no staggering. During health education on the importance of taking Sulphadoxine Pyrimethamine (SP) drugs, client was seen taken pica and an opportunity cease to educate her to prevent it. She was 36 weeks+ 2days pregnant. Introduction was made to her as a student Midwife from the Nursing and Midwifery Training College-Berekum on practical attachment. Intentions was made to choose her as a client for the client/family centered maternity care study with the aim of educating her on the importance of preparing for birth and assist her through pregnancy, labour and puerperium successfully. She was asked whether she has any questions and she asked pertaining to the study as in why the family centered maternity care study was being carried out and she was answered that, it is part of the training so as to be confident in the field when treating clients. She then agreed to be taken.

She was introduced to the midwife in-charge and permission was granted. All procedures were explained to her and permission was sought. Privacy was ensured, her weight 60.0kilogram.

On her turn I helped her with routine procedures and the following records were made;

Temperature - 36.7 degree Celsius

Pulse - 85 beat per minute

Respiration - 21 cycles per minute

Blood Pressure - 120/80 millimeters of mercury

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

Urine testing;

Protective clothing like mackintosh apron and gloves were worn and after that, hand washing was done and dried with a clean towel. The quantity, colour, odor and sediments were noted. A chemically prepared strip was picked and dipped into the urine sample. The strip was immediately removed and the edge of the strip taped against side of sample container. There was no change in colour of the strip indicating a negative result when compared closely with the corresponding colour chart on the container. The necessary procedures were explained to her and privacy was provided. She was assisted onto examination bed; hand washing was done with soap and water and dried with clean towel.

Head to toe examination

Madam Beatrice was asked to sit on the bed, lie on her left side and then assume a supine position.

The examination started from the head, the scalp was checked for the presence of dandruff, lice or infections and also distribution of hair but that moment her hair has been combed and nicely styled so little education was given and she was congratulated. The face was also examined for the presence of spots, chloasma and rashes. The eyes for pallor and jaundice, lips for cracks,

sores and mouth for halitosis and tooth decay during conversation. Neck was also examined for enlarged thyroid gland, lymph nodes, and distended neck veins, the ears for pain and discharges but no abnormalities were noted.

Upon her breast examination, inspecting the breast, the shape and the size were equal and normal with the presence of darkened areola and prominent nipple (Montgomery's tubercle) without any dimpling or nipple retraction. There were neither sores nor cracks detected on her skin. During palpation in circular motion, there were no masses of enlarged axillary lymph node, and there were not any discharges on both breasts. Cracked nipples and sores were also not detected. I asked her about her breastfeeding history and her desire to breastfeed. I taught Madam Beatrice how to examine the breasts and counselled her to practice it at home and also educated her to put on a well-fitting brassiere with broad straps.

The upper extremities were checked for edema, nail beds for anemia, and nails for neatness and tingling sensation on making a fift. The lower extremities were checked for varicose vein, edema, equalities of legs and tenderness in the calf musles.

The back was also examined for the presence of edema at the sacral region; the spine was also examined to rule out any abnormality.

The skin was also checked for colour, cracks, pallor, and there was no abnormality detected with all the parts examined. She was congratulated for a neat and healthy body.

Abdominal examination

Inspection of the abdomen was done for shape and it was ovoid, size was medium, there was linea nigra, traces of striae gravidarum and no scars observed. The abdomen was also palpated to detect any tenderness or enlargement of the liver and spleen; all were found to be in good health.

Measurement of the symphysiofundal height was done by locating the upper border of the symphysis pubis and fundus. The zero end of the tape measure was placed on the fundus and extended along the contour of the abdomen to the symphysis pubis and it measured 36cm.

Fundal palpation proceeded by facing Madam Beatrice's head, the palms were warmed and placed on the fundus, curved around the top of the fundus to determine what was in the upper pole. A soft mass was felt which indicated the fetal buttocks.

Lateral palpation was done with palms on both sides of the uterus midway between the symphysis pubis and fundus; the uterus was stabilized with one hand and examined with the other hand. The palpation was done through the entire midline to the lateral side of the abdomen, and from the symphysis pubis to the fundus in a rotatory manner, the fetal back (the smooth part) was located at the right side of her abdomen, and the limbs (rough part) were at the left side an indication that the position was right occipito anterior.

Pelvic palpation was done upon facing the woman's feet. She was asked to flex her knees slightly and breathe in and out slowly to aid in the relaxation of abdominal muscle. The palms were placed just below the level of the umbilicus with the fingers directed towards the symphysis pubis and thumb almost meeting; a hard mass was felt indicating the head of the fetus.

Descent was carried out by first locating the anterior shoulder using two fingers. The upper boarder of the symphysis pubis was also located and with the ulna border just above the symphysis pubis and the anterior shoulder, five fingers occupied the space indicating descent of $5/5^{th}$. The presentation was cephalic, lie was longitudinal and the position was right occipito-anterior.

Auscultation of the fetal heart was conducted by warming and placing fetal stethoscope (fetoscope) on the right side of the abdomen where the back was located; the ear was placed against the fetoscope, making sure hands were not touching the fetoscope and the fetal heart beat was counted. Radial pulse was compared with the rate of foetal heart and counting how many beats were heard for one minute, it was noted that 138 bpm with regular rhythm were recorded.

Her permission was sought for vulva examination and she agreed having explained the procedure clearly to her. The vulva was well shaved and clean. Hands were washed with soap and water and dried with clean towel, clean gloves worn on both hands and the vulva and the perineum was examined for abnormal discharges, rashes, and ulcers, episiotomy scars and varicose veins. The labia majora was examined for same size and shape, redness, swelling, warts and tenderness. But nothing abnormal was detected.

After all the examination, she was congratulated for taking good care of herself and she was urged to continue with it. All equipment used were decontaminated appropriately. She was educated on personal and environmental hygiene, danger signs of pregnancy example severe headache, vaginal bleeding, fever, general edema, among others. She was also enlightened on budgeting and layette examples, buying the baby's cloths, provision of required materials and other things prior to labour. She was educated on the three main food group such as body building foods (protein) and example meat, beans, milk etc. Energy giving food (carbohydrate): such as banku, rice, fufu, and protective foods (vitamin) such as pawpaw, pineapple, oranges and banana. Permission was then asked from Madam Beatrice for home visit and it was granted. Directions to her house as well as her contact number were taken. Education was given on the importance of sleeping under treated mosquito net and taking of Sulphadoxine Pyrimethamine

(SP) to prevent malaria, covering her basin in which water was stored, and to do away all stagnant waters around her house. Madam Beatrice was asked if she had any complaints, which she complained of heartburns and constipation. Explanation was made to her that the heartburn was a minor disorder in pregnancy and it was due to regurgitation of the gastric content back into the oesophagus. Education was giving to her to eat in bits instead of large meals at a time. She was encourage to avoid fried and spicy foods and to elevate the head of the bed with pillows when sleeping or resting. Explanation was giving to her again that with the constipation, it was due to the effects of progesterone on the smooth muscles of the intestines. She was encouraged to eat more fiber diets and also eat more fruits. And also more vegetables and increase her fluid intake to improve bowel movement. After education, she was made enquiry from her to know if she understood all that has been said to her. She was asked to report a week later, however she should report immediately in case of danger signs such as profuse bleeding, severe headache, edema of the face and feet. She was congratulated and her home address and telephone number was taken. Madam Beatrice was assured of the visit to the home. She was served with routine medication such as below;

Tab fersolate 200mg daily for 30 days

Tab folic acid 5mg daily for 30 days

Tab multivitamin 200mg daily for 30 days

As she was accompanied to collect her routine medications, she was encourage to sleep in an insecticide treated net. I saw her off at the hospital entrance and bade her good bye.

2.2 FIRST ANTENATAL HOME VISIT

Madam Beatrice was visited in her house at Donkro Nkwanta on the 13th November, 2021 at 3:30pm as she was informed during the Antenatal visit. The main purpose was to check on how she was coping with the pregnancy, the family and her complaint as well, her physical environment and also to attend to the needs of the family and educate her on birth preparedness and complication readiness. The means of transportation was made by Walking. On arrival, pleasantries were exchanged with Madam Beatrice and her husband, then a seat was offered and also water to drink as well. She was thanked for the water. Mission for the visit was made known to her. Client was interacted with to know more about her and the environment. The road accessibility leading to Madam Beatrice house was in good shape and the network was not bad. Madam Beatrice leaves in a compound house with husband, two children and sister. Madam Beatrice and her husband occupy one of the rooms, her sister and the children also occupy the other room. Outside her room was painted with green colour and inside with blue and white colour and the floor cemented. The enclosed corridor was neatly kept. They use electricity as their source of light. Their source of water is from a bore hole in the house in which they fetch from and also, they store some in their barrels with lid. Madam Beatrice was educated her that, they should boil the water before they drink it, if they cannot afford to buy sachets of water in order to prevent any water borne disease. Each room is having a treated mosquito net which they sleep under to prevent malaria. Also, each room is having two windows which are sometimes opened to allow ventilation. There is a gutter that drains dirty water outside the house. She is very friendly and has a cordial relationship with those in her house. On assessment, it was realized that Madam Beatrice's layette contained cot sheets, toilet articles, baby's dresses, soaps,

among others, ANC book and insurance card. She was set and was very prepared for labour. She was also educated on true labour signs such as presence of show, regular painful rhythmic uterine contractions. She was educated on the importance of clinic or hospital delivery. Client husband was advised to arrange with a taxi driver who could take her to the hospital when the need arose. She was educated on the need to explain her pregnancy to her children in order to prevent sibling rivalry which seemed little funny to her but she did precisely that. Madam Beatrice was asked about her health with respect to the complaints she made at the clinic which were heart burns and constipation and she said she was relieved. In addition, she also complained of backache. Explanation was give that the backache was due to the exaggeration of the lumbar curve by the weight of the gravid uterus. Madam Beatrice was educated on the use of low heel shoes to ease pain. Also encouraged her to avoid carrying heavy items and to sleep on a firm mattress. Madam. Education was giving to her to avoid prolong standing and sitting but should exercise. Madam Beatrice and husband were thanked for their effort so far made towards the pregnancy, their cooperation and their warm reception. Client husband was encouraged once again to continue supporting her with the household chores so that she can rest, sleep and sometimes exercise as she is nearing labour. Madam Beatrice and her family were pleased that a midwife has deem it fair to visit them in their home; they assured me of their maximum support, attention, and cooperation. Permission was sought to leave and Madam Beatrice and her Husband saw me off. On our way, she was reminded of her next antenatal clinic visit.

PHYSICAL AND PSYCHOSOCIAL (HOME ENVIRONMENT)

Madam Beatrice and her family live in a two-bedroom house with a toilet and a bathroom inside the house as well as their kitchen. The house is built with cement blocks and roofed with aluminum sheet. Madam Beatrice and her husband occupy one of the rooms and her sister and children also occupy the other room. Their source of water is from a bore hole in the house in which they fetch from and they store some in their barrels with lid. I educated her that, they should boil the water before they drink it if they cannot afford to buy sachets of water in order to prevent any water borne disease. Madam Beatrice and her family dump their refuse in the community refuse area which is five minutes walked. Each room is having a treated mosquito net which they sleep under to prevent malaria. Also, each room is having two windows which are sometimes opened to allow ventilation. They use electricity as their source of light. There is a gutter that drains dirty water outside the house.

She is very friendly and has a cordial relationship with those in her house. Her children play with the children in the neighbourhood. She indicated that she has been exempted from some household chores because of the pregnancy. Her husband and sister are happy about her pregnancy.

2.3 SECOND ANTENATAL HOME VISIT

The second visit to Madam Beatrice's house was on the 16/11/2021 at 9:30am. Madam. Beatrice was visited to enquire about her health and how she was coping with her pregnancy at home. Greetings was exchanged and a seat was offered. Client was asked about her wellbeing as well as that of her family and she said they were all doing well but she complained of waist pain and she was encourage to avoid high heel shoes and have enough rest. Client was inquired about the

education she was given on Backache and client was able to recall what was said which meant learning took place, and she was congratulated.

She was encouraged to exercise, explaining that doing little household chores and walking were forms of exercise. She was also taught the squatting exercise to strengthen her pelvic floor muscles and leg muscles as well.

She was told that anytime she experienced severe headache, blurred vision, bleeding, excessive vomiting, and abdominal pains, which are the danger signs of pregnancy, she should report to the health center immediately for intervention. Madam Beatrice was thanked for her cooperation and permission was sought to leave.

