HOLY FAMILY NURSING AND MIDWIFERY TRAINING COLLEGE

BEREKUM

A CLIENT/FAMILY CENTERED MATERNITY CARE STUDY ON MADAM AZETA PATRICIA

BY

AGYEIWAA KODIE ROSE

4122190132

A CLIENT /FAMILY CENTERED MATERITY CARE STUDY SUBMITTED TO THE NURSING AND MIDWIFERY COUNCIL OF GHANA IN PARTIAL FULFILMENT TOWARDS THE AWARD OF LICENSE TO PRACTICALS AS A PROFESSIONAL MIDWIFE (DIPLOMA).

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TABLE OF CONTENTS

PREFACE

The family maternity care study is a systematic approach of nursing care given to pregnant woman and her family during pregnancy, labour and puerperium bearing in mind that the woman is unique with special problems. This care is based on the fact that each client is an individual person with specific problem or needs that must be addressed. In order to help her solve these problems, accurate data should be collected; attention should be given to the physical, spiritual, social and psychological needs of the client in relation to the family and the community in which she lives.

The family centered maternity care study is an opportunity for the student midwife to use all the knowledge and skill she acquired during the period to support and care for the client and family. It is used by student midwives to help them care for their clients effectively and efficiently. The care study also forms part of the Nursing and Midwifery Council of Ghana's requirement of a student midwife at the end of the three year program for the award of a professional Midwifery Certificate.

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INTRODUCTION

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

This care study was written on Madam Azeta Patricia a 28-year-old Gravida 2 Para 1 alive. Who was met on the 27th of October, 2021 at the antenatal clinic of the Jinijini Health Center during my clinical attachment. She was 36 weeks pregnant and that was on her 6th visit to the antenatal clinic.She was nursed through pregnancy, labour and puerperium .She caught attention as a result of the fact that she was heard showing knowledge deficit on antenatal care and it's visits whilst talking with another client, for which she was reassured of appropriate management plan and selected for the care study. She was managed from 36 weeks of pregnancy through labour and early puerperium.

Thorough assessment and physical examination were done on her with vivid and clear explanation of all procedures to her. She had normal pregnancy. Home visits were also carried out to assess her environment and community in which she lived. The family was also involved in the care throughout the period. This interaction continued through her delivery and puerperium and finally ended on 24th of December, 2021, during the tenth day post-delivery where she was handed over to the public health nurse in-charge for continuity of care. In all, the care lasted for about 5 weeks from 27th October, 2021 to 24th December, 2021. Her condition at the beginning and termination of interaction was satisfactory.

This writes up is in 4 chapters.

Chapter one entails assessment of client and family which includes the past and present obstetric history, menstrual history, medical / surgical histories and habits of daily living.

Chapter two also covers the first interaction with client, first home visit to client, subsequent antenatal visit to the clinic, subsequent home visit and nursing care plan during antenatal.

Chapter three talks about admission and management of the various stages of labour, immediate care of the baby, subsequent care of the baby, summary of labour and nursing care plan during labour.

Chapter four consist of management of puerperium, first day post-delivery and discharge, postnatal home visits and tenth day postnatal visit to the hospital.

The problems both actual and potential disorders identified were managed using the nursing process and care plan was drawn at the end of each chapter except chapter one.

This report includes termination of care, summary and conclusion, bibliography, appendices and signatories. The source of information was from the client records, textbooks and her family. The client will be called Madam Patricia throughout this project.

LITERATURE REVIEW

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

PREGNANCY

Myles (2009) pregnancy is confirmed when many physiological changes take place in the body and return to its pre-pregnant state during puerperium due to the effect of certain hormones namely oestrogen and progesterone. These hormones are responsible for the major changes that take place during pregnancy. Even though these hormones have their own effects by causing the minor disorders that occur during pregnancy, they are one way or the other an advantage for the mother and the growing fetus since the fetus depends solely on the mother for survival when in utero. There are varieties of care that are rendered to the expectant mothers and their entire families include history taking, physical examination (head to toe examination and abdominal examination i.e. inspection, palpation and auscultation), laboratory investigation (urine, blood and stool), administration of routine drugs (folic acid, ferrous sulphate and multivitamins), and tetanus toxoid, education on minor disorders, danger signs of pregnancy, diet, rest and sleep, exercise, personal hygiene and environment hygiene, birth preparedness and complication readiness. The anatomical and physiological change in the uterus plays an essential role in pregnancy by protecting and supporting the fetus, placenta and amniotic fluid. At the time of labour it is able to contract regularly and forcibly to expel the fetus due to its unique properties of contractility and elasticity.

Fraser and Cooper (2008) pregnancy is the fusion of the woman's egg and a man sperm cell unite to form a zygote. All changes in the mother's body during pregnancy are due to the effects of specific hormones. These changes enable her to nurture the fetus, prepare her body for labour

and develop her breast and lay down stores of fats to provide calories for production of breast milk during puerperium .It states that the woman's psychological state is also affected by hormonal changes. The gestational period is divided into three trimesters. The first trimester is from the time of conception to the 12th week. The second trimester is from the 13th week to the 24th week whilst the third trimester is from is from the 25th week to the 38th. During pregnancy, antenatal care is given to the woman throughout the period and should commence from the time pregnancy is diagnosed and continue until the safe delivery of the baby. This is why it is so important that the midwife has knowledge and understanding of the common disorders of pregnancy which include, constipation, fatigue, lower abdominal pain, waist pain, leg cramp, backache insomnia, increase vaginal discharge among others in order to advise the woman on strategies that will help her cope with the condition and minimize the effects she experiences.

Weller B.F (2009) Pregnancy is a state of being with a fetus from the time of conception to the expulsion of the fetus. The normal period is 280 days or 40 weeks counted from the first day of the last menstruation period. It is divided into three trimesters. The first trimester is from the day of conception to the 12th week. The second trimester starts from the 13th week to the 28th week and the third trimester is from the 29th week to delivery. During this period many physiological changes occur in all the system of the woman's body due to hormonal changes and these changes may lead to minor disorders like constipation, backache, heartburn, nausea and vomiting and if not managed may deteriorate the woman's health and the fetus. These disorders can be very distressing and life threatening if not managed appropriately. These changes and many other problems (example, personal and environmental) are identified during antenatal care and the expectant mother is assisted and managed as to how to cope and adjust to the situation. This is normally done through health education, counseling and interaction with the client and family.

King (2014) pregnancy is a time of profound anatomic and physiologic change in a woman's body. In addition to the reproduction organs all maternal physiologic system make adaptations needed support the developing fetus and at the same time, maintain maternal homeostasis. Pregnancy last approximately two hundred and sixty, six days (266 days) or thirty eight weeks (38 weeks) from ovulation. The antenatal period is into trimesters, first trimester is considered to be 1 to 12 weeks because organogenesis is completed at the end of twelve weeks and the risk of spontaneous abortion is significantly reduced at this time. Historically, the second trimester was considered to be 13 to 28 weeks was limit of viability. The third trimester extends from 29 to 40 weeks. The term 'post-date' or 'post term' is typically used to describe a pregnancy beyond forty (40) weeks.

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

Konar (2013) pregnancy is the progressive anatomical, physiological and biochemical change not only confined to genital organs but also to all systems of the body. This is principally a

phenomenon of maternal adaption to the increasing demand of the growing fetus. Unless understood, this physiological adaptation to normal pregnancy can be misinterpreted as pathological there is enormous growth of the fetus during pregnancy. In late pregnancy, frequency of micturition once more reappears due to pressure on the bladder as the presenting part descends down the pelvis. Stress incontinence may be observed in late pregnancy due to urethral sphincter weakness. The gums become congested and spongy and may bleed to touch. Muscle tone and motility of the entire gastrointestinal tract are diminished due to high progesterone level. Cardiac sphincter is relaxed and regurgitation of acid gastric content into oesophagus may produce chemical esophagitis and heart burn. There is diminished gastric secretion and delay emptying time of stomach. Risk of peptic ulcer disease is reduced. A tonicity of the gut leads to constipation while diminished peristalsis facilitates more absorption of food materials.

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

LABOUR

Myles (2014) labour 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. Stage one comprises of latent phase, active phase ad transitional phase. This begins with the presence of

painful rhythmic contractions until the cervix is 10cm dilated or full dilatation. Second stage of labour is when there is expulsion of the foetus. It begins when the cervix is fully dilated and the woman has the urge to expel the baby. There is stretching of the clitoris, gaping of the anus and bulging of the perineum. Labour completes when baby is born. In multigravida women, it last 15-30 minutes and 1hour in primigravids. Third stage begins after the expulsion of foetus and ends with the expulsion of the placenta and membranes (afterbirth). The fourth stage is a period of careful observation of the mother made to assess excessive bleeding and the firmness of the contracting uterus immediately after the third stage of labour and it last for six hours after delivery of the placenta.

Fraser and Cooper (2008) Labour is described as the process by which the products of conception are expelled through the birth canal. Labour was classified under four stages. The first, second, third and fourth stage. The first stage of labour begins with the dilatation of the cervix up to ten centimeters (10cm) dilation or full dilation of the cervix. This is a result of the regular rhythmic and painful uterine contractions. The second stage of labour also starts when the cervix is fully dilated and it continuous till the expulsion of the fetus. The third stage of labour is the complete expulsion of the placenta and its membranes and the control of bleeding. The fourth stage also is the six hourly close observations of the mother and the baby after the third stage. It involves the checking of the vital signs of both the mother and the baby every 15 minutes within the first hour after the delivery of the placenta and membranes. It also deals with the establishment of lactation and detection of abnormalities and any complications in both mother and baby. During this stage, the mother is also given health education on personal hygiene, care of the cord, frequent change of perineal pad, frequent ambulation to prevent postpartum haemorrhage and exclusive breastfeeding.

Ojo and Briggs (2006) labour is the process by which the uterus empties its content after the 38th weeks of pregnancy. It entails contraction and retraction of the uterine muscle fibres, the dilatation of the cervical os and the expulsion of the baby, liquor amni, placenta and membrane. The causes of onset of labour are unknown but many theories have offered few of these and are stated as, overstretching and over distention of the uterus at term, placental efficiency is diminished toward term, resulting in reduction in the level of estrogen and progesterone. The uterus becomes sensitive to the effect of oxytocin produced by the posterior pituitary gland there is an increase contractibility of the uterus towards term. Braxton Hicks' contractions increase in amplitude and may bring about the onset of labour. The onset has been associated with hyperpyrexia, cyanosis and emotional upset. First stage of labour starts from the onset of regular uterine contractions to full dilation of the cervical os. It lasts 12-14 hours in primigravida and 6-12 hours in multigravida. The first stage of labour comprises; painful uterine contractions, waist pain, lower abdominal pain, progressive dilatation of the cervix, formation of the forewaters and rupture of membranes. Second stage of labour; starts from full dilatation of the cervical os to the complete expulsion of the baby. It usually last up to 1 hour in primigravida and 5-30 minutes in multigravida. Third stage of labour entails complete expulsion of the placenta and membranes, usually within 5-15 minutes of birth of the infant.

Tiran (2008) Labour is defined as the process by which product of conception are expelled from the uterus through the birth canal. She continued that labour normally occurs spontaneously at term that is between 38 and 42 weeks of pregnancy. The fetus should present with vertex and once started, the contractions should increase in strength and frequency without interruption and artificial stimulation until foetus, membranes and placenta are expelled by the maternal effort through the vagina .Partograph is the graphical recording of labour progress obtained by

assessment of visual patterns of cervical dilatation and descent of the presenting part in conjunction with records of maternal and foetal wellbeing.

Konar (2013) defined labour as series of events that takes place in the genital organs in an effort to expel the viable products of conception out of the womb through the vagina into the outer world. The onset of labour is determined by a complex interaction of maternal and foetal hormones and is not fully understood. It would appear to be multifactorial in origin, being a combination of hormonal and mechanical factors.

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

PUERPERIUM

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

Myles (16^{th} edition) states that, following the birth of the baby and expulsion of the placenta, the mother enters a period of physical and psychological recuperation. Puerperium starts immediately after delivery of the placenta and membranes and continues for six weeks. The general expectation is that by six weeks after the birth, a woman's body will have recovered sufficiently from the effects of pregnancy and the process of parturition. The difference between exercise and healthy activity verses rest, relaxation and sleep. Exploring each person's level of activity will encourage advice in relation to appropriate exercise and by association, nutritional intake and rest or relaxation and sleep. Undertaking regular pelvic floor exercise is of benefit to the woman's long term health.

Henderson (2009) 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 pregravid

condition, a period estimated to be around 6-8 weeks. Puerperium is a time of major physiological change and a time of major emotional and personal upheaval. It also says that an early postnatal check includes: maternal haemoglobin and assessment of the baby and the mother looking particularly for tiredness and depression. Further states that, the falling progesterone levels affect the alimentary tract. The smooth muscle tone gradually improves throughout the body, and symptoms of heartburn the woman may have experienced should resolve. Constipation may however remain a common problem during the postnatal period.

Konar (2013), puerperium is the period following child birth in which the bodies tissues, especially the pelvic organs revert back approximately to the pre-pregnant state both anatomically and physiologically. During puerperium the following physiological changes take place in all women as the body returns to its pre-pregnant state; Involution of the uterus and other soft parts of the genital tract, commencement of lactation. Physiological changes in other systems of the body. It is important that the midwife is familiar with these to ensure that appropriate care and advice are given. Further said that involution is the process whereby the genital organs revert back approximately to the state as they were before pregnancy. The woman is termed as puerperal. Further states that, puerperium begins as soon as the placenta is expelled and lasts for approximately 6 weeks when the uterus becomes regressed almost to the non-pregnant size. The period is arbitrarily divided into; immediate – within 24 hours; early – up to 7 days and remote – up to 6 weeks. Lochia is the vaginal discharge during puerperium. The discharge originates from the uterine body, cervix and vagina. Depending upon the variation of the colour of the discharge, it is named as;

1. Lochia rubra: red, 1-4 days
2. Lochia serosa: 5-9 days the colour is yellowish or pink or pale brownish

3. Lochia alba: 10-15 days, pale white

Ojo and Briggs (2006) at the end of labour the uterus is still very large and mobile; the genital tract is greatly bruised, distended and perhaps lacerated. The abdominal muscles are flaccid. Within the period of six to eight weeks postpartum are called puerperium, and where the bruises heal and genital organs and any other which underwent changes during pregnancy return to their pregravid states. This process of readjustment is called involution and lactation is established during this period. Involution is brought about by a shriveling up of the muscle fibers and the absorption of their substance, partly into the bloodstream and partly into the lochia. The lochia is made up of blood from the site where the placenta was attached and the crumbling of the uterus which had developed so greatly in pregnancy. In the first five days after childbirth, the lochia mostly consists of blood and is consequently red in colour and is called lochia rubra. For the next 5 to 10 days, it is reddish brown as the blood loss lessens and more of the uterine lining in expelled and is called lochia serosa. By the 12 day, it has become pale either yellowish or white and the discharge may persist varying in amount for up to six weeks. This book also talks about minor disorders that may occur after delivery as the body begins to change to it non-pregnant state. After pains; after delivery, the uterus does not stop contracting. The contraction continues painlessly for the most part, but in some woman, particularly multigravida, painful contractions persist in the few days of the puerperium and may require analgesics. Backache; It mostly affect one woman in five in the weeks for occasionally month after childbirth. Backache appears to be more common if the woman has had an epidural anesthetic or a long second stage of labour. There is no specific treatment and backache gets better by itself. Urination; In the first 24 hours after delivery, the mother sometimes finds it difficult to pass urine because of the stretching

during delivery of the vaginal tissues and the tissues around the bladder and with early ambulation help.

