HOLY FAMILY NURSING AND MIDWIFERY TRAINING COLLEGE, BEREKUM

A CLIENT / FAMILY CENTERED MATERNITY CARE STUDY ON

MADAM KOMBAT ASIBI

BY

RUTH OKYERE DANKWAH

4122220119

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PREFACE

The Family Centered Maternity Care Study is a systematic approach used in rendering holistic care to the expectant mother, as well as her family through a tactful and comprehensive history of the client. In this context, the expectant mother is considered a unique individual with special problems and needs which must be addressed as far as the health of the mother and the baby is concerned in their own community or locality. The Ultimate aim of Family Centered Maternity Care Study is to help expectant mothers bring to reality their vision of experiencing a successful pregnancy, labour and puerperium with less or no complications from antenatal through labour and puerperium.

The Family Centered Maternity Care Study is geared toward the total well-being of the expectant mothers and their babies, including their physical, spiritual, social and mental state. This equips the student midwife with skills and knowledge to become competent and efficient in delivering health service to mothers and their babies and facilitating teaching and family bonding. The Family Centered Maternity Care enables the student midwife to practice what she has been taught in class. This gives her the necessary skills to practice as a qualified midwife in future to help reduce maternal and infant mortality and morbidity. The Family Centered Maternity Care Study is also a requirement by the Nursing and Midwifery Council of Ghana in partial fulfillment for the award of a Licensing Certificate for the student after the completion of the training.

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I am very grateful to the Almighty God of all possibilities who made it possible for me to come this far, and endowed me with divine favour, knowledge, strength, wisdom and understanding throughout the period of writing this care study. I say praise be to His name.

My profound gratitude also goes to the principal, Miss Monica Nkrumah for her motherly love, care and support, and my supervisor, Miss. Martha Kyeremaa whose persistent guidance had ensured the successful completion of this study. The teaching and non- teaching staff for their unconditional love and support throughout my work. I say thank you and God richly bless you.

My heartfelt gratitude also goes to the entire staff of Sankore Health Center, most especially the midwife in-charge, Mrs. Glenda Prempeh for assisting me gain adequate skills necessary to become a professional midwife during my District Midwifery Practicals. Thank you and God bless you.

My deepest gratitude also goes to Madam Kombat Asibi for allowing me choose her as my client and for her cooperation and support and that of her family. To them, I say thank you all and God bless you.

Also, gratitude goes to the couples who gave birth to me, Mr. Joseph Okyere and Mrs. Doris Bempomaa and to the entire family for their financial support and prayers throughout the three years in school for their support and encouragement, I say God bless them abundantly.

Finally, my profound gratitude and sincerity goes to all the authors of books and references used in the study. May God richly bless them all.

INTRODUCTION

This client and Family Centered maternity care study was on Madam Kombat Asibi, a 33 year old, Gravida 2 Para 1 all alive and her family who live at Sankore. Client was first met on 22nd August, 2023 at 37th weeks of gestation and in good health. She went through pregnancy, labor and puerperium successfully and delivered a healthy baby girl on the 10th September, 2023. Mother together with her baby was discharged on the 11th September, 2023. Family Centered Maternity Care Study is an innovative care model that focuses on the mother, infant and family. It also sees the family as a complete unit within which each family member is a distinct person. The care enables the mother, the family members and the midwife to have a good relationship, the midwife spends enough time with the entire family whiles she cares for them. The family gets the chance to receive better education concerning their health through the use of the nursing process. The midwife is able to assess and identify the various problems of the client, diagnose and plan the care that will be given to help her have a successful pregnancy, labour and puerperium. Interventions are carried out after the care plan is drawn and later evaluated to ensure that the objectives set have been achieved or met. This script consists of four main chapters. These include the following;

Chapter one focuses on assessment and data collection of Madam Asibi and her family. This is made up of social, family, medical, surgical, menstrual history, lifestyle and hobbies as well as past and present obstetric histories of the client.

Chapter two talks about the care rendered to the client during Antenatal care visit, a description of the first encounter with the client and home visit made to her. The nursing care plan used in providing care for the client, where problems were identified, objectives set, then an implementation plan used in rendering services.

Chapter three gives a clear report on the admission and management of the first to the fourth stage of labor, including the immediate and subsequent care of the baby and the nursing care plan.

Chapter four entails the management of puerperium with emphasis on care of the mother and baby from day of delivery to the first seven days after delivery and second postnatal clinic visits.

The script also includes a summary, conclusion and bibliography, appendix like laboratory investigations, antenatal records, pharmacology of drugs and signatories.

Finally, for the sake of confidentiality, I would like to address my client and her family by their initials in the script.

LITERATURE REVIEW

PREGNANCY

Oduro- Kwarteng (2015), pregnancy is the condition of having a developing embryo or fetus in the uterus as a result of the union of an ovum and spermatozoa. Pregnancy can occur any time after a female begins menstruation (menarche) in conjunction with ovulation until she reaches menopause where ovulation ceases.

Marshall and Raynor, (2014), pregnancy is divided into three trimesters. The first trimester is from conception until 12 weeks of gestation. The phase is associated with changes such as breast tenderness and feeling nauseated. The second trimester starts from 13 weeks to 26 weeks where pregnancy is noticed physically as the woman's body make-up changes to adjust to the pregnancy. The third trimester is from 27 weeks to 40 weeks, a period when the foetus continue to grow and become matured for delivery. Care must be taken once pregnancy has been confirmed to enable the woman carry the pregnancy to term successfully.

Myles (2009), pregnancy is confirmed when many physiological changes take place in the body and return to it's non-pregnant state during puerperium due to the effect of certain hormones namely estrogen and progesterone. These hormones are responsible for the major changes that takes place during pregnancy. Even though these hormones have their own effect by causing the minor disorders that occur during pregnancy, they are one way or the other and advantage for the mother and the growing foetus since the foetus 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 includes 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. Pregnancy has been divided into three. First trimester, second trimester and third trimester. First trimester is from conception to 12 weeks of gestation.

Second trimester starts from 13 weeks to 26 weeks of gestation during which the woman's body adjust to the pregnancy. Third trimester is from 27 weeks to 40 weeks of gestation where the woman assumes a lumber curve position associated with back and waist pain. The anatomical and physiological change in the uterus plays an essential role in pregnancy by protecting and supporting the foetus, placenta and amniotic fliud.

Fraser and Cooper (2014), pregnancy is a time of enormous physical, psychological changes and adaptations as the woman and her family prepare or expect a new member in the family. For most women, is an exciting and happy period but may be over shadowed by fear and expectation. The average duration of pregnancy is 280 days or approximately 40 weeks of gestation and this is counted from the first day of the last menstruation period. Pregnancy is in three trimesters. First trimester is from conception to 13 weeks of gestation. Second trimester starts from 14 weeks to 26 weeks of gestation during which the woman's body begin to adjust to the pregnancy. Third trimester is from 27 weeks to 40 weeks. In the third trimester of pregnancy, the woman exhibit symptoms like backache, waist pains, frequent micturition, lower abdominal pain and insomnia.

King (2014), the prenatal period covers the time from the first day of the last menstrual period to the start of true labour, which marks the beginning of the intrapartum period. Prenatal period is divided into trimesters, the first trimester is 1 to 12 weeks because of organogenesis is completed at the end of twelve weeks and the risk for spontaneous abortion is significantly reduced at this time. Second trimester is 13 to 26 weeks, third trimester extends from 27 weeks to 40 weeks. The term post-date is typically used to describe a pregnancy beyond forty weeks (40).

LABOUR

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: 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 continues 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 is also 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. It also deals with the establishment of lactation and detection of abnormalities and any complications in both mother and baby.

Konar (2013) labour is the process by which the foetus, placenta and membranes are ex pelled through the birth canal. The events of labour are divided into four stages: First stage starts from the onset of true labour pains and ends with full dilation of the cervix. Its average duration is twelve hours (12) in primigravida and six (6) hours in multipara. Second stage starts from dilation of the cervix (not from the rupture of membranes) and ends with expulsion of the foetus from the birth canal. It mostly last up to 30 minutes in multiparous and 60 minutes in nulliparous women. Third stage begins after delivery of the foetus and ends with the expulsion of the placenta and membranes and arrest of haemorrage. Its average duration is about 15 minutes in both primigravida and multipara. Fourth is the stage of observation for at least one (1) hour after expulsion of product of conception.

Marshall and Raynor (2014), labour is the process by which the foetus, placenta and membranes are expelled through the birth canal. Normal labour occurs between 37 to 40 weeks of gestation. Labour begins when there are regular, painful contractions and with cervical

dilation. Signs and symptoms of labour are painful regular contractions, show, progressive dilation of the cervix of the cervix, and sometimes ruptured membranes. First stage of labour begins with cervical dilatation which begins with rhythmic contractions until the cervix is fully dilated. This stage is in two phases, the latent phase is o-3cm and the active phase starting from 4cm-10cm when the cervix is fully dilated with both phases lasting from 8-12 hours. Second stage of labour begins with the expulsion of the foetus from the birth canal. It begins when the cervix is fully dilated and the woman feels the urge to expel the foetus. It is however complete when the baby is born. This last from 30 minutes to 1 hour. The third stage is the separation and the expulsion of the placenta and it's membranes as well as arrest of haemorrage. Labour is a physiological phenomenon which can be managed by the midwife with the use of partogragh, aseptic delivery process and active management of third stage of labour (control cord traction).

Myles (2014), labour purely in physical sense is the process by which the foetus, placenta and membranes are expelled through the birth canal. Labour has four stages. Stage one comprises of latent phase and active phase, latent phase may last 6 to 8 in primigravida when there is a dilation of 1 to 3cm. This active phase begins when the cervix is 4cm dilated and in the presence of rhythmic contractions, progressively dilates to 10cm. Second stage of labour is the expulsion of the foetus. It begins when the cervix is fully dilated and the woman has the urge to expel the baby. Third stage begins after the expulsion of the foetus and ends with the expulsion of the placenta and membranes and the arrest of haemorrage. 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.

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 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 bag of waters. The event 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 dilation 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 expulsion of foetus and ends with the expulsion of the placenta and membranes (afterbirth) and control of bleeding. 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

Oduro-Kwarteng (2015), puerperium is a period following childbirth during which the body tissues especially the pelvic organs revert back to the non-pregnant state both anatomically and physiologically. This period is characterized by a lot of physiological changes, some of which may include the following:

a. Lactation being well established.

b. The reproductive organs return to the non-pregnant state.

c. Other physiological changes which occurred during pregnancy are reversed.

d. The foundations of the relationship between the infant and its parents are laid.

e. The mother recovers from physical and emotional stresses of pregnancy and delivery and assumes responsibility for the care and nurture of her infant.

Myles (16th edition), puerperium starts immediately after delivery of the placenta and membranes and continues for six weeks. The general expectation is that by six weeks after birth, a woman's body will have recovered sufficiently from the effects of pregnancy and the process of parturition. The abdominal muscles are flaccid and within a period of six weeks postpartum called puerperium, where bruises are healed, the genital organs and any other organ which underwent changes during pregnancy return to their non-pregnant state. The process of readjustment is called involution. Lactation is established during this period. Lochia is the tem used to describe the discharge.

a. Lochia rubra: red 1-4 days

b. Lochia serosa: 5-9 days

c. Lochia alba: 10-15 days

Jacob (2013), puerperium is a period following childbirth during which the body tissues especially the pelvic organs revert back to the non-pregnant state both anatomically and physiologically.

a. Immediate puerperium thus, the first 24hours.

b. Early puerperium is from the end of 24hours up to 7days.

c. Late puerperium is from the end of day 7 up to 6weeks.

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

a. Lochia rubra (red) 1-4

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

c. Lochia alba (pale white) 10-15 days

Konar (2013), puerperium is the period following childbirth in which the body tissues especially the pelvic organs revert back to the non-pregnant state both anatomically and physiologically. During puerperium the following physiological changes take place in all women as the body returns to its pregnant state. Involution is the process whereby the genital organs revert back to the state as they were before pregnancy. The period is divided into;

a. Immediate puerperium -within 24 hours

b. Early puerperium is from the end of 24 hours to 7 days

c. Late puerperium is from the seventh day 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 discharge, it is named as;

a. Lochia rubra (red) 1-4 days

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

c. Lochia alba (pale white) 10-15 days

WHY CLIENT WAS CHOSEN

Madam Asibi Kombat G2P1 was chosen on the 22nd of August, 2023 at the Sankore Health Center for her usual antenatal visits. We exchanged greetings and an introduction was made as a student midwife from Holy family Nursing and Midwifery Training College. She speaks Twi and this made communication easier. According to her antenatal records, she was in her 37th weeks of gestation and that was her fifth visit to the clinic. While educating the expectant mothers on the importance of hospital delivery, Madam Asibi showed more concern about the topic and asked a lot of questions because her previous delivery was at home. This prompted me to use her as my client in order to educate her more on the importance of hospital delivery and ensure that she delivers in the hospital.