2.4 SUBSEQUENT VISIT TO CLINIC

Madam Beatrice came for Antenatal clinic on the 22 November, 2021. She was humbly welcomed and a seat offered. Her weight was 59.0 kilograms.

Her vital signs were checked and recorded as follows:

Temperature - 37.0 degree Celsius

Pulse - 80 beat per minute

Respiration - 20 cycles per minute

Blood Pressure - 110/70 millimeters of mercury

Procedures to be performed on her were explained to her and permission was sought. She was asked to empty her bladder, and midstream specimen sample tested negative for glucose and protein. She was sent to the examination room and privacy was provided. Client was asked to first sit and lie on her left side on the bed and assumed supine position for head-to-toe examination. Hand washing was done and dried with a clean dry towel. Head to toe examination

was carried out but no abnormality was detected. Abdominal examination carried out revealed the following:

Gestational age 37weeks 4days

Symphysio-fundal height - 37 centimeters

Presentation - Cephalic

Lie - longitudinal

Position - right occipito anterior

Fetal Heart Rate - 130 beats per minute

Descent - 5/5th

All findings were explained to her and she was probed for further questions but there was none. However, she said there no complained. She was asked to come to the facility in a week time. But she was supposed to visit the facility anytime she has any complains.

She was not served with any medication because her routine drugs were not finished. Madam Beatrice was then encouraged to report immediately to the clinic when labour signs began or faced with any problem. Madam Beatrice was thanked and escorted to the entrance.

SUBSEQUENT VISIT TO THE CLINIC

Madam Beatrice visited the clinic on 24th November, 2021. She was welcomed and was given a chair to sit. An enquiry was made about her health and that of the family and she said they are all doing well. Madam Beatrice's previous complain was asked and she said she was doing well.

Madam Beatrice health was enquired and she complained of and vaginal discharge. And was explained to her as increased vascularity and mucus production of the genital tract during late

pregnancy. Client was examined from head to toe and no abnormality was detected. Vital signs and other observation were checked and recorded as follows;

Temperature	36.2˚C
Pulse	82bpm
Respiration	20cpm
Blood pressure	110/70 mmHg
Weight	63kg
Symphysiofundal height	39cm
Descent	$5/5^{th}$
Fetal heart rate	140bpm

Urine was tested for protein and glucose which tested negative.

Client was advised to take in food rich in vitamins, minerals and proteins. She was also advised to take in enough fruits that contains roughages and was encouraged to take in more fluid. She was educated on perineal hygiene and encouraged to take in her routine drugs. She was accompanied to the road side and was bid farewell.

2.5 CARE PLAN DURING THE ANTENATAL PERIOD

PROBLEMS IDENTIFIED DURING ANTENATAL` PERIOD

1. Constipation.
2. Backache
3. Waist pain
4. Vaginal discharge.

SHORT TERM OBJECTIVES

1. Client will pass stool once every 48 hours.

2. Client backache will reduce within 48 hours and cope with it throughout pregnancy.

3. Client waist pain will reduce within 48 hours and cope with it throughout pregnancy

4. Client will cope with vaginal discharge throughout pregnancy

LONG TERM OBJECTIVES

Madam Beatrice will go through pregnancy, labour, and puerperium successfully without any complication

ANTENATAL CARE PLAN FOR MADAM BEATRICE

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVE/ OUTCOMECRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
14/11/21 3:30pm	Constipation related to inadequate fibre and fluid intake.	Client will pass stool once every 48 hours as: evidenced by client verbalizing that constipation has resolved.	1. Reassure client. 2. Encourage client to exercise 30 minutes everyday. 3. Encourage client to take 2 liters of water per day. 4. Educate client take in fibre food.	1. Client was reassure. 2. Client was encouraged in every day exercise. 3. Client took in 2 liters of water per day. 4. Client was educated to take in fruits and vegetables.	16/11/21 3:00pm	Goal met as client passed stool at least once daily	**A.H**

ANTENATAL CARE PLAN FOR MADAM BEATRICE (CONTINUED)

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTIONS	DATE/ TIME	EVALUA-TION	SIGN
16/11/21 9:30am	Backache related to the relaxation of the muscles and ligaments by hormone progesterone and relaxin.	1. Client backache will reduce within 48 hours and copy with it throughout pregnancy as evidence by: Client verbalizing that the pain has reduced.	1. Reassure client. 2. Encourage client to lie on the left lateral position 3. Educate client on the cause of backache 4. Administer prescribed analgesics.	1. Client was given sacral massage to reduce pain. 2. Client was encouraged to lie on left lateral position. 3.Client was educated on the cause of the lower back pain 5. Tab paracetamol 1g was administered to client	28/12/20 9:30am	Goal was achieved as client's backache has reduced as indicated.	**A.H**

ANTENATAL CARE PLAN CONTINUED

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTIONS	DATE/ TIME	EVALUA-TION	SIGN
20/11/21 at 9:00am	Waist pains related to relaxation of the pelvic joints by hormone relaxin.	Client waist pain will reduce within 48 hours and cope with it throughout pregnancy as evidenced by client verbalizing.	1. Reassure client. 2. Encourage client to have 2 hour rest during the day. 3. Encourage support person to assist in workload. 4.Encourage client to sit in between activities that require long standing 5.Serve prescribed analgesics	1. Client was reassured. 2. She was encourage to have 2 hours rest during the day. 3. Client sister was encouraged to assist in the workload. 4. Client was educated to sit in between activities. 5. Tablet Paracetamol 1g was served.	22/11/21 at 9:00am	Waist pains reduce as indicated	**A.H**

ANTENATAL CARE PLAN CONTINUED

DATE / TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTIONS	DATE /TIME	EVALUATION	SIGN
24/11/21 8:00am	Vaginal discharge related to increased vascularity and mucus production of the genital tract during late pregnancy.	Client will cope with vaginal discharge throughout pregnancy as: Evidenced by client verbalizing it.	1. Reassure client 2. Explain the physiology of vaginal discharge to client. 3.Advise client to wear cotton panties 4. Encourage client to change panties at least twice a day. 5. Encourage client to dry panties under the sun	1. Client was reassured that the discharge would be subsided. 2. Physiology of vaginal discharges was explained to client. 3. Client was advised to wear cotton panties 4. Client was encouraged to change panties twice a day. 5. Client was encouraged to dry panties under the sun	28/11/21 8:30am	Goal fully met as client said that the vaginal discharge subsided.	**A.H**

CHAPTER THREE

LABOUR

3.0 INTRODUCTION

This chapter talks about client admission to the facility from the first stage of labour to the time when there was complete expulsion of placenta and its membranes as well as control of bleeding and a period of 6 hours after delivery.

3.1 ADMISSION AND MANAGEMENT OF THE FIRST STAGE OF LABOUR

Admission

On the 28 November, 2021 at 5:20am which was Sunday morning, Madam Beatrice came to Donkro Nkwanta Health Centre. She was accompanied by her husband and sister. On arrival, they were warmly welcomed and offered seats. History was taken. She was asked if she had ruptured membranes and had seen ‘show’ and she said she had seen show but membranes had not ruptured. She complained of lower abdominal pains and waist pain. She was reassured to calm her anxiety. Her antenatal card was collected and read through. Her expected date of delivery was 26/11/2021. She was made comfortable in bed and all procedures to be carried out were explained to her to gain her consent. Client’s labour history was taken and recorded. She did not take any medication and passed stools before coming. Her vital signs on admission were checked and recorded as:

Temperature	36.7 degree Celsius
Pulse	80 beat per minute
Respiration	24 cycles per minute
Blood pressure	120/90 millimeters of mercury

Client was given a specimen container to collect midstream urine for examination and bed pan was also served. The amount of urine passed was 150mls. Midstream urine collected tested negative for both protein and glucose. Hemoglobin level was also 12.4 grams per deciliter. Hand washing was done with soap under running water and dried with a clean dry towel.

Her scalp was examined for infections like dandruff and lice. Eyes for pallor, abnormal discharges and yellowish discoloration of the sclera, ear and nose were checked for abnormal discharges, neck for enlargement of lymph nodes, breast was examined for masses and lumps, skin for rashes, legs for edema and varicose veins but no abnormality was detected.

On abdominal examination lineanigra was very prominent, there were no scars on the abdomen and fetal movement could be seen. The abdomen was ovoid in shape, and the size was medium, the gestational age which was 39weeks plus 2 days. On palpation the lie was longitudinal, presentation was cephalic and position was right occipito anterior, descent was $3/5^{th}$ and the symphsio-fundal height was 39 centimeters. On auscultation the fetal heart rate was 140 beat per minute. Contractions were 2 in 10 lasting 35, 37 seconds.

Permission was sought to perform vaginal examination and client consented. Hands were washed with soap under running water and dried with clean towel. A pair of sterile gloves was worn and was asked to flex her knees. Vulva sores, varicose vein, genital warts, and vulva edema were not detected on inspection. Vulva swabbing was done with swabs soaked with savlon solution. The middle finger was inserted first to press on the fourchette to cause relaxation of the perineal muscle; this was followed by insertion of the index finger into the vagina. The vagina felt warm and moist. The cervix was soft and thin. Presenting part was well applied to the cervix and also, there was evidence of ‘show’. Cervical dilatation was 4 centimeters at 5:30am with

intact membranes, no moulding, the sacrum was well curved, the pubic arc was wide and the ischial spines were blunt. The midwife in-charge also confirmed the findings. She was cleaned and a clean pad was applied to the perineum. The gloved hands were immersed in 0.5% chlorine solution and was removed by inverting them inside out and disposed of into a plastic container. Hands were washed with soap and water and dried with a clean towel. She was helped to lie on her left side and made comfortable. Dilatation board was used to explain how far she had gone with labour. She was advised on deep breathing exercises as she complained of severe lower abdominal pains. Findings were communicated to her and encouraged to ask questions and express her concerns since client was seen to be anxious. She was reassured of the competency of the health team. All findings were recorded on a partograph.

Preparation for birth

The Staff midwife in-charge who would supervise labour and delivery and also assist in the care of the baby was identified as the skilled helper whereas the unskilled helper happened to be the client's Sister who accompanied her to the clinic and would run errand when the needs arose. Emergency plan was reviewed as the telephone numbers for the referral center was pasted on the wall in the delivery room; doctor was informed as well as ambulance driver was also called to inform him to be on standby to attend to emergency when needed. The delivery area was cleaned and a good source of light was ensured and emergency portable light was present and functioning. The resuscitation table was checked, cleaned and all equipment and instrument were assembled and tested for their function. The delivery pack and emergency drugs were made available. The client's abdomen, chest and hands were washed ready for skin to skin.

Management of first stage of labour

There was continuous monitoring of maternal pulse, respiration, contractions and fetal heart rate at every 30 minutes. The temperature, blood pressure and vaginal examination were done 4 hourly and were documented on the partograph. Her urine passed was tested for the presence of protein and sugar and they were negative. Madam Beatrice was congratulated and findings were explained to her. She was asked to lie on her left side to prevent the uterus from pressing on the inferior vena cava to prevent supine hypotension syndrome. She complained of painful uterine contraction, nausea and vomiting so she was encouraged to relax and was taught deep breathing exercise to be done whenever there were contractions to cope with the pain. Her Sister was informed about the progress of labour. She was served with porridge. Her sacral region was rubbed gently from time to time. She was encouraged to empty her bladder whenever she had the urge, to help in the descent of the fetal head and not to push to prevent edematous cervix.

At 8:30am vaginal examination was repeated, the cervical os was 8 centimeters dilated with no moulding and membranes were intact, contractions were stronger, that was 4 in 10 lasting 54 seconds and descent was $1/5^{th}$, fetal heart was 130 beat per minute. She was asked to cooperate and she was reassured that she should have trust in the competency of the midwife, she would come out safe with no complication to her and the baby. Findings were recorded on the partograph. Her vital signs were checked and finding made were recorded as follows:

Temperature 36.5 degree Celsius

Pulse 80 beat per minute

Respiration 20 cycles per minute

Blood pressure 120/70mmgH millimeters of mercury

Fetal heart rate 130 beat per minute

Contractions 4 in 10 lasting 54 seconds

Descent $1/5^{th}$

Setting of trolley

The trolley was set with the following items and items on top and button shelf;

The top shelf

2 sterile artery forceps

Sterile cord scissors

2 Sterile drapes

Sterile cotton wool swabs

Sterile gauze

Sterile gloves

Episiotomy tray containing: sutures, lidocaine, scissors, syringes and needles

Injection tray containing 10 units of oxytocin

Bottom Shelf

Cord clamp

Perinea pad

Cot sheets

Cheatle forceps in its container

Drum containing sterile gauze

Bulb syringe in a bowl of water

Identification band

Measuring jug

Receiver

Examination gloves

Bottle containing antiseptic solution

Mackintosh

At 10:30am, membranes raptured spontaneously and client complained of the urge to bear down. Vagina examination was done to exclude cord prolapse and confirm full dilation on examination, perineum was bulging and vulva gaping liquor was clear and moulding was ++, descent was $0/5^{th}$, contractions were 4 in 10 lasting for 55 seconds. The midwife in charge confirmed full dilatation.