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

1. Immediate –within 24 hours
2. Early- up to 7 days
3. Remote –up to 6 weeks
4. 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 60 gram. The lower uterine segment becomes thin, flabby and collapsed structure. The cervix contracts slowly; the external os admits to fingers for the few days but by the end of the first week, narrows down to admit the tip of a finger only. The external os never revert back to the nulliparous state. During puerperium the number of muscle fibres is not decreased but there is substantial reduction in the myometrial 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 afterbirth it takes a long time (4 to 8 days) for the vagina to involute. The vaginal discharge for the first fortnight during puerperium is the lochia. The lochia originates from the uterine body, cervix and vagina. Depending upon the variation of the colour of the discharge it is named as:

1. Lochia rubra (red) 1 -4 days.
2. Lochia serosa (yellowish or pink or pale brownish) 5- 9 days.

3. Lochia alba (pale white) 10 -15 days.
4. The average amount of discharge, for the first 5-6 days is estimated to be 250 ml.

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

WHY CLIENT WAS CHOSEN

Madam Azeta Patricia, 28 years old, Gravida 2 Para 1 alive visited the antenatal clinic at the Jinijini Health Center, on the 27th October, 2021, with gestational age of 36 weeks. It was her 6th visit to the clinic. She was warmly welcomed and offered a seat. After a short education, it was noticed that, client had inadequate knowledge on birth preparedness and complication readiness plan. Client was calm and quite during the discussion and contributed less to the topic, so tried to help her know much about the importance of birth preparedness and complication readiness plan.

Introduction was done and she was informed as a student midwife from Holy Family Nursing and Midwifery Training College, Berekum on practical session. The concept of the family centered maternity care study was explained to her and the intension was to use her as a client for the care study and to give individualized care to her and her family for the rest of the period of her pregnancy, labour and puerperium. She accepted and promised to co-operate with me.

She was introduced to the midwife in-charge and she endorsed it. She gave direction to her house and we exchanged phone numbers and promised to visit her in the house but will call her before making the visit.

CHAPTER ONE

ASSESSMENT OF CLIENT AND FAMILY

1.0 INTRODUCTION

This chapter gives detailed information about client and her community. This includes information about client social history, family history, medical history, surgical history, present obstetric history, past obstetric history and social lifestyle.

1.1 SOCIAL AND PERSONAL HISTORY

Madam Patricia is a twenty eight (28) years old Gravida 2 Para 1 alive. She comes from Bolgatanga in the Northern region of Ghana and stays at Ayimom, a small village close to Jinijini in the Bono region of Ghana with her mother and her one year old son. She is dark in complexion and stands at a height of 158 centimeters. She speaks English, Frafra, and the Twi languages. She completed junior high school and is currently a cook. She is a Christian and fellowship with the Methodist Church. She is married to Mr. Apana Elijah, a thirty (30) year old man who is also a farmer. He also comes from the Northern region and speaks English, Frafra, and the Twi languages. He is also a Christian and attends Fountain Gate Chapel. He does not smoke or drink. Madam Patricia next of kin is her husband Mr. Apana Elijah. Madam Patricia lives in a two bedroom house built with mud and roofed with iron sheet with her family.

1.2 FAMILY HISTORY

Madam Patricia is the fifth born of Mr. and Mrs. Azeta. Both live in Ayimom in the Bono region of Ghana and are alive. She has 3 siblings. According to her, there is no history of any hereditary disease such as hypertension, heart disease, diabetes mellitus, asthma, mental illness, sickle cell

disease, birth defects like spinal bifida, cleft palate. There is also no history of twin pregnancy in their family. She also said death in both families occurs naturally.

1.3 MEDICAL HISTORY

Client has never been admitted to the hospital. She receives medical treatment as an outpatient when she experience slight abnormal pain, nausea, fever and headache at Jinijini Heath Centre. Client has never donated blood neither has she been transfused. Madam Patricia has no medical condition such as hypertension, heart disease, sickle cell disease, diabetes mellitus, respiratory disease, (tuberculosis, asthma), epilepsy, glucose 6 phosphate hydrogen (G6PD)and mental illness. She has never had any allergy reaction to any food or drug.

1.4 SURGICAL HISTORY

Madam Patricia has never undergone any surgical procedure such as salpingectomy, myomectomy or caesarean section, neither has she been involved in any accident or injury which might affect her spine, hip or pelvic. On observation, no scar was seen which could indicate previous surgery or episiotomy

1.5 MENSTRUAL HISTORY

Madam Patricia had her menarche at the age of 15 years. She has normal menstrual cycle of twenty-eight-day (28 days) with moderate blood flow of normal dark red colour and last for five (5) days with no dysmenorrhea. She said she changes her pad twice daily during her menses.

1.6 HOBBIES AND LIFESTYLE

Madam Patricia wakes up at dawn and has her morning prayers with the family. She uses tooth brush and Pepsodent to clean her teeth. She sweeps the bedroom and the compound of the house

every morning. According to her, she baths her son in the morning and also prepares their breakfast every day before she sends him to school.

She baths twice a day and eat three times a day, with fruits in between meals and sometimes fruit juice after supper. She moves her bowel twice a day usually in the morning and evening and passes urine depending on the fluid in-take. Madam Patricia said she enjoys playing Lude and watching movies as well. Her favorite food is Apkele with Okro soup. On Saturdays, she washes their clothes, mops their rooms and scrubs their washroom. She prepares supper at about 4:00pm, after which she feeds her child, helps him do a little revision not to forget what he has been taught at school before going to bed. She does not smoke cigarette or drink alcohol.

1.7 PAST OBSTETRIC HISTORY

Madam Patricia gravida 2 para 1 alive and healthy went through her pregnancy successfully without any complications. According to her, she experienced minor disorders of pregnancy such as backache, fatigue, constipation, nausea and vomiting which she reported when she comes to antenatal clinic and was explained to her as normal pregnancy and was educated on the management. She has never had abortion. She had her first pregnancy in 2020 and was carried to term. There was no history of pregnancy induced conditions like pregnancy induced hypertension, gestational diabetes, pre-exclampsia and others. She attended antenatal clinic at least seven times during her first pregnancy and received one dose of tetanus immunizations during her first pregnancy. The interval between her first pregnancy is one year.

She reported to the maternity unit of Jinijini Health Centre in her first stage of labour and it took her eighteen hours before she delivered spontaneously a male child.

The baby cried immediately after birth and had a birth weight of 3.2kg. According to client the placenta and membranes were delivered within some few minutes after delivery and there was no complication like postpartum haemorrhage and perineum was intact without tear. She and her baby were discharged home after 24 hours since they had no health problems. According to her, she breastfed her child exclusively for the first six months, and continued to breastfeed him till 2years old. She has also immunized her child against the preventable childhood diseases. The client used Depot medroxyprogesterone acetate (Depo provera) method of family planning and discontinued the month she planned to conceive. According to Madam Patricia, her husband and mother were her support persons.

1.8 PRESENT OBSTETRIC HISTORY

Madam Patricia Gravida 2 Para 1 reported for the first time at the antenatal clinic of Jinjini Health Centre on the 3rd June, 2021 when she was 15^{+4} weeks pregnant. Her last Menstrual period (LMP) was 14th February, 2021 and her expected date of delivery is 21st November, 2021. During this visit the following were the findings on examination, laboratory investigations and observations;

Vital signs;

Temperature	36.3 degrees Celsius
Blood pressure	110/60 millimeters of mercury
Pulse	74 beats per minute
Weight	72kilograms
Height	158 centimeters
Respiration	22 cycles per minutes

Laboratory investigations;

Haemoglobin	11.1 grams per deciliter
Sickling	Negative
Blood group	O
Rhesus factor	Positive
Stool	No abnormality detected
Urine (protein and glucose)	Negative
Syphilis	Negative
VDRL	Non-reactive
Hepatitis B test (HBsAg test)	Negative
HIV/AIDS	Negative
Blood film for malaria	No malaria parasite were seen
G6PD	No defect

These findings were to serve as baseline data to be compared to future findings to detect any deviation from normal. Head to toe examination was performed to detect abnormalities. Presentation and decent had not taken place. Client had no complains and it was documented that she looked healthy. She was given health education on nutritious diet, rest and sleep, personal hygiene and ultrasound scan during pregnancy. She was also given the following routine drugs:

Tablet Folic Acid	5mg daily times 30 days

Tablet Ferrous Sulphate	200mg daily for 30 days
Tablet Multivitamin	200mg daily for 30 days.

According to client's maternal record book, she attended the clinic regularly and all routine examinations and laboratory investigations were carried out with no abnormalities detected. She received the second dose of tetanus diphtheria injection on the 18th August, 2021 and was asked to continue the rest after delivery. The records also revealed that she received health education on danger signs in pregnancy, nutrition, anemia in pregnancy, etc. Client was scheduled for monthly attendance but was encouraged to attend clinic any time she had any health problem. She was given various health educations anytime she visited the clinic such as education on sleeping under insecticide treated mosquito net and good nutrition.

CHAPTER TWO

ANTENATAL CARE

2.0 INTRODUCTION

This chapter is entailed with the care that was given to Madam Patricia during her antenatal period. It includes first contact with client, antenatal home visits, subsequent visit to the clinic by client, problem identified, short and long term goals and also the nursing care plan drawn to solve problems during the antenatal period.

2.1 FIRST CONTACT WITH CLIENT

Madam Patricia was met on the 27th of October, 2021 at Jinijini Health Center on one of her routine visits to the antenatal clinic, this was her 6th visit and she was 36 weeks pregnant. When it was her turn for vital signs to be taken, her antenatal book was collected after exchanging greetings and offering her a seat. Upon glancing through the antenatal booklet, she was a regular attendant of the antenatal clinic, and had a good obstetric history. Introduction was made to her as a student midwife from Holy Family Nursing and Midwifery Training College, Berekum who came to have clinical experience and then wishes to use her for care study and help her gain more knowledge about birth preparedness and complication readiness plan. Introduction was done and enquiries were done about her family to which she gave a positive answer that they were doing well. The concept of the family centered maternity care study was explained to her and the desire to involve her family was made known to her. She gladly accepted to participate to make it successful. Interest was expressed in choosing her as the client for this care study to care for her throughout pregnancy, labour and puerperium. She agreed and promised to give the needed cooperation. She was informed the care was a temporal one which will be handed over to the public health for continuation of care. Explanations about the various examinations that will

be done on her were given, such as checking of vital signs and physical examination that is head to toe examination. She agreed and promised to give the needed cooperation. She was encouraged to ask questions when necessary and was thanked for her cooperation. All procedures to be carried out were explained to her. Her vital signs and other observations were checked and recorded as Temperature 36.6 degree Celsuis , Pulse 80 beat per minutes, Respiration 20 cycles per minutes, Blood pressure 110/69 millimeters of mercury, Weight 73.0 kilograms and Haemoglobin 11.3 grams per deciliter. She was then sent to the examination room and privacy was provided.

Urine testing; Specimen bottle was offered to her to collect midstream urine sample for glucose and protein which both tested negative. A chemically prepared strip was picked and dipped into the sample. The strip was immediately removed and the edge of the strip taps against side of the regiment container. There was no change in the color of the strip indicating a negative result when compared closely with the corresponding color chart on the container.

General Head to toe examination

She was first sent to the examination room and the procedure explained to her and consent sought. Privacy was provided and client was assisted onto the examination bed and taught to lie on her left side before lying on her back and encouraged to do that during subsequent visit. Hands were properly washed with soap under running water and dried with clean towel. Hands were rubbed together to warm them before the procedure to prevent premature contractions.

Head; the head was examined first during the physical examination. Client hair was examined for cleanliness, lice dandruff, ringworms, alopecia, skin infection and any other abnormalities but none was detected. Madam Patricia was congratulated and praised for keeping her hair clean and

advised to keep it up. Client face was then inspected for edema, rashes and chloasma and nothing abnormal was detected. Her eyes were also inspected for pallor of the conjunctiva; yellowish (jaundice) of the sclera but no abnormality was detected. The ears were also inspected for discharge and alignment with the eyes and nothing abnormal was detected. The mouth was inspected for dryness, cracks, and infection of the lips. The gum and tongue for pallor, sores or lesions and the teeth for decay but no abnormality was detected. She was encouraged to brush her teeth two times daily and rinse her mouth after each meal. The neck was palpated for enlarged thyroid gland, distended neck vein and enlarged lymph nodes and no abnormality was detected.

Breast examination; the procedure was explained to client and consent was sought before her breast was exposed. The breast was exposed to check for size, shape, signs of pregnancy, dimpling and nipple retraction and condition of the skin. One breast was covered and she was asked to put her hand of the part to be examined under her head. The breast was palpated systematically in a circular manner using the inner aspect of the fingers and client was taught self-examination. Nipples were squeezed gently for colostrum and were examine for odour, blood which were cleaned with a clean cotton wool swab. The same procedure was done for the other breast and no abnormality was noted. Client breastfeeding history was inquired and client verified desire to breastfeed exclusively 6 months as it done for her son. Client was reminded to examine breast at home as it was done at the facility frequently and if she sees any abnormality she should report to the health Centre.

Extremities / back; Madam Patricia was ask for tingling and tightness of the finger on making a fist, the hands and fingers were inspected for edema, pallor in the palm and nail bed and no abnormality was noted. The finger nails were well trimmed. The legs were inspected for size and

equality and palpated for edema, tenderness in the calf muscles, size, and equally but no abnormality detected. She was encouraged to avoid prolonged standing and to perform regular exercise like walking to enhance proper circulation to prevent varicosity. The back was examined for deformity of the spine (scoliosis), edema of the sacral region and no abnormality was detected.

Abdominal examination

The procedure and the reason for this examination were explained to the client's understanding. The purpose for this examination is to observe the signs of pregnancy, assess fetal size and growth, auscultate for fetal heart, locate fetal parts, and detect any deviation from normal. She was assisted to lie in a dorsal position with arms by her side to relax the abdominal muscles. Hand were washed with soap and water and dried with clean towel. Standing on her right hand side the abdomen was exposed. On general palpation of the abdomen there was no tenderness, masses, enlargement of the spleen and liver as well as supra pubic tenderness.

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

Measurement of symphysio fundal height; to measure the symphysio fundal height the hands were warmed by rubbing palms together before the upper border of the symphysis pubic and the uterine fundus were located. The zero part of the tape measure was placed on the fundus and extended along on the contour of the abdomen along the midline to the upper border of the

symphysis pubis. The measurement was recorded in centimeters. The symphysio fundal height was 35cm and gestational age was 36 weeks which corresponded with the expected date of delivery.

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

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

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

Lateral palpation;

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

Auscultation; the fetal stethoscope was warmed by rubbing in palm and placed on the right side of the mother's abdomen. Maternal pulse was located. The ear was placed against the stethoscope to listen to fetal heart beat for one minute comparing with maternal pulse. The rhythm and volume was recorded. The fetal heart rate was 138 beats per minute strong and regular. Madam Mary said she felt fetal movement when she was asked.

Vulva; Client permission was sought for vulva inspection and she agreed. A pillow was placed under her head and covered by blanket to provide warmth. The vulva was well shaved and clean. Hands were washed with soap and water and was dried with a clean towel, clean gloves worn on both hands and the vulva and the perineum was examined for abnormal discharges, rashes, warty growth and ulcers, episiotomy scars and varicose veins. The labia majora was examined for size and shape, redness, swelling and tenderness and nothing abnormal was detected.

Madam Patricia was thanked for her cooperation and all findings were communicated to her. All equipment's used were decontaminated appropriately. The gloves were removes and also discarded. Hands were washed thoroughly with soap under running water and dried with a dried towel. Client was encourage to have enough rest and also taught how to perform exercise in pregnancy such as pelvic rock which will help relieve backache, head and shoulder lift which strengthens abdominal muscles, kegel exercise which strengthens pelvic floor muscles that makes delivery easier and rib cage lift which strengthen leg muscles and also it improves

breathing. Client was also encouraged to take her drugs as prescribed. Health education was given on birth preparedness and complication readiness plan, eating of nutritious diet that is food that contains energy given food, body building food and protective food to prevent anemia.