CHAPTER ONE
CLIENT'S PARTICULARS

1.0 INTRODUCTION

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

1.1 PERSONAL AND SOCIAL HISTORY

Madam Asibi a 33 year old mother, gravida two para 0ne who comes from Kukuom of Asunafo-south District in the Ahafo Region of Ghana. She is dark in complexion, 164cm in height and of average body size. Madam Asibi speaks Twi. She is a Muslim by religion. She had formal education up to Junior high school. According to the client, aside household chores like cooking, washing and taking care of her kid at home, she is a Farmer. Madam Asibi is married to Mr. Kofi Mensah who is a Carpenter at Sankore in the Ahafo Region. They are blessed with one child who is alive and healthy. Madam Asibi stated that her next of kin is her husband. She said she intends to get a supervised delivery at the health facility. She lives in a compound house with her husband's relatives.

1.2 FAMILY HISTORY

According to madam Asibi. She is the second born of her parent, and all of them are alive. The parents are farmers and they are all alive. She lived with the parents at Kukuom before she got married to Mr. Kofi Mensah and moved in to stay with him at Sankore. According to my client, there is no known family history of hypertension, diabetes, asthma, sickle cell diseases, heart diseases, epilepsy, mental disorders, leprosy, congenital abnormalities and allergies in her family. She also stated that, there is no history of twins in her family.

1.3 MEDICAL HISTORY.

Madam Asibi stated that she has no known medical conditions such as hypertension, diabetes, sickle cell diseases, epilepsy or leprosy. She also said she has never suffered from any infectious diseases that needs serious medical attention or admission during current pregnancy except for some minor ailment which were; headache and others which are often treated at the outpatient unit. She has no allergy to food or drugs.

1.4 SURGICAL HISTORY.

According to her, she has never been involved in any road traffic accident or had a history of operation or injury to any part of the pelvis which can affect the diameters. She has never been admitted or received blood transfusion.

1.5 MENSTRUAL HISTORY.

Madam Asibi said she had her menarche at the age of 16years. She has regular menstrual cycle of 30days of which she bleeds for 6days and flow of menses is moderate with mild lower abdominal cramps. She uses sanitary pad during the flow and changes it two times daily after bathing. Madam Asibi had never experienced any menstrual disorder. Client said her last menstrual period was 1st December, 2022.

1.6 CLIENT LIFESTYLE AND HOBBIES

Madam Asibi usually wakes up around 5:00am and goes to bed around 10:00pm. When she wakes up in the morning, client prays and brush her teeth after which Madam Asibi sweeps her room and compound. Her sister in-law fetches water from the borehole to the house. Client takes her bath and prepare breakfast for the family after which she takes her son to school and goes to the farm. Client said the type of breakfast is not static and keeps on changing depending on the type of food available at the moment. At 4:00pm, Madam Asibi breaks from work to prepare supper, watch movies and other programs on television or sometimes rest. The food

she likes best is Banku with Okro soup. Client urinates frequently when she takes in enough fluid and empties her bowel at least once in a day. Client normally wash and do general cleaning on weekends.

1.7 PAST OBSTETRIC HISTORY

Pregnancy: According to madam Asibi, she had one previous pregnancy which was carried to term without any complications such as anaemia, gestational diabetes, pregnancy induced hypertension etc. She said she however experienced minor disorders which were, frequency of micturition, nausea and vomiting which was managed with the help of the midwife. She visited the clinic when the pregnancy was nineteen weeks old for the first pregnancy. She took three doses of tetanus injection during her first pregnancy. She took five doses of sulphadoxine pyrimethamine for the first pregnancy. She also took all her routine drugs during her first pregnancy given to her at the

Labor: Client said her labour started spontaneously at night in the house and delivered at home on 10th June, 2017 and it was a male child. According to Madam Asibi, her baby was delivered at home spontaneously when labour was due with no complications. Client said she did not labour for a long time and also the delivery of the placenta did not also kept long and the amount of blood loss was small in after she delivered.

Puerperium: According to Madam Asibi, her baby was very healthy throughout the postpartum period with normal weights. She breastfed her baby exclusively for six months before introducing the baby to complementary feeds and weaned him at the age of two years. Client said her baby were immunized against vaccine preventable diseases. Madam Asibi combined Lactational Amenorrhea Method and the use of jadelle as her family planning method. According to Madam Asibi, she did not suffer from any complication during puerperium likewise the baby. The husband helps in taking care of the baby and supports her financially.

1.8 PRESENT OBSTETRIC HISTORY

Madam Asibi, Gravida 2 Para 1 started her first antenatal visit at Sankore Health Center in the Ahafo Region on 28th March, 2023. Her gestational age at booking was 16 weeks according to the ultra sound scan with adequate liquor volume. Client's Last Menstrual Period was 1st December, 2022 and the expected date of delivery was 8th September, 2023. On her first antenatal clinic visit, her history was taken and recorded which included personal, family, medical, surgical and obstetrical history. The following vital signs were taken and recorded on her first antenatal visit. Temperature-36.0^{0c}, Blood pressure-123/70mmHg, Pulse-80bpm, Respiration-21cpm.

Her laboratory investigations were done and the results recorded as follows: Haemoglobin level-11g/dl, Sickling test-negative, Blood group-O^+, Rhesus factor-positive, G6PD-no defect, Routine urine examination-negative/negative, Blood for malaria parasite-negative, Hepatitis B-negative, HIV status-Non-reactive, VDRL-negative.

Other measurements were taken as follows: Weight-55kg, Height-164cm.

Different kinds of histories were taken and recorded on her maternal health record book. Head to toe examination was done with no abnormality detected. On abdominal examination, no abnormalities were detected and symphysio-fundal height was not palpable.The following routine drugs were given to her. Tablet ferrous sulphate 200mg daily for 30 days, Tablet folic acid 5mg daily for 30 days, Tab multivitamins 200mg daily for 30 days. Madam Asibi was counseled and educated on the following topics; purpose of antenatal care, danger signs in pregnancy, medications (immunization), diet and nutrition, rest and sleep, iron fersolate supplementation-counseling, the use of insecticide treated net. Client had no problem, therefore was scheduled one month from the day of visit as her next visit. She took her third dose of tetanus diphtheria during client antenatal visit.

CHAPTER TWO

ANTENATAL CARE

2.0 INTRODUCTION

According to Jayne Marshall and Maureen Raynor (2014), antenatal Care is the care given to a pregnant woman from the time conception is confirmed until the beginning of labour. The midwife facilitates woman-centred care by providing her with accessible and relevant information to help her make informed choices throughout pregnancy. The aim of antenatal care is to monitor the progress of pregnancy to optimize maternal and fetal health.

2.1 FIRST CONTACT WITH CLIENT

Madam Asibi was met on 22nd August, 2023 around 9:20am during her regular antenatal visit at Sankore Health Center when she was 37weeks pregnant which was her 5th antenatal visit to the clinic. An introduction was made as a student midwife from Holy Family Nursing and Midwifery Training College, Berekum. Her antenatal book was collected and found out that she fell within the criteria and she has been attending antenatal clinic regularly and has no abnormal condition which can be a threat to her pregnancy. Brief information was given to her about the care study and why she was chosen. She accepted it and pledged her full support and co-operation. She was then taken through the general examination when it got to her turn with procedures explained. Her vital signs were checked and recorded as follows: Temperature-36.4^{0c}, Blood pressure-118/74mmHg, Pulse-88bpm and Respiration-20cpm.

Other observations made were recorded as follows: Weight-60kg, height-164cm.

Urine Testing: Madam Asibi was given a specimen bottle to take midstream urine to test for protein, sugar and ketones. Hands were washed and dried with a clean towel and protective cloths were worn. A chemically prepared test strip was dipped into the urine sample and the edge of the strip tapped against the side of the urine specimen bottle. The strip was compared with the reagent bottle and there was no change in colour, indicating negative results for

protein, ketones and sugar. All these findings were recorded in client's antenatal record booklet with findings explained to her.

Client's permission was sought to perform physical examination from head to toe and the procedure was explained to her. Client was encouraged to ask questions before the procedure and during the procedure. She was asked to empty her bladder before the procedure commences. The examination bed was screened and client was assisted to undress and put on a gown as well as assisted onto bed in a dorsal position and draped. Hands were washed with soap and water and dried with clean dry towel. Client was examined from head to toe under the supervision of a senior staff midwife.

Physical Examination

Head and Neck: On examining the head, the hair was neatly braided, no abnormalities such as dandruff and lice were detected. The face was free of oedema but chloasma was present. The eyes were inspected for jaundice of the sclera, pallor of the conjunctiva and discharges. The nose was also inspected, there was no nasal discharge. The lips were normal without cracks and dryness, her gums were normal, the teeth were well arranged and whitish in appearance and there was no bad odour detected**.** Her neck was inspected and palpated for enlarged thyroid glands and distended veins but no abnormality was detected.

Breast: On breast examination, the size and shape of the breast was normal, the nipples were centrally positioned and the areolar was dark in appearance. One breast was covered and she was asked to put the 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. She was advised to examine her breast regularly for early detection and reporting of any abnormalities. Nipples were squeezed gently for fluid and were cleaned with

cotton wool swab, and were examined for odor and blood. The same was done for the other breast and no abnormality was noted.

Extremities: The upper limbs were examined and found to be equal in size and length. The hands and fingers were also examined for dirt and grown nails, oedema, pallor of palm and nail bed and all these were absent. The lower extremities were examined for size and equality, varicose veins and oedema as well as leg cramps, tenderness in the calf muscle but no abnormalities were detected.

Back: Client was assisted to turn her back for inspection and upon inspection and palpation of the sacral region no lesion or oedema was detected. There was no costovertebra angle tenderness.

Abdominal Examination and Palpation

Position and Procedure: To further reduce inaccuracies, client was assisted to lie in a dorsal, with her knees bent and arms by her side to relax the abdominal muscles. Standing on her right side, the abdomen was exposed. Before examination, palms were rubbed together to provide warmth to prevent induced contraction. Eye contact was maintained.

Inspection: On abdominal inspection, the shape of the abdomen was ovoid, medium in size and there was presence of linea nigra but no striae gravidarum. The abdomen was inspected for scars from previous delivery and there was none detected and fetal movement was present.

Measurement of Symphysio-Fundal Height: Hands were warmed, the upper symphysio-fundal height measured 36cm and gestational age was 37weeks.

Fundal Palpation: Upon facing the head of the woman on her right- hand side, the fundus was palpated with both palms and a smooth surface was felt indicating the fetal buttocks.

Lateral Palpation: Lateral palpation assesses the main body of the uterus to confirm the lie and identify the fetal position. This was done with palms on both sides of the uterus midway between the symphysis pubis and the fundus; the uterus was stabilized with a hand. Also, palpation was done through the entire midline to the lateral side of the abdomen to locate the fetal back in a rotary manner. The other hand was also used to stabilize the uterus and the procedure was repeated for the other half of the abdomen. The right lateral palpation was done at the right side of the woman and a smooth part was felt, which indicated the fetal back, which will also help to position the fetoscope to listen to the fetal heart rate. Lastly, rough part was located on the left side of the mother. The position was right occipito anterior.

Pelvic Palpation: Client was asked to flex her legs slightly and breathe through her mouth. Facing the woman's lower limbs and placing the palms of both hands on either side of the lower abdomen below the umbilicus pointing downwards and inwards, the head was palpated. The lie therefore was longitudinal, presentation was cephalic and the position was right occipito -anterior.

Descent of the Head: Location of the anterior shoulder was made and two fingers were placed on it. The symphysis pubis was located and the right ulna border was placed just above the symphysis pubis and the anterior shoulder. Five fingers occupied the space indicating descent of $5/5^{th}$.

Auscultation: On auscultation, the fetal stethoscope was warmed by rubbing in the palm and placed at the area where the fetal back was located to listen to the fetal heart rate. With one hand at the maternal radius to ensure that it is not the maternal pulse being listened to, the fetal heart rate was checked for one minute and recorded as 138bpm

Vulva Inspection

Permission was sought to examine the vulva and it was granted. Hands were washed under running water with soap and dried with a clean towel and gloves were put on. The mons pubis was well shaved, there were no scars, varicose veins and genital warts. Also, there was evidence of good vulva hygiene so she was applauded for the good work done. She was asked to lie laterally and sit up before getting out of the examination bed. Hands were washed and dried with a clean towel. All findings were communicated to her and she was thanked for cooperation, after which all findings were documented. She was educated to have enough rest and sleep and eat adequate nutritional diet.

She complained of lower abdominal pain so she was reassured and the physiology behind the problem identified were explained to her. She was encouraged to wear low heeled shoes, adopt a good posture, lift light loads and reduce her daily activities. She was scheduled to visit the clinic again on 29th August, 2023 but to report early anytime she feels unwell.