Vital signs and assessment were recorded as follows;

Temperature - 36.2 degree Celsius

Pulse - 91 beat per minute

Blood pressure - 120/80 millimeters of mercury

Fetal heart rate - 140 beat per minute

Contractions - 4 in 10 lasting 55 seconds

Descent - $0/5^{th}$

3.2 MANAGEMENT OF THE SECOND STAGE OF LABOUR

Full dilatation was confirmed by the in charge at 10:30am and client was assisted to assume the lithotomy position with legs well supported on bed. Protective clothing such as apron, cap, face mask, goggles and boots were worn. Hand washing was done thoroughly and dried with a clean dry towel. Sterile gloves were worn to clean the vulva with cotton wool soaked in Savlon. She

was draped with the sterile drape. A pad was applied to the perineum to prevent fecal matter from contaminating the delivery field and she was asked to push with contractions. Client complained of fatigue and she was reassured and given sips of water. Client was inform again that baby wound be delivered on her abdomen of which she should not be frighten and client accepted. As the head advanced, flexion was maintained with two fingers placed on the head to allow the smallest diameter of the fetal head to distend the vulva. She was encouraged to rest if there were no contractions.

When the head crowned, she was asked to give only small pushes with contractions. By extension of the fetal head which is one of the movements used by the fetus as it passes through the birth canal, the sinciput, face and mentum swept the perineum and the head was born. The baby's face and eyes were gently wiped inside out with sterile cotton. The neck was felt for cord but there was none detected. Restitution was followed by external rotation of the head, which indicated internal rotation of the shoulders meaning the shoulders were in the anterior posterior diameter of the maternal pelvis. Hands were placed on each side of the baby's head and she was asked to push gently. The anterior shoulder was delivered by moving baby gently towards client's tailbone and posterior shoulder was also delivered by moving baby towards client's abdomen. With lateral flexion the baby was delivered onto mother's abdomen at 10:35am. A baby girl was delivered and cried soon after it was born. Liquor was wiped off the baby and place on mother's abdomen for skin to skin contact. First minute Apgar score was 8/10 and second was 9/10. Baby was cleaned thoroughly with warm dry towel and the wet sheet was removed. Madam Beatrice was thanked for her effort. The second stage lasted for 15 minutes. Client was happy to have a baby girl.

3.3 IMMEDIATE CARE OF THE BABY AT BIRTH

Immediately after the delivery of the baby, first glove used for delivery was removed and used second one for the care of the baby. The eyes were cleaned immediately after delivery from inner canthus to the outer canthus.

After drying the baby thoroughly, Baby was changed from the wet cot sheet and baby's cap and socks was put on. Skin to skin contact with the mother was ensured. The baby was active and had a normal breathing pattern.

After waiting for 1 to 3 minutes, The cord was cramped 3cm away from the base and 2cm away from the first clamp with an artery forceps and covered with a piece of gauze to prevent splashing. The baby was shown to the mother to identify the sex. Identification band around the wrist bearing name of the mother, sex, weight of the baby, date and time of delivery. Baby was given to mother to initiate breastfeeding. First minute Apgar score was 8/10 and the fifth minute Apgar score was 9/10. Breastfeeding was initiated.

Indicator	**First minute**	**Fifth minute**
Appearance	2	2
Pulse	2	2
Grimace	1	1
Activity	1	2
Respiration	2	2
Total	**8/10**	**9/10**

3.4 MANAGEMENT OF THE THIRD STAGE OF LABOUR

The procedure was explained to Madam Beatrice. Abdomen was palpated for the presence of undiagnosed twin and there was none. 10 units of oxytocin was injected intramuscularly in the right thigh, one minute after the delivery of the baby to aid contraction of the uterus and separation of the placenta. Controlled cord traction was used in the delivery of the placenta.

A receiver was placed in-between her thigh to receive the placenta and it membranes. The cord was re-clamped closer to her perineum. The left hand was placed on the fundus and as soon as there was contraction, it was repositioned above client's pubic bone and the other hand held the clamped cord. Slight tension was kept on the cord and waited for strong uterine contractions. When the uterus contracted, hand was turned with the palm facing the client head and counter pressure was applied to avoid inversion of the uterus and with controlled cord traction, the cord was downwardly and steadily pulled to deliver the placenta. This procedure was repeated until placenta became visible at the vulva. The two hands were used to receive the placenta and gently twisted till membranes were teased out at 10:40am. A quick examination was done with placenta in the palm and placed in a receiver for examination later. The uterus was massaged until it was well contracted. Client was taught how to massage her uterus. Blood clots were expelled and added to the blood loss. Gauze was wrapped on two fingers of both hands to examine the vagina walls and cervix in clockwise manner for laceration or tears of the vaginal wall, cervix and perineum but there were none. She was cleaned and sterile pad was applied. She was made comfortable and covered with dry cloth. Blood loss was measured or estimated 160 millimeters.

3.5 EXAMINATION OF THE PLACENTA AND MEMBRANES

Thorough examination of the placenta was done. The tip of the cord was wiped with gauze and checked, there were two arteries and one big vein. There was also no false knot present in the cord and was medially inserted. The membranes were examined by holding the cord and membranes hanging. The amnion and chorion were intact. The membranes were checked for the presence of blood vessels radiating through to exclude extra lobe. On a flat surface it was examine if the maternal surface was intact. There was no missing lobe. The fetal surface was also bluish grey in colour. Placenta was placed in the receptacle provided as per protocol. Gloves were dipped in 0.5% chlorine solution, removed and discarded. The used instruments were being soaked in 0.5% chlorine solution for 10 minutes and were washed, rinse and dried. Instruments were also packed for sterilization after drying.

3.6 MANAGEMENT OF FOURTH STAGE OF LABOUR

Mother and baby were monitored closely after delivery to ensure baby's cord was not bleeding, baby's colour remained pink among others and mother was closely monitored to ensure uterus remained firm and well contracted.

Mother

The mother was managed by the use of the Partograph in checking the vital signs, amount of bleeding, amount of urine voided and also contraction of the uterus every 15 minutes for 2 hours, 30 minutes for 1 hour and hourly for 3 hours summing up to 6 hours. Fundus was palpated and it was well contracted, the perineum was observed for bleeding and it was small.

The first post-delivery vital signs were checked and recorded as follows:

Temperature - 36.8 degree Celsius

Pulse - 78 beat per minute

Respiration - 22 cycles per minute

Blood Pressure - 110/70 millimeters of mercury

She was encouraged to micturate frequently and change perinea pad when soaked. Lochia was red (rubra) in colour with small flow. She was educated on how to massage her uterus to aid in contraction. Mother was advised to show pad for colour of lochia, amount of blood loss and odour before discarding it. Client was seen to be fatigued and was encouraged to have some rest. Her Sister was allowed into the lying-in to see the baby and ask client what she wanted to eat. She was very happy on seeing the baby. Client and support person were educated on the need for rest and sleep and also ensuring proper positioning when breastfeeding. Mother and baby were in good condition. She was served with banku and groundnut soup with beef. Mother was encouraged to breastfeed the baby on demand and also exclusively since the source of nutrient for the baby is the breast milk.

CARE OF THE BABY

Prevention of diseases

Baby Beatrice was given two drops of Chloramphenicol eye drop instilled onto each eye to prevent infections. The cord was dressed with chlorhexedine gel. Baby Beatrice was given vitamin K 1 to prevent bleeding. Again, two drops of polio'O' was given by mouth and injection BCG 0.05 was administered intradermal to prevent polio and tuberculosis. Client was also educated not to apply anything on the injection site. In all no abnormality was detected. Gloves were removed and disposed of according to infection prevention protocol proper hand washing

was performed and dried with a clean towel. Baby was given to his mother. All findings were communicated to the mother and recorded. Madam Beatrice was thanked

Examination of the newborn

The procedure to be carried out on the baby was explained to the mother. Hands were washed and dried with a clean towel. The baby was put on a safe clean, warm and flat surface for examination in the presence of the mother. Baby was then exposed systematically as it was examined from head to toe. Her colour was pink on observation.

The head was examined for shape and size, widened sutures, bulging/depressed fontanelles, edematous swelling, caput succedaneum, microcephaly, and hydrocephaly. A tape measure was used to encircle its head starting from the occipital protuberance to the supra orbital ridges to measure the head circumference and it was 33centimeters. The ears were examined for size, shape, patency, softness of the cartilage, alignment and discharges. The eyeballs were examined for presence of blood clot, pallor, jaundice but none was detected. The nose was examined for shape, size, patency, and deviated septum but none was detected. The mouth was examined for false teeth, tongue tie, colour of the tongue and gum, cleft palate by using the little finger to feel for palate for any sub mucous cleft, the neck for nodules, rigidity and congenital goiter, but no abnormality was detected.

On the chest, respiratory movement was normal about 49 cycles per minute, nipples were in alignment without discharges (witches' milk), and breast had no mass. The abdomen was examined for shape, size, with no bleeding from the umbilical cord and abnormalities such as omphalocele and gastroschisis were absent. All findings were normal.

The upper extremities were inspected for equality, number of palmer creases, clubbed fingers, extra/loss digits. Baby's ability to perform Moro and grasp reflexes was also checked with good results.

The lower extremities were inspected for equality, clubbed feet, extra/loss digits. Congenital hip dislocation was also checked and it was absent.

With baby turned in prone position, its back was examined for abnormalities like spinal bifida, meningocele, but none was found.

The labia majora was fully developed, urethra and anus were patent as it passed urine and meconium respectively.

The length of the baby, weight and head circumference were checked and gloves were removed and disposed of according to infection prevention guidelines. Hands were washed and dried. Weight and length checked were recorded as 3.4kg and 48 centimeters respectively and head circumference was 33 centimeters when measured. Vital signs were checked and findings were communicated to the mother as follows;

Apex heart beat - 145 beat per minute

Temperature - 36.5 degrees Celsius

Respiration - 43 cycles per minute

The baby was classified as normal after the examination and routine

3.7 SUMMARY OF LABOUR AND DELIVERY

Summary of labour

Date and time of delivery - 28th November, 2021 at 10:35am

Type of delivery - Spontaneous Vaginal Delivery

Drug given - Injection Oxytocin (10 units)

Time of expulsion of placenta and membranes - 10:40 am

Duration of labour

1ST stage 6 hours

2nd stage 15 minutes

3rd stage 5 minutes

Total time 6 hours, 20 minutes

Condition of baby at birth

After birth, baby was wrapped with warm cot sheet and was sent to mother side to start breastfeeding and her general condition was satisfactory.

The following findings were obtained and recorded as;

Temperature - 36.5 degree Celsius

Apex heart rate - 145 beat per minute

Respiration - 48 cycles per minute

Baby's weight - 3.2 kilograms

Length - 48centimeters

Meconium - Passed

General condition of baby - Satisfactory

Urine - Passed

Sex - Female

Head circumference - 33 centimeters

Condition of mother at birth

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

Condition of mother - Stable

Perineum - Intact

Fundal Height - 16cm

Temperature - 36.8 degree Celsius

Pulse - 78 cycles per minute

Respiration - 22 cycles per minute

Blood Pressure - 110/70 millimeters of mercury

Condition of the placenta

Lobes - Intact

Membranes - Intact

Fetal Surface - Greyish blue in colour

Maternal Surface - Dark red in colour

State of Placenta - Complete and healthy

Blood Loss - 150mls

Cord vessels - Two arteries and one vein

3.8 LABOUR CARE PLAN

PROBLEMS IDENTIFIED DURING LABOUR

1. Lower Abdominal Pain

2. Fatigue

3. Anxiety

4. Excessive sweating

5. Nausea and vomiting

SHORT TERM OBJECTIVE

1. Client will cope and relieved of lower abdominal pain at the end of labour.
2. Client will be relieved from fatigue one hour after labour
3. Client anxiety will resolve after labour.
4. Client will be relieved from excessive sweating by the end of labour.
5. Client will be relieved of nausea and vomiting by the end of labour.