The following drugs were given to Madam Patricia;

Tablet ferrous sulphate	200milligrams 1 daily for 7 days
Tablet multivitamin	200milligram 1 daily for 7 days
Tablets folic acid	5milligrams 1 daily for 7 days

Afterwards, permission was sought from Madam Patricia for home visit and it was granted. Telephone numbers were exchanged and she gave directions to her house. She was also reminded of her visit to the clinic and was seen off.

2.2 FIRST ANTENATAL HOME VISIT

The first home visit to Madam Patricia and her family was on the 3rd November, 2021 at 2:00 pm after the morning shift. The aim of the visit was to observe client's environment, establish rapport with client, her family and neighbor, assess client health status and offer a comprehensive focus antenatal care to client. She stayed at Ayimom a village closer to Jinijini. On arrival at Ayimom junction, a call was made to her because she asked for a call to be made at the junction and she will let her friend come there to help with the direction. In the next 10minutes, the friend was there to lead to the house. When entering the house, a warmly welcome was received, and also met her son but did not get to see her husband. When she was asked of her husband, she said that he does not stay at Ayimom with them but rather stay at Kumasi. She gave a warm reception after the introduction, obviously, they were happy for the visit. A brief inquiry about their health showed that they were well.

A quick assessment of the environment was done after the warm reception was offered. Client lived in their own house with her family thus her mother, client siblings and her son. The house was built with mud, roofed with iron sheet and contains two bedrooms, a separate wooden structured kitchen and bathroom but do not have their own toilet but joins the public one. The floors of the rooms were cemented and the windows with louver blades. Madam Patricia occupies one room with her son and sleeps under intermittent treated mosquito net whiles the other room for her mother and siblings in which they also sleep under a treated mosquito net in which confirmation was made after being ushered into her room, client was congratulated for a good work done. The whole family shared one bathroom, and the kitchen. The house had no source of electricity. Each room had two windows which could be opened for ventilation. Madam Patricia was educated to place a mosquito net in the window to prevent entry of mosquito into the room from the opened windows. The environment around the house was spacious enough. The family had a medium size basket covered with a sheet of plywood into which they put their waste into and later emptied at the refuse dump every morning. They use a bore hole water from a nearby house which is about three minutes' walk from their house which they bath and drink from it and they usually store the water in a barrel covered with a lid.

Health education was given to client and her family on birth preparedness and complication readiness plan which includes the needs to arrange for blood in case of emergency, arrangement for transport to clinic in advance in case labor sets in, and the need to save money towards their needs during delivery. She was asked about her national health insurance card and she has registered with the National health insurance scheme. Her card was collected and looked at it and noticed that the expiring date was not approaching. She was asked about her items for delivery and confinement and she disclosed that she had bought almost everything. She was encouraged

to get everything before the next home visit for inspection. True sign of labour was also explained to her such as regular, painful, rhythmic uterine contraction, cervical dilatation and the presence of show (that is, blood stained-mucoid discharge). She was reminded about the advantages of being prepared psychologically for labour and delivery that is being confident and thinking positively that her delivery will be successful. She was encouraged to adhere to all the information given to her during the antenatal clinic. Education on family planning was also discussed and she said she previously used the coitus interruptus method, and that she had little information on the other methods. The other method with their advantages and disadvantages were also explained to her since she had little knowledge about them, as well as the importance of birth spacing. She was encourage to eat varieties of foods as this is more likely to let her get the required nutrient, for instance protein from animal like meat, fish, eggs and plant source like beans, groundnut and agushie and also a good source of folic acid can be found in dark green leafy vegetables examples; kontomire cassava leafs, Ayoyo etc. she was educated to take a lot of fiber diet like brown rice, whole grain cereals, fruits and vegetables to prevent constipation. She was congratulated for adding fruits to her diet and encouraged to take her routine drugs everyday as prescribed. The last thing we discussed was about rest and sleep. She was asked whether she has any questions to ask or other issues she would like us to discuss, but answered there was none. They were thanked for their cooperation and reception. Client was reminded of her next visit to the clinic which was 8th November, 2021.

2.3 SUBSEQUENT VISIT TO THE CLINIC

Madam Patricia next to the clinic was on the 8th of November, 2021 which was on Monday around 9:00am as scheduled. On arrival she was warmly welcome and offered a seat after

enquiring on her health and that of her family. She was congratulated for the visit and vital signs and other observation checked and recorded as follows;

Temperature	36.9 degrees Celsius
Pulse	80 beats per minute,
Respiration	21cycle per minute
Blood pressure	110/70 millimeter of mercury and Weight 73.0 kilogram.

She was asked to empty her bladder and a sample of midstream urine was tested for glucose and protein which indicated negative. Procedure was explained and made to empty her bladder Privacy was ensured. She was help unto the couch, hands were washed and dried. A head to toe examination was performed with no abnormality detected under the supervision of the midwife in charge. Abdominal examination was done, and the abdomen looked globular and medium in size with linea nigra visible and a noticed fetal movement. On palpation gestational age was 37 weeks with symphysio fundal height 37centimeters. The lie was longitudinal, presentation was cephalic and position was right occipito anterior with a decent of $5/5^{th}$ above the pelvic brim. On auscultation, the fetal heart was 142 beats per minutes with regular rhythm and volume. She was helped from the couch and dressed up and findings were documented in the antenatal booklet and findings were also communicated to her. Client complains of heart burns, fatigue and leg cramps. Client was reassured and educated on the causes and prevention of heart burns. She was encouraged to avoid going to bed immediately after meal and elevate the top part of the bed when lying down. She was again encouraged to reduce the intake of fatty and spicy foods, and was also encouraged to wear down heel shoes and sandals on the complaint on leg cramps. Madam Patricia was really at ease after the explanations were made. She was reminded of the

signs of true labour which include painful rhythmic uterine contraction with blood stained mucus discharge (appearance of show) and cervical dilatation. She was asked to report to the clinic immediately she sees any these signs. She was served with following drugs;

Tablet folic acid	5mg daily for 7 days
Tablet ferrous sulphate	200mg three times daily for 7 days
Tablet multivitamin	200mg three times daily for 7days
Tablet paracetamol	1g three times daily for 3 days

Client left the clinic very happily and was promised another visit to them again in the house.

2.4 SUBSEQUENT HOME VISIT

Client was visited again in the house on 9th of November, 2021. On arrival the presence of the entire family was met and they were happy also. The purpose of the visit was to see how client and family were doing and also check if the education was adhering. On review of the birth preparedness and complication readiness plan, client said the husband will be around to donate blood for her if necessary. She also said the mother has also arranged for a taxi driver who will bring her to the clinic when labour sets in. Her items for delivery were brought for inspection and it was intact and well packed in a nice bag. Client was encouraged to put her health insurance card and antenatal card in the bag so that she does not forget them. Client complained of backache and constipation. The physiology of backache was explained to Madam Patricia that it is as a result of the growing uterus causing a change in the posture and the influence of the hormone relaxin which relaxes the ligament. Client was encouraged to sleep on a firm surface to maintain a good posture when sitting and standing, and supports her back with pillow when sleeping and sitting, and was therefore advised to take in enough fluids at least 8 glass daily and

also eat diet containing fiber and roughages example oranges to manage the constipation. The signs of labour were also reminder and encourage her to report to the clinic immediately. Client was happy for the visit

2.5 SUBSEQUENT VISIT TO THE CLINIC

Madam Patricia visited the clinic again 10th November, 2021 at 9:30am as scheduled. She was welcomed and seat was offered. After a small conversation, observation made and recorded as follows;

Temperature	36.2 degree Celsius
Pulse	70 beats per minute
Respiration	20 cycles per minute
Blood pressure	118/70 millimeter of mercury
Weight	73.0 kilogram.

Madam Patricia was asked to empty her bladder and a specimen bottle was given to her to take a midstream urine sample for testing. After which she was asked to wash her hands. Urine was tested and the result gave negative for both protein and glucose. After explanations of procedure to her, privacy provided and physical examination was carried out from head to toe under the supervision of the midwife in charge and no abnormality detected.

On abdominal examination, her gestational age was 38 weeks with symphysio-fundal height of 39cm. presentation was cephalic with descent of 4/5th fetal heart rate on auscultation was 146 beats per minute with good volume and regular rhythm. Client was thank and helped her out of the couch after which she dressed up. All findings were communicated to her. She was told to

have enough rest and sleep and reduce stress. The important of clinic delivery was stressed on and was granted the permission from the in charge to take client round the labour ward for orientation.

The following drugs were served to be taken home;

Tablets folic acid	5mg daily for 7days
Tablets multivitamin	200mg daily for 7 days
Tablets iron ferrous sulphate	200mg daily for 7 days
Tablets paracetamol	1g for 3 days

2.6 NURSING CARE PLAN FOR ANTENATAL

A nursing care plan is one of the way nurses and midwives use to communicate about the nursing care of their patients. It outlines the nursing procedure or actions. The nurses implement to resolve problems identified by assessment.

2.7 PROBLEMS IDENTIFIED

1. Leg cramps
2. Fatigue
3. Heartburns
4. Constipation
5. Backache

2.8 SHORT TERM OBJECTIVES

1. Client's leg cramps will subside within 24 hours and cope with it till the end of pregnancy

2. Client's fatigue will be reduced with 48 hours and cope with it throughout pregnancy

3. Client's heartburns will be reduced within 48 hours and cope with it till the end of pregnancy

4. Client will regain bowel movement once every 24 hours.

5. Client's backache will subside within 72 hours and cope with it throughout pregnancy.

LONG TERM OBJECTIVES

Madam Patricia will go through pregnancy, labour and puerperium successfully without any complicationstothemother

NURSING CARE PLAN DURING ANTEATAL

TABLE ONE: ANTENATAL CARE PLAN

DATE/ TIME	NURSING DIGNOSIS	NURSING OBJECTIVES/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
8/11/2021 At 9:00am	Leg cramps related to calcium deposits.	Client's leg cramps will subside within 24 hours and cope with it till the end of pregnancy as evidenced by 1. Client behavior.	1. Reassure client. 2. Educate client on the physiology of leg cramps. 3. Educate client to reduce calcium intake. 4. Educate client to wear low heel sandals. 5. Educate client to put a pillow at the foot of her bed.	1. Client was reassured. 2. Client was educated on the physiology of leg cramps. 3. Client was educated to reduce calcium intake. 4. Client worn low heel sandals. 5. Client used pillow at the foot of her bed.	10/11/2021 At 8:50am	Goal fully met as client verbalizing that her leg cramps has been reduced.	AKR

TABLE 2: ANTENATAL CARE PLAN CONTINUED

DATE/ TIME	NURSING DIGNOSIS	NURSING OBJECTIVES/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
8/11/2021 At 9:00am	Fatigue related to weight of product of conception.	Client's fatigue will be reduced with 48 hours and cope with it throughout pregnancy as evidenced by; 1. Client behavior.	1. Reassure client. 2. Encourage family members to assist in household chores. 3. Encourage client to have 2 hours rest and sleep during the day. 4. Encourage client to do minimal work. 5. Teach client energy conservation technique,	1. Client was reassured. 2. Family members assisted in household chores. 3. Client was encouraged to have 2 hours rest and sleep during the day. 4. Client did minimal work. 5. Client did energy conservation technique such as sitting whiles working.	10/11/2021 At 8:50am	Goal fully met as client been relieved fatigue.	AKR

TABLE 3: ANTENATAL CARE PLAN CONTINUED

DATE/ TIME	NURSING DIGNOSIS	NURSING OBJECTIVE-S/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATI-ON	SIGN
8/11/2021 At 9:00am	Heartburns related to progesteron e relaxing the cardiac sphincter	Client's heartburns will be reduced within 48 hours and cope with it till the end of pregnancy as evidenced by 1. Client action.	1. Support client emotionally 2. Explain the physiology of heartburns to the client. 3. Educate client to reduced fatty and spicy foods. 4. Educate client to eat in bits but at a frequent intervals. 5. Educate client to wait for at least 30 minutes before going to bed.	1. Client was supported emotionally 2. Physiology of heartburns was explained to client that it is due to the reflux of gastric content into the oesophagus 3. Client was educated to reduce fatty and spicy foods. 4. Client ate in bits but at frequent intervals. 5. Client waited for 30 minutes before going to bed.	10/11/21 At 8:50am	Goal fully met as client said her heartburns has been reduced.	AKR

TABLE 4: ANTENATAL CARE PLAN CONTINUED

DATE/ TIME	NURSING DIGNOSIS	NURSING OBJECTIVES/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
9/11/2021 At 9:00am	Constipation related to relaxation of smooth muscles and bowel.	Client will regain bowel movement once every 24 hours as evidence by 1. Client verbalizing.	1 .Reassure client. 2. Explain the physiology of constipation to client. 3. Encourage client to take fruits and vegetables at least three times daily. 4. Encourage client to take at least 2 litres of water per day. 5. Encourage client to eat roughages and fiber diet.	1. Client was reassured. 2. The physiology of constipation was explained to client. 3. Client increased intake of fruits and vegetables at least three times daily. 4. Client was encouraged to take at least 2 litres of water per day. 5 .Client increased intake of fiber and roughages like oranges and pineapple.	10/11/2021 At 9:00am	Goal fully met as client verbalizing that she has regained her bowel movement once every 24 hours.	AKR

TABLE 5: ANTENATAL CARE PLAN CONTINUED

DATE/ TIME	NURSING DIGNOSIS	NURSING OBJECTIVES/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
9/11/2021 At 9:00am	Backache related to pressure of the descending head on the sacral nerves.	Client's backache will subside within 72 hours and cope with it throughout pregnancy. as evidenced by 1. Client action.	1. Reassure client. 2. Explain physiology of backache to client. 3. Educate client to assume a comfortable position but harmless when sleeping. 4. Encourage husband to perform sacral massage. 5. Encourage client to have rest and sleep.	1. Client was reassured that pain will be relieved after delivery. 2. Physiology of backache was explained to her as pressure of the fetal head on sacral nerves 3. Client was educated to support her back and side with pillow when sleeping. 4. Client's husband was encouraged to perform sacral massage. 5. Client was encouraged to have rest and sleep	9/11/21 At 8:50am	Goal fully met as evidenced by client verbalizing that her backache has subside.	AKR

CHAPTER THREE

LABOUR

3.0 INTRODUCTION

This chapter deals with admission and management of labour which includes management of first, second, third and fourth stage of labour, immediate care of baby at birth, examination of the placenta and membranes, summary of labour, condition of baby at birth and nursing care plan on problems and needs identified during labour.

3.1 ADMISSION AND MANAGEMENT OF FIRST STAGE OF LABOUR

On 11th of November, 2021, at 4:00am Madam Patricia reported to the Jinijini Health Center accompanied by her mother. They were welcomed and offered seat and further assured her and her mother that she is in safe hands. On her arrival, client complained that she had experienced contractions with lower abdominal pains at 2am as well as waist pains and confirmed of seeing a blood stained jelly-like discharge (show) in her panty after contraction. With the lower abdominal pains, the physiology behind the pains was explained to her and educated on deep breathing exercise during contractions. She looked anxious and was reassured to allay fear and anxiety. Her facial expression indicated that she was in pain. Her antenatal card was collected and glanced through quickly. Her expected date of delivery was confirmed which dated 21st of November, 2021 by the ultrasound. She complained of frequent micturition and was reassured and the physiology of frequent micturition was explained to her that it was due to fetal head or presenting part pressing on the bladder reducing the capacity of the bladder, therefore any small amount of urine that comes into it needs to be passed out thereby causing frequency of micturition. Client was seen vomiting as education was ongoing and she was reassured and the physiology was explained to her that it is as a result of hormonal flatuations. Client's labour

history was taken and recorded. Her haemoglobin level was checked and it was 11.3g/dl. Her vital signs were checked and recorded as follows;

Temperature	36.3 degree Celsius,
Pulse	80 beats per minute
Respiration	20 cycles per minutes,
Blood pressure	110/70 millimeters of mercury.