Routine drugs were given as follows: Tablet Multivitamins 200mg daily for 7 days, Tablet Folic Acid 5mg daily for 7days and Tablet Iron Fersolate 60mg daily for 7days.

Client was educated on how to take the drugs and informed her of the next visit to the clinic. An arrangement was made to visit the client at her house so her contact was taken for a direction to her house. She was thanked her and bid her goodbye.

2.2 FIRST ANTENATAL HOME VISIT

Madam Asibi was visited on the 26th August, 2023 at 4:00pm in the evening. The purpose of the visit was to acquaint myself with the family and assess the environment in which she lives and also involve the family in the care.

She welcomed and offered me a seat and water to drink. We exchanged greetings and enquired about her health and she said she was fine. An introduction was made to her husband, her mother in-law, her elder brother, and her sister-in-law who were around. She asked her mother in-law, her elder brother, sister-in-law and her husband to join in the discussion.

Client's family members were encouraged to support madam Asibi in her household activities and also remind her to take her routine drugs appropriately. Client was educated on the importance of health facility delivery. After the education, madam Asibi and her family agreed that she will deliver at the health facility. They agreed she would be accompanied by her sister-in-law to the Hospital as soon as labour starts.

2.3 PHYSICAL ENVIRONMENT

A quick assessment of the environment was done. Client's house was built with cement blocks and roofed with aluminium sheets. Outside the house was painted with green colour while inside of her room was painted with blue and white colour. She uses insecticide treated net which use to prevent mosquito bites. Client was encouraged to continue using it. Her room was well kept and the things inside them were properly arranged, her cooking utensils were also clean and neatly covered as well as her water containers were cleaned and covered with lids.

Client source of water was a borehole and their source of light was electricity. They have a toilet facility in the compound which was also clean. She was encouraged to maintain good personal hygiene by washing her hands properly and regularly before eating and after visiting the toilet.

2.4 PSYCHOSOCIAL ENVIRONMENT

Madam Asibi, the husband, the child and the family have a cordial relationship with each other. She has a warm and friendly relationship with her neighbors. She is free and likes to crack jokes. She has respect for humans and likes to make new friends.

After all interactions, Madam Asibi and her family were appreciated for their warm reception and permission was sought to leave. Client was reminded of her next visit and permission was sought to leave.

2.5 SUBSEQUENT ANTENATAL CLINIC VISIT

Madam Asibi visited the clinic as scheduled on 29th August, 2023 at 8:45am. She was welcomed and given a seat to relax. We exchanged greetings and permission was sought from her to carry out the routine examination which included physical examination and vital signs which were checked and recorded as follows: Temperature-36.2^{0c}, Blood pressure-114/78mmHg, Pulse-76bpm, Respiration-18cpm.

Other investigations were recorded as follows: Weight-62kg, Haemoglobin-11.4g/dl

Client was asked to empty her bladder and a midstream urine sample was tested for protein, sugar and ketones and it was negative. She was helped onto the examination couch and privacy was ensured. A head-to-toe examination was performed on her but no abnormalities were detected. On abdominal examination, the symphysio fundal height was 36cm, gestation was 38 weeks, lie was longitudinal, presentation was cephalic and head descent was 5/5th above the pelvic brim. On lateral palpation, the position was right occipito-anterior. On auscultation, the fetal heart rate was 140beats per minute with regular rhythm and good volume. Findings were communicated to her and recorded it in her antenatal book.

She complained of experiencing heart burns and insomnia due to frequent urination. She was reassured and explained to her that the heart burns were due to the gravid uterus increasing abdominal pressure and the relaxation of the cardiac sphincter resulting in reflux of gastric acid into the esophagus. She was encouraged to avoid fatty foods and reduce the intake of spicy food. Client was encouraged not to eat fried food late in the night and also to eat food in bits at frequent times and avoid lying down immediately after meals and rather sit up for a while. She was also encouraged to limit intake of fluid containing natural diuretics. Client had no other concern so she was educated on the true signs of labour which includes waist and lower abdominal pain radiating to the back, regular uterine contraction and the presence of show.

Madam Asibi was scheduled to visit the clinic again on 5th September, 2023 but should return in case of any problem or issues for clarification. Client was promised to be visited at her house within the week. She was thanked and saw her off at the Health Center's entrance.

2.6 SECOND ANTENATAL HOME VISIT

On the 2nd September, 2023 at 4:30pm, Madam Asibi was visited at her house. She welcomed me and we exchanged greetings. She was asked about her health and that of the family as well as the heartburns and insomnia she complained about during her last visit to the clinic and she said there was an improvement and that the whole family is doing well. Client was educated on the importance of health facility delivery and its benefits to both the baby and the mother. During our discussion, Madam Asibi and her-in-laws were asked about their knowledge on birth preparedness and complication readiness plan and they said they do not know anything about it so they were educated on what birth preparedness and complication readiness plan was and its importance as well.

After the discussion, Madam Asibi and her-in-laws were helped to make a plan for her delivery by telling her the things she needed to do which included decision on where she would like to

deliver her baby, who would take care of the family as she is in the health facility and the one to accompany her to the facility. She told me that she would like to deliver at the Sankore Health Center and the husband also said he will bring her to the Health Center with his motorcycle. She also said her mother-in-law would take care of her child in her absence, and her sister in-law also said she will accompany her to the Health Center. They were encouraged to call for the ambulance if the motorcycle fails them. She was reminded of the necessary items she needs to prepare for herself and the baby prior to delivery which included; cloths, perineal pads, mackintosh rubber, dettol, soap, pomade, sponge among others. On the part of complication readiness plan, her brother-in-law said he is saving some money towards that in case of any emergency situation concerning the birth of their child. He added that he will be coming with madam Asibi to check his blood group on her next antenatal visit to get donors ready. The things she had already bought in preparation for delivery of the baby were shown to me after which we packed them nicely in a bag and she was congratulated her for getting all her things ready.

Madam Asibi did not lodge any complain so she was reminded of her next visit which would be on 5th September, 2023 and permission was sought to leave.

2.7 THIRD ANTENATAL CLINIC VISIT

On the 5th of September, 2023 madam Asibi visited the hospital for her antenatal services as scheduled at 8:30 am. She was welcomed and a seat was offered to her. She was allowed to rest for about ten minutes during which permission was sought from her to carry out the routine examination. The following vital signs were checked and documented as; Temperature-36.7^{0c}, Blood pressure-120/82mmHg, Pulse-74bpm, Respiration-20cpm.

Other investigations were recorded as follows; Weight-60kg, Haemoglobin-11.2g/dl

After checking her vital signs, client was asked to empty her bladder and a midstream urine sample was tested for protein, sugar and ketones and it was negative. Client was helped her to change into a gown and helped her onto the couch. Hands were washed, dried and cleaned with a clean towel. A head-to-toe examination was performed on her but no abnormalities were detected. Abdominal examination was carried out by inspection, palpation and auscultation. Fetal movements, striae gravidarum, linea nigrae were noted on inspection. On palpation, symphysio-fundal height was 37cm, estimated gestational age 39 weeks, presentation was cephalic, and lie was longitudinal and fetal head descent was 5/5th above the pelvic brim. On lateral palpation, the position was right occipito-anterior. On auscultation, the fetal heart rate was 140bpm with regular rhythm and good volume. The findings were communicated to her and documented.

She was asked about any problem and she complained of constipation. She was reassured and explained to her that, her condition are minor disorders in late pregnancy. She was also told that the constipation was as a result of the relaxing effect of progesterone which had slowed down gut motility. She was encouraged to increase her water intake and oral fluids such as fruit juice, fruits and vegetables such as oranges, carrots, cabbage.

She was educated on the immunization of the baby which is after delivery and also told her about the importance of the immunization (against the vaccine preventable diseases) and the need to get the baby immunized which will prevent certain diseases. Her routine drugs were still there so she was informed to continue taking them. She was also reminded to visit the health center anytime she had a problem or want to clarify something and as soon as labour starts. She was encouraged to take good care of herself and reminded her of her next visit.

2.8 HOME THIRD ANTENATAL VISIT

Madam Asibi and her family were visited on, 7th September, 2023 at 4:00pm. She welcomed me and we exchanged greetings. She was asked of their health and she said they were all doing well. Client said she was able to move her bowel when she got home. An emphasis on the importance of health facility delivery, birth preparedness and complication readiness plan was made to them. They thanked me and said they will give their maximum support. The entire family was educated on infection prevention especially proper hand washing with soap and under clean running water. They were encouraged to wash their hands well before eating and after visiting the toilet. She was also reminded of the true signs of labour since she was term. She was reminded on her next visit but to come to the facility in case of any problem or concern and as soon as labour starts.

Madam Asibi was thanked and left the house.

2.9 NURSING CARE PLAN ON ANTENATAL

PROBLEMS IDENTIFIED

1. Lower abdominal pain.
2. Insomnia
3. Heartburns.
4. Constipation.

SHORT TERM OBJECTIVES

1. Client will be able to cope with lower abdominal pains throughout pregnancy.
2. Client will be able to sleep for 1 hour in a day time and 3 hours during the night.
3. Client heartburns will reduce and cope with throughout pregnancy.
4. Client will be able to empty her bowel once daily.

LONG TERM OBJECTIVES

Client will go through pregnancy, labour and puerperium successfully without any complication.

NURSING CARE PLAN DURING ANTENATAL CARE

DATE/TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE / TIME	EVALUATION	SIGN
22/08/2023 9:30am	Impaired body comfort (lower abdominal pain) related to descent of fetal head.	Client will be able to cope with lower abdominal pain throughout pregnancy as evidenced by client verbalizing.	1. Reassure client. 2. Explain the physiology of lower abdominal pain to client. 3. Encourage client's relatives to help with household chores. 4. Encourage client to wear low heeled shoes.	1. Client was reassured. 2. Physiology of lower abdominal pain was explained to client. 3. Client's relatives helped with household chores. 4. Client was encouraged to wear low heeled shoes.	11/09/2023 5:50pm	Goal fully met as client said she had been relieved of lower abdominal pain.	

DATE/ TIME	NURSING DIAGNOSE	NURSING OBJECTIVES/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
22/08/2023 9:30am	Insomnia related to frequent urination.	Client will be able to sleep for 1 hour during daytime and 3 hours in the night as evidenced by client verbalizing.	1) Reassure client. 2. Encourage her to lean forward when voiding. 3. Educate her on the use of panty liners. 4. Explain the physiology of frequent urination to client.	1. Client was reassured. 2. Client was encouraged to lean forward when voiding. 3. Client was educated on the use of panty liners. 4. The physiology of frequent urination was explained to client.	23/082023 8:40pm	Goal fully met as client said she was able to sleep.	

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES/ OUTCOME CRITERIA	NURSING ORDER	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
05/09/23 8:30am	Constipation related to inadequate intake of fluids and lack of exercise.	Client will be able to move her bowel once daily as evidenced by client verbalizing.	1. Reassure client. 2. Encourage client to increase fruit and vegetable intake. 3. Encourage client to increase fluid intake. 4. Encourage client to do exercise.	1. Client was reassured. 2. Client was encouraged to increase fruit and vegetable intake 3. Client was encouraged to increase fluid intake. 4. Client was encouraged to do exercise.	6/09/23 6:30pm	Goal met as client said she had been able to move her bowel once.	

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES/ OUTCOME CRITERIA	NURSING ORDER	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
29/08/23 8:45am	Heartburns related to reflux of gastric content into the oesophagus.	Client's heartburns will reduce and cope with throughout pregnancy as evidenced by client verbalizing.	1. Reassure client. 2. Explain the physiology of heartburns to client. 3. Encourage client to avoid seasoned and fatty foods. 4. Encourage client to eat early supper. 5. Encourage client to prop up in bed.	1. Client was reassured. 2. The physiology of heartburns was explained to client. 3. Client understood which she ate less seasoned and fatty food. 4. Client was encouraged to have early supper which she did. 5. Client was encouraged to prop up in bed.	11/09/23 5:50pm	Goal fully met as client said she had been relieved of heartburns	

CHAPTER THREE
LABOUR

3.0 INTRODUCTION

This chapter consists of the management of first stage to fourth stage of labour, problems client encountered and the care given. Ojo and Briggs (2006), states that, labour is the process by which the uterus empties its contents after the twenty-eighth (28th) week of pregnancy. It entails the contraction and retraction of the uterine fibers, the dilatation of the cervical os and the expulsion of the baby, liquor amnii, placenta and membranes.

3.1 ADMISSION AND MANAGEMENT OF LABOUR

On the 10th September, 2023, around 8:10am madam Asibi's sister-in-law called on phone to inform me that madam Asibi is experiencing waist and lower abdominal pain with the presence of blood-stained mucoid discharge. Madam Asibi's sister in-law was encouraged to come with her immediately to the Health Center. Client and her sister-in-law came to the Health Center around 10:10 am and they were sent to the labour ward.