LONG TERM OBJECTIVES

Madam Beatrice will go through labour and puerperium successfully without any complications.

LABOUR CARE PLAN FOR MADAM BEATRICE

DATE TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTIONS	DATE / TIME	EVALUA-TION	SIGN
28/11/21 6:00am	Lower abdominal pains related to strong rhythmic painful contractions	Client will cope and relieved of lower abdominal pain at the end of labour as evidenced by. Client verbalizing t	1. Reassure client. 2. Explain the physiology of labour pains to client. 3. Provide diversional therapy. 4. Massage client sacral region.	1. Client was reassured that the condition can be manage. 2. The client was told the pain was due to contraction and this will aid in the expulsion of the fetus. 3. Conversation was ensured to take her mind off the pains. 4. Client sacral region was gently massage to promote comfort.	28/11/21 10:00 am	Goal was met as client coped with lower abdominal pain.	

LABOUR CARE PLAN CONTINUED

DATE TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES/OUTC-OMECRITERIA	NURSING ORDERS	NURSING INTERVENTIONS	DATE / TIME	EVALUATION	SIGN
28/11/21 6:00am	Fatigue related to stresses of labour.	Client will be relieved from fatigue one hour after labour as evidence by 1. Client verbalizing that.	1. Reassure client. 2. Encourage client to rest. 3Encourage client to push with contractions. 4. Serve client with energy drinks. 5Teach relaxation technique	1. Client was reassured that she will regain her strength. 2. Client was encouraged to rest in between contractions 3. Client was encouraged to push during contractions and relax when contractions wear off. 4. Client was served with malt. 5. Client was taught deep breathing exercise.	28/1/2021 12:00pm	Goal was achieved as client fatigue resolved.	

LABOUR CARE PLAN CONTINUED

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES/OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTIONS	DATE / TIME	EVALUATION	SIGN
28/11/21 6:00am	Anxiety related to unkown outcome of labour	Client anxiety will resolve by the end of labour as evidenced by 1. Client verbalizing that she is no longer anxious.	1. Reassure client. 2.Explain every procedure to the client for proper understanding. 3. Encourage client to ask questions and answer questions briefly and simply. 4. Educate her on possible outcome of labour	1. Client was reassured that the condition would be managed. 2. Every procedure was explained to client for proper understanding. 3. Questions were answered in simple terms to client's understanding. 4. Client was educated on the possible outcome of labour.	28/11/21 9:00am	Goal was met as client anxiety was relived.	

LABOUR CARE PLAN CONTINUED

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES	NURSIN ORDERS	NURSING INTERVENTIONS	DATE/ TIME	EVALUATION	SIGN
29/11/21 9:00am	Excessive sweating related to process involve in labour.	Client will be relieve of excessive sweating by the end of labour as evidenced by: client verbalizing that there is no sweet.	1. Reassure client. 3. Monitor and record vital signs 3. Assess colour and amount of urine output and record. 4. Encourage client to sips water.	1. Client was reassured 2. Vital signs were monitored and recorded 3. Colour of urine and the amount produced were assessed and recorded. 4. Client was encouraged to sips water.	29/12/21 11:00pm	Goal was fully met as indicated.	A.H

LABOUR CARE PLAN CONTINUED

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES/ OUTCO-ME CRITERIA	NURSING ORDERS	NURSING INTERVENTIONS	DATE/ TIME	EVALUA-TION	SIGN
28/11/21 6:00 am	Nausea and vomiting related to hormonal changes.	Client will be relieved of nausea and vomiting by the end of labour as evidence by 1. Client verbalizing that nausea has stop	1.Reassure client on her condition. 2.Remove nauseated items away from client. 3. Serve vomitus bowl whenever client wants to vomit. 4.Give client water to rinse her mouth after vomiting. 5. Encourage client to take in sips of water.	1. Client was reassured that the vomiting will resolve. 2. Nauseated items like vomitus bowel and bed pan were removed away from client. 3. Side vomitus bowl was served. 4. Client was given water to rinse mouth after vomiting. 5. Client was encouraged to take sips of water.	28/11/21 6:00am	Goal was met as client nausea and vomiting resolved.	

CHAPTER FOUR

4.0 PUERPERIUM

This chapter describes the management of both mother and baby from day of delivery up to six weeks postpartum. It starts immediately after the complete expulsion of the placenta and membranes and subsequent control of hemorrhage. In this stage, all reproductive organs return to their pre- gravid state except the breast since lactation is established.

4.1 DAY OF DELIVERY

On the 28th November 2021, Madam Beatrice was cleaned and transferred to the lying-in ward. She was served with rice with groundnut soup. She was educated on the need to empty her bladder to prevent post-partum hemorrhage. Symphysiofundal height was 18 centimeters. Her first vital signs were checked and recorded as follows:

VITAL SIGNS

Temperature - 36.8 degree Celsius

Pulse - 78 beat per minute

Respiration - 22 cycles per minute

Blood pressure - 110/70 millimeters of mercury

Lochia was red (rubra) and flow was small. Perineum was intact. She was educated to massage her uterus and report any bleeding per vaginum. She was educated to feed baby on demand, 2 hourly or at least eight to twelve times daily to ensure adequate feed and to also serve as a method of family planning, it again increases bonding between mother and child. She was told to change perineal pad frequently and wash hands before breastfeeding the baby and after attending

natures call. Head to toe examination was done and no abnormalities were detected. She was asked to take her bath.

4.2 SUBSEQUENT CARE OF THE BABY

This is a care given to the baby six (6) hours after delivery. This consists of bathing the baby, dressing of the cord and also monitoring of vital signs.

Baby bath

Requirements

Methylated spirit in sterile gallipot

Surgical gloves

Sterile water in a gallipot

Baby's Soap

Baby's Sponge

Cream/ powder

Sterile cotton in a galipot or wrapped

Basin

Towels: 1 big towel and 3 small ones

Cot sheets 2

Apron

Disposable gloves

A clean baby dress, cap and socks (if available)

Mackintosh

2 jugs containing hot and cold water each

Two receptacles for used water and dirty linen

A receiver for used swab

Baby was bathed 8 hours after delivery, procedure was explained to mother. All items to be used for the procedure were assembled, as above

A plastic apron was put on. Hands were washed with soap and water and dried with clean towel. Gloves were worn and the baby was put on a safe flat surface and was undressed. Baby was then wrapped with a cot sheet and examined thoroughly. The head was exposed for it to be bathed. The eyes were cleaned (wiped) with clean cotton wool swabs soaked in clean water and the face cleaned with damp face towel and dried. The nape of the baby's neck was supported with one hand. The head was supported and the baby's ears plugged with two fingers. The head was then washed with soapy sponge. Baby was then lifted off flat surface, supporting the nape of the neck and the body resting in the elbow and brought, to the edge of the basin and soap rinsed off baby's hair and dried. Baby was then put on protected flat surface and exposed. The arms and front of trunk were washed paying attention to the skin folds. Then baby was turned with one arm supporting the chest with one hand holding the distal arm of the baby. The back was washed down to the feet, paying attention to the skin folds. Baby was supported firmly and immersed in a bath of warm water which temperature was tested with the elbow and rinsed thoroughly. She was then placed on the flat surface covered with a bath towel. A small towel was used to dry baby, paying attention to the skin folds. Baby oil as well as powder was applied on the baby. A diaper was put on and the baby dressed and wrapped with cleaned cot sheet.

Cord dressing;

Procedure for dressing the cord was explained to the mother and the procedure was performed in her presence. Hands were washed with soap and water and dried with a clean towel. Sterile gloves were worn and cord exposed. The cord was inspected for bleeding, pulsation and the tip of the cord held with a swab. The base of the cord was clean with sterile cotton wool with methylated spirit and then discarded after wiping 5cm away from the base of the cord. The whole cord was clean with sterile cotton wool and methylated spirit from the base upwards once at each side of the cord (front and back) and the tip clean with separate sterile cotton wool swab soaked with methylated spirit and cord left exposed. Hands were immersed in 0.5% chlorine solution, glove were removed and disposed. Hands were washed and dried with towel. Baby was then dressed and given to the mother to breastfeed. Client was advised to use only the sterile cotton wool swab and methylated spirit given to her to dress the cord and always keep the cord exposed after dressing. She was then taught how to apply dipper below the umbilicus.

Mother was encouraged to maintain baby's temperature to prevent the baby becoming too cold or too hot by dressing baby with light cotton clothing before wrapping her. Mother was encouraged to breastfeed baby exclusively and on demand or 8 to 12 times a day. She was also educated on breastfeeding problems and how she would manage the problem like breast engorgement, sore nipple and cracked nipple and to report if problem persist. Mother was advised to use only prescribed drug for cord care. Client was advised to wash hands before and after handling the baby. All findings were communicated to the mother and recorded afterwards.

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

Temperature - 36.5 degree Celsius

Apex heart rate - 145 beat per minute

Respiration - 43 cycles per minute

Weight - 3.2kilogram

4.3 FIRST DAY POST DELIVERY AND DISCHARGE

The first day post-delivery was on 29th November, 2021. She woke up looking strong and healthy. She brushed her teeth and took her bath. She was served with porridge and bread by her sister. Head to toe examination was done and no abnormalities were detected on both mother and baby. Baby was top and tailed and cord dressed in the presence of the mother. She was taught how to dress the cord with cotton wool swabs soaked in methylated spirit. She complained of after pains and inadequate sleep at night, she was educated that it is the revolution of the uterus, that the uterus is returning to it normal state. She was also advised to sleep when baby is asleep and support person that is her sister and husband were asked to assist in the care of the baby during the day. She also complained of frequent micturation. The physiology behind frequency of micturition occurring after delivery was explained to her that due to the haemodilution or increased vascular volume that occurred during pregnancy, the kidneys resolve it by urinating frequently so that it would return to their pre-gravid state. Symphysiofundal height was 16 centimeters. First day post-partum check done on client and recorded as follows:

Temperature - 36.6 degrees Celsius

Pulse - 80 beat per minute

Respiration - 19 cycles per minute

Blood pressure - 120/60 millimeters of mercury

Lochia was bright red with small flow and also not offensive. The baby passed meconium and urine. No abnormalities were detected on head-to-toe examination.

Baby's vital signs were;

Temperature - 36.0 degree Celsius

Apex heart beat - 135 beat per minute

Respiration - 40 cycles per minutes

Weight - 3.1kilograms.

The baby was reexamined from head to toe and confirmed by the midwife in charge to exclude any abnormality of the baby before discharge. Baby was dressed nicely in a warm and clean baby sheet and handed over to her mother for breastfeeding. Baby was intradermal injected with Bacilli Calmette Guerin (BCG) and oral polio '0' vaccine. She was educated not to apply anything at the site of injection and educated to report on danger signs of the baby such as fever, difficulty in breastfeeding and breathing problems. She was told to pack her belongings because she would be discharged home. Education was given to her on how to take the medications ordered for her. She was served the following drugs per hospitals protocol:

Caps Iron (111) polymaltose 100mg once daily x 30days

Tablet metronidazole 400mg three times daily x 7 days

Tablet folic acid 5mg once daily x 30days

Tablet paracetamol 1 gram three times daily x 5days

She was told she would be visited at home to provide care for her and baby. She was also reminded to come for one-week postnatal care on 5th December, 2021. She was reminded to do exclusive breastfeeding, recognizing and management of common breast-feeding problems like

breasts engorgement. She was educated on proper hand washing (washing hand with soap under running water) before and after each feed which is a way of helping to prevent infections. The mother was educated to complete immunization schedule. She was advised on the need for registration of birth. She was taught to eat well balanced meal, fruits to enhance in the prevention of constipation and also promote growth and development in the baby. Client had registered with the National Health Insured scheme so her bills were taken care of by the National Health Insurance scheme. Her husband was advised to give support to the mother in the care of the baby and the other children. All documents were signed and recorded, client was discharged and was reminded that she would be visited at home the next seven days continuously to ascertain the progress of the mother, baby and the entire family. She thanked all the staff and the other clients at the ward. Her husband brought in taxi which they got in and went home safely.