A specimen bottle was given to client for the midstream urine collection for urine examination and a bed pan was also served. The amount of urine produced was 100mls. A urine reagent strip was used to test for glucose, acetone and protein and the result was negative and the colour of urine was amber, clear and not offensive. Hands were washed with soap under clean running water and dried with clean dry towel. Client drank 500mls of water. Having explained the procedure and her consent sought, head to toe general examination was conducted but no abnormality was detected. The abdomen was inspected.

On inspection, Client's abdomen was ovoid in shape and medium in size. Striae gravidarum, linear nigra and fetal movement were present but no scar was found.

On palpation, the abdomen was palpated, symphysio fundal height was 39cm, and gestational age was 38 weeks, the lie was longitudinal, presentation was cephalic and descent was 3/5 palpable abdominally. Contraction was 2 in10 minutes lasting for 30 seconds. On auscultation, the heart rate was 130 beats per minute with good volume and regular in rhythm.

During vaginal examination, Madam Patricia was helped onto the lithotomy position at 4:00am. Hands were washed with soap and water and dried with a clean towel, sterile gloves were worn

for vaginal examination. The vulva was then inspected for scars, sores, warts, edema and clitoridectomy, abnormal discharge but none was present. The vulva was then swabbed with sterile cotton wool swabs soaked in savlon solution. After swabbing the vulva, the vagina was entered with the middle finger and then followed by the index finger.

On vaginal examination, the vagina was warm and moist, the cervix was soft, thin and the presenting part well applied to it. The membranes were intact, cervical dilatation was six (6) centimeters. Presentation was cephalic, promontory of sacrum was not reached at 10centimeters. The sacrum was well curved, ischial spines were blunt and pubic arch was wide. Hands were removed and a fist was made and it fitted into the intertuberous diameter. Madam Patricia's perineum was cleaned and a perineal pad applied to the vulva.

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

Her sacral region was massaged during contractions to reduce pain. She was cautioned not to push when she felt the pains because that would make the cervix edematous and thereby prolonging labour. She was educated on the importance of deep breathing exercise and how to do it. She was asked if she felt hungry and she replied in the negative. Client's mother was offered a seat outside and she was reassured.

PREPARATION FOR BIRTH

1. Identification of helper and review of the emergency plan**:** The midwife in-charge who was supervising labour was chosen as a skilled helper. The skilled helper was informed that she may be called to help in case of emergency for the baby and mother during and after delivery. The mother of the client who was the unskilled helper was informed to be available in order to run errands when needed. Madam Patricia had two of her relatives around who were going to donate blood in case of need. The taxi driver was also informed that his service may be needed when there is emergency.
2. Preparation of area for delivery: The area for delivery was prepared by drawing curtains down, testing of light and making provision for artificial lighting and switching off fans. Madam Patricia's abdomen was washed and dried to prevent infection to the baby after delivery since the baby will be placed skin to skin on the mother's abdomen. She was assisted to wash and dry her hands.
3. Preparation of area of resuscitation and checking of equipment: it was ensured that resuscitaire is clean and prepared for resuscitation when necessary. The equipment needed for resuscitation were assembled and tested for functioning and they were in good condition. The equipment included head cover, scissors, ambo bag and mask, timer, suction device, stethoscope, source of light among others.

3.2 MANAGEMENT OF FIRST STAGE OF LABOUR

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

Client complained of serve lower abdominal pain and was seen vomiting. Sacral massage was done. She was reassured and the physiology behind the pains was explained to her and educated on deep breathing exercise during contractions. She was encouraged to take light nutritious diet and normal fluids in bits to prevent dehydration and to help her during the second stage of labour. She took a cup of porridge. Madam Patricia was also encouraged to adopt left lateral position to prevent supine hypotension syndrome. Monitoring was ongoing and continue plotting of partograph read:

At 4:30am, fetal heart rate was 128bpm, contractions 2 in 10 lasting 35 seconds and maternal pulse was 80bpm

At 5:00am, fetal heart rate was 132bbpm, contractions 2 in 10 lasting 33seconds and maternal pulse 82bpm

At 5:30am, fetal heart rate was 134bpm, contraction 2 in 10 lasting35 seconds and maternal pulse was 84bpm

At 6:00am, fetal heart rate was 130bpm, contraction 3 in 10 lasting36 seconds and maternal pulse 82bpm

At 6:30am, fetal heart rate was 130pm, contraction 3 in 10 lasting 40 seconds and maternal pulse 80bpm

At 7:00am, fetal heart rate was128bpm, contraction 4 in 10 lasting 42 seconds and maternal pulse 82bpm

At 7:30am, fetal heart rate was130bpm, contraction4 in 10 lasting 45 seconds and maternal pulse was 82bpm

All findings were recorded on the partograph and client was informed of progress of labour using the dilatation board, she was informed delivery was imminent and during that period she will have the edge to defecate and therefore asked to call the midwife. At 7:32am membranes ruptured spontaneously and the liquor was clear with moulding of (++) and vagina examination was done to exclude cord prolapse and to confirm full dilatation of the cervix and client was 8cm dilated. The labour room where my client will deliver was prepared, a dry flat and safe space was prepared for the baby's birth, resuscitation equipment was set, windows were closed to make the room warm, and a portable lamp was made available. Delivery trolley was set up.

The top shelf:

- Cord scissors
- Cord clump
- 2 artery forceps
- 2 cot sheet
- Vitamin k injection
- Episiotomy set
- 4 drapes
- 10 units of oxytocin
- Pair of sterile gloves
- 2 gallipots (one containing cotton swabs soaked in savlon solution and the other containing gauze)

Bottom shelf

- Measuring jag
- Placenta bowl
- Sucker in a bowl of water
- Bed pan
- Rubber mackintosh
- Rubber apron
- Extra sterile gloves.

Client was helped to wash her hands and chest with soap and clean water and dried with clean towel to prepare for skin to skin care. At 8:00am Madam Patricia shouted, she had the edge to pass stools, vaginal examination was done and the cervix was 10cm dilated, moulding was (++), liquor was clear, descent was $0/5^{th}$, contractions was 5 in 10 minutes lasting 45 seconds and fetal heart rate was 130 beat per minute the perineum bulged and the anus gaped. The in-charge was informed of the progress of labour and was asked to confirm it and she confirmed which marked the beginning of second stage of labour. Her vitals were checked and recorded as:

Temperature-36.5^{o}c

Pulse-80bpm

Respiration-21cpm

Blood pressure-110/778mmHg

3.3 MANAGEMENT OF SECOND STAGE OF LABOUR

Second stage of labour begins from full dilatation of cervix to the birth of the fetus. After carrying out vaginal examination, client was informed that she was due to deliver her baby. Madam Patricia was asked about the position she preferred to deliver her baby with and she chose the lithotomy position and was helped to assume that position. All windows were closed and fans were turned off. Protective clothing was then worn, that is plastic apron, boots and face masks. Delivery pack was opened by the midwife in-charge and sterile gloves worn.

The vulva was cleaned with cotton wool balls soaked in savlon solution. She was draped with sterile sheets on both thighs, on the abdomen and under the buttocks to maintain a sterile field for the fetus. Madam Patricia was reminded that the baby would be delivered onto her abdomen and she agreed. With the second stage being confirmed by the last vaginal examination, she was asked to push with contractions and take a rest when the contractions wear off. As she pushed and the head was advancing, a clean perineal pad was placed at the anal region to prevent the stool from contaminating the delivery field and getting in to contact with baby's face.

The middle and index fingers of the right hand were placed on the fetal advancing head to aid flexion and to allow the smallest diameter of the fetal head to distend the vulva; this was done to prevent crack or tear of the perineum. With two contractions crowning took place and the woman was asked to pant with contraction in order to prevent sudden expulsion of the fetal head. Extension of the head occurred in which sinciput, face and chins swept the perineum and the head was born. The eyes were cleaned immediately with sterile gauze, cleaning from the inner contour of the eyes outward using a swab at a time.

The neck was felt for cord around it and there was none. Restitution occurred and external rotation of the head which indicates that internal rotation of the shoulders had occurred. The fetal

head was held in both palms, each palm on the parietal bones and with little downward traction, the anterior shoulder was delivered. The posterior shoulder was also delivered with upwards traction as it was allowed to sweep the perineum and with lateral flexion, the trunk and the rest of the body were delivered onto the mother's abdomen. The sex of the baby was noticed to be a female. The baby coughed and started crying out very loudly. The baby was left on the mother's chest to initiate bonding, breast feeding and to provide warmth. The baby was completely expelled at 8:50am and was noted.

3.4 IMMEDIATE CARE OF THE BABY

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

First and five minute APGAR score:

TIME	APPEARANCE	PULSE	GRIMACE	ACTIVITY	RESPIRATION	TOTAL
1 MINUTE	2	2	2	1	1	8/10
5 MINUTE	2	2	1	2	2	9/10

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

The baby was made warm by wiping off the liquor and was left on the mother's abdomen for skin-to-skin to prevent heat loss and an identification band were placed at the baby's wrist with the mother's name, sex, date and time of delivery. The condition of the baby was very good as she was actively crying and responding to stimuli.

3.5 MANAGEMENT OF THIRD STAGE OF LABOUR

This stage of labour deals with the total delivery of the placenta and membranes and control of haemorrhage. At 8:51am, 10 units of oxytocin was injected intramuscularly on the upper thigh of Madam Patricia with the aim of contracting the uterus after palpating to exclude second twin but there was none.

Controlled cord traction was the method used in delivering the placenta in order to prevent retained placenta or products of conception. The cord was clamped closer to the perineum. A receiver was placed in between Madam Patricia's thigh to receive the placenta and membranes. The left palm was placed on the uterus to feel for contraction .With counter pressure and with the palm facing the fundus of the uterus and at the same time, the dominant hand held the clamped cord. When the uterus contracted, control traction was applied on the cord in a downward motion to deliver the placenta in the direction of the curve of carus. The steady traction was maintained until the placenta was visible at the vulva. The placenta was cupped in both hands and the placenta was twisted to deliver the placenta and its membranes.

The placenta and membranes were expelled completely at 8:53am. The placenta was placed in the receiver after quick examination was done to know whether the membranes and lobes were intact. The uterus was rubbed to stimulate contraction and expel clots. Client was taught how to perform uterine massage and also educated on how the uterus should feel after massaging. The perineum, vulva, vagina and the cervix were swabbed and examined for tears and lacerations

under a good source of light but there was no tear. A clean pad was then used to clean the liquor and the blood from her body. A clean perineal pad was applied to the perineum and the client was asked to lie on her back and cross her legs so that any bleeding could easily be identified. She was thanked for her co-operation and efforts. She was informed to empty her bladder whenever she felt the urge in order to prevent bleeding. Her husband was informed of a safe delivery of a baby boy and she was happy.

Finally the placenta and membranes were sent to the sluice room to be examined and discarded afterwards as per the protocol of the facility. Placenta and membranes were immersed in 0.5% chlorine solution for ten minutes to minimize the risk of infection during examination.

EXAMINATION OF THE PLACENTA AND MEMBRANES

An examination of the placenta was done thoroughly when it was sent to the sluice room. The placenta was immersed in 0.5% chlorine solution and it was examined. The placenta was held by the cord with the membranes hanging and the membranes were examined for completeness and it was intact. The placenta was then laid on a flat surface for further examination. The amnion was peeled from the chorion up to the umbilical cord and was fully viewed, the lobes fitted together without any gab and edges also forming uniform circle at the maternal surface and this indicated there was no missing lobe, there were no white patches on the maternal surface, there was also no blood vessels radiating into the membranes which indicated absence of succenturiate lobe.

The cord was situated at the center of the placenta with one vein and two arteries which were seen in the cord. There was no abnormality detected. The placenta was discarded after decontaminating it according to the protocol of the facility. The instruments and equipment used were soaked in 0.5% chlorine solution for ten minutes and washed, rinsed, dried and repacked for sterilization. Hands were dipped in chlorine solution before discarding the gloves.

3.6 MANAGEMENT OF THE FOURTH STAGE OF LABOUR

The fourth stage of labour is a period of close observation of mother and baby for the first six hours after delivery to detect any deviation from normal. Madam Patricia finished skin to skin at the labour room before being taken to the lying-in-ward for further observation to be carried out. This stage includes prevention of disease, examination of the new born, management of the mother's condition and the baby.

PREVENTION OF DISEASE

Chloramphenicol eye drops was instilled on the baby's eye as prophylaxis for any eye infection. The baby was covered to provide warmth to prevent heat loss, vitamin K 1.0milligram was given intramuscularly on the thigh to prevent bleeding. Hands were washed and cord was dressed with methylated spirit and cotton. The baby was put to breast. She was further asked to report when she observes any bleeding, discharge and redness of the cord. Hands were washed with soap and water and dried with a clean towel.

Examination of the new born

The procedure (examination of the newborn) was explained to client. Baby's weight was 3.2 kilograms. Measurements of the baby were done and the head circumference 33 centimeters, chest circumference 31centimeters, length of the baby was 44centimeters. Baby's vital signs were checked and recorded as follows;

Temperature	36.9 degree Celsius,
Apex heartbeat	144 beats per minute
Respiration	46 cycles per minute

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

The head/face: The head and scalp were normal with no caput succedaneum, bulging or sunken fontanels. The eyes were examined for the presence of eye balls, for jaundice, discharge and redness but no abnormality was found.

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

Mouth: The mouth was examined by pressing the angle of the jaw which opened the mouth and the tongue, gum and palate were inspected and there was also no false tooth noticed. There was no cleft palate or cleft lip, or tongue thigh.

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

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

Chest and abdomen: The chest was examined, the respiratory movement was regular and the respiratory rate was 46cpm. The space between the nipples was noted and the nipples were in

alignment. The abdomen was round with no bleeding from the umbilical cord. The cord was examined and there was one vein and two arteries.

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

Genitalia and anus: The genital area was examined. The labia's were parted to inspect the presence and patency of the vagina and the urethra. The anus was also patent.

Lower extremity: The length and movement of the limbs were also noted. The digits
Were counted to be normal and separate to exclude webbing. The feet were examined for any disability such as talipes equinovarus. The lower limbs were also examined for congenital dislocation of the hip but no abnormality was detected.

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

The baby was weighed and the weight was 3.2kg, head circumference was 33centimeters, length 44centimeters.Vitamin K 1milligram was given to baby intramuscularly to prevent bleeding. In all, there was no abnormality detected. The baby was classified as normal and routine care of the baby initiated. Gloves were removed and disposed aseptically before washing hands with soap under running water and dried with clean dry towel. The baby's skin was smeared with baby oil and wrapped. All findings were reported and recorded.

MANAGEMENT OF THE MOTHER

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

Temperature	36.8 degree Celsius
Pulse	75 beats per minute
Respiration	20 cycles per minute
Blood pressure	101/63 millimeters of mercury.

Client was asked to empty her bladder for fundal height to be measured and she was further informed that, emptying her bladder would provide comfort and ensure accurate measurement. Afterwards, a new perineal pad was applied on her vulva. She was helped to lie down comfortably. The uterus was well contracted with symphysio fundal height measuring 19 centimeters. The lochia was red in color (rubra) and moderate in amount with no offensive odour. The baby was then put to stimulate the release of oxytocin to aid in the contraction of the uterus and to help in the production of milk.