Madam Asibi's maternal records book was collected and read through with the midwife in-charge to refresh the memory on her past and present histories. After which an enquiries was made about when labour pains started and she said it started in the morning at 7:00am when she was performing her household chores and she also noticed blood-stained mucoid discharge in her pants when she went to urinate. She was admitted into the admissions and discharges book and recorded findings in her folder. Client was asked about the kind of food she ate in this morning and she said she took tuo- zaafi. She was sent to the delivery room where privacy was ensured and assisted to change into a gown. Her items for delivery were nicely and neatly packed in a bag and it contained all the needed items of which it was collected and labelled. At 10:18am, Madam Asibi was seen looking anxious. According to her, she did not know what the outcome of labour will be. The procedures to be carried out on her were explained to her to

allay anxiety. A trolley was set for the various examinations. Her vital signs were checked and recorded as follows; Temperature-36.4^{0c}, Blood pressure-112/70mmHg, Pulse-80bpm and Respiration-22cpm. Other observations recorded as; Haemoglobin-13g/dl.

A specimen bottle was given to her for the midstream urine collection for urine examination and offered madam Asibi a bed pan to empty her bladder and the urine passed measured 150mls. A urine reagent strip was used urine to test for protein, acetone and glucose and the result was negative and the colour of the urine was amber, clear and not offensive. The examination couch was covered with a rubber mackintosh, and she was assisted onto the couch. Hands were washed with soap under running water and dried them with a clean towel. Having explained the procedure and her consent sought, general examination from head to toe was performed and no abnormality was detected under the midwife in-charge's supervision. The abdomen was inspected.

Inspection: Client's abdomen was ovoid in shape and medium in size with no scars but linea nigra and striae gravidarum were clearly visible and fetal movements were present.

Palpation: On palpation; fetal buttocks were palpated at the fundus and fetal head at the lower pole of the uterus. Gestation was 39weeks, symphysio fundal height was 37cm, lie was longitudinal, presentation was cephalic and descent was 4/5th palpable abdominally. **Auscultation**: Fetal heart rate was 130 beats per minute with good rhythm and volume; contractions were timed and recorded as 3 in 10 minutes lasting for 30seconds.

Vaginal Examination: The procedure was explained to her and ensured privacy. A tray containing a pair of sterile gloves, two galipots containing sterile cotton wool swabs and savlon antiseptic solution was brought closer to the examination couch. Client was positioned her in a dorsal position exposing only the vulva. A mackintosh apron was worn. Hands were washed with soap under running water and dried. A sterile gloves was put on. The soiled perineal pad

was removed. On inspection, the vulva was neatly shaved; no scars, edema, varicose veins or vulva warts were detected. The two labia majora, labia minora was swabbed and finally the vestibule with one swab each. permission from her and gently inserted my middle and index fingers into the vagina by firmly pressing downwards to relax the vagina and the condition of the vagina was warm and moist with the walls soft and distensible, no prominent ischial spines felt, membranes were intact and cervical dilatation was 4 cm at 10:30am and no moulding felt. Fingers were removed and examined and it was stained with blood. Client was cleaned and a clean perineal pad was applied on the vulva. She was thanked for her cooperation and the used swabs and pad were discarded. The gloves were removed and hands were washed, dried and cleaned with a clean towel. Client was made comfortable and progress of labour communicated to her using the dilatation board. All findings were recorded on the partograph. Client was orientated to the labour ward, lying in ward, bathroom and the staff in order to allay her anxiety.

3.2 PREPARATION FOR BIRTH

Identification of helper and review of the emergency plan: The midwife in-charge who was supervising labor was chosen as a skilled helper and was informed that she may be called to help in case of emergency for the baby and mother during and after delivery. The husband of the client was informed to be available in order to run errands when needed. Madam Asibi had other two 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. The area for delivery was prepared by drawing curtains down, testing of light and making provision for artificial lighting in case of lights out and switching off fans. Preparation of an area for resuscitation and checking of equipment was also done by preparing a dry, flat and safe space for receiving the baby for resuscitation when necessary and equipment to help the baby breath were assembled, checked and tested for their functioning and they were in good condition. The items included the suction device, ambu bag and mask, stethoscope, scissors, timer, source of light head

covering, clothes and gloves among others. Delivery set and emergency drugs were available when checked.

3.3 MANAGEMENT OF FIRST STAGE OF LABOR

Client was put on partograph on admission when labor was established. Fetal and maternal conditions as well as progress of labor which included fetal heart rate, uterine contractions and maternal pulse were monitored every 30 minutes while temperature was every four hours and that of vaginal examination, blood pressure and descent were checked and recorded four hourly on the partograph. Client was educated to avoid putting the hand in her vulva and also change her perineal pad when soiled to prevent infections.

At 11:00am, uterine contractions were 3 in 10 minutes lasting for 34seconds, fetal heart rate was 142bpm and maternal pulse was 78bpm.

At 11:30am, uterine contractions were 3 in 10 minutes lasting 36seconds, fetal heart rate was 138bpm and maternal pulse was 76bpm.

At 12:00pm, uterine contractions were 3 in 10 minutes lasting 36seconds, fetal heart rate was130bpm and maternal pulse was 80bpm.

At 12:30pm, uterine contractions were 3 in 10 minutes lasting for 38seconds, fetal heart rate was 140bpm and maternal pulse was 78bpm.

Madam Asibi complained of severe waist pains at 12:35pm. She was reassured that pain will subside after delivery and the physiology behind waist were explained to client. She was taught deep breathing exercise during contractions to reduce the pains. Madam Asibi was given a sacral massage during contractions. She was encouraged to urinate frequently whenever she has the urge to prevent the effects of full bladder and to hasten descent of fetus. At 1:00pm,

uterine contractions were 4 in 10 minutes lasting for 41seconds, fetal heart rate was 136bpm and maternal pulse was 76bpm.

At 1:30pm, uterine contractions were 4 in 10 lasting 41 seconds, fetal heart rate was 134bpm and maternal pulse was 80bpm.

At 2:00pm, uterine contractions were 4 in 10 lasting 42 seconds, fetal heart rate was 138bpm and maternal pulse was 78bpm.

The second vaginal examination was repeated at 2:30pm, cervix was 8cm dilated with descent $1/5^{th}$, contractions were 4 in 10 minutes lasting for 45seconds with membranes still intact and there was no moulding, fetal heart rate was 134bpm and maternal pulse was 78bpm.

Her vital signs were checked and recorded as: Temperature-37.3^{0c}, Blood pressure-100/60mmHg, Pulse-78bpm and Respiration-20cpm.

A specimen bottle was given to her for the midstream urine collection for urine examination and a bed pan was also served. The amount of urine passed 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. All findings were communicated and recorded on the partogragh. Client was seen bearing down prematurely so she was reassured and educated her on the dangers of bearing down prematurely, she was also updated on the progress of labour, and also educated her on the dilatation of the cervix by using the dilatation board. She was told that unless we confirm full dilatation of cervical OS before she can bear down, with timely episiotomy when necessary and will also deliver her skillful during the second stage and she stopped it.

At 3:00pm, uterine contractions were 4 in 10 minutes lasting for 43seconds, fetal heart rate was 138bpm and maternal pulse was 80bpm.

At 3:30pm, uterine contractions were 4 in 10 minutes lasting for 45seconds, fetal heart rate was 140bpm and maternal pulse was 76bpm. She was given 330mls of malt to cool her down and provide energy as she was progressing to second stage of labour.

Client was told on what to expect in the second stage of labour which includes; delivery of baby unto her abdomen and injection of oxytocin after delivery of the baby. A delivery trolley with the following items were set up. The top shelf; sterile cord scissors, sterile umbilical cord scissors, two sterile artery forceps, two gallipots (one containing cotton wool swabs soaked in savlon solution and the other containing gauze), two cot sheets, episiotomy set, two dissecting forceps, receiver, delivery pack containing four clean towels, pair of sterile gloves, 10 units of oxytocin and vitamin k injection. The bottom shelf; receiver for placenta, a jug for measuring the amount of blood loss, container with syringes and needles, fetoscope, a pair of sterile gloves, antiseptic solution, drum containing gauze and cotton wool, mackintosh, extra perineal pad, cord clamp, bed pan, identification band, examination gloves, small cup containing water and bulb syringe and cot sheets.

A resuscitation tray containing an ambu bag and mask of various sizes, clean towel, a blanket and a clock was set.

At 3:40pm, madam A.K started vomiting and was given a bed pan to vomit. She was reassured, cleaned her up and encouraged her to take sips of water and other fluids regularly to reduce fluid deficit. At 4:00pm, fetal heart rate was 130bpm, contractions were 4 in 10 lasting for 45 seconds and maternal pulse was 89bpm. The membranes ruptured spontaneously and liquor was clear without offensive smell at 4:30pm. She complained of having the urge to bear down so she was helped her to lie in a dorsal position onto the delivery couch. At 4:30pm fetal heart rate was 140bpm, contractions were 5 in 10 minutes lasting for 46seconds. Hands were washed, dried and cleaned with a towel. Sterile gloves were worn after which a permission was sought

to perform vaginal examination. Upon the examination the cervix was 10cm dilated, descent was $0/5^{th}$, moulding was (++) which indicated that the bone was overlapping each other but could slip off, liquor was clear. The in-charge was informed of the progress of labor and was asked to confirm my findings and she confirmed client was fully dilated. Client was again reminded that her baby will be delivered unto her abdomen. 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. Vital signs were checked and recorded as follow; Temperature-36.5^{0c}, Blood pressure-124/80mmHg, Pulse-74bpm and respiration-20cpm.

3.4 MANAGEMENT OF SECOND STAGE OF LABOUR

The second stage of labor starts from full dilatation of the cervix to birth of the fetus. After carrying out vaginal examination, client was informed that she was due to deliver her baby. She 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. Client 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 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 the 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 the neck and there was none. Restitution occurred and external rotation of the head which indicated that internal rotation of the shoulders had occurred. The fetal head was held in both palms, each palm on the parietal bones and with little downward traction, the anterior shoulder was delivered. The posterior shoulder was also delivered with upwards traction as it was allowed to sweep the perineum and with lateral flexion, the trunk and the rest of the body was delivered onto the mother's abdomen. She complained of fatigue after the baby was delivered. 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 4:40pm

3.5 IMMEDIATE CARE OF THE BABY

The care started immediately the head was delivered. The eyes were gently wiped from the inner canthus to the outer canthus with sterile cotton wool swabs and the face was cleaned with sterile gauze. After delivery of baby onto mother's abdomen, she was cleaned, dried and a cloth was used to cover baby and mother to provide warmth. Baby cried while on mother's abdomen. The cord was clamped 3 centimeters away from the baby's abdomen and second clamp 2 centimeters from the first clamp. The cord was covered with gauze and cut in between the clamps to separate baby from the mother within the first three minutes. The baby was assessed and given an Apgar score of 8/10 in the first minute and 9/10 in the fifth minute. An identification band was put on the baby's hand. The baby was weighed and recorded 3.2kg.

The sex of baby was shown to the mother which was a female. The baby was put to breast to initiate lactation and to promote bonding between mother and child. The Apgar score assessment was as follows;

INDICATOR	FIRST MINUTE	FIFTH MINUTE
Appearance	2	2
Pulse	2	2
Grimace	1	2
Activity	1	1
Respiration	2	2
Total	8/10	9/10

3.6 MANAGEMENT OF THIRD STAGE OF LABOUR

Third stage of labour begins after the birth of the baby and ends with the delivery of the placenta and membranes and bleeding controlled. The stage is conducted using active management of third stage of labour (AMTSL).

Madam Asibi was in the lithotomy position and a receiver placed near the vulva in between the thighs. Procedure was explained to her. The uterus was palpated to rule out the presence of a hidden twin and 10 units of oxytocin was injected intramuscularly on the mother's thigh by the Midwife in-charge to aid in the contraction of the uterus and separation of the placenta. Non dominant hand was placed on the fundus to feel for contraction of the uterus. The cord was re-clamped nearer to the perineum with one artery forceps. The cord and artery forceps were held with the dominant hand. As soon as the uterus contracted, the non-dominant hand was removed and placed just above the symphysis pubis with the palm facing the abdomen of the mother to

provide counter traction to prevent uterine inversion during removal of the placenta. At the same time, the dominant hand that held the clamped cord was pulled gently in a downwards direction following the curve of carus. With steady controlled cord traction, the process was repeated until the placenta was visible at the vulva and cupped with the two hands, and was rolled round to gently tease the membranes from lower segment. The placenta was completely delivered at 4:45pm. A quick examination of the placenta was made where both the maternal and fetal surfaces were intact. The placenta was placed in a receiver for thorough examination later. The uterus was rubbed for a contraction and clots were expelled. The client was taught how to massage the uterus. The vulva was cleaned with water, the labia were patted and cleaned. Two sterile gauzes were wrapped on the middle and index finger for inspection using the clockwise method and there were no lacerations on the peurperium. The vaginal walls and cervix were inspected but there was no tears. The total blood loss was estimated as 150 millimeters. Client was cleaned and a new perineal pad was applied to the vulva to absorb any lochia and client was made comfortable in bed. Client was congratulated.