POST NATAL HOME VISIT

4.4 FIRST POST NATAL HOME VISIT

On 29th November 2021, at 5pm, Madam Beatrice was visited in her house. She was asked how she and her baby were doing. After exchanging greetings, she said her condition was getting better and her previous complaints had improved and she also said that the baby was feeding and sleeping well. The family was much pleased to be visited. Explanation was given to Madam Beatrice that she and the baby were going to be examined from head to toe to detect any abnormality for early treatment and she then emptied her bladder. The client's conjunctiva was examined and there was no pallor, the breasts were firm, soft and were lactating well, the uterus was well contracted and the symphysio fundal height measured 14cm. The perineum was clean when inspected the lochia was red with moderate flow and without odour. Permission was

sought to top and tail the baby and it was granted. The baby had passed meconium and urine when the diaper was removed and it was inspected for meconium and urine. Baby was toped and tailed paying attention to the skin folds. As the baby was being toped and tailed, the procedure was also demonstrated to Madam Beatrice and her sister. The cord was also dressed with cotton wool soaked in methylated spirit; it was clean and quite dry. Baby was examined from head to toe and no abnormality was found. She was not jaundiced and pale. Baby's weight was checked and recorded as 3.1 kilograms. Baby's vital signs were taken and recorded.

Madam Beatrice was encouraged to breastfeed the baby on demand and at least 8 to 12 times a day. She complained of after pains and it was explained to her that the pain was due to the involution of the uterus and was asked to continue taking paracetamol given to her as prescribed. Permission was sought to leave and client said good bye and the family were bid farewell.

Assessment made was:

OBSERVATION ON MOTHER (29th November, 2021)

EVENING

OBSERVATION	**EVENING**
Temperature	36.4C
Pulse	74 bpm
Respiration	20 cpm
Blood pressure	110/60mmHg
Lochia	Rubra
Fundal height	14 cm
Condition of the uterus	Contacted
Breast	Lactating

OBERVATION ON BABY (29th November, 2021)

OBERVATION	EVENING
Temperature	36.6
Apex heart beat	137 bpm
Respiration	45 cpm
Skin Colour	Pink
Cord bleeding	No
Cord	Drying
Suckling	Yes
Weight	3.1 kg
Stool Colour	Meconium

Baby was given to mother to be breastfeed. All findings were communicated to her and recorded. She was told of next day visit and permission was sought to leave.

4.5 SECOND POSTNATAL HOME VISIT

On the 30th of November 2021, the second visit was made to client's house at 8:00am and 5pm. Madam Beatrice said her pain has resolved. The baby was also doing well. Permission was sought to inspect her perineal pad and the lochia was found to flow scanty, the colour was red (rubra) and not offensive. The head-to-toe examination was also done and everything was normal. The symphysio fundal height was 12 centimeters.

The baby was toped and tailed paying attention to the skin folds and general examination was carried out and no abnormality was present. The cord was neatly dressed with no abnormality

detected and was getting dried. The baby passed stools and urine everyday according to Madam Beatrice, baby weight was 3.0kilograms.

Permission was sought to leave and client said she was very grateful and appreciated the care that was given to them.

OBSERVATION ON MOTHER (30th November,2021)

OBERVATION	**MORNING**	**EVENING**
Temperature	36.7^0C	$36.7\ ^0$C
Pulse	78 bpm	74 bpm
Respiration	22 cpm	20 cpm
Blood pressure	110/70mmHg	110/60mmHg
Lochia	Rubra	Rubra
Fundal height	12cm	12cm
Condition of the uterus	Contracted	Contracted
Breast	Lactating	Lactating

OBSERVATION ON BABY (30th November 2021)

OBERVATION	MORNING	EVENING
Temperature	36.6^0C	36.4^0C
Apex heart beat	136 bpm	134 bpm
Respiration	48 cpm	46 cpm
Skin Colour	Pink	Pink
Cord bleeding	No	No
Cord	Shrinking	Shrinking
Suckling	Yes	Yes
Weight	3.0kg	3.0kg
Stool Colour	Meconium	Meconium

4.6 THIRD POSTNATAL HOME VISIT

On the 1st December, 2021, the third home visit was made to Madam Beatrice's house at 7:00am and 4:30 pm. Greetings were exchanged. Mother and baby were doing well. Permission was sought to inspect client's perineal pad and it was red, scanty flow without any offensive smell. Her breast was lactating well and engorged. Symphysio fundal height was 10 centimeters when measured. Her vital signs were checked and recorded as follows;

Baby was toped and tailed paying attention to the skin folds and general examination was carried out and no abnormality was present. The cord was dressed aseptically with no abnormality detected. The baby also passed stools and urine. Weight was 2.9kilogram.

Madam Beatrice complained of breast engorgement and pain in her breasts and heaviness which was as a result of fullness. She was educated to continue breastfeeding the baby on demand and frequently, and to apply warm compress on them to reduce the pain and was asked to breastfeed baby on demand and to make sure one breast is emptied before the other and to wear well-fitting brassier.

Permission was sought to leave and Madam Beatrice said she was very grateful and appreciated the care that was given to them.

OBSERVATION ON MOTHER (1st December 2021)

Observation	**MORNING**	**EVENING**
Temperature	36.3^0C	$36.8\ ^0$C
Pulse	76 bpm	78 bpm
Respiration	22 cpm	20 cpm
Blood pressure	120/60mmHg	120/80mHg
Lochia	Rubra	Rubra
Fundal height	10cm	10cm
Condition of the uterus	Contracted	Contracted
Breast	Lactating but engorged	Lactating but engorged

OBSERVATION ON BABY (1st December 2021)

Observations	**MORNING**	**EVENING**
Temperature	37.0^0C	36.8^0C
Apex beat	134 bpm	132 bpm
Respiration	44 cpm	48 cpm
Skin Colour	Pink	Pink
Cord bleeding	No	No
Cord	Shrinking	Shrinking
Suckling	Yes	Yes
Weight	2.9kg	2.9kg
Stool Colour	Dark Yellowish	Dark Yellowish

4.7 FOURTH POSTNATAL HOME VISIT

The fourth home visit was at 7:30am on 2nd December 2021. The health status of mother was inquired and she said the pain in her breasts had subsided except the fullness. Lochia was pink (serosa) with scanty flow without odour on inspection. Head to toe examination was done and everything was normal. Symphysio fundal height was measured and it was 8 centimeters.

Baby was top and tailed paying attention to the skin folds and the general examination was carried out, no abnormality was found. The cord was aseptically dressed with methylated spirit and no abnormality was detected and baby was doing well. The baby had already passed stools and urine. Her weight was 3.0 kilograms when checked. Baby's stool was dark yellow. She was encouraged to breastfeed the baby on demand and to ensure adequate warmth to the baby.

OBSERVATION ON MOTHER (2nd December 2021)

Observations	**MORNING**
Temperature	36.3^0C
Pulse	78 bpm
Respiration	22cpm
Blood pressure	110/70mmHg
Lochia	Serosa
Fundal height	8 cm
Condition of Uterus	Contracted
Breast	Lactating but slightly engorged

OBSERVATION ON BABY (2nd December 2021)

Observations	**MORNING**
Temperature	36.6^0C
Apex heart beat	136 bpm
Respiration	48cpm
Skin colour	Pink
Cord bleeding	No
Condition of cord	Shrinking
Suckling	Yes
Weight	3.0kg
Stool colour	Dark yellow

4.8 FIFTH POSTNATAL HOME VISIT

The fifth postnatal home visit was on 3rd December, 2021 at 9:00am. Greetings were exchanged with client and her family after which a seat was offered in client's room. Mother and baby were both in a healthy condition when it was inquired. She complaints of backache. She was reassured to have enough rest and sleep during the day and advised to breastfeed baby regularly. Inspection of the lochia was done and the colour was pink (serosa) without any bad odour and flow was scanty. After the head to toe examination, no abnormality was detected. Symphysio fundal height was 6 centimeters when checked.

Baby was top and tailed paying attention to the skin folds, head to toe examination was done and no abnormalities were found on the baby. Her cord showed signs of detachment and was dried. Weight was 3.1kilograms when checked.

She was reminded of the next visit and she said she was very grateful. Permission was sought to leave.

OBSERVATION ON MOTHER (3rd December,2021)

OBERVATION	**MORNING**
Temperature	36.8^0C
Pulse	76 bpm
Respiration	20 cpm
Blood pressure	110⁄70mmHg
Lochia	Serosa
Fundal height	8cm
Condition of the uterus	Contracted
Breast	Lactating

OBSERVATION ON BABY (3rd December, 2021)

OBERVATION	MORNING
Temperature	36.6^0C
Apex beat	136 bpm
Respiration	44 cpm
Skin Colour	Pink
Cord bleeding	No
Cord condition	Shrinking
Weight	3.1kg
Suckling	Yes

4.9 SIXTH POSTNATAL HOME VISIT

The sixth day postnatal home visit was made on 4th December, 2021 at 8:30am. Greetings were exchanged with client and her family and a seat was offered in client's room. Mother and baby were both in a healthy condition. On head-to-toe examination, no abnormalities were detected. Her breast was soft and lactating well. Inspection of the lochia was done and the colour was pink (serosa) flow was very scanty without any bad odour. Measurement of symphysio fundal height was 6 centimeters when checked. She had a good bowel movement as well as that of the baby. Baby was given a warm bath paying attention to the skin folds since the cord was off the previous evening and head to toe examination was done with no abnormality found on the baby. The stump was then dressed and the area was cleaned with methylated spirit. Weight was 3.2kilograms.

Client complained of backache and was educated on positioning of herself and baby during breastfeeding. Education was given to her on the importance of ensuring good personal hygiene and the need to feed the baby continuously on demand and at midnight too. She said she appreciated that a lot, and she was thanked for her co-operation. She was reminded that the next day was going to be the one week visit to the clinic and visit to her house, permission was sought to leave.

OBERVATION ON MOTHER (4th December,2021)

Observations	**MORNING**
Temperature	36.5^0C
Pulse	78 bpm
Respiration	23 cpm
Blood pressure	110/80mmHg
Lochia	Serosa
Fundal height	6cm
Condition of the uterus	Contracted
Breast	Lactating

OBSERVATION ON BABY (4th December, 2021)

OBERVATION	MORNING
Temperature	36.4^0C
Apex beat	136 bpm
Respiration	45cpm
Skin Colour	Pink
Cord bleeding	No
Cord condition	off
Weight	3.2kg
Suckling	Yes
Stool Colour	Yellow

4.9 SEVENTH POSTNATAL HOME VISIT

The seventh day postnatal home visit was made to client house on the 5th December, 2021 around 6:30am. Client and baby were in a good condition. On head to toe examination, no abnormalities were seen on the mother. Her vital signs was checked and recorded as;

Temperature 36.2degree celcius

Pulse 80beats per minute

Respiration 22cycles per minute

Blood pressure 110/60 millimetres of mercury

Lochia was pink (serosa) with no odour. Symphysio Fundal height was 4 centimeters. Her breast was lactating well. Baby was already bathed and head to toe examination was done and no

abnormality was found on the baby. Vital signs and weight of baby was checked and recorded as;

Temperature - 37.1 degrees Celsius

Apex heart beat - 141 beat per minute

Respiration - 44 cycles per minute

Weight - 3.3kilograms.

Client was thanked for her co-operation throughout the postnatal home visits. Madam Beatrice was reminded to visit the clinic on 5th December, 2021 for one-week postnatal clinic.

4.10 FIRST POSTNATAL VISIT TO THE CLINIC

Madam Beatrice came to the postnatal clinic on 5th December, 2021 at 8:30am with her husband who accompanied her; they were welcomed immediately and offered seats. Client said her family was doing well when asked. Every procedure to be done was explained to her to gain her consent her weight was 70 kilograms when checked and symphysio fundal height was also 4 centimeters when measured She was asked to take specimen of urine as she went to empty bladder. Her urine was tested and it was negative for both protein and sugar. Hemoglobin level was 12.5 grams per deciliter. Privacy was provided and she was helped onto the examination bed and head to toe examination was performed after assisting her to undress. Client's hair looked very nice, the eyes and nose were inspected and no abnormality was found. The conjunctiva was neither pale nor jaundiced. Breasts were examined but there was no abnormal mass, soreness of the nipples and engorgement present. The upper and lower extremities were inspected and no abnormality was present. On abdominal examination, the spleen was not enlarged and there was no tenderness after palpating the liver. The vulva was examined for infection, and lochia flow

was Alba. No abnormality was found in all. Findings were communicated to Madam Beatrice and she was thanked as we also examined from head to toe. The conjunctiva was not pale, neither was there jaundice of the sclera nor eye discharges. The ears and nose were inspected as well as the lips and mouth, but no abnormality was found. The umbilical stump was neatly healed. Baby's weight was 3.3 kg when checked.