Madam Patricia was given her first dose of vitamin A 200,000 international unit. Education was also given to her on the need to change her perineal pad frequently and any time it got soiled. She was encouraged to report any bleeding. She was further encouraged to eat any food of her choice. She ate rice with light soup. Her relatives were allowed to visit mother and baby. At 9:08am the mother and her baby's vital signs and other examinations were carried out and recorded to know their condition.

SUMMARY OF LABOUR AND DELIVERY

Date of delivery	11th November 2021
Time of delivery	8:50am
Type of delivery	Spontaneous Vaginal Delivery

DURATION OF LABOUR

1st stage	4 hours 15minutes
2nd stage	25 minutes
3rd stage	10 minutes
Total	4 hours 50 minutes

CONDITION OF MOTHER AND BABY

MOTHER

Temperature	36.8 degree Celsius
Pulse	75 beats per minute
Respiration	20 cycles per minute
Blood pressure	101/63 millimeters of mercury
Symphysio fundal height	19 centimeters
Odour of lochia	Non- offensive
Lochia	Red in color
Perineum	Intact

Uterus well contracted and mother's condition was satisfactory.

CONDITION OF PLACENTA AND MEMBRANES

Lobes and membrane	Complete and healthy
Maternal surface	Normal
Fetal surface	Normal

BABY

Temperature	36.9 degree Celsius
Apex heartbeat	144 beats per minute
Sex	Female
Apgar score at first minute	8/10
Apgar score at fifth minute	9/10
Colour	pink
Birth weight	3.2 kilogram
Length of baby	44 centimeters
Head circumference	33 centimeters

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

3.7 CARE PLAN DURING LABOUR

PROBLEMS IDENTIFIED DURING LABOUR.

1. Lower abdominal pain
2. Anxiety
3. Vomiting
4. Frequency of micturition
5. Waist pain

SHORT TERM OBJECTIVES

1. Client will cope with lower abdominal pain throughout labour
2. Client will be relieved of anxiety at the end of labour
3. Client's will be able to cope with vomiting and it will be reduce at the end of labour
4. Client will be able to cope with frequency of micturition and be relieved 72 hours after delivery.
5. Client will be able to cope with waist pain and be relieved at the end of labour.

LONG TERM OBJECTIVES

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

NURSING CARE PLAN DURING LABOUR

TABLE 1: LABOUR CARE PLAN

DATE/ TIME	NURSING DIAGNOSES	NURSING OBJECTIVES/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTIONS	DATE/ TIME	EVALUATIONON	SIGN
11/11/2021 At 4:05am	Lower abdominal pain related to labour process.	Client will be able cope with lower abdominal pain throughout labour as evidenced by 1. Client's behavior.	1. Reassure client. 2. Explain the physiology of lower abdominal pain to client . 3. Perform sacral massage. 4. Encourage client to do deep breathing exercise in between contraction. 5. Encourage client to empty her bladder frequently.	1. Client was reassured. 2. The physiology of lower abdominal pains was explained to the client. 3. Sacral massage was performed. 4. Client did deep breathing exercise in between contractions. 5. Client emptied her bladder frequently.	11/11/ 2021 At 8:50am	Goal fully met as midwife observed client cooperated during labour.	AKR

TABLE 2: LABOUR CARE PLAN CONTINUED

DATE/ TIME	NURSING DIGNOSIS	NURSING OBJECTIVES/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
11/11/ 2021 At 4:05am	Anxiety related to unknown outcome of labour.	Client will be relieved of anxiety at the end of labour as evidenced by: 1 .Client verbalizing.	1. Reassure client 2. Educate client on the effect of anxiety on labour. 3. Explain the stages of labour to the client. 4. Explain every procedure to be carried out to the client. 5. Update client with progress of labour. 6. Allow client to ask questions and answer her appropriately.	1. Client was reassured 2. Client was educated on the effect of anxiety on labour that it can prolong labour. 3. The stages of labour were explained to the client. 4. Every procedure carried on the client was explained to her. 5. Client was updated with the progress of labour. 6. Client asked questions and was answered appropriately.	11/11/ 2021 At 8:50am	Goal fully met as client anxiety was allayed and evidenced by her relaxed facial expression and verbalization.	AKR

TABLE 3: LABOUR CARE PLAN CONTINUED

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE / TIME	EVALUATION	SIGN
11/11/2021 4:05am	Vomiting related to hormonal fluctuations in labour	Client will be able to cope with vomiting and it will be reduce at the end of labour as evidence by 1. Client verbalizing.	1. Reassure client 2. Remove away all nauseated items from client. 3. Assess the hydration level of the client. 4. Assist client to rinse her mouth after vomiting. 5. Encourage client to eat light and dry foods	1. Client was reassured that vomiting will stop after labour. 2. Nauseated items were moved away from client 3. Client hydrated level was assessed throughout labour. 4. Client rinsed her mouth after vomiting. 5. Client ate light and dry food like porridge and biscuit.	11/11/2021 8:50am	Goal fully met as evidenced by client verbalizing that she is no more vomiting.	AKR

TABLE 4: LABOUR CARE PLAN CONTINUED

Date/ Time	**Nursing Diagnosis**	**Nursing Objectives/ Otcome Criteria**	**Nursing Orders**	**Nursing Interventions**	**Date/ Time**	**Evaluation**	**Sign**
11/11/2021 At 4:05am	Frequency of micturition related to pressure exerted by the foetal head on the bladder during labour.	Client will be able to cope with frequency of micturition and be relieved at 72 hours after delivery as evidenced by 1. Client action.	1. Reassure client 2. Explain the physiology of frequency of micturition to the client 3. Educate her on the need to urinate frequently. 4. Provide bedpan at the reach of client.	1. Client was reassured 2. The physiology of frequency of micturition was explained to client 3. Client understood the need to urinate frequently. 4. Bedpan was provided at the reach of client	14/11/2021 At 8:50am	Goal fully met as client frequency of micturition was reduced.	AKR

TABLE 5: LABOUR CARE PLAN CONTINUED

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTIONS	DATE/ TIME	EVALUATION	SIGN
11/11/2021 4:05am	Waist pain related to descent of the fetal head.	Client will be able to cope with waist pain and be relieved at the end of labour as evidenced by 1. Client behavior.	1. Reassure client. 2. Explain the physiology of waist pain to client. 3. Encourage client to sit for short period of time 4. Perform sacral massage. 5. Encourage deep breathing exercise in between contractions.	1. Client was reassured. 2. The physiology of waist pain was explained to her. 3. Client was encouraged to sit for a short period of time. 4. Sacral massage was performed to client to relive her of pain 5. Deep breathing exercise was encouraged in between contractions.	11/11/2021 8:50am	Goal fully met as evidenced by client been relieved of waist pain.	AKR

CHAPTER FOUR

PUERPERIUM

4.0 INTRODUCTION

This chapter entails the day of delivery, subsequent care of mother and baby during puerperium at the health facility and in the house after discharge, till the six weeks postnatal visit as well as care plan for problem identified and intervention.

4.1 FIRST DAY OF DELIVERY

Madam Patricia and her baby was transferred to the lying in ward after the one hour skin to skin contact on the 11th November,2021 where she was given a comfortable bed to sleep on. Both mother and baby were kept warm to prevent heat loss by closing doors, windows and baby was well wrapped. An opportunity was taken to educate Madam Patricia on exclusive breastfeeding for first six months, emptying one breast before the other and the need to feed the baby frequently at least 8 to 12 times a day, as well as how to fix the baby properly to breast. She was advised to have enough rest and sleep and exercise especially the abdominal and pelvic floor exercises. The following were her vital signs: Temperature 36.8 degree Celsius, Pulse 75 beats per minute, Respiration 20 cycles per minute, Blood pressure 101/63 millimeters of mercury.

The vital signs were checked every 15 minutes for 2 hours and 30 minutes for 1 hour and hourly for the next 3 hours after which it was checked for every 4 hours. Perineum was inspected for lochia which was red (rubra) with small flows and no odour. She was reminded to change her perineal pad when soiled or when it falls down to prevent ascending infection. She was also educated to wash her hands with soap and water after changing her perineal pad, after visiting the toilet and before touching her baby or breastfeeding. She was reminded to urinate frequently to prevent postpartum haemorrhage as full bladder will inhibit effective contraction of the uterus

and also do postnatal exercise to help improve the muscle tone of the uterus and the pelvic floor as well as easy drainage of lochia. She was also reminded to eat well balanced diet including fruits and vegetables. Symphysio fundal height measured 18 centimeters. She was served with tom brown and bread.

4.2 SUBSEQUENT CARE OF BABY

After 9 hours 11 minutes, Madam Patricia was informed about the need for baby bath and general examination of the baby and she responded positively. Head to toe examination was done and no abnormality detected. Baby's weight was 3.2kg. Vital signs checked and recorded and all findings were communicated to Madam Patricia as; Temperature 36.9.degree Celsius, Apex heart beat 144 beat per minute, Respiration 46 cycles per minute

BABY'S FIRST BATH

Requirements

1. Soap
2. Sponge
3. Cream/ powder
4. Sterile cotton in a gallipot or wrapped
5. Basin
6. Towels: 1 big towel and 3 small ones
7. Cot sheets 2
8. Apron
9. Gloves
10. A clean baby dress, cap and socks(if available)

11. Mackintosh

12. 2 jugs containing hot and cold water each

13. Two receptacles for used water and dirty linen

14. A receiver for used swab

All windows and doors were closed, fans switched off and the lights switched on to make the room warm. Procedure was explained to Madam Patricia and was thanked for accepting. After gathering all items, the hot and cold water were mixed and temperature was tested with the elbow. Plastic apron was then worn, hands were washed with soap and under running water and dried with a clean towel. Sterile gloves were worn and the baby was positioned on a protected flat surface, he was undressed and covered with the towel leaving the face. The general condition was observed and baby had a pink skin colour covered with vernix caseosa. Baby's eyes were cleaned with cotton wool swab soaked in clean water from the inner canthus out and then the face was cleaned with damp face towel and dried. The baby's neck was supported with the hand, the ears were plugged with the thumb and middle finger to prevent water from entering the ears. The hair was washed with soap and sponge in a circular manner, rinsed, dried and covered with a clean cap.

The baby was placed back on the working surface and exposed arms and front of the trunk was washed to the feet paying attention to the skin folds then turned to the back and with one arm supported the chest and the back, it was washed down to the feet paying attention to the skin folds. Baby's body was immersed in a bath of warmed water, with the head supported above the water and the body rinsed thoroughly. The baby was then placed on a cleaned cot sheet and a small cleaned dried towel was used to dry the body paying attention to the skin folds. Baby oil was applied on the skin and baby was dressed leaving the umbilical cord exposed for dressing

and the hair combed neatly. Gloved hands were dipped into 0.5 percent chlorine solution and was removed and discarded, hands were washed and dried with clean towel. Mother was encouraged to observe bathing and the dressing of the cord so that, she could do same when they are been discharged home.

Cord dressing

The cord was dressed by wrapping the baby in a towel to keep him warm. Mother was asked to protect him on the table. The tray containing six dry cotton wool swabs in a gallipot containing antiseptic solution which was methylated spirit and a receiver for the used swabs was already set. Hands were thoroughly washed again with soap and under running water and dried in a clean towel. Sterile gloves were worn and the cord was exposed. The cord was inspected for bleeding but there was none. The tip of the cord was held with one swab in the non-dominant hand. The base of the cord was cleaned with another cotton wool swab and was discarded. The whole cord was cleaned using five of the cotton wool swabs from the base upwards. One cotton wool swap was used to clean the anterior part, two (one each) for the lateral sides and another one was also used to clean the posterior part of the cord. The tip of the cord was dried with the swab that was used to hold it. The cord was left expose to air dry.

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

At 6:00pm mother and baby were seen to find out how they were feeling, they were in a good condition. They were both examined and their vitals were checked since they were not going to be discharged. Temperature 36.2 degree Celsius, Pulse 80 beats per minute, Respiration 22

cycles per minute, Blood pressure 110/60 millimeters of mercury. Observations were made on the baby and findings communicated to mother as; Temperature 36.5 degree Celsius, Pulse 144 cycles per minute, Respiration 40 beats per minute, Weight 3.2 kilogram.

4.3 FIRST DAY POST DELIVERY (DAY OF DISCHARGE)

The first day post-delivery for Madam Patricia was on the 11th November, 2021. Mother and baby were seen in the lying-in ward at 9:00am to find out how they were feeling. Greetings were exchange and Madam Patricia was asked about how she and the baby were doing and she said they are both doing well, except that she had after pain while breastfeeding the baby. She was reassured and educated on the physiology of after pain that, it is a normal physiology that is the suckling triggers the release of oxytocin which causes uterine contraction and therefore causes after pain. She was given paracetamol 1gram to reduce the pain. She also complained of sleeplessness and she was reassured and encouraged to attend to the baby wherever needed in the night and have enough sleep when the baby is asleep. She was educated to change baby's diapers when wet. Her vital signs were then checked and recorded as follows; Temperature 36.8degree Celsius, Pulse 75 beats per minute, Respiration 20 cycles per minute, Blood pressure 101/63millimeters per mercury

Permission was sought for head to toe examination to be performed on her and was granted, and there was no abnormality detected. The breast was lactating well and the uterus was well contracted when palpated and measured with symphysio fundal height of 18cm. On inspection, perinea pad, the lochia flow was small and the colour was red (rubra) with no odour. She was encouraged to ambulate to promote effective circulation and drainage of lochia. She was served with tom brown and a loaf of bread as breakfast. Baby was also examined with permission from the mother after hand washing was done with soap under running water and dried with clean

towel. A thorough head to toe examination was performed on the baby again but no abnormality was detected. Mother was educated not to apply hot compress on baby's head with the intention of closing the fontanels but the fontanels closes naturally. The cord was inspected for bleeding, odour and discharge but there was none. The baby was top and tailed with the cord dressed with methylated spirit. The baby was dressed nicely and wrapped in clean warm sheet. The baby's weight was 3.2kilogram. The baby's vital signs were checked and recorded as follows and finding communicated to mother.

Temperature	36.9 degree Celsius
Pulse	144 beats per minute
Respiration	46 cycles per minute

Education on how to position herself when breastfeeding and how to put the baby to breast was demonstrated to Madam Patricia. She was asked to give return demonstration and she did that perfectly. She was educated on the intake of nutritious diet which would help boost her immunity and repair worn out tissues. She was educated to maintain good personal hygiene and also advised and encouraged to sleep whenever the baby is sleeping so that she can also have rest. She was educated on the minor disorder in puerperium such as breast engorgement and skin rashes on the baby and told to report to the clinic whenever she sees them. The baby was given polio vaccine of 2 drops at the back of the tongue orally to protect the baby against polio myelitis and Bacilli Calmette Guerine (BCG) immunization 0.05 millimeters intra dermal on the right upper arm for protection against tuberculosis. She was educated not to apply anything at the site of injection or massage it. She was told that there could be a tissue reaction over the area, a scar formation later indicating that the child had been immunized against tuberculosis effectively.

Before discharge, client was told to continue with the baby's immunization schedule at the clinic and to register the baby at the birth and death unit. Prescribed drugs were served as follows;

Tablet folic acid 5mg once daily for 7days.

Tablet multivitamin 200mg once daily for 7 days

Table ferrous sulphate200mg once times daily for 7 days.