Examination of the Placenta and Membranes

The placenta was dip in 0.5% chlorine solution and removed immediately. The placenta was examined under a good source of light and on a flat surface. The fetal surface was greyish blue with firm amniotic membranes and cord was in the center of the placenta. The maternal surface was dark red in colour. It was covered with chorion which was opaque. The membranes, lobes and cotyledons were inspected and they were intact. No infarct and oedema were seen on the maternal surface, the cord was thick with Wharton's jelly. The tip of the cord was wiped with a dry cloth for inspection. It had two arteries and one big vein. The placenta was placed in 0.5% chlorine solution in the sluice room for decontamination and discarded in the placenta pit. The delivery bed, examination table and other surfaces were cleaned and decontaminated with 0.5% chlorine solution. The instruments were immersed into 0.5% chlorine solution, gloves were

removed and hands were washed thoroughly with soap and water. After 10 minutes, instruments were removed with utility gloves, washed in soapy water and rinsed in clean water and was then air dried and packed for sterilization.

3.7 MANAGEMENT OF FOURTH STAGE OF LABOUR

During the fourth stage of labor, close observation of the mother and baby were made for about six hours following the expulsion of the placenta, membranes and the subsequent arrest of haemorrhage. During this period, mother and baby were assessed for every fifteen minutes for two hours, thirty minutes for an hour and one hourly for three hours which was recorded behind the partogragh. This was done to detect any deviation from normal.

3.8 EXAMINATION OF THE NEWBORN

Procedure was explained to client, examination gloves were worn and baby was examined from head to toe to detect any deviation from normal. Baby was put on a flat surface. Baby was exposed and the general condition, respiration and skin color was noted and the baby was covered again to be examined from head to toe.

Head and Neck: The fontanelles were not tensed but soft, the skull formation was normal; there was no oedema, laceration or caput succedaneum formed. The head was oval in shape; head circumference was measured as 33cm by encircling the head with a tape measure from the occipital protuberance to the supra-orbital ridges. The neck was examined for congenital goiter and any muscle rigidity of the neck, the neck was also checked for swelling but there was no abnormality detected.

Ears: The ears were normally positioned and patent, the cartilage of the pinna was soft with no abnormal discharges from the ear.

Eyes: The eyes were in alignment with the ears. The eyes had no discharges and no redness of the conjunctiva or jaundice on the sclera.

Nose: They were normally positioned and equal in size. The nose had a normal septum, patent, and pink in colour and had no discharges.

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 no false tooth noticed. There was no cleft palate or cleft lip or tongue tie. The suckling, rooting and swallowing reflexes were present.

Chest: The chest was normal in shape, the nipples were normally positioned with no breast engorgement and masses present, there were no extra nipples and the apex beat checked and recorded as 126bpm.

Upper Extremities: The upper extremities were inspected for clubbing, extra or missing digits, nails and webbing and all were normal. The hands and arms were equal in size and length; no paralysis was present. The palmer creases were normal; nail beds were pink. The Moro and grasp reflexes were present.

Abdomen: The abdomen was soft and warm on palpation with no bleeding from the cord and no signs of infection seen. Bowel sounds were present on auscultation and there were no masses detected on palpation.

Genital Examination: On the genitalia, the vagina orifice was normally situated with patent urethra orifice as urine was passed earlier on. The labia minora and majora were normal. The anal orifice was patent as baby passed meconium as at the time of examination.

Lower Extremities: The lower limbs were also examined. There were no extra digits, webbing of the feet, foot adduction, clubbed feet, knock-knees, bowed legs, tibial tension and paralysis detected.

There was also no congenital dislocation of the hip. The knee-jerk and plantar reflexes were present.

Back: Back was examined for spinal bifida and no abnormality noted. There were no rashes, birth marks, peeling of the skin present.

Measurement: Measurement of the baby were done. The full length of the baby was 50cm, head circumference was 33cm, and the weight was 3.2 kg. Gloves were removed and disposed aseptically before washing and drying hands. Findings were documented and communicated to her. Baby's vital signs and weight were checked and recorded as follows; Temperature- 36.0^{0c}, Apex heart beat-130bpm, Respiration and weight-3.2kg.

Prevention of Diseases

Two drops of Chloramphenicol eye drops were instilled into both eyes of the baby to prevent ophthalmia neonatorium. Injection vitamin K, 0.5unit was given on the left lateral thigh intra-muscularly to aid blood clotting and to prevent bleeding. The cord was dressed with sterile cotton wool swabs and methylated spirit to prevent cord infection. The baby was given to the mother to breastfeed. She was encouraged to breastfeed regularly and on demand and also to empty one breast completely before changing to the other. Hands were washed with soap under running water and dried with a clean dry towel afterwards.

3.9 MANAGEMENT OF THE MOTHER

Client was reassured and encouraged to have enough rest and sleep. The mother's initial vital signs were checked and recorded as; Temperature- 36.5oc, pulse- 76bpm, respiration -22cpm

and blood pressure -120/80mmHg. The fundus was rubbed to facilitate contraction. Blood clots were expelled and blood loss was 150mls, and the symphysio fundal height was 18 centimeters. Client was transferred to the lying-in-ward and baby was put to breast. The total blood loss after the fourth stage was 100mls. At the end of the fourth stage, the amount of urine passed was 100mls. Lochia was red in colour (rubra), small in quantity and had no foul smell. Client was educated on frequent micturition and changing of perineal pads when soaked, how to fix baby to breast, the importance of exclusive breastfeeding for the first six months and feeding on demand was stressed on as well. Client's mother and husband were allowed to see her and she was served with warm porridge and bread to restore energy. General condition of client was good and all labor notes were recorded on the partogragh sheet.

Summary of Labor

Client had a spontaneous vaginal delivery to a live female baby on 11th September, 2023 at 4:40pm with birth weight of 3.2kg and APGAR score of 8/10 and 9/10. Placenta and membranes were completely delivered at 4:45pm by controlled cord traction. Estimated blood loss was 150mls. Condition of mother and baby was satisfactory and they were made comfortable in bed.

3.10 CONDITION OF BABY AT BIRTH

General examination of the baby was done and no abnormalities detected. The baby had a pink skin colour, umbilical cord was not bleeding. The baby was classified as normal and routine care given.

Baby passed urine and meconium within some few minutes after birth. The baby's vital signs were as follows; Temperature-36.0^{0c}, Apex heart-132bpm, Respiration-40cpm, Apgar score for first minute-8/10, Apgar score for fifth minute-9/10, Sex-female, Weight-3.2kg, length of baby-48cm, Head circumference-34cm and abnormalities-nil.

3.11 CONDITION OF MOTHER AFTER BIRTH

Client was made comfortable in bed and was helped to fix baby to breast. Vital signs were checked and the following examinations were done and recorded as follows; Temperature-36.0^{oc}, Pulse-76bpm, Respiration-20cpm, Blood pressure-120/70mmHg, fundus-16cm, Blood loss-150mls. Condition of mother after delivery was good.

Duration of Labor

Duration of first stage - 6 hours

Duration of second stage -10 minutes

Duration of third stage -5 minutes

Total duration of labor - 6 hours 15 minutes

3.12 NURSING CARE PLAN ON LABOUR

PROBLEMS IDENTIFIED

1. Anxiety
2. Waist pains.
3. Vomiting
4. Fatigue.

SHORT TERM OBJECTIVES

1. Client's anxiety will be relieved within 1 hour after labour.
2. Client will be able to cope with waist pain throughout labour.
3. Client will be relieved of vomiting within 1 hour after labour.
4. Client will be relieved of fatigue within 2 hours after labour.

LONG TERM OBJECTIVE

Client will go through labour and puerperium successfully with no complications.

NURSING CARE PLAN DURING LABOUR

DATE TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES/ OUTCOME CRITERIA	NURSING ORDER	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
10/09/23 12:35pm	Vomiting related to hormonal fluctuations in labour.	Client will be relieved of vomiting within 1hour after labour as evidenced by client verbalizing.	1). Reassure client. 2). Educate client on the causes of vomiting. 3). Encourage client to eat light and dry fruits. 4). Assist client to rinse her mouth after each vomit	1. Client was reassured. 2. Client was educated on the causes of vomiting. 3. Client was encourage to eat light and dry fruits. 4. Client was assisted to rinse the mouth after each vomit.	11/09/23 5:40pm	Goals fully met as client said she had been relieved of vomiting.	

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVE/ OUTCOMES CRITERIA	NURSING ORDER	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
10/9/23 10:18am	Anxiety related to unknown outcome of labour	Client's anxiety will be relieved within 1 hour after labour as evidenced by client verbalizing.	1. Reassure client. 2. Explain effects of anxiety on labour to client. 3. Educate client on some of the possible outcome of labour. 4. Explain every procedure to the client for proper understanding. 5. Allow client to communicate with relatives.	1. Client was reassured. 2. Client understood that anxiety can prolong labour. 3. Client was educated on possible outcomes of labour. 4. Every procedure was explained to client for proper understanding. 5. Client communicated with relatives all the time.	11/9/23 5:40pm	Goal fully met as client said she was no longer anxious.	

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES/ OUTCOME CRITERIA	NURSING ORDER	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
10/09/23 12:35pm	Altered body comfort (waist pain) related to physiology of labour.	Madam Asibi will be able to cope with waist pains throughout labour as evidenced by client's body language.	1. Reassure client. 2. Explain the physiology behind waist pain to client. 3. Massage the sacral region. 4. Encourage client to do deep breathing exercise. 5. Encourage client to lie on her left side.	1. Client was reassured. 2. The physiology behind the waist pain was explained to the client. 3. The sacral region was massaged. 4. Client was encouraged to do deep breathing exercise. 5. Client was encouraged to lie on her left side.	11/09/23 5:40pm	Goal met as evidenced by client's body language.	

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVE/ OUTCOMES CRITERIA	NURSING ORDER	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
10/9/23 5:34pm	Fatigue related to physical stress of labour.	Client will be relieved of fatigue within 2 hours after labour as evidenced by client verbalizing.	1. Reassure client. 2. Encourage client to continue with the relaxation techniques. 3. Encourage client to do deep breathing exercise. 4. Encourage client to take sips of malt. 5. Encourage client to assume left lateral position.	1. Client was reassured. 2. Client was comfortable with relaxation technique. 3. Client performed deep breathing exercise. 4. Client took sips of malt throughout the labour process. 5. Client assumed left lateral position.	11/9/23 6:40pm	Goal fully met as client said she has regain her strength.	

CHAPTER FOUR
PUERPERIUM

4.0 INTRODUCTION

Puerperium starts immediately after delivery of the placenta and membranes and continues for the period of six weeks, the care of the woman following the birth of her baby aims at observing and monitoring the health of the mother and her baby as well as, offering support and guidance in breastfeeding and preventing skills.

4.1 MANAGEMENT DURING PUERPERIUM

Madam Asibi and her baby were transferred to the lying-in ward for continuous observation after their general condition was monitored for the first one hour in the labour ward. She was made comfortable in bed with her baby and they were closely observed for another five hours. Mother's vital signs, inspection of the lochia, palpation of the uterus and psychological state was observed every 15 minutes for the second hour, 30 minutes for the third hour and hourly for the fourth, fifth and sixth hours in the lying-in ward. Her vital signs were checked and recorded as follows; Temperature-36.3^{0c}, Pulse-84bpm, Respiration-22cpm, Blood pressure-120/70mmHg.

The uterus was well contracted on palpation with fundal height of 18cm at the end of third stage. The perineal pad was inspected for amount of blood flow and it was moderate, colour was rubra, with no offensive smell. The baby was examined from head to toe and no abnormality was detected. She was encouraged to urinate frequently and to ambulate to promote free drainage of lochia and to improve circulation to prevent circulatory disorders like thrombo embolism. She was also encouraged to change her perineal pad when soiled and also to wash her hands with soap and water after changing pad and before breastfeeding baby to prevent infections. The general condition of the baby was satisfactory. The baby suckled well when put to breast which indicated the presence of both swallowing and suckling reflexes.

Client was encouraged to breastfeed continuously to initiate lactation. She was told that breast milk contains all the nutrients the baby needs including colostrum which give natural immunity and also helps in the cognitive development of the baby. Baby's vital signs such as; temperature, pulse, respiration, apex beat and skin colour were monitored every 15minutes for the first and second hour in the lying-in ward, 30 minutes for the third hour and then hourly for the fourth, fifth and sixth hours of the fourth stage of labour. Meconium and urine was passed twice by the baby that indicated the patency of the anal and urethral orifices. There was no bleeding from baby's cord.

After madam Asibi had rested for a while, she was educated on good nutrition, personal hygiene and danger signs during puerperium such as severe lower abdominal pain and offensive lochia. She was informed that baby will be bathed the next morning.