After the examinations, findings were communicated to Client that nothing abnormal was detected on the baby. Client was educated on family planning, to help her and the husband space their birth and give birth to the number of children they could cater for. She agreed and said that, they will come back for more information, she gave an assurance to practice the lactationalamenorrhoea method as a natural method which is temporal. Madam Beatrice was also reminded on the need to attend well baby clinic to complete the child's immunization schedules and also attend six weeks postnatal clinic for examination. Mother's vital signs was checked and recorded as

Temperature - $37.2^{o\,c}$

Pulse - 80bpm

Respiration - 22cpm

Blood Pressure - 110/60mmHg

Baby's vital signs was checked as follows;

Temperature - 37.1^{oc}

Apex heart beat - 141bpm

Respiration - 44cpm

Then Madam Beatrice was handed over to the in charge and the staff.

4.11 SECOND POST NATAL VIST TO THE CLINIC

According to the midwife in charge, Madam Beatrice reported on 11th January, 2022 for six weeks postnatal care. There were no abnormalities detected on examination. The client and baby were fine. The baby was given the pentavalent vaccine intra muscularly at left lateral thigh which protect against (Diphtheria, pertussis, tetanus, haemophilus influenza and hepatitis B), pneumococcal vaccine 0.5mls at right lateral thigh (against pneumonia), oral polio vaccine 1 (to against polymodalities) and rotavirus vaccine1.5mls orally (against diarrhea). Madam Beatrice was informed of the side effect and encouraged to report to the facility any time she encountered any health related problem.

OBSERVATION OF THE MOTHER AND BABY ON SECOND POSTNATAL TO THE CLINIC

Vital/Signs	**Mother**	**Baby**
Temperature	36.6	36.7
Pulse	78bpm	144bpm
Respiration	20cpm	36cpm
Blood Pressure	100/80mmHg	-
Weight	75kg	4.6kg

4.12: CARE PLAN DURING PUERPERIUM

Problems identified during puerperium:

1. After pain
2. Inadequate sleep at night
3. Frequent micturition
4. Breast engorgement

SHORT TERM OBJECTIVES

1. Client afterpain will resolve within 72 hours.
2. Client will have at least 3 hours sleep at night
3. Client frequent maturation will reduce within 72 hours.
4. Client will be relieved of breast engorgement within 72 hours

LONG TERM OBJECTIVE

Madam Beatrice will go through puerperium successfully without any complication.

PUERPERIUM CARE PLAN FOR MADAM BEATRICE

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVE/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
29/11/21 9:00 pm	After pain related to involution of the uterus	Client's after pain will resolve within 72 hours as evidenced by 1. Client verbalizing that her pain has resolved.	1. Reassure client. 2. Explain reasons of after pain to the client. 3. Encourage client to empty her bladder whenever she has the urge 4. Serve analgesics as prescribed.	1. Client was reassured that her pain will resolve. 2. It was explained to the client that her pain was due to the involution of the uterus. 3. Client was advised to empty her bladder whenever she has the urge. 4. Client was served with tab paracetamol1g tds x3	30/11/21 9:00 pm	Goal was met as client after pain was resolved as indicated	A.H

PUERPERIUM CARE PLAN CONTINUED

DATE TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES/OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTIONS	DATE TIME	EVALUATION	SIGN
02/12/21 10:00am	Inadequate sleep related to night breast feeding.	1.Client will have at least 3 hours sleep at night as evidence by client verbalizing that she can sleep at night.	1.Reassure client 2. Encourage client to have periodic rest during the day when baby is asleep. 3. Encourage her relative to help her with the household chores. 4. Encourage client to have a warm drink before bed. 5. limit visitors.	1. client was reassured. 2. Client was encouraged to have a periodic rest when baby sleeps. 3.Client's relatives were encouraged to help her with the household chores. 4. Client was served with warm drink. 5. Visitors were limited.	02/12/21 10:00am	Goal fully met as client verbalizes that she has adequate sleep as indicated.	A.M

PUERPERIUM CARE PLAN CONTINUED

DATE& TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES / OUTCOME	NURSING ORDER	NURSING INTERVENTION	DATE & TIME	EVALUATION	SIGN
02/12/21 8:30am	Frequency of micturition related to physiological changes that occur during puerperium.	Client frequent maturation will resolved 72 hours as evidenced by client verbalizing that frequent micturation has stop	1. Reassure client. 2. Explain the physiology of frequency of micturition to client. 3. Encouraged client to take in less fluid during bed time. 4. Encourage client to put pale beside her when going to bed.	1. Client was reassured. 2. Physiology of frequency of micturition was explained to client that is as a result of heamodilution. 3. Client was encouraged to take in less fluid during bed time. 4. Client was encouraged to use pale at night.	5/12/21 8:30am	Goal fully met as client verbalizing that frequent micturation has stop as indicated	**A.M**

PUERPERIUM CARE PLAN CONTINUED

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVE /OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
02/12/21 8:00am	Breast engorgement related to poor attachment of the baby to breast	Client will be relieved of breast engorgement within 72 hours as evidence by: Client verbalizing that she feels comfortable with her breast.	1. Reassure client. 2. Teach client to position baby well to breast. 3. Ask client to apply warm and cold compress alternatively. 4. Encourage her to empty one breast before the other. 5. Encourage client continue breastfeeding	1. Client was reassured. 2. She was taught to ensure baby's mouth is widely open with more areola and chin touching the breast on breast. 3. Client was asked to apply warm and cold compress 4. Client was encouraged to empty one breast before the other. 5. Client was encouraged to continue breastfeeding the baby.	5/12/21 8:00am	Goal was met as client breast engorgement indicated.	A.H

SUMMARY AND CONCLUSION

This family centered maternity care study was conducted on Madam Beatrice and her family. She was an expectant mother who was taken care of from her third trimester at Donkro Nkwanta Health Centre. She was met on Friday 12th November, 2021 in good condition. Holistic and individualized care was rendered to client from the time she was met, which was during third trimester of her pregnancy through to labour and puerperium.

She encountered minor problems during pregnancy, labour and puerperium but they were well taken care of. Madam Beatrice had a successful care during her antenatal periods, labour and puerperium which were due to quick analysis of problems, good counseling, client's understanding and co-operation and also by involving the family members in her care. She had a spontaneous vaginal delivery on 28th November, 2021 alive female child without any complications, since she was well managed during pregnancy and the time of labour.

She had a normal puerperium with all visits and her one-week postnatal examination performed on her as required.

In conclusion, the family centered maternity care has afforded the student midwife the opportunity to identify the various needs of the individual during pregnancy, labor and puerperium and put the knowledge acquired to practice. This knowledge acquired has given the gradual a better understanding of the care of the client.

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APPENDIX I

ANTENATAL RECORDS

DAT E	WEI-GHT	BLOOD PRE-SSURE (MMHG)	URINE FOR SUGAR AND PROTEIN	GESTA-TIONAL AGE IN WEEKS	FUNDAL HEIGHT (CM)	PRESEN-TATION AND POSITION	DESC-ENT	FETAL HEART RATE	COM-PLAINTS	TREATMENT	REMARKS
15/4/21	64.6kg	110/80	Negative	11Weeks	NP	-	-	Not heard	No complain	Routine drugs	Well
15/05/21	66.0kg	100/80	Negative	15Weeks	-	-	-	Not heard	No complaints	Routine drugs	Good condition
10/06/21	68.0kg	112/60	Negative	19Weeks	-	Breech	5/5th	134bpm	No complaints	Routine drugs	Well
06/07/21	69.0kg	111/70	Negative	23Weeks	21	Cephalic	5/5th	139bpm	Heart burn	Routine drugs	Well
24/08/21	70.2kg	110/60	Negative	27Weeks	26	Cephalic	5/5th	144bpm	No complain	Routine drugs	Good
14/09/21	70.8kg	100/70	Negative	31Weeks	29	Cephalic	$5/5^{th}$	139bpm	No complain	Routine drugs	Doing well
19/10/21	69kg	110/60	Negative	35Weeks	34	Cephalic	5/5th	144bpm	headache	Routine drugs	healthy
02/11/21	70kg	120/70	Negative	37Weeks	36	Cephalic	5/5th	148bpm	No complain	Routine drugs	healthy
16/11/21	71kg	110/80	Negative	39Weeks	38	Cephalic	5/5th	130bpm	Vaginal discharge	Routine drugs and clotrimazole cream	Good
24/11/21	70kg	110/70	Negative	37Weeks	36	Cephalic	5/5th	142bpm	No complain	Routine drugs	healthy

APPENDIX II

COMPLETE DIAGNOSTIC INVESTIGATION

DATE	SPECIMEN	INVESTIGATION	NORMAL VALUE	FINDINGS	REMARKS
15/04/21	Blood	Haemoglobin	11-16g/dl	13.5g/dl	Normal
	Blood	Sickling test	Negative	Negative	Normal
	Blood	HIV status	Negative	Negative	Normal
	Blood	Grouping and Rhesus factor	A, B, AB, O	A	Normal
			Positive and Negative	Positive	Normal
	Urine	Sugar and Protein	Negative	Negative	Normal
10/06/21	Urine	Sugar and Protein	Negative	Negative	Normal
	Blood	Haemoglobin level	11-16g/dl	13.6g/dl	Normal
DATE	**SPECIMEN**	**INVESTIGATION**	**NORMAL VALUE**	**FINDINGS**	**REMARKS**
06/07/21	Urine	Sugar and Protein	Negative	Negative	Normal

	Blood	Haemoglobin level	11-16g/dl	13.6g/dl	Normal
24/08/21	Urine Blood	Sugar and Protein Haemoglobin level	Negative 11-16g/dl	Negative 13.4g/dl	Normal Normal
15/09/21	Urine Blood	Sugar and Protein Haemoglobin level	Negative 11-16g/dl	Negative 13.1g/dl	Normal Normal
19/10/21	Urine Blood	Sugar and protein Haemoglobin level	Negative 11-16g/dl	Negative 12.6g/dl	Normal Normal
02/11/21	Urine Blood	Sugar and Protein Haemoglobin level	Negative 11-16g/dl	Negative 13.2g/dl	Normal Normal
24/11/21	Urine Blood	Sugar and protein Haemoglobin level	Negative 11-16g/dl	Negative 13.2g/dl	Normal Normal

COMPLETE DIAGNOSTIC INVESTIGATION

LABOUR

DATE	**SPECIMEN**	**INVESTIGATION**	**NORMAL RANGE**	**FINDINGS**	**REMARKS**
28/11/21	Blood Urine Urine	Hemoglobin level Protein Sugar	12.5g/dl-16.0g/dl Negative Negative	13.0g/dl Negative Negative	Normal Normal Normal

COMPLETE DIAGNOSTIC INVESTIGATION (PUERPERIUM)

DATE	SPECIMEN	INVESTIGATION	NORMAL VALUE	FINDINGS	REMARK
29/11/2021	Urine	Sugar and protein	Negative	Negative	Normal
	Blood	Haemoglobin level	11-16g/dl	12.9g/dl	Normal

APPENDIX III

PHARMACOLOGY OF DRUGS FOR THE BABY

NAME OF DRUG	CLASSIFICA-TION	DOSAGE	ROUTE	ACTION AND USES	ACTUAL EFFECT	SIDE EFFECT	SIDE EFFECT EXPERIENCED
Vitamin k	Group K vitamin	1ml	Intramuscular	Production of prothrombin	Prevented bleeding	Bleeding prevented	None observed
Chloramphenicol eye drop	Antibiotics	2-3drops	Instillation	To prevent eye infection	Eye was not infected	Increase risk of aplastic anemia	No side effect observed
Injection Bacillus Chalmette Guerin	Antigen	0.05 ml	Intradermal	Production of antibodies to prevent tuberculosis	Under observation	Blister formation, slight fever and pain	Blister formation
Polio vaccine	Antigen	2 drops	Oral	Production of antibodies to prevent poliomyelitis	Under observation	There may be diarrhea	None observed