The dosage and the time for taking the drugs were explained to her. Madam Patricia was also advised on the importance of keeping the baby's cord clean and dry and to avoid the application of unprescribed medications on it. Madam Patricia was also educated on the importance of reporting to hospital anytime she notices danger signs like bleeding from the cord, offensive odour from the cord or high temperature of the baby. Madam Patricia was encouraged to sleep under treated mosquito net together with the baby to prevent malaria. She was also educated to breastfeed the baby on demand and also encouraged her husband and mother to help her take care of the baby. Client was encouraged to have adequate rest and sleep. She was encouraged to sleep under treated mosquito net together with the baby to prevent malaria. Her belongings were packed, and her health insurance card was used to settle her bills. She was escorted to the road side to pick a taxi with her items. The information about visits to her house to continue the care up to the seventh day as well as the date for the one week visit (18th November, 2021) was reinforced and at 5:30pm client was bind welfare.

4.4 FIRST POSTNATAL HOME VISIT (11TH DAY POST DELIVERY)

On the 11th November, 2021 at 6:00pm in the evening, Madam Patricia was visited in her house at Ayimom. We exchanged greetings and a warm welcome. Seat was offered. She was asked about her health and that of her family and responded that they are all well. She was then asked about the previous complain that she made and she said that she is relieved of the after pains and

how she can sleep. Permission was sought from Madam Patricia to examine her which she agreed. After hand washing was done with soap under running water and dried. The breast was firm and well lactating. Uterus was firm and symphysio fundal height was 18cm. The perineal pad was checked and the colour of the lochia was red with no foul smell and scanty in amount. Her vital signs was checked and recorded as follows:

Temperature 36.5 degree Celsius,

Pulse 80 beats per minute

Respiration 20 cycles per minute

Blood pressure 120/60 millimeters of mercury

Again permission was sought from the mother to examine the baby which was agreed. The baby was examined from head to toe with no abnormality detected. The cord was neatly dressed and it was dry with no infection. The baby passed stools and urine. Baby's weight was 3.2kilogram. The baby's vital signs are as follows:

Temperature 36.5 degree Celsius

Pulse 130 beats per minute

Respiration 42 cycles per minute

Madam Patricia was encouraged to breastfeed the baby on demand. A promise was made to visit them again the following day.

4.5 SECOND POSTNATAL HOME VISIT (2ND DAY POST DELIVERY)

On the 12th November, 2021 at 8:00am in the morning, Madam Patricia was visited in her house at Ayimom. We exchanged greetings and a warm welcome and seat was offered. She was asked

about her health and that of her family and responded that they are all well. Permission was sought from Madam Patricia to examine her which she agreed. After hand washing was done with soap under running water and dried. The symphysio fundal height was 16cm. The perinea pad was checked and the colour of the lochia was red (rubra) with no foul smell and scanty in amount. The breast was lactating well. There were no observed abnormalities. Client complained of fatigue and backache. For the fatigue client was encourage to sleep when baby sleep and was reassured. Her vital signs was checked and recorded as follows:

Temperature	36.7 degree Celsius
Pulse	78beats per minute
Respiration	20 cycles per minute
Blood pressure	120/60 millimeters of mercury

Again permission was sought from the mother to examine the baby which was agreed. The baby was examined from head to toe with no abnormality detected. The baby weight was 3.1kg. The baby's vital signs are as follows:

Temperature	36.4 degree Celsius
Pulse	138 beats per minute
Respiration	40 cycles per minute

Client was encouraged to continue the practice of exclusive breastfeeding and not to put anything on the cord apart from the methylated spirit and also wash hands before handling baby. She was thanked and permission to leave was sought.

Evening

On the 12th November 2021 at 4:00pm in the evening, Madam Patricia and family members were visited again in their house. Greetings were exchanged and a seat was offered. She was asked about her health and that of the baby of which she responded they are all doing well. The family members were in good condition and they were cooperative which created a relaxed and lovely environment. Examination was done on the mother and no abnormality was detected.

Baby was wrapped in warm sheet and handed over to the mother to breastfeed. Madam Patricia was thanked for her cooperation and permission was sought to leave of which she granted and said she was very grateful and appreciated for the care that was given to them.

4.6 THIRD POSTNATAL HOME VISIT (3RD DAY POST DELIVERY)

On the 13th November, 2021 8:00am in the morning, Madam Patricia was visited in her house. Greetings were exchanged and seat was offered. She was asked about her health and that of her family and responded that they are all well. She then gave a positive feedback on complains she made the last time that she is been relieved of fatigue and backache. Permission was sought from Madam Patricia to examine her which she agreed. After hand washing was done with soap under running water and dried. The symphysio fundal height measured 14cm. The perinea pad was checked and the colour of the lochia was red without offensive odour. The breast was lactating well. There was no observed abnormality. Her vital signs was checked and recorded as follows:

Temperature	36.5 degree Celsius
Pulse	84 beats per minute
Respiration	22 cycles per minute
Blood pressure	110/70 millimeters of mercury

Again permission was sought from the mother to examine the baby which was agreed. The baby was examined from head to toe and it was observed that baby had skin rashes. She was reassured and encouraged to change baby's napkin before she sleeps and also educated to dress baby according to the weather. Baby' skin was pink and the cord was clean and dry without bad odour. The baby also passed greenish yellow stools and urine. The weight was 3.0 kilogram. The baby's vital signs was checked and recorded as follows:

Temperature	36.7 degree Celsius
Pulse	130 beats per minute
Respiration	40 cycles per minute

The baby was bathed and cord was dressed with methylated spirit. After that baby was dressed nicely, wrapped in a warm clean sheet and was given to the mother to breastfeed. Her breast was lactating well and the uterus well contracted. Education was given on prevention of infection that is proper handling of her perinea pad.

Evening

On 13th November, 2021 at 4:00pm in the evening, Madam Patricia was visited again. Greetings were exchange and seat was offered. She was asked about her health and that of the family and a positive responds was given. She was reassured and encourage to breastfeed baby well before bed and to change the baby's napkin when soiled. She was reminded on exclusive breastfeeding and the importance of it that is serves as a natural family planning. She was again educated on the importance of personal hygiene, eating of fruits and well balanced diet. Family members were also encouraged to help in the care of the baby. Permission was sought from Madam

Patricia to leave of which it was granted. She was thanked and was reminded on the next visit which is the following morning.

4.7 FOURTH POSTNATAL HOME VISIT (4TH DAY POST DELIVERY)

On the 14th November, 2021 at 8:00am in the morning Madam Patricia's family was paid another visit. Warm greetings were exchanged and her health and that of the family was asked and she said they are fine. Purpose of the visit was made known to her. Permission sought for head to toe examination which was granted and everything was normal. Her perinea pad was inspected for lochia and the flow was moderate, pink in colour (serosa) and was not offensive. Her symphysio fundal height measured was 11centimetres. Her vital signs were checked and recorded as;

Temperature	36.6 degree Celsius,
Pulse	80 beats per minute,
Respiration	21 cycles per minute,
Blood pressure	110/70 millimeters of mercury.

The baby was bath and cord was dressed. It looked dry and about to slough off and the baby was nicely dressed and wrapped in a clean sheet and made comfortable in bed. On observation baby's skin rash was no more. The baby passed dark yellow stools and urine. The baby's weight was 2.9 kilogram and vital signs was checked and recorded as follows;

Temperature	36.6 degree Celsius
Pulse	136 beats per minute
Respiration	44 Cycles per minute

Permission was sought to leave and the client was very grateful and appreciated the care that was given to them and she was informed of the next visit.

4.8 FIFTH POSTNATAL HOME VISIT (5TH DAY POST DELIVERY)

The fifth postnatal home visit was on the 15th November, 2021, at 8:00am to continue with the care. On arrival, greetings were exchanged and she was asked about her health and that of the family and she responded that they are doing well. After the purpose of the visit was explained to Madam Patricia, her vital signs were checked and recorded as follows;

Temperature	36.5 degree Celsius
Pulse	86 beats per minute
Respiration	20 cycles per minute

Blood pressure 110/60 millimeters of mercury. Her perinea pad was inspected and the lochia was pink (serosa) with scanty flow and not offensive. Her symphysio fundal height was 8cm. The baby was top and tailed and the cord was dressed nicely. It looked very dry and it was reported that he passed yellowish stool. The baby was dressed and wrapped in a clean warm sheet and was given to the mother to breastfeed. Client was reminded of the practice of good personal hygiene. The baby's weight was 2.9kilogram. Baby's vital signs was checked and recorded as follows;

Temperature	36.7 degree Celsius
Pulse	130 beats per minute
Respiration	40 Cycles per minute.

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

4.9 SIXTH POSTNATAL HOME VISIT (6TH DAY POST DELIVERY)

On 16thNovember, 2021, client and family were visited again in the morning at 8:00am. The health of the client and her family was inquired and a positive response was given. Permission was then sought and daily routine examination was carried out on both mother and baby from head to toe and no abnormality was detected in any of them. Their condition was very good and both looked healthy. Lochia was inspected and the colour was serosa and amount drained was scanty with no foul smell. Symphysio fundal height measured 6cm and vital signs checked and recorded as follows:

Temperature	36.6 degree Celsius
Pulse	82 beats per minute
Respiration	20 cycles per minute
Blood pressure	110/60 millimeters of mercury

On examination of the baby, the cord was seen to have fallen off and a baby bath was provided and the mother and sister were educated on how to properly bath the baby and avoid pouring hot water on the head and genital areas and also continue to keep the stump dry always and also not apply any herb. The baby's weight was 2.94 kilogram. Baby's vital signs were checked and recorded as follows:

Temperature 36.5 degree Celsius

Pulse 134 beats per minute

Respiration 42 cycles per minute

The family members were encouraged to help in taking care of the baby. Madam Patricia was reminded of the next visit. She was thanked and permission to leave was sought.

4.10 SEVENTH POSTNATAL HOME VISIT (7TH DAY POST DELIVERY)

At 8:30am in the morning of 17th November, 2021, client and family were visited again. A warmly greetings were exchanged and the health of client and her family was inquired and positive response was given. Permission was then sought and routine examination was carried out on both mother and baby from head to toe and no abnormality was detected in any of them. Mother was examined from head to toe and no abnormality was detected and was lactating well. Her perinea pad was inspected and lochia was serosa (pinkish) in colour. The symphysio fundal height was 4cm. The vital signs were checked and recorded as;

Temperature 36.7 degree Celsius,

Pulse 80 beats per minute,

Respiration 20 cycles per minute

Blood pressure 110/60 millimeters of mercury.

The baby's bath was provided and stump was clean. The baby's weight was 3.1 kilogram. The vital signs were checked and recorded as follows;

Temperature	36.7 degree Celsius,
Pulse	136 beats per minute
Respiration	46 cycles per minute

Client was asked whether she had complaints that day but there was none. She was encouraged to continue adhering to all the education especially on nutrition, exercise, rest and sleep, good personal hygiene, environmental health and exclusive breastfeeding. Madam Patricia was encouraged to take good care of the baby and was reminded to register the baby at the birth and death unit and complete all the immunization schedules.

4.11 FIRST POSTNATAL VISIT TO THE CLINIC

Madam Patricia and her baby reported to the clinic on 18th November, 2021 at 9:00am for the 7 to 10 days postnatal examination. She was welcomed and offered a seat to listen to a health talk on immunization against preventable childhood diseases, nutrition, exclusive breastfeeding and family planning. After the talk, client and baby was taken to the examination room to be examined. Procedures to be carried on her and the baby were explained and she consented. Midstream urine was collected from her for protein and sugar and it was negative. Her haemoglobin checked and recorded as 13.3g/dl. Symphysio fundal height was 4cm. Her vital signs were checked and recorded as follows:

Temperature	36.6 degree Celsius
Pulse	86 beats per minute
Respiration	21 cycles per minute
Blood pressure	110/60 millimeters of mercury

Madam Patricia was assisted to undress and lie on the bed for head to toe examination. Hands were washed and dried with clean towel. On examination, her hair was nicely braided and neatly kept. The eyes were inspected for pallor and discharges, the nose and ears were also inspected for discharges but nothing abnormal was detected. There were no swellings or lymph nodes around the neck. The breast was lactating well and was educated on breastfeeding the baby on demand. On abdominal examination, involution had taken place. The extremities were free from edema, equal in size and no abnormality detected. On vulva inspection, the lochia was Alba (creamy brown) and scanty and the vulva was neatly kept with no odour. No abnormality was detected on the lower extremities too. She was assisted out of the bed and all finding communicated to her. The baby was also examined in the presence of Madam Patricia, the fontanels and sutures were examined for any bulging fontanels or widening sutures but there were none. The eyes, nose and ears were examined and no abnormality was detected. The abdomen was soft and not distended and the umbilical cord was completely healed. The extremities and the back were examined and there was no abnormality. The baby's weight was 3.3kg. Baby's vital signs was checked and recorded as follows:

Temperature	36.8 degree Celsius
Pulse	142 beats per minute
Respiration	40 cycles per minute

The baby was circumcised and education was given to the mother on how to care for the baby. Findings on the baby were communicated to her and she was congratulated of taking good care of the baby and herself. She was educated on various family planning methods and the benefits of practicing family planning, when to resume sex and the need to feed the baby exclusively for

six months. She was also educated on the need to attend child welfare clinic in order to monitor the growth of her baby, any detection of diseases and to complete all the immunization. She was reminded of the importance of rest, eating nutritious diet, maintaining good personal hygiene, baby care, breastfeeding and breast care. Client was reminded of the six weeks postnatal visit to the clinic. She was then handed over to the midwife in charge for the continuity of care. She was congratulated and thanked for her cooperation and support.

4.12 SECOND POSTNATAL VISIT TO THE CLINIC

According to the midwife in-charge, Madam Patricia six weeks postnatal visit was on 24th December, 2021 at 9:00am. She came to the facility with her mother. Head to toe examination was done on Madam Patricia and nothing abnormal was present. Her vital signs and weight was checked and recorded as follows;

Temperature - 36.5 degree Celsius

Pulse - 80 beats per minute

Respiration - 20cycle per minute

Blood pressure - 110/60 millimeters of mercury

Weight - 65 kilogram

Madam Patricia urine was checked for protein and sugar and it was negative for both, and the haemoglobin was 12.8g/dl. Her fundus was not palpable and no lochia observed. The baby was examined from head to toe and no abnormality was found. The following immunizations were given to the baby;

Vaccine	Dosage	Route of Administration
Polio 1	2 drops	Oral
Rotarix	2 drops	Oral
Penta	0.5 millimeters	intramuscularly on right thigh

Baby's vital signs and other observations were checked and recorded as:

Temperature - 36.2degree Celsius

Respiration - 24 cycle per minute

Pulse - 142beats per minute

Weight - 5.6 kilogram

Mother was encouraged to practice exclusive breastfeeding for 6 months to inhibit ovulation and prevent infection or any disease to the baby. Client was congratulated for taking good care of the baby as seen in the baby's weight gain. She also expressed her gratitude for all the support offered to them. She was also taken to the family planning unit and the child welfare clinic for immunization and continuity of care.

4.12 CARE PLAN DURING PUERPERIUM

PROBLEM IDENTIFIED

1. After pain
2. Insomnia
3. Fatigue
4. Backache
5. Skin rashes on the baby

SHORT TERM OBJECTIVES

1. Client will be relieved of after pain within 72 hours.

2. Client will be able to sleep at least 3 hours during the night.

3. Client will be relieved of fatigue within 48 hours.

4. Client will be relieved of backache within 72 hours

5. Baby's skin rashes will go within 72 hours.

LONG TERM OBJECTIVES

Client will go through puerperium successfully without any complications to both mother and baby.