4.2 SUBSEQUENT CARE OF THE BABY

Six hours after the delivery, the baby was bathed with warm water. Head to toe examination was done. Cord was dressed with chlorhexidine using aseptic technique and the cord was checked for bleeding and no abnormalities were detected. The baby passed meconium and urine which indicated that urethra and anus were patent. The baby was dressed nicely, wrapped in a warm dry cot sheet to maintain body temperature and was placed beside her mother to breastfeed. The mother was advised not to place any other items on the cord with the exception of chlorhexidine that will be given to her. She was encouraged to practice exclusive breastfeeding.

Baby's First Bath and Cord Dressing.

Requirements: Soap, sponge, cream/powder, sterile cotton in gallipot, chlohexidine, basin, towels, two cot sheets, apron, gloves, a clean baby dress, cap and socks, mackintosh, two jugs

containing hot and cold water each, two receptacle for used water and dirty linen and a receiver for used swab.

Procedure: The procedure was explained to the mother and the necessary items for the bath were collected and assembled. A mackintosh apron was put on, hands were washed and dried and gloves were worn. The baby was taken from the mother and she was asked to observe the procedure baby. Baby was kept on a protected flat surface, undressed and examined her from head to toe. The skin colour was pink all over and no abnormality was detected. Warm water was prepared and the temperature tested with the elbow. The baby was then bathed. The eyes were cleaned with cotton wool swabs soaked in warm water starting from the inner canthus to the outer canthus. The face was cleaned with damped face towel and dried after which the neck was supported and nape with one hand and plugged the ears with two fingers of the same hand. The hair was washed with soapy sponge, rinsed and dried. The body was then exposed and the trunk and arms were bathed paying attention to skin folds. The back and limbs were bathed as well with one hand supporting the chest. The baby was rinsed by immersing her in the warm water with the head above the water. Baby was dried and wrapped in a clean dry cloth. Baby oil was applied on the skin and baby was dressed leaving the umbilical cord exposed for dressing and the hair combed neatly. Hands were washed, dried with clean towel. Mother was encouraged to observe bathing and dressing of the cord. She was educated to clean the cord as well as observed at home.

Cord Dressing: Hands were washed with soap under running water, dried with a clean dry towel and a sterile glove was worn. The cord was exposed and was inspected for bleeding but there was none. After that, clean six sterile cotton wool swabs were soaked with methylated spirit. The cord clamp was held with one of the sterile cotton wool swab soaked in methylated spirit. The skin was swabbed around the base of the cord with the second cotton wool swab, the third swab for the base then the fourth cotton to swab from the base to the tip of the cord

with the fifth swab with another cotton wool swab and the last swab was used to clean the tip of the cord. And the one used to hold the cord clamp was used to clean the clamp. The cord was left exposed to air dry. There were no abnormalities like bleeding from cord, offensive odour, redness at the base of the cord. She was dressed in a clean dress and wrapped in a baby cot sheet and given to mother. The work environment was cleaned, decontaminated and washed the used items and disposed of soiled swabs and gloves. Hands were washed with soap and water, documented the procedure and discussed findings with the mother. During bathing, urine and meconium were passed by the baby. The following vital signs were checked and recorded as; Temperature-36.4^{oc}, apex heart beat-138bpm, respiration-40cpm and weight-3.2kg.

4.3 FIRST DAY POST DELIVERY AND DISCHARGE

Mother and baby were healthy on the first day postnatal which was on the 11/9/23. Madam Asibi woke up looking very cheerful. Her teeth were cleaned; she had emptied her bowel and had a warm bath. Her baby's weight was 3.15kg and vital signs were checked and recorded as; Temperature-36.5, apex heart beat-140bpm, respiration-40cpm and cord was clean and dry.

Baby was examined from head to toe in the presence of the mother on a flat surface, no abnormalities detected. Baby was wrapped, dressed in a clean sheet and handed over to the mother to be breastfed. Injection subcutaneous Bacillus Calmette Guerin (BCG) 0.05ml and 0.2 drops of polio oral vaccines were administered. The mother was advised not to apply any herbs or hot water to the injection site and continue with the rest of the immunization at the child welfare clinic when the baby is six weeks old to protect her against the vaccine preventable childhood killer diseases.

Madam Asibi was also examined from head to toe and no abnormality was detected. Her uterus was firm and well contracted with a fundal height of 15cm. The perineal pad was inspected and lochia was rubra with moderate flow and not offensive.

Her vital signs were checked and recorded as follows; Temperature-36.4^{0c}, Pulse-80bpm, Respiration-20cpm and Blood pressure-110/80mmHg.

Madam Asibi had already taken her breakfast so she was encouraged to report any abnormalities such as bleeding from cord, pyrexia or any abnormality detected on either herself or baby. She was educated not to use herbs on the baby's cord. She was advised not to apply hot compresses or anything on the baby's fontanels and change baby's napkin whenever soiled to prevent sore buttocks and nappy rash. She was taught postnatal exercises such as kegel muscle exercise. Client was advised to eat food rich in iron, protein, fibre, vitamins and also take adequate fluid, all these would help increase her haemoglobin level and promote breast milk production and prevention of constipation. Everything was documented in the admission and discharge book and entered in the postnatal register as well. The following drugs were prescribed for her; Tab multivitamins 200mg 1daily x7 days, Tab paracetamol 1g tid x 3 days, Capsules amoxicillin 500mg tid x 7days, Tab ferrous sulphate 200mg 1 daily x 7days and Tab folic acid 5 mg 1 daily x7 days.

She was educated on how to take her medications and helped her to pack her luggage and send them to the taxi which was packed outside the hospital at 10:00am and bid them good bye and promised to visit her in the evening.

4.4 FIRST DAY POSTNATAL HOME VISIT

Madam Asibi was visited in the evening as promised at 5:00pm since the first postnatal care was done at the hospital early in the morning. On arrival, Madam Asibi, had already taken her bath that evening and was breastfeeding her baby. They were happy to see me again. She was

asked about how they were faring that evening and she said they were fine except that she experiences lower abdominal pains especially when the baby is sucking. She was reassured and explained to her that the pain was due to the contraction of the uterus as it is going back to its pre-pregnant state. She was encouraged her to continue to breast feed regularly and on demand and also take her prescribed medications on time. According to her, baby passed dark green colored stool at 4:00pm. Permission was sought to examine and top and tail the baby. She assembled items for me to top and tail baby. Hands were washed dried. The baby was examined from head to toe. The skin colour was pink all over and no bleeding from cord. Baby's vital signs were checked and recorded as follows; Temprature-36.2^{0c}, apex heart beat-134bpm, respiration-40cpm, skin color-pink, cord was cleaned dry, suckling was good, weight-3.15kg and stool was blackish green.

The baby was then toped and tailed after which the cord was dressed with cotton wool swabs and spirit and wrapped her in a clean dry cloth. Madam Asibi was also examined from head to toe and no abnormality was detected. On palpation, the uterus was well contracted and symphysio fundal height was 16cm. Lochia was bright red and the flow was small with no offensive odour. Her vital signs were checked and recorded as follows; Temperature-36.5^{0c}, pulse-82bpm, respiration-20cpm, blood pressure-110/80mmHg, lochia was rubra and not offensive, fundal height-15cm, uterus was contracting and breast was lactating.

She was reminded about her medications and encouraged her to eat well to regain her energy lost during labour and delivery. She was thanked and bid them good bye.

4.5 SECOND DAY POSTNATAL HOMEVISIT

On the 12th September, 2023 which was her second postnatal care day, client was visited her in the morning at 8:40am and she complained of not being able to sleep at night as a result of her baby crying at night.

She was reassured and explained the possible causes of the baby crying to her which include wet diaper and unsatisfied baby and she admitted that she changes the diapers once during the night. She was then encouraged to change the diaper regularly, breastfeed the baby frequently and on demand, sleep during the day when baby is sleeping. The mother-in-law was encouraged to assist her in performing household chores. She was educated on family planning and its importance to the mother and the baby. Items needed for the baby's bath (top and tail) were made ready. Baby was top and tailed and the color of the stool was blackish-green and cord dressed. The cord was dry and clean. The baby was dressed up with a warm cloth, wrapped and was handed over to mother to breastfeed. On palpation uterus was well contracted and fundal height was 14cm and the lochia was rubra with moderate flow and there was no offensive smell. Documentation for both mother and baby for morning are as follows; **Baby**: Temperature-36.6^{0c}, apex heart beat-136bpm, respiration-42cpm, weight-3.1, suckling was good, stool color was blackish green, cord was clean and dry and skin color was pink. **Mother:** Temperature-36.6^{oc}, pulse-75bpm, respiration-20cpm, blood pressure-110/70mmHg, uterus was contracting fundal height-14cm, lochia was rubra and breast was lactating.

Madam Asibi was promised to be visit again in the evening so permission was sought to leave.

At 5:00pm that evening, she was visited again to find out how they were faring and to assess the condition of both mother and baby and all were satisfactory. The baby was toped and tailed and cord was dressed and dry with no bleeding. Permission was sought from Madam Asibi to examine her and the baby which she agreed. There were no abnormalities detected. The breast was lactating well, lochia was bright red and the flow was small with no offensive odour. Her bowel movement was normal. She was reminded to change baby's diaper when soiled and breastfeed baby well. Their vital signs were checked and recorded as follows; **Baby**: Temperature-36.5^{0c}, apex heart beat-140cpm, respiration-44cpm, weight-3.1kg and cord was

clean and dry. **Mother:** Temperature-36.5^{oc}, pulse-78bpm, respiration-22cpm, blood pressure-120/80mmHg and lochia was rubra.

Madam Asibi was promised another visit the following day and permission was sought to leave.

4.6 THIRD DAY POSTNATAL HOME VISIT

On the 13th of September, 2023 was the third day post- delivery. Madam Asibi was visited in the morning at 8:00am, she was asked about her health and she said they were doing well and she was able to sleep well during the night by putting what she was told to do the previous day into action except that she experiences back ache especially when sitting down to breastfeed the baby. She was asked to put the baby to breast to enable me identify the actual cause of the pains and realized she could not position and attach baby to breast properly causing her to bend during breastfeeding. She was reassured and assisted to properly fix baby to breastfeed. She was encouraged to support her back with pillow when breastfeeding the baby and support the legs on a stool as well. She was encouraged to avoid lifting heavy things. Every procedure carried out on her was explained to her. On palpation the uterus was well contracted and the fundal height was 12cm. The perineal pad was inspected and the flow of lochia was small and bright red in color (rubra) which was not offensive. Head to toe examination was done on both mother and baby and no abnormalities were detected. Baby passed urine and brownish yellow stool when she was top and tailed. Their vital signs were checked and recorded as; **Baby**: Temperature-36.1^{0c}, apex heartbeat-138bpm, respiration-40cpm, weight-3.05kg, suckling was good, skin color was pink, stool color was brownish yellow and cord was shrinkled. **Mother**: Temperature-36.7^{oc}, pulse-80bpm, respiration-22cpm, blood pressure-110/60mmHg, fundal height-12cm, lochia was rubra and uterus was contracting.

She was educated on nutrition and encouraged to eat food that provides adequate nutrition for healthy growth and development such as body building (like eggs, beans, fish and meat),

protective foods (green leafy vegetables, liver, pepper and tomatoes) and energy giving food (rice, millet, maize, and wheat). She was thanked and took my leave.

At 6:00pm in the evening, Madam Asibi was visited to assess their condition. Greetings were exchanged and a seat was offered. She was asked about her health and that of the family and a positive responds was given. Madam Asibi's back ache was better than before and she was happy about it. Permission was sought to examine mother and baby and it was granted. Head to toe examination was conducted on mother and baby. No abnormalities detected. Their vital signs were checked and recorded as follows; **Baby**: Temperature-36.6^{0c}, apex heartbeat-134bpm, respiration-44cpm, weight-3.05kg, cord was shrinkled, stool color was brownish yellow and suckling was good

Mother: Temperature-36.4^{oc}, pulse-72bpm, respiration-24cpm, blood pressure-100/70mmHg, lochia was rubra and uterus was contracting.

Client was reminded of the next visit in the evening and was told that the remaining days will be done once in a day. She was thanked and permission was sought to leave the house.

4.7 FOURTH DAY POSTNATAL VISIT

Madam Asibi was visited again on the 14th September, 2023 in the morning around 8:10am. She welcomed me warmly and offered me a cup of water. She was asked about their health and she said they were doing well. The regular routine examination was performed on both mother and baby. The mother's fundal height was 10cm and lochia was serosa with normal odour and the baby's skin was pink all over, no cord bleeding and with no abnormality detected. Per the education given to her, she demonstrated how she topped and tailed her baby and she did it perfectly. Baby passed stool which the colour was brownish- yellow and urine passed. Enough breast milk was being produced and baby suckled well. Client's family members (mother-in-law) were encouraged to support in the care of the baby. Their vital signs were checked and

recorded as: **Baby**-Temperature-36.4^{0c}, apex heart beat-136bpm, respiration-40cpm, weight-3.0kg, suckling was good, stool color was brownish yellow and skin color was pink. **Mother**: Temperature-36.4^{0c}, pulse-80bpm, respiration-20cpm, fundal height-10cm, lochia was serosa, breast was lactating and the uterus was contracting.