PHARMACOLOGY OF DRUGS FOR THE BABY CONTINUED

NAME OF DRUG	CLASSIFICATION	DOSAGE	ROUTE	ACTION AND USES	ACTUAL EFFECT	SIDE EFFECT	SIDE EFFECT EXPERIENCED
Pneumococcal 1	Antigen	0.5 ml	Intramuscular right thigh	Vaccinates neonate against pneumonia	Under observation	Redness at the sight of injection and fever.	None observed
Pentavalent 1 (5 in 1)	Antigen	0.5 ml	Intramuscular left thigh	Vaccinates neonate against diphtheria, pertussis (whooping cough), tetanus, hepatitis B, heamophilus influenza B	Under observation	Low grade fever	None observed
Rotavirus 1	Antigen	1.5 mls	Oral	Prevention of gastroenteritis	Under observation	None	None

APPENDIX IV:

PHARMACOLOGY OF DRUGS (MOTHER)

NAME OF DRUG	CLASSIFICATION	DOSAGE	ROUTE	ACTION AND USES	ACTUAL EFFECT	SIDE EFFECT	SIDE EFFECT EXPERIENCED
Tablet multisite	Vitamin preparation	200 milligram once a day	Oral	Increases appetite, helps in the formation of red blood cells.	Appetite increased	Gastrointestinal disturbance	None
Tablet folic	Vitamin preparation	5 milligram	Oral	Proper formation and function of red blood cells.	Haemoglobin level increased	Nausea and vomiting	None
Tablet ferrous Sulphate	Hematinic	200 milligrams once daily	Oral	Aids in red blood cell production.	Increased hemoglobin level	Dark stool, diarrhea and constipation	None

PHARMACOLOGY OF DRUGS FOR THE MOTHER CONTINUED

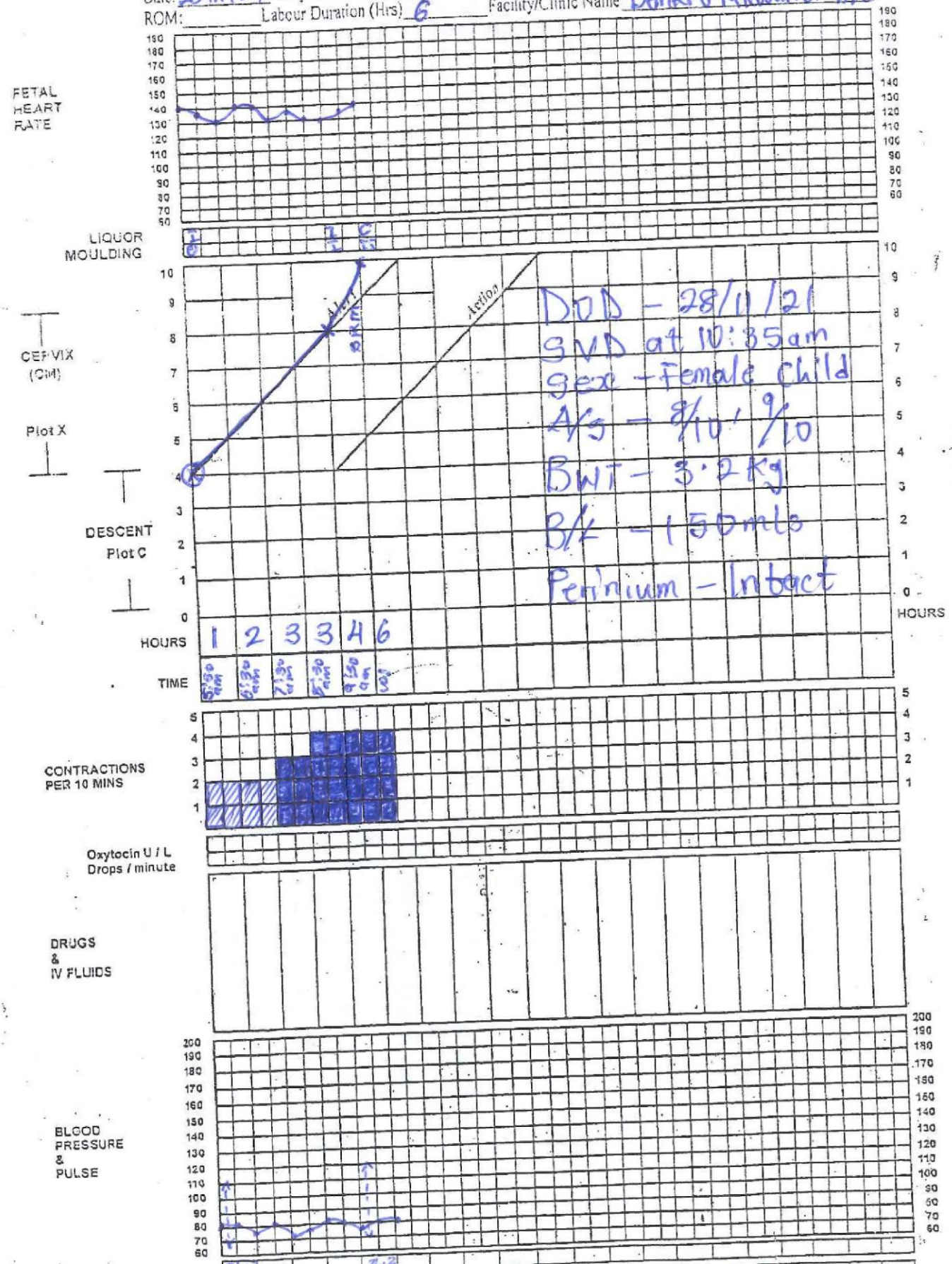
NAME OF DRUG	CLASSIFICATION	DOSAGE	ROUTE	ACTION AND USES	ACTUAL EFFECT	SIDE EFFECT	SIDE EFFECT EXPERIENCED
Tablet Sulfadoxinepy-rimethamine	Anti -malaria and prophylaxis(given between 16 weeks or after quickening and 36 weeks)	3 tablets stat at 16 weeks and repeated at a 4 week interval till delivery Given	Oral	Prevention of malaria	Prevented malaria	Nausea, itching, headache, dizziness	None
Capsule Amoxicillin	Antibiotic	500 milligram three times daily for five days	Oral	Prevention of infection	Infection was prevented	Nausea and vomiting	None

PHARMACOLOGY OF DRUGS FOR THE MOTHER CONTINUED

NAME OF DRUG	CLASSIFICATION	DOSAGE	ROUTE	ACTION AND USES	ACTUAL EFFECT	SIDE EFFECT	SIDE EFFECT EXPERIENCED
Injection oxytocin	Uterotonic	10 units	Intramuscular	To control bleeding and aids in uterine contraction	Effective uterine action and control of bleeding achieved.	Vomiting, rise in blood pressure, uterine spasm	None
Tablet paracetamol	Analgesic and Antipyretic	1 gram stat	Oral	To relieve pain and fever	Pain relieved	Prolong use causes liver damage	None
Capsule Vitamin A	Vitamin supplement	200,000IU	Oral	Growth and development Prevent infection and blindness	Growth and development achieved Infection was prevented.	Diarrhea, dry hair, enlarged liver	No side effect experienced

WHO Modified Partograph

Registration No.: 279/21 Name(Last, First): Biakanena Beatrice Age: 31 year
Date: 28/11/21 Parity/Gravida 2, 3 LMP 19/4/21 EDD 26/11/21 Gestation(wks) 39
ROM: Labour Duration (Hrs) 6 Facility/Clinic Name Donkro Nkwanta H/C



LABOR NOTES

Madam Beatrice G6P2A0 cyesis reported to the facility with complaints of lower abdominal pain and waist pain at 5:20am. Vital sign Check and recorded as Tem - 36.7°C, P-80bpm, BP - 120/70mmHg. PVE + HR - IHD Pallor: +, Fever: -, Jaundice: -, Gest AT: 37+3, Descent 4/5. VIE: cervical dilatation - 4cm. At 10:35 am client had spontaneous vaginal delivery to live female child with APGAR SCORE 8/10, 9/10. Bwt 3.2. Both to live female child with Both Mother and baby were doing well and made comfortable in bed

Please circle or write responses.

DELIVERY

DATE: 28/11/21 TIME: 10:35am METHOD: (Spontaneous) / Vacuum Extraction / C/S / Other

PERINEUM: (Intact) / Episiotomy / Laceration

ANESTHESIA: (None) / Local / General

THIRD STAGE

Active Management: (Yes) / No Medication: Time 10:36 Type/Dose Oxytocin 10 units

PLACENTA: TIME: 10:40am (Complete) / Incomplete

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

BABY

Weight: 3.2 kg

Sex: Male / (Female)

Baby Position: Vertex / Breech / Other

APGAR

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

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

FOURTH STAGE MONITORING

Frequency	Time	B/P.	Pulse	Fundus	Bleeding	Bladder
Every 15 minutes first 2 hours	11:55	110/70	80	Contracted	Small	Empty
	12:10	120/70	80	"	"	
	12:25	110/70	78	"	"	—
	12:40	110/70	76	"	"	
	12:55	120/80	80	Contracted	"	—
	01:10	120/80	78	"	"	Empty
	1:25	115/70	70	"	"	—
	1:40	119/75	80	"	"	—
Every 30 minutes For 1 hour	2:10	120/80	79	"	"	Empty
	2:40	120/70	78	"	"	

Birth Attendant Hannah Ameyaa and Joyce Kusi Date 28/11/21

MATERNITY CHART

NAME: Madam Biakaiena Enock Beatrice

AGE: 31 years WARD: Lying - In

IP NO.: BED NO.:

Date	28/11/21	29/11/21	30/11/21	1/12/21	2/12/21	3/12/21	4/12/21	5/12/21	6/12/21	7/12/21				
Days in Hospital	DOD	D1	D2	D3	D4	D5	D6	D7						
Days P. O.														
Hour AM		8:00	7:00	7:30	7:30	9:30	8:30	6:30						
Hour PM	5:00	5:00	4:30	5:00										

Temperature

C | F

41.1° | 106°

40.5° | 105°

40.0° | 104°

39.4° | 103°

38.9° | 102°

38.3° | 101°

37.8° | 100°

37.2° | 99°

36.6° | 98°

36.1° | 97°

35.5° | 96°

35.0° | 95°

KEY
→ TEMPERATURE
→ SYMPHYSIO-FUNDAL HEIGHT
SCALE: 1 cm: 1 UNIT

Pulse	78	80	75	76	80	80	82	78	76		78		80	
Resp.	22	20	19	22	20	22	20	20	22	20	22		20	
B.M.	—	—	—	—	—	—	—	—	—	—	—		—	
Urine	Passed	Passed	Passed	Passed	Passed	Passed	Passed							
B. P. AM	100/70	119/70	110/60	110/70	110/80	110/60	120/70							

NEW BORN EXAMINATION FORM

Name: Baby Akoma Beatrice Date of Assessment: 28/11/21 Time: 11:35am

Date of Birth: 28/11/21 Time of Birth: 10:35am Sex: ☐ M ☑ F Age at time of Assessment (days/hrs) 1 hr

Astational Age 3 7 Mode of Delivery: ☐ Vaginal Assisted Vaginal C-Section

APGAR: 1min 8 5min 7 Birth Weight: 3 kg 2 Length: 48 cm Head Circumference: 33 cm

Temperature at time of Assessment: 36.6 °C Urine passed: Yes ✓ No Meconium passed: ✓ Yes No

Name of Assessor (Midwife/Doctor): _____

1. Respiration

Rate 42

- ☐ Rate < 30 b/m *
- ☐ Rate < 60 b/m *
- ☐ 30-60 b/m
- ☐ Retractions *
- ☐ Grunting *
- ☐ Stridor *

2. Activity/Movemnet

- ☑ Spontaneous symmetric movements
- ☐ Reduced/Absent Movement in ≥1 limb *
- ☐ No Movement

3. Tone

- ☑ Normal
- ☐ Floppy *
- ☐ Increased *

4. Colour

- ☑ Pink all over
- ☐ Pink body but blue hands/feet
- ☐ Blue all over *
- ☐ Pale *
- ☐ Jaundiced *

5. Cord

- ☑ Normal
- ☐ Red. draining pus
- ☐ Bleeding

6. Cry

- ☑ Normal
- ☐ Shrill *
- ☐ Absent *

7. Suck

- ☑ Good
- ☐ Weak
- ☐ Absent

8. Head swelling

- ☐ Caput succedaneum
- ☐ Cephalhaematoma
- ☐ Subgaleal hemorrhage
- ☑ No swelling