TABLE 1: PUERPERIUM CARE PLAN

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTIONS	DATE/ TIME	EVALUATION	SIGN
11/11/2021 At 8:00am	After pain related to involution of the uterus.	Client will be relieved of after pain within 72 hours as evidenced by 1. Client verbalizing.	1 Reassure client. 2. Explain the physiology of pain to client. 3. Encourage client to assume any comfortable position. 4. Encourage client to empty her bladder frequently. 5. Serve her with prescribed analgesics	1. Client was reassured that pain is temporal. 2. The physiology of pain was explained to client. 3. Client assumed a prone position with pillow under her lower abdomen 4. Client emptied her bladder frequently 5. Client was served with analgesic (paracetamol 1g)	14/11/2021 At 8:00am.	Goal fully met as client verbalized that she has been relieved of after pain.	AKR

TABLE 2: PUEPERIUM CARE PLAN CONTINUED

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES/ OUTCOME CRITIREA	NURSING ORDERS	NURSING INTERVENTIONS	DATE/ TIME	EVALUATION	SIGN
11/11/2021 At 8:00am	Insomnia related to baby crying and feeding at night.	Client will be able to sleep at least 3 hours during the night as evidenced by 1. Client verbalizing that she can sleep.	1. Reassure client 2. Encourage client to feed baby on demand. 3. Encourage support person to change baby's soiled napkins. 4. Encourage client to practice kangaroo mother care. 5. Encourage client relative to help her in taking care of the baby.	1. Client was reassured. 2. Client feed baby on demand. 3. Client changed baby's soiled napkins. 4. Client was encouraged to practice kangaroo mother care. 5. Client relatives helped in taking care of the baby.	14/11/2021 At 8: 00am	Goal fully met as client verbalized that she's able to sleep.	AKR

TABLE 3: PUEPERIUM CARE PLAN CONTINUED

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
12/11/2021 At 8:00am	Fatigue related to stress from labour.	Client will be relieved of fatigue within 48 hours as evidence by 1. Client verbalizing that she is relieved of fatigue.	1. Reassure mother. 2. Encourage client to sleep in the day when the baby is asleep. 3. Encourage client's support person to assist in the caring of the baby. 4. Encourage client to have rest. 5. Encourage client to assume a comfortable position.	1. Mother was reassured that she will regain her energy. 2. Client slept in the day when the baby was asleep. 3. Client's support person assisted in the caring of the baby. 4. Client was encouraged to have rest. 5. Client assumed a left lateral position.	14/11/2021 At 8:00am	Goal fully met as evidenced by client verbalized that she has been relieved from fatigue.	AKR

TABLE 4: PUEPERIUM CARE PLAN CONTINUED

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES/ OUTCOME CRITIREA	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
12/11/2021 At 8:00am	Backache related to physiological changes during pregnancy	Client will be relieved of backache within 72 hours as evidenced by 1. Client verbalizing she is relieved of backache	1. Reassure client 2. Explain the physiology of backache to the client. 3. Encourage client to sleep on a firm mattress 4. Give body massage 5. Educate client against lifting of heavy loads	1. Client was reassured 2. Physiology of backache was explained to client. 3. Client was encouraged to sleep on a firm mattress. 4. Body massage was given. 5. Client was educated on the need to avoid lifting of heavy loads.	15/11/2021 At 8:00am	Goal fully met as evidence by client verbalized that she has been relieved of backache.	AKR

TABLE 5: PUEPERIUM CARE PALN CONTINUED

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES	NURSING ORDERS	NURSING INTERVENTIONS	DATE/ TIME	EVALUATION	SIGN
13/11/2021 At 8:00am	Skin rashes on baby related to chemical used.	Baby skin rashes will go within 72 hours as evidenced by 1. Mother verbalizing that rash has resolved. 2. Midwife observing that baby is having no skin rashes.	1. Reassure mother. 2. Explain the physiology of rash to the mother (millia). 3. Educate mother to dress baby with cotton cloths. 4. Educate client not to scratch the rashes. 5. Apply baby powder	1. Client was reassured. 2. Physiology of rash was explained to mother. 3. Mother dressed baby with cotton cloths. 4. Client was educated not to scratch the rashes as it would cause more pain and infection. 5.Client was educated to apply powder on baby.	16/11/2021 At 8:00am	Goal fully met as evidenced by 1. Mother verbalized that rashes has resolved. 2. Midwife observing that baby has no skin rashes.	AKR

TERMINATION OF CARE

Madam Patricia and her family were made aware on the first time of interaction that the care would be terminated during the postnatal review visit where she and her baby would be handed over to the public health nurse in-charge for continuity of care.

Madam Patricia and her family were able to go through pregnancy, labour and puerperium successfully through all the education and care given to them. After examination both client and baby were handed over to the public health nurse for continuity of care. Profound gratitude was expressed to the client and family for their total cooperation. They were also grateful for the care and support.

SUMMARY AND CONCLUSION

Madam Patricia aged 28 years Gravida 2 Para 1 alive and stays at Ayimom in the Bono Region was met when she was 36 weeks pregnant on the 27th of October, 2021 during Seven weeks practical experience at the Jinijini Health Centre. She was chosen as a client to help her go through pregnancy, labour and puerperium successfully without any complications after she consented. She was chosen for the care study so that she could be helped to manage her problem. She has a successful pregnancy and went into labour and had spontaneous vaginal delivery to a live female infant on 11th November, 2021 with no complications like postpartum hemorrhage. She was visited at home during puerperium and cared for in her own environment. Client was managed throughout pregnancy, labour and puerperium until the six weeks postpartum. Undertaking this family centered maternity care study, since what was being taught both knowledge and skills was put into practice. Scientific approach was used in the nursing care to collect data from her. Identification of her needs was rendered by providing a comprehensive care. Hope to apply this knowledge in caring for all expectant mothers and their families. It has also help in recognizing the importance of family support, participation and choice in rendering total care to the client.

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APPENDIX 1

MOTHER'S ANTENATAL

DATE	WEIGHT (KG)	BLOOD PRESSU-RE	URINE FOR PROTEIN/ SUGAR	GESTA-TIONAL AGE IN WEEKS	FUNDAL HEIGHT (CM)	PRESEN-TATION	DESCENT OF FETAL HEAD	FETAL HEART RATE (FH)	TREATMENT GIVEN	COMPLAIN	SIGN
03/06/2021	62kg	118/62mm Hg	Trace/ Negative	15^{+4}weeks	-	-	-	-	Routine drugs	No complaints	AF
16/08/2021	64kg	110/50mmHg	negative/ negative	26^{+3}Weeks	24	Cephalic	-	138	Routine drugs	No complaints	JM
15/09/2021	6kg	120/70mmHg	negative/ negative	30^{+3} weeks	27	Cephalic	-	140	Routine drugs.	No complaints	HA
29/09/2021	71kg	109/60mmHg	negative/ negative	32 $^{+4}$weeks	29cm	Cephalic	5/5	142	Routine drugs.	No complaints	HA

DATE	WEIGHT (KG)	BLOOD PRESSURE	URINE FOR PROTEIN /SUGAR	GESTA-TIONAL AGE IN WEEKS	FUNDAL HEIGHT (CM)	PRESEN-TATION	DESCENT OF FETAL HEAD	FETAL HEART RATE (FH)	TREAT-MENT GIVEN	COMP LAIN	SIGN
13/10/2021	73kg	111/52mmHg	negative/ negative	34^{+3}weeks	33cm	Cephalic	$5/5^{th}$	143	Routine drugs.	No complaints	HA
27/10/2021	73kg	111/69mmHg	negative/ negative	36^{+3}weeks	35cm	Cephalic	$5/5^{th}$	140	Routine Drugs	No complaint	AKR
08/11/2021	73kg	97/67mmHg	negative/ negative	37weeks	38cm	Cephalic	$5/5^{th}$	142bpm	Routine Drugs	No complaints	AKR
10/11/2021	73kg	110/60mmHg	negative/ negative	38weeks	39cm	Cephalic	$5/5^{th}$	134bpm	Routine Drugs	No complaints	AKR

INTERMITTENT PREVENTIVE TREATMENT (IPT)FOR Malaria	1ST dose SP* 3 tabs (Directly Observed Therapy) 15/09/2021	Gestation age In weeks 30 +3weeks	2nd dose (1 month after 1st dose (Directly Observed Therapy) 13/10/2021	Gestation age In weeks 34 +3weeks	3rd dose (1 month after 2nd dose (Directly Observed Therapy) 10/11/2021	Gestational age in weeks 38weeks

*NB:- Sulphadoxine _Pyrimethamine – (SP) should be given to pregnant women between 16 weeks (after quickening) and 36 weeks.

APPENDIX II

COMPLETE DIAGNOSTIC INVESTIGATIONS

DATE	SPECIMEN	IVESTIGATION	NORMAL VALUES	FINDINGS	REMARKS
03/06/2021	1. Blood	Haemoglobin level	12g/dl-16g/dl	11.1g/dl	
		Sickling status	Negative	Negative	Normal
		Blood group and	A, B, AB, and O	O	Normal
		Rhesus factor	Positive and negative	Positive	Normal
		HIV status	None reactive	Negative	Normal
		VDRL	None reactive	Negative	Normal
		Hepatitis status	Negative	Negative	Normal
		G6PD status	None reactive	No-defect	Normal
	2. Urine	Protein	Negative	Negative	Normal
		Glucose	Negative	Negative	Normal
18/08/2021	1. Urine	Protein	Negative	Negative	Normal
		Glucose	Negative	Negative	Normal
15/09/2021	1.Urine	Protein	Negative	Negative	Normal
	Blood	Glucose	Negative	Negative	Normal
		Haemoglobin level	12g/dl-16g/dl	11.2g/dl	
29/09/2021					
	1.Urine	Protein	Negative	Negative	Normal
		Glucose	Negative	Negative	Normal
13/10/2021	1.Urine	Protein	Negative	Negative	Normal
		Glucose	Negative	Negative	Normal
27/10/2021	1.Urine	Protein	Negative	Negative	Normal
		Glucose	Negative	Negative	Normal
08/11/2021	1.Urine	Protein	Negative	Negative	Normal
		Glucose	Negative	Negative	Normal
10/11/2021	1.Urine	Protein	Negative	Negative	Normal
	2. Blood	Glucose	Negative	Negative	Normal
		Haemoglobin level	12g/dl-16g/dl	12.6g/dl	Normal

APPENDIX III

PHARMACOLOGY OF DRUGS USED (MOTHER)

NAME OF DRUGS	CLASSIFICATION	DOSAGE	ROUTE OF ADMINISTRATION	ACTION AND USE	ACTUAL EFFECTS	SIDE EFFECT OF DRUGS	SIDE EFFECT EXPERIENCED
Tablet folic acid	Haematinics	5 milligrams once daily	Orally	Proper formation and functioning of red blood cell.	Haemoglobin level increase	Nausea and vomiting	None
Tablet multivitamin	Vitamin preparation	200 milligrams twice daily	Orally	Increased appetite. Helps in the formation of red blood cell	Increase appetite.	Gastro intestinal disturbances	None
Tablet ferrous sulphate	Iron supplement	200 milligrams 2 twice	Orally	Help in formation of haemoglobin and red blood.	Haemoglobin level increased	Gastrointestinal disturbance	Dark stool

PHARMACOLOGY OF DRUGS USED CONTINUED (MOTHER)

NAME OF DRUGS	CLASSIFICATION	DOSAGE	ROUTE OF ADMINISTRATION	ACTION AND USES	ACTUAL EFFECTS	SIDE EFFECT OF DRUGS	SIDE EFFECT EXPERIENCED
Tablet Sulphadoxine Pyrimethamine	Anti-malaria and prophylaxis	3 doses stat from 16 weeks or after quickening and the remaining doses 4 weeks interval till delivery.	Orally	Treatment and prevention of malaria	Prevention of Malaria in pregnancy.	Itching, nausea, dizziness, headache	None

PHARMACOLOGY OF DRUGS USED CONTINUED (MOTHER)

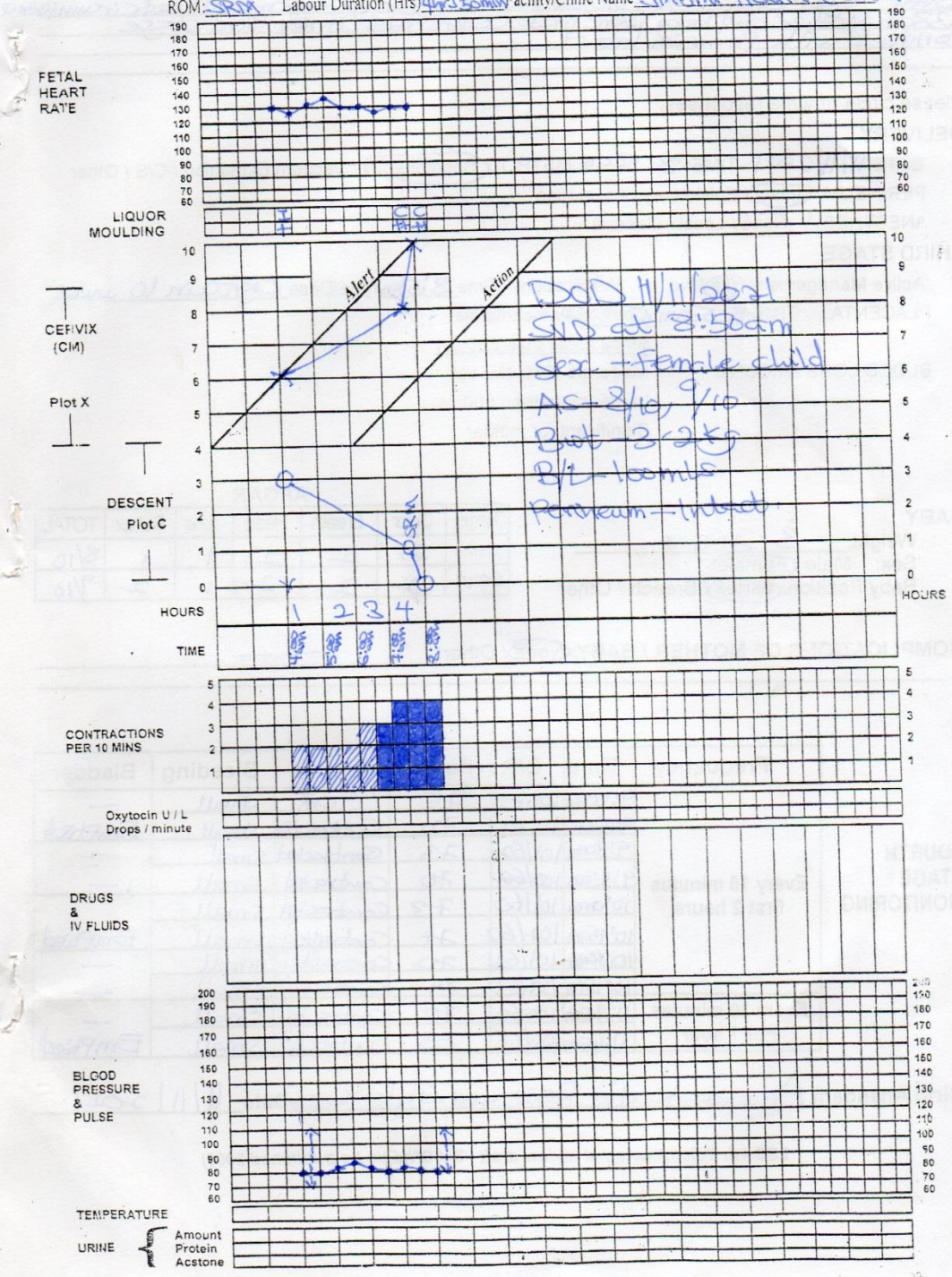
NAME OF DRUGS	CLASSIFICATION	DOSAGE	ROUTE OF ADMINISTRATION	ACTION & USE	ACTUAL EFFECTS	SIDE EFFECT OF DRUGS	SIDE EFFECT EXPERIENCED
Injection oxytocin	Oxytocic drug	10 units	Intramuscularly	Stimulate uterine contractions	Client had good uterine contractions and bleeding was controlled	Nausea and vomiting	None
Capsule vitamin A	Group A vitamin supplement	200,000 units for 2 days	Orally	Growth development, immaturity and proper sight	Normal vision and healthy skin	Vomiting	None

PHARMACOLOGY OF DRUGS USED (BABY)

NAME OF DRUGS	CLASSIFICATION	DOSAGE	ROUTE OF ADMINISTRATION	ACTION & USE	ACTUAL EFFECTS	SIDE EFFECT OF DRUGS	SIDE EFFECT EXPERIENCED
Vitamin K	Group K vitamins (coagulant)	0.5-1.0mg	Intramuscular	Production of prothrombin which aids in clotting	No bleeding	None	None
Gentamycin eye drop	Antibiotics	2 drops	Instillation	To prevent infection	Infection of the eye was prevented	None	None
Poliomyelitis	Antigen vaccine	2 drops	Orally	Production of antibodies	Baby is under observation	There may be diarrhea	None
Injection Bacillus Calmette Guerin	Antigen vaccine	0.5 Milligrams	Intradermal	Production of antibodies for prevention of tuberculosis	Baby is under observation	Blister formation	None

WHO Modified Partograph

Registration No.: 569/21 Name(Last, First) Azeta Patricia Age: 28yrs
Date: 11/11/21 Parity/Gravida G2P1 LMP 14/02/21 EDD 21/11/21 Gestation(wks) 38wks
ROM: SROM Labour Duration (Hrs) 4hrs 50min Facility/Clinic Name Jinjini Health Center



LABOR NOTES

On 11/11/21 at 4:00am client with G2P1 come to the labour ward accompanied by her mother with complaints of lower abdominal pains. On examination Cervical dilatation was 6cm, SF is -3cm, FHR-130bpm, Temp-36.3C, Pulse -80bpm. Client gave birth to a Live female child with Apgar score: 8/10, 9/10, weight-3.2kg, Length-44cm, head circumference 33cm. Mother and baby were made comfortable in bed. Third stage complete with Perineum Intact.

Please circle or write responses.

DELIVERY

DATE: 11/11/2021 TIME: 8:50am METHOD: (Spontaneous) / Vacuum Extraction / C/S / Other

PERINEUM: (Intact) / Episiotomy / Laceration

ANESTHESIA: (None) / Local / General

THIRD STAGE

Active Management: (Yes) / No Medication: Time 8:51am Type/Dose Oxytocin 10 units

PLACENTA: TIME: 8:53am (Complete) / Incomplete

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

BABY

Weight: 3.2kg

Sex: Male / (Female)

Baby Position: (Vertex) / Breech / Other

APGAR

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

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

FOURTH STAGE MONITORING

Frequency	Time	B/P.	Pulse	Fundus	Bleeding	Bladder
Every 15 minutes first 2 hours	9:00am	101/68	75	19cm	Small	—
	9:15am	101/62	70	Contracted	Small	Emptied
	9:30am	101/62	73	Contracted	Small	—
	9:45am	100/60	70	Contracted	Small	—
	10:00am	101/60	73	Contracted	Small	—
	10:15am	102/60	74	Contracted	Small	Emptied
	10:30am	101/62	70	Contracted	Small	—
	10:45am	100/63	74	Contracted	Small	—
Every 30 minutes For 1 hour	11:15am	100/60	70	Contracted	Small	—
	11:45am	100/60	73	Contracted	Small	Emptied

Birth Attendant Agyiriba Kodie Rose asst. Gladys Kyerem Date 11/11/2021.

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

MATERNITY CHART

NAME: MADAM AZETA PATRICIA

AGE: 28YRS WARD: LYING-IN

IP NO.: 569/21 BED NO.: 2

Date	12/11/21	13/11/21	14/11/21	15/11/21	16/11/21	17/11/21	18/11/21
Days in Hospital	D0	D1	D2	D3	D4	D5	D6	D7
Days P. O.	—	—	—	—	—	—	—	—
Hour AM	9:00	8:00	8:00	8:00	8:00	8:00	8:00	8:00
Hour PM	6:00	4:00	4:00	4:00				

Temperature

C F

SFH CM

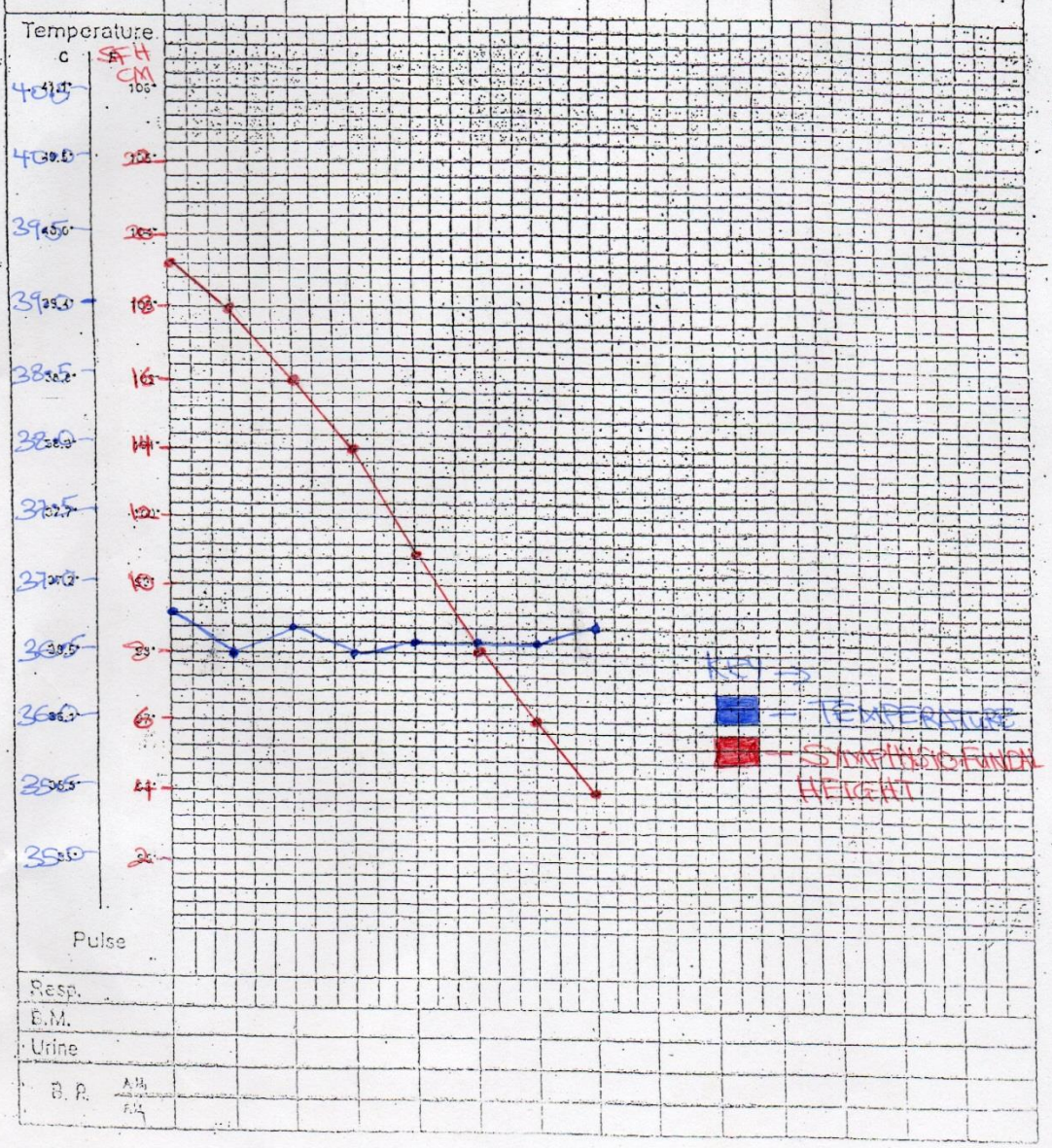
Pulse

Resp.

B.M.

Urine

B. P.



NEW BORN EXAMINATION FORM

Name: Baby Azeta Patricia Date of Assessment: 11/11/21 Time: 8:55am

Date of Birth: 11/11/21 Time of Birth: 2:52am Sex: ☐ M ☑ F Age at time of Assessment (days/hrs) 1hr

Astational Age ☑ 38wks ☐ Mode of Delivery: ☑ Vaginal Assisted Vaginal C-Section

APGAR: 1min 9 5min 9 Birth Weight: ☐ kg ☐ Length: 44 cm Head Circumference: 33 cm

Temperature at time of Assessment: 36.9 °C Urine passed: Yes ✓ No Meconium passed: Yes ✓ No

Name of Assessor (Midwife/Doctor): Agyeiwaa Kodie Rose (Student Midwife)

1. Respiration
Rate 46bpm
- ☐ 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: 144bpm
- ☑ 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
- ☑ None
- ☐ Suction/stimulation
- ☐ Bag and mask
- ☐ Endotracheal Tube
- ☐ Ventilator/CPAP

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

*May indicate severe disease that requires urgent referral

Diagnoses (if known) 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 Azeta Patricia Date of Assessment: 11/12/21 Time: 8:55am

Date of Birth: 11/12/21 Time of Birth: 8:50am Sex: ☐ M ☑ F Age at time of Assessment (days/hrs) 1hr

Astational Age 38wks ☐ Mode of Delivery: ☑ Vaginal Assisted Vaginal C-Section

APGAR: 1min 8 5min 9 Birth Weight: 3.1 kg ☐ Length 44 cm Head Circumference: 33 cm

Temperature at time of Assessment: 36.9 °C Urine passed: Yes ✓ No Meconium passed: Yes ✓ No

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☐ Other:_____

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Female Genitalia
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☐ Large clitoria *
☐ Other:_____

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☐ Imperforate*

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☑ Breastfeeding established
☐ Immunization (BCG/Polio)
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☑ Antibiotics in mother
☐ Antenatal corticosteroids

*May indicate severe disease that requires urgent referral

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

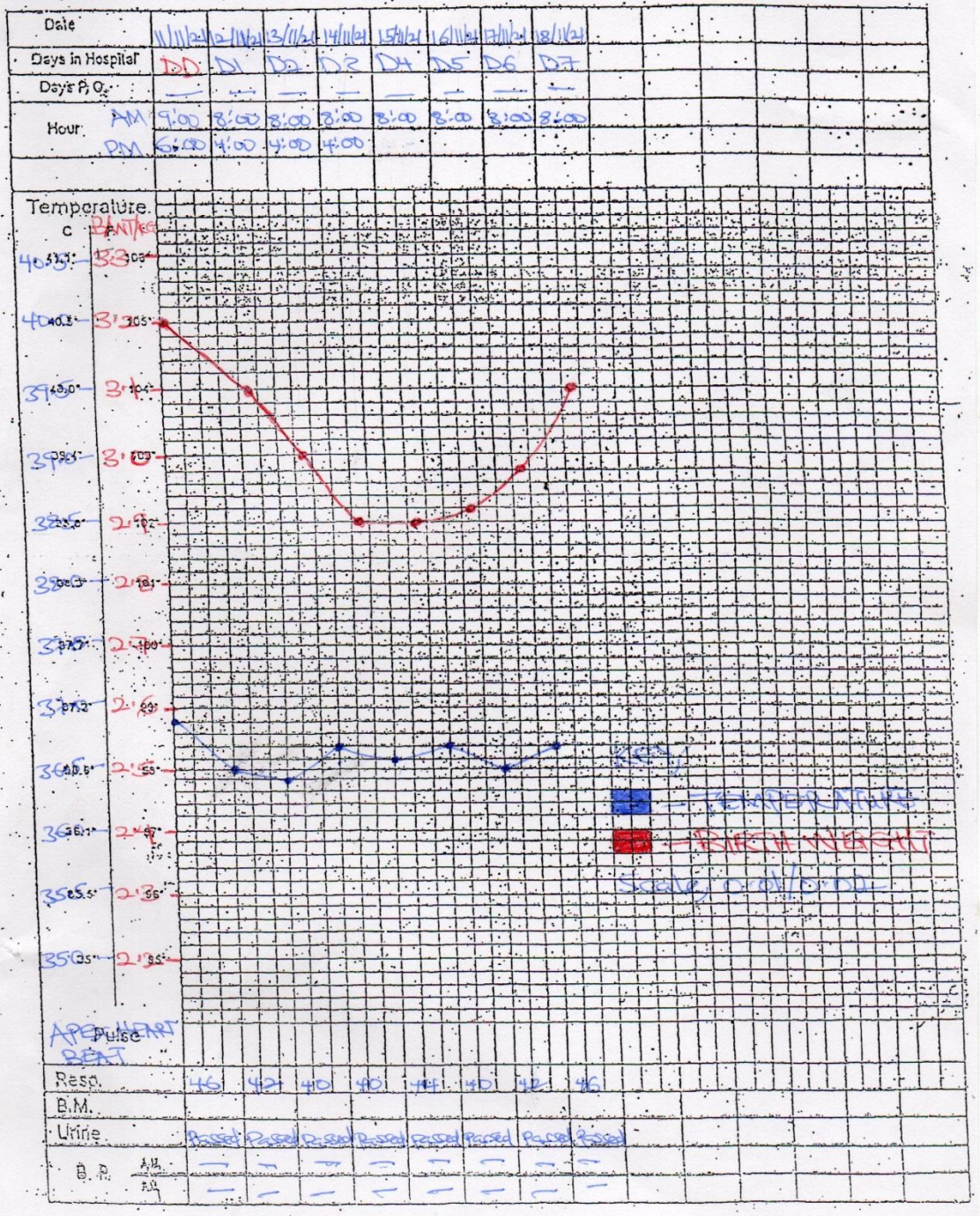
Plan: [ ] Routine Care[ ]Problem. Continue supportive in-patient care [ ] Urgent Referral / Advanced Care[ ] Discharge

TEMPERATURE CHART

NAME: BABY AZETA PATRICIA

AGE: NEW BORN WARD: LYING-IN

IP NO.: — BED NO.: 2



NEW BORN CHART

Name: Baby Azeta Patricia ..... No: — ..... Birth Weight: ~~3.2kg~~ .....

Sex: FEMALE ..... Mother's No: 569/21 ..... Length: 44cm .....

Nature of Delivery: SPONTANEOUS VAGINAL DELIVERY ..... Diagnosis: TERM BABY .....

Date of Birth: ..... Time: 8:50AM ..... Date of Discharge: 11/11/21 .....

Date	11/11/21		12/11/21		13/11/21		14/11/21		15/11/21		16/11/21		17/11/21		18/11/21							
No. of Days			D1		D2		D3		D4		D5		D6		D7							
Weight																						
Temperature	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
	36.6°C		36.5°C		36.4°C		36.7°C		36.6°C		36.7°C		36.5°C		36.7°C							
Stools	Passed	Passed	Passed	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	Passed	Passed	Passed							
Remarks	HEAD NECK TRUNK LIMBS GENITALIA > NO ABNORMALITY DETECTED																					

SIGNATORIES

CANDIDATE NAME

NAME: MISS AGYEIWAA KODIE ROSE

SIGNATURE: .....

DATE: 11/10/2022.....

THE MIDWIFE IN- CHARGE

NAME: MS AGNES NTIWA

SIGNATURE: ..... (for)

DATE: 11/10/2022.....

SUPERVISOR

NAME: MARTHA KYEREMAA

SIGNATURE: .....

DATE: 12/10/2022.....

THE PRINCIPAL

NAME: MONICA NKRUMAH

SIGNATURE: .....

DATE: 12/10/2022.....

STAMP: .....

ACADEMIC COORDINATOR
Y.Y. FAMILY NURSING & MIDWIFERY
TRAINING COLLEGE, BEREKUM