She was educated on the danger signs in the neonate such as difficulty in breathing, cyanosis, not suckling, fever and inactivity, yellow discoloration of the eyes or skin, crying weakly and discharge from the eyes or umbilicus. Client was told to report any abnormality. Permission was sought and left home.

4.8 FIFTH DAY POSTNATAL HOME VISIT

On the fifth day which was Friday, 15th September, 2023, Madam Asibi was visited in the morning at 9:00am. Both mother and baby were fine as well as the entire family. Physical examination performed on baby revealed that cord had fallen off leaving no discharge or bleeding and she was looking active and healthy. The mother has already topped and tailed baby. Baby passed brownish yellow, and had also passed urine. Their vital signs were checked and recorded as; **Baby**: Temperature- 36.7^{0c}, apex heartbeat, weight-3.0kg, suckling was good, stool color was brownish yellow, cord was off and clean. **Mother**: Temperature-36.7^{0c}, pulse-74bpm, respiration-22cpm, blood pressure-110/80mmHg, fundal height-8cm, lochia was serosa and uterus was contracting.

The mother was also examined and the breast was warm, hard and painful to touch. She was reassured and explained the cause to her. She was encouraged to continue to breastfeed regularly and on demand and also encouraged her to allow one breast to be completely emptied by the baby before changing to the other whenever she is breastfeeding. She was also reminded on proper positioning and attachment of baby to breast. She was also encouraged to wear a well, fitting brassier to support the breast firmly. She was advised to take her medication

(paracetamol tablets 1g) on time to help relieve the pain. She was encouraged to continue taking her drugs. She was thanked and promised to be visited the next day. Permission to leave was requested and granted.

4.9 SIXTH DAY POSTNATAL HOME VISIT

On the sixth day which was Saturday, 16th September, 2023 at 9:00am in the morning. Madam Asibi with the entire family were visited. Mother and baby were in a good condition. She was asked about the breast engorgement and she reported that, she is now fine. Mother and baby had already taken their bath.

Head to toe examination was done on both mother and baby and no abnormalities were detected. The fundal height was 6cm and lochia was pink (serosa) in colour with normal odour. Client and family were informed that visit would be ending on 17th September, 2023. Family planning education was given to her and she said she will practice the natural methods. Client was educated on Lactational Amenorrhea method so she will have feed her baby on demand both day and night but especially during the night so that the hormone responsible for the breast milk will suppress the hormone responsible for menstruation and she agreed. Vital signs were recorded as: **Mother:** Temperature-36.8^{0c}, pulse-84bpm, respiration-20cpm, blood pressure-110/80mmHg, lochia was serosa, fundal height-6cm and uterus was contracting.

Baby: Temperature-36.8^{0c}, apex heartbeat-138bpm, respiration-44cpm, weight-3.05kg and cord stump was clean and dry.

4.10 SEVENTH DAY POST NATAL HOME VISIT

On the 17th September, 2023 at about 10:00am, client was visited for the last time. Greetings were exchanged and a seat was offered. Upon my arrival, Madam Asibi was preparing to bath her baby so she was supervised and she did it perfectly. Mother and baby were examined from

head to toe and no abnormality was detected. Baby passed brownish yellow stool and urinated frequently according to her mother.

Baby's vital signs were checked and recorded as: Temperature-36.8^{0c}, apex heartbeat-140cpm, respiration-42cpm, weight-3.1kg, and suckling was good, cord stump was clean and dry.

The mother's fundal height was measured and it was 4cm. Lochia was alba in colour.

Mother's vital signs were checked and recorded as: Temperature-36.5^{0c}, pulse-72bpm, respiration-20cpm, blood pressure-100/70mmHg, lochia was alba and uterus was contracting.

Madam Asibi and the rest of the family were informed about the end of the visit to their house. She was encouraged to continue to maintain good personal hygiene, rest and sleep, exercise and eat nutritious food. She and her family members were educated on the immunization schedule for the baby and were encouraged to complete all immunizations at the appointed time. She was also encouraged to register her baby's birth with the births and deaths registry at Sankore. But before leaving, she was reminded about her seventh day postnatal visit to the clinic. The whole family thanked me and expressed their sincere gratitude to me for the health care rendered to them throughout the period. They were also thanked for their cooperation and bid them good bye.

4.11 CLIENT'S FIRST POSTNATAL VISIT TO THE CLINIC

Madam Asibi and her mother-in-law came to the Health Center at 8:30am for the seventh day postnatal on 18th September, 2023. They were happy and comfortable visiting the facility. She was welcomed rapport was established. Mother and baby were faring well and had no complain. The feeding pattern of the child was good. Mother was able to breastfeed baby without any difficulties. Permission was sought from Madam Asibi to examine the baby generally. She granted me the permission. Privacy was provided and explained the procedure

for general examination of both mother and baby to madam Asibi and her mother-in-law. The baby was taken, undressed and then wrapped with a clean cot sheet and placed on the flat surface for the examination. The baby was examined from head-to-toe in their presence, there were no discharges from the orifices. The skin was pink all over. The neck was palpated and no goiter detected. The abdomen was soft on palpation with bowel sounds present. The umbilical stump was almost healed. The limbs were equal in length and no congenital abnormality detected. Baby passed stool and it was yellowish in colour.

Baby's vital signs were checked and recorded as: Temperature-36.5^{0c}, apex heartbeat-130bpm, respiration-40cpm, weight-3.1kg, length-52cm, head circumference-35cm and urine and stool passed.

The baby was neatly wrapped before she was given back to the client's mother. The findings were communicated to the mother and thanked for her care.

Mother's vital signs were checked and recorded as follows: Temperature-36.8^{oc}, pulse-78bpm, respiration-20cpm, blood pressure-120/70mmHg, weight-66kg, and fundal height was not palpable.

Other laboratory investigation includes: Haemoglobin level- 11.8g/dl.

Permission was sought from Madam Asibi to examine her from head to toe. She was asked to empty her bladder and a sample was taken and tested for glucose and protein and all tested negative. She was assisted to undress and wore a gown, she was then assisted unto the examination bed and draped. Her hair was neatly braided, no discharges from the orifices and no bad odour from the mouth. The upper limbs were equal and no deviation seen. There was no breast engorgement and lactation was well established. The nipples were not cracked. The abdomen was soft on palpation and uterus was well contracted and fundal height was 10cm. During perineal examination, she was assisted into a dorsal position and draped. Hands were

washed and a pair of gloves were worn. The vulva was swabbed with cotton wool swabs soaked in savlon lotion. The perineum was clean and no signs of infection detected. There were no vulva warts, varicose veins and abnormal discharges. The lochia was light pink and scanty. There was no deviation detected. Her lower extremities were inspected for oedema and Homan's sign, no abnormality was detected. The back was also inspected but no deviation noted. Client was assisted to get down from the examination bed and was helped to dress up. All findings were communicated to her and documented all findings into the records book. Madam Asibi was educated on the importance of personal hygiene. She was also encouraged to continue with exclusive breast feeding. Madam Asibi was taken to the reproductive and child welfare clinic and introduced her to the staffs there for continuity of care at the Sankore Health Center. She was introduced to the public health nurse in-charge as the client who was chosen for a care study, the baby had already taken BCG and oral polio vaccine (0). Madam Asibi was assured that she will be well catered for. She was reminded of the birth registration of the baby and she said she will do that as soon as the baby is given a name. Client was encouraged to follow the postnatal schedules so that the child will benefit from the immunization against the vaccine preventable diseases. They were reminded of the six weeks postnatal clinic visit on 23rd October, 2023 but if she notices anything unusual, she should not hesitate to report to the hospital. She was congratulated and thanked for her support and cooperation in assisting me write my care study. They also expressed their appreciation for all the care rendered to madam Asibi and the entire family. She was accompanied to the gate and wished her a blessed stay at home.

4.12 NURSING CARE PLAN ON PUERPERIUM.

PROBLEMS IDENTIFIED

1. After pains

2. Insomnia
3. Backache
4. Breast Engorgement.

SHORT TERM OBJECTIVES

1. Client will have a reduced after pains within 72hours.
2. Client will be able to sleep for 2 hours in a daytime and 4 hours in the night within 24 hours.
3. Client will be relieved of backache within 48 hours.
4. Mother will be relieved of breast engorgement within 72 hours.

LONG TERM OBJECTIVE

Client and her baby will go through puerperium successfully without any complication.

PUERPERIUM CARE PLAN

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES/ OUTCOME CRITERIA	NURSING ORDER	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
12/09/23 7:40am	Altered sleep pattern related to excessive crying of baby at night secondary to night breastfeeding.	Client will be able to sleep for 2 hours in a daytime and 4 hours in the night within 24 hours as evidenced by client verbalizing.	1. Reassure Client. 2. Encourage client to sleep when baby is asleep. 3. Teach client to do kangaroo mother care. 4. Encourage family support.	1. Client was reassured. 2. Client slept when baby was asleep. 3. Client did Kangaroo Mother care. 4. Client family supported her.	13/09/23 7:30pm	Goal achieved as client as client said she slept for 2 hours in a daytime and 3 hours in the night.	

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES/ OUTCOME CRITERIA	NURSING ORDER	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
13/09/23 8:00am	Altered body comfort (backache) related to physical body alteration during late pregnancy.	Client will be relieved of backache within 48 hours as evidenced by client verbalizing.	1. Reassure Client. 2. Explain the physiology of backache to the client. 3. Educate client on correct positioning and fixing of baby to breast. 4. Encourage client to sleep on a firm mattress. 5. Educate client on rest and sleep	1. Client was reassured. 2.Client was educated on good posture 3. Client was educated on correct positioning and fixing of baby to breast. 4. Client was encouraged to sleep on a firm mattress. 5. Client was educated on rest and sleep.	15/09/23 8:00am	Goal met as Madam Asibi said she had been relieved of backache.	

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES/ OUTCOME CRITERIA	NURSING ORDER	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
11/9/23 5:00pm	Impaired body comfort (After pains) related to involution of the uterus	Madam Asibi after pains will reduce within 72hours as evidenced by client verbalizing.	1. Reassure client. . 2. Explain the physiology of after pains to her. 3. Educate her on postnatal exercises. 4. Encourage client to breastfeed on demand. 5. Serve her with prescribed analgesics.	1. Client was reassured. . 2. The physiology of after pains was explained to her. 3. She was educated on postnatal exercise. 4. Client was encouraged to continue breastfeeding on demand. 6. Client was served with Tab. Paracetamol 1 gram tds x 5 days.	14/9/23 5:00pm	Goal met as client said the intensity of the after pain has reduced.	

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES/ OUTCOME CRITERIA	NURSING ORDER	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
15/09/23 8:30am	Breast engorgement related to increase production of breast milk and inadequate emptying of breast.	1. Client will be of breast engorgement within 72 hours as evidenced by client verbalizing.	1. Reassure client. 2. Educate client on the physiology of lactation 3. Encourage client to empty one breast before the other. 4. Teach her how to fix baby correctly to the breast. 5. Encourage client to breastfeed the baby exclusively.	1. Client was reassured. 2. Client was educated on the physiology of lactation. 3. Client was encouraged to empty one breast before the other. 4. Client was taught how to fix baby to breast correctly. 5. Client was encouraged to breastfeed the baby exclusively.	18/09/23 8:30am	Goal fully met as client said she had been relieved of breast engorgement.	

TERMINATION OF CARE

This is the time when the care and interaction which had been developed between the student midwife and the client comes to an end. The care which started from first encounter with the client, madam Asibi at Sankore Health Center on 22nd August, 2023. During my first encounter with madam Asibi, she was informed of quality of care throughout the remaining pregnancy, labour and puerperium but was also informed that the care will end on the first postnatal visit to the hospital. The day before the postnatal visit to the health center she was reminded that, the routine home care would end the following day and then she would be handed over to the midwife in charge and the community health nurse for continuity of care. Education on various topics which included family planning, immunization of her baby till the baby is five years old, registration of the baby at the birth and death office and also to check on her nutrition were re-echoed. She was also educated to practice exclusive breastfeeding for six months.

Again, she was encouraged to report to the clinic anytime she or the baby feels unwell. She was handed over to the public health in charge so that her care would continue. She was thanked of giving me the opportunity to care for her and her family for using her for my care study. Client and family also thanked me for caring for their relative.

SUMMARY AND CONCLUSION

The family centered maternity care study was written on madam Asibi, a 33 year old woman, Gravida 2 Para 1. She is a native of sankore in the Ahafo Region and married to Mr. Kofi Mensah a native of Sankore in the Ahafo Region of Ghana. She was an expectant Mother who was 37 weeks pregnant when she was met at Sankore Health Center. She was first met on the 22nd August, 2023 on one of her usual visits to the Antenatal clinic and that was her fourth visit to the clinic. All histories were taken on her, observations and physical examinations were carried out on her to help in the care. Home visits were also made to acquaint myself with family and include family members in her care. She went through pregnancy and labour with minor disorders which were managed without complications. She had a spontaneous vaginal delivery on 10th September, 2023 at 4:40pm. She delivered a live female infant who weighed 3.2kg at birth with an Apgar score of 8/10 in the first minute and 9/10 in the fifth minute. She went through normal puerperium without complication to her and the baby. During the puerperium, daily home visits were carried out up to the seventh day where both mother and baby were examined to exclude abnormalities and deviations from the normal. The problems identified were managed accordingly using nursing care plan. Client was educated on correct attachment of baby to breast, exclusive breastfeeding, personal hygiene, and good nutritional requirements for the mother, postnatal exercise and family planning. Mother and baby were finally handed over to the staff of the child welfare clinic at the Sankore Health Center after the seventh day postnatal clinic for continuity of care.

The family centered maternity care study has equipped me with the knowledge and the opportunity to identify the various strengths and weaknesses of clients and their family in order to help solve them accordingly during pregnancy, labour and puerperium. It has also helped me to be able to render midwifery care to clients in the community and also to collect and analyze client and family data. This comprehensive care is not limited to Madam Asibi alone

but will be extended to every expectant mother for successful delivery and reduction in maternal and infant mortality. The family centered care study has increased my knowledge and skills acquired during my three years training as a student midwife. The experience gained will also help me to give quality nursing care to any client that I may come into contact with during my practice as a professional midwife.

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APPENDIX I

COMPLETE DIAGNOSTIC INVESTIGATION

DATE	SPECIMEN	TYPES OF INVESTIGATION	NORMAL VALUE	FINDINGS	REMARKS
4/03/2023	Blood Urine	Hemoglobin level, Grouping Rhesus Factor Sickling G6PD Sugar/Protein	10 – 12 grams per deciliter ABO groups Positive/Negative Negative Non-reactive Negativ`e/Negative	14.1 grams per deciliter A Positive Negative Non-reactive Negative/Negative	Normal Normal Normal Normal Normal
24/3/2023	Blood Urine	Haemoglobin level Sugar/Protein	11-1 grams per deciliter Negative/Negative	14.1 grams per deciliter Negative/Negative	Normal Normal

COMPLETE DIAGNOSTIC INVESTIGATION CONTINUED

DATE	SPECIMEN	TYPES OF INVESTIGATION	NORMAL VALUE	FINDINGS	REMARKS
12/6/2023	Blood Urine	PMTCT Negative/Negative	Non-reactive Negative/Negative	Non-reactive Negative/Negative	Normal Normal
20/6/2023	Blood Urine	Haemoglobin level Sugar/protein	11-16 grams per deciliter Negative/negative	11.3 grams per deciliter Negative/Negative	Normal Normal
9/7/2023	Blood Urine	Hemoglobin level Sugar/protein	10.4grams per deciliter Negative/negative	14.1 grams per deciliter Negative/Negative	Normal Normal
25/7/2023	Blood Urine	Haemoglobin level Sugar/protein	11-16 grams per deciliter Negative/negative	11.2 grams per deciliter Negative/Negative	Normal Normal
12/8/2023	Blood Urine	Hemoglobin level Sugar/protein	11-16 grams per deciliter Negative/negative	14.1 grams per deciliter Negative/Negative	Normal Normal

APPENDIX II

PHARMACOLOGY OF DRUGS FOR THE MOTHER

NAME OF DRUG	CLASSIFICATION	DOSAGE	ROUTE	ACTION AND USES	ACTUAL EFFECT	SIDE EFFECT	SIDE EFFECT EXPERIENCED
Tablet multivitamin	Vitamin Preparation	200 milligram once daily	Orally	Helps in formation of red blood cells and increase appetite	Increase appetite	Gastrointestinal disturbance	None
Tablet folic acid	Haematinics	5 milligram once daily	Orally	Helps in formation of red blood cells and prevent neural tube defect.	Increase hemoglobin level	Nausea and vomiting	None
Tablet ferrous sulphate	Iron supplement	200 milligram	Orally	Helps in the formation of red blood cells and haemoglobin	Increase hemoglobin level.	Gastrointestinal disturbance. Dark stools	Dark stools

PHARMACOLOGY OF DRUGS FOR THE MOTHER CONTINUED

NAME OF DRUG	CLASSIFICAT-ION	DOSAGE	ROUTE	ACTION AND USES	ACTUAL EFFECT	SIDE EFFECT	SIDE EFFECT EXPERIENCED
Tablet Sulfadoxine Pyrimethamine	Anti-malarial and malaria prophylaxis.	3 tablets stat at 16weeks and repeated at a 4 week interval till delivery.	Orally	Treatment and prevention of malaria.	Malaria was prevented	Nausea, itching, weakness, insomnia and headache	Nausea
Tablet paracetamol	Analgesic and antipyretic	1 gram 3 times daily	Orally	Helps to reduce increased body temperature and pain	Pain was reduced	Prolonged use may cause liver damage.	None
Injection oxytocin	Oxytocic drug	10 units	Intramuscularly	Stimulates uterine contractions	Client had contractions	Vomiting and nausea	None
Capsule Amoxicillin	Antibiotic	500mg 3 times daily	Orally	Fight against bacterial infection	Bacterial infection prevented	Nausea, diarrhoea, vomiting	None

PHARMACOLOGY OF DRUGS FOR BABY

DATE	NAME OF DRUG	CLASSIFICATION	DOSAGE	ROUTE	ACTION AND USES	ACTUAL EFFECT	SIDE EFFECT	SIDE EFFECT EXPERIENCED
11/8/2023	Injection Vitamin k	Coagulant (Group k vitamin)	1mg	Intramuscular	Production of prothrombin which aids in clotting.	No bleeding.	Risk of haemolysis in people with G6PD deficiency.	None
	Chloramphenicol eye drop	Antibiotic	2 drops	Instillation into the eye	To prevent infection of the eye	Prevention of eye infection	None	None
	Oral polio vaccine 0	Antigen vaccine	2 drops	Orally	To stimulate the body to produce antibodies against poliomyelitis	Under observation	There may be diarrhea and fever.	None
	Injection Bacillus Calmette Guerine (BCG)	Antigen vaccine	0.05mg	Intradermal injection	To stimulate the body to produce antibodies against tuberculosis	Under observation	Blister formation at the injection site and fever.	Blister formation

PHARMACOLOGY OF DRUGS FOR BABY CONTINUED

DATE	NAME OF DRUG	CLASSIFICATION	DOSAGE	ROUTE	ACTION AND USES	ACTUAL EFFECT	SIDE EFFECT	SIDE EFFECT EXPERIENCED
2/9/2023	Oral polio 1	Antigen vaccine	2 drops	Oral	To stimulate the body to produce antibodies against poliomyelitis	Under observation	There may be diarrhea and fever	None
`	Penta 1	Antigen	0.5 mls	Intramuscular	To stimulate the body to produce antibodies against diphtheria, hepatitis B, tetanus, pertussis and haemophilus influenza B	Under observation	Fever	Fever
	Pneumococcal 1	Antigen	0.5 mls	Intramuscular	To stimulate the body to produce antibodies against pneumonia	Under observation.	None	None
	Rotarix 1	Antigen	1.5 mls	Intramuscular	To stimulate the body to produce antibodies against Rota virus	Under observation.	None	None

APPENDIX III

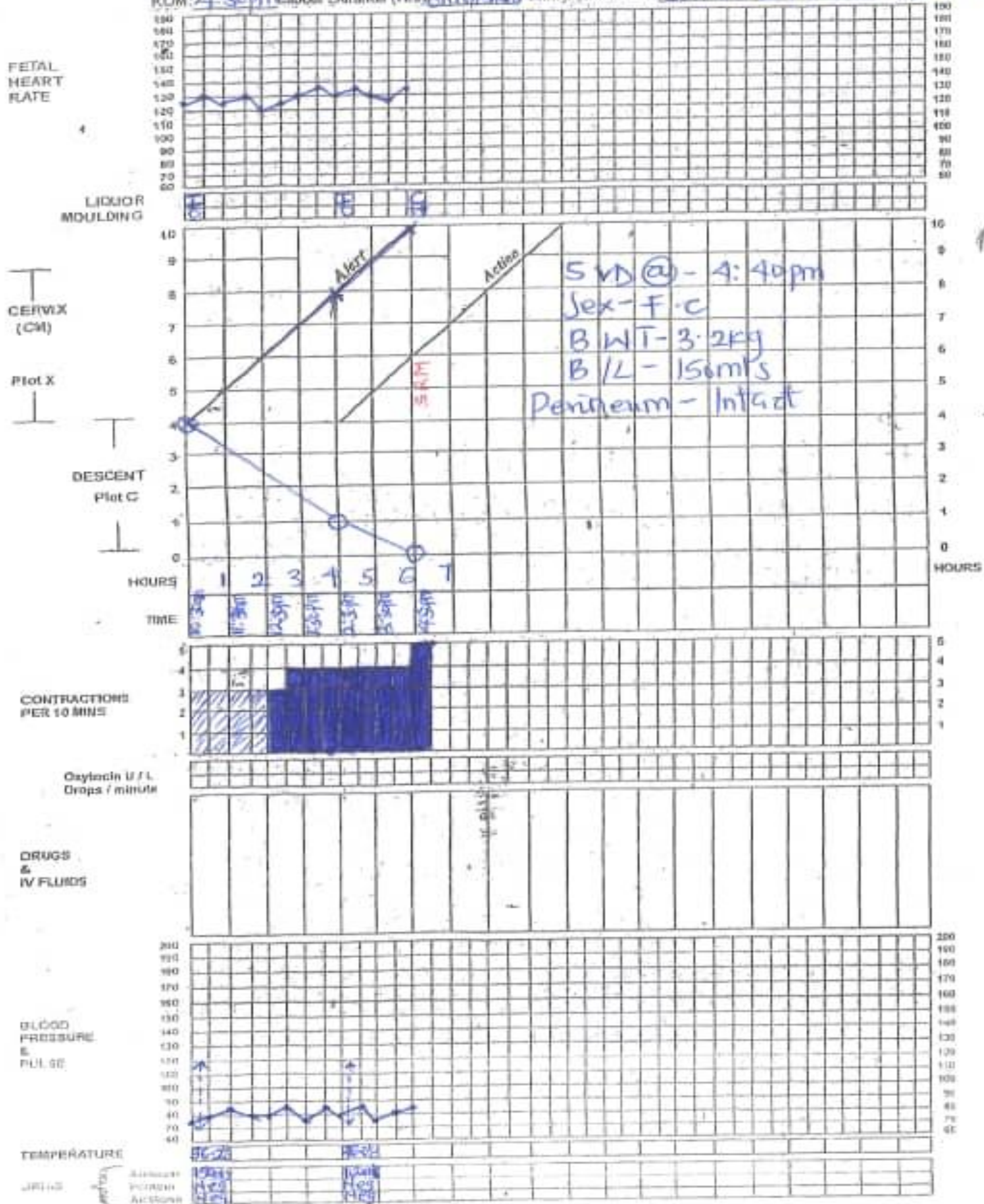
ANTENATAL PROGRESS RECORD

Date	WT. (Kg)	BP (mmHg)	Urine Protein Sugar	Gest. Age in weeks	Fundal Height (cm)	Pres.	Descent	FH	No. Of IFA tabs: given	Complaints and Treatment	Signature
12/04/23	55	123/62	Negative	20	18	CEPH	PALP	136	R/D*30	BODY PAINS	AC
9/6/23	56	94/62	Negative	28	22	CEPH	PALP	+	R/D*30	Healthy	AC
25/7/2	58	86/58	Negative	35	32	CEPH	5/5	139	R/D*30	Healthy	MA
22/8/23	62	114/60	Negative	37	35	Ceph	5/5	144	R/D*30	LAP	EN
29/8/23	60	112/71	Negative	38	37	Cephalic	5/5	140	R/D*30	Heartburns and insomnia	EN
5/9/23	60	111/66	Negative	39	37	Cephalic	5/5	136	R/D*30	Constipation	FI

INTERMITTENT PREVENTIVE TREATMENT (IPT) FRT MALARIA	**1st dose SP* 3 Tabs (Directly Observed Therapy) 12/4/23**	**Gestation age in weeks**	**2nd dose(1month after 1st dose) (Directly Observed Therapy) 9/6/23**	**Gestation age in weeks**	**3rd dose (1month after 2nd dose) (Directly Observed Therapy 15/8/23**	**Gestation age in weeks**
		20		**28**		**37**

*NB:-Sulfadoxine – Pyrimethamine (SP) should be given to pregnant women between 16weeks (after quickening