9. Sutures

- ☑ Normal
- ☐ Overlapping
- ☐ Fused
- ☐ Widely Separated *

10. Fontanel

- ☑ Normal
- ☐ Sunken *
- ☐ Raised *
- ☐ Wide (>5cm)*

11. Eyes

- ☑ Normal
- ☐ Subconjunctival bleed
- ☐ White pupil or cornea
- ☐ Eye discharge
- ☐ Other

12. Ears

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

13. Mouth

- ☑ Normal
- ☐ Cleft palate
- ☐ Cleft Lip
- ☐ Other: _____

15. Neck

- ☑ Normal
- ☐ Swelling
- ☐ Webbed
- ☐ Other: _____

16. Clavicle

- ☑ Normal
- ☐ Swelling/Fracture

17. Chest

- ☑ Normal (Shape/movement)
- ☐ Abnormal _____

18. Heart rate

Rate: _____

- ☑ Normal (100-160)
- ☐ <100 *
- ☐ >160*

19. Femoral pulse

- ☑ Present
- ☐ Not palpable*

20. Abdomen

- ☑ Normal
- ☐ Distended*
- ☐ Scarphoid*
- ☐ Abdominal defect*
- ☐ Maases: _____
- ☐ Other _____

21. Back (spine)

- ☑ Normal
- ☐ Abnormal Swelling *
- ☐ Hairly patch over spine
- ☐ Abnormal dimple
- ☐ Abnormal curvature

22. Limbs

- ☑ Normal
- ☐ Abnormal _____

23. Genitalia

Male Genitalia

- ☐ Normal
- ☐ Undescended testes
- ☐ Abnormal meatus
- ☐ Hernia
- ☐ Other: _____

Female Genitalia

- ☑ Normal
- ☐ Fistula(meconium/urine through abnormal opening in vagina)*
- ☐ Large clitoria *
- ☐ Other: _____

24. Anus

- ☑ Patent
- ☐ Imperforate*

25. Resuscitation provided

- ☑ One
- ☐ Suction/stimulation
- ☐ Bag and mask
- ☐ Endotracheal Tube
- ☐ Ventilator/CPAP

26. Services provided

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

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

Diagnoses (if known) Normal baby

Classification: (Overall assessment) ☑ Normal [ ] Baby with a Problem [ ] Danger Sign/ <1500g/ severe Jaundice

Plan: [ ] Routine Care[ ]Problem. Continue supportive in-patient care [ ] Urgent Referral / Advanced Care[✓] Discharge

NEW BORN EXAMINATION FORM

Name: Baby Akosua Beatrice Date of Assessment: 29/11/21 Time: 9:00

Date of Birth: 28/11/21 Time of Birth: 10:35am Sex: ☐ M ☑ F Age at time of Assessment (days/hrs) 1 day

Astational Age 3 7 Mode of Delivery: ☑ Vaginal Assisted Vaginal C-Section

APGAR: 1min 8 5min 9 Birth Weight: 3 kg 2 Lenght 48 cm Head Circumference: 33 cm

Temperature at time of Assessment: 36.2 °C Urine passed: Yes ✓ No Meconium passed: ✓ Yes No

Name of Assessor (Midwife/Doctor): Ameyaa Hannah

1. Respiration

Rate 45

- ☐ Rate < 30 b/m *
- ☐ Rate < 60 b/m *
- ☐ 30-60 b/m
- ☐ Retractions *
- ☐ Grunting *
- ☐ Stridor *

2. Activity/Movemnet

- ☑ Spontaneous symmetric movements
- ☐ Reduced/Absent Movement in ≥1 limb *
- ☐ No Movement

3. Tone

- ☑ Normal
- ☐ Floppy *
- ☐ Increased *

4. Colour

- ☑ Pink all over
- ☐ Pink body but blue hands/feet
- ☐ Blue all over *
- ☐ Pale *
- ☐ Jaundiced *

5. Cord

- ☑ Normal
- ☐ Red. draining pus
- ☐ Bleeding

6. Cry

- ☑ Normal
- ☐ Shrill *
- ☐ Absent *

7. Suck

- ☑ Good
- ☐ Weak
- ☐ Absent

8. Head swelling

- ☐ Caput succedaneum
- ☐ Cephalhaematoma
- ☐ Subgaleal hemorrhage
- ☑ No swelling

9. Sutures

- ☑ Normal
- ☐ Overlapping
- ☐ Fused
- ☐ Widely Separated *

10. Fontanel

- ☑ Normal
- ☐ Sunken *
- ☐ Raised *
- ☐ Wide (>5cm)*

11. Eyes

- ☑ Normal
- ☐ Subconjunctival bleed
- ☐ White pupil or cornea
- ☐ Eye discharge
- ☐ Other

12. Ears

- ☑ Normal (size / shape/position)
- ☐ Abnormal: _____

13. Mouth

- ☑ Normal
- ☐ Cleft palate
- ☐ Cleft Lip
- ☐ Other: _____

15. Neck

- ☑ Normal
- ☐ Swelling
- ☐ Webbed
- ☐ Other: _____

16. Clavicle

- ☑ Normal
- ☐ Swelling/Fracture

17. Chest

- ☑ Normal (Shape/movement)
- ☐ Abnormal _____

18. Heart rate

Rate: _____

- ☑ Normal (100-160)
- ☐ <100 *
- ☐ >160*

19. Femoral pulse

- ☑ Present
- ☐ Not palpable*

20. Abdomen

- ☑ Normal
- ☐ Distended*
- ☐ Scarphoid*
- ☐ Abdominal defect*
- ☐ Maases: _____
- ☐ Other _____

21. Back (spine)

- ☑ Normal
- ☐ Abnormal Swelling *
- ☐ Hairly patch over spine
- ☐ Abnormal dimple
- ☐ Abnormal curvature

22. Limbs

- ☑ Normal
- ☐ Abnormal _____

23. Genitalia

Male Genitalia

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Classification: (Overall assessment) [ ] Normal [ ] Baby with a Problem [ ] Danger Sign/ <1500g/ severe Jaundice

Plan: [ ] Routine Care[ ]Problem. Continue supportive in-patient care [ ] Urgent Referral / Advanced Care[ ] Discharge

TEMPERATURE CHART

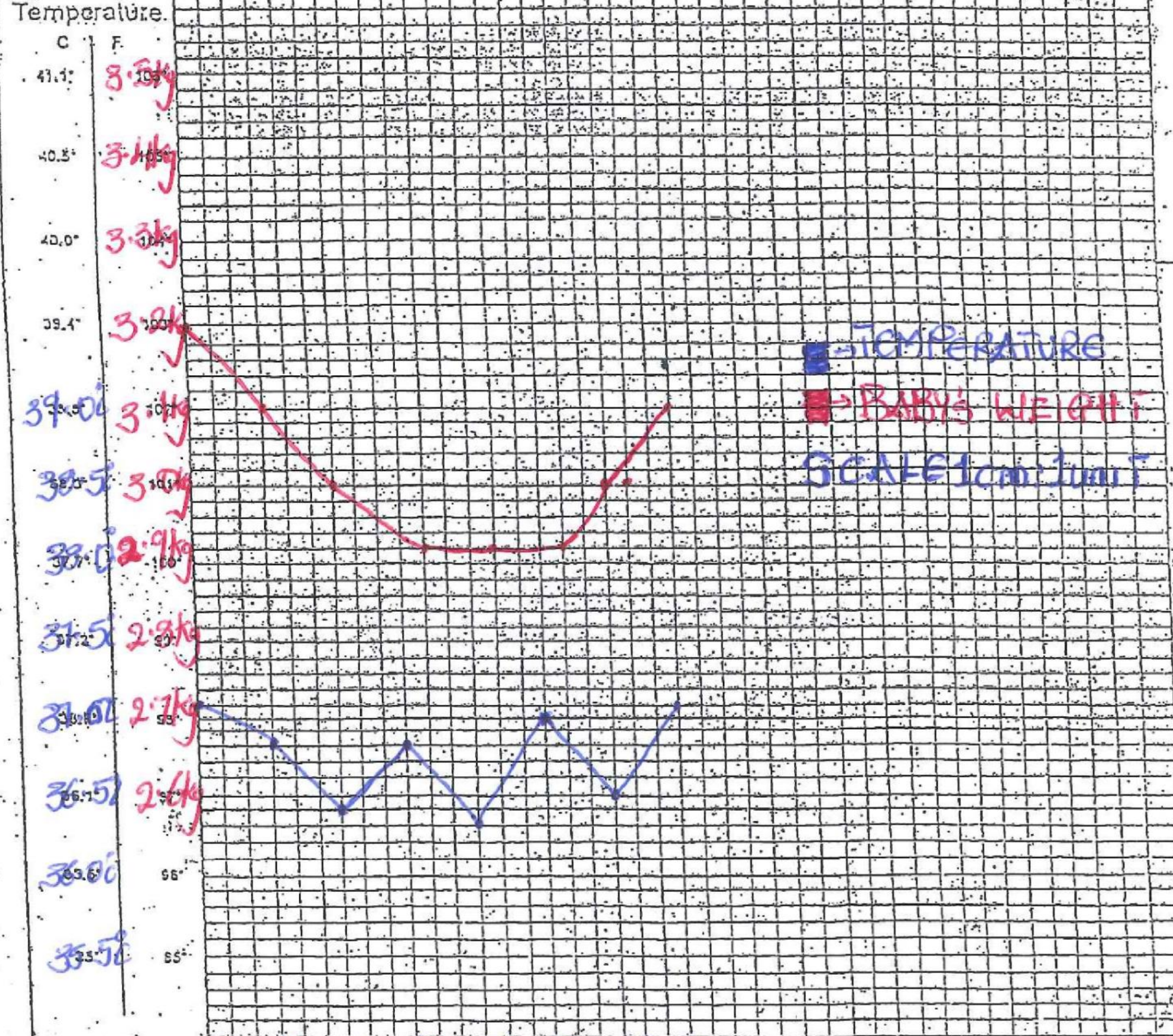
NAME: Baby Akosua Beatrice

AGE: New born WARD: Lying - In

IP NO.: BED NO.:

Date	28/11/21	29/11/21	30/11/21	1/12/21	2/12/21	3/12/21	4/11/21	5/11/21						
Days in Hospital	DOD	D1	D2	D3	D4	D5	D6	D7						
Day's P, O.														
Hour: AM		8:00	7:00	7:30	7:30	9:30	8:30	6:30						
Hour: PM	5:00	5:00	4:30	5:00										

Temperature.



Pulse	140	135	136	134	136	138	136	139					
Resp.	40	40	46	44	46	44	45	44					
B.M.	—	—	—	—	—	—	—						
Urine	Passed	Passed	Passed	Passed	Passed	Passed	Passed	Passed					
B. P. A.M.													
B. P. P.M.													

NEW BORN CHART

e: Baby Akosua Beatrice No: Birth Weight: 3.2kg

Female Mother's No: 279/21 Length: 48cm

re of Delivery: Spontaneous Vaginal Delivery Diagnosis: Term Baby

of Birth: 28/11/2021 Time: 10:35 a.m. Date of Discharge: 29/11/2021

Date	28/11/21		29/11/21		30/11/21		1/12/21		2/12/21		3/12/21		4/12/21		5/12/21							
of Days	DOD		D1		D2		D3		D4		D5		D6		D7							
Weight	3.2kg		3.1kg		3.6kg		2.9kg		2.9kg		2.9kg		3.0kg		3.1kg							
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
mperature	36.5°C	36.2°C	36.0°C	36.6°C	36.4°C	37.0°C	36.8°C	36.8°C	36.6°C		36.0°C		36.6°C		36.4°C							
tools	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							

emarks

Head
Neck
Trunk
Extremities
Genitalia

→ No abnormality detected

SIGNATORIES

THE STUDENT MIDWIFE

NAME: AMEYAA HANNAH

SIGNATURE:

DATE: 12/10/2022

THE MIDWIFE IN CHARGE

NAME: MRS.JOYCE DEDE DANSO

SIGNATURE: (for)

DATE: 12/10/2022

THE SUPERVISOR

NAME: MARTHA KYEREMAA

SIGNATURE:

DATE: 12/10/2022

THE PRINCIPAL

NAME: MONICA NKURUMAH

SIGNATURE: (for)

DATE 12/10/2022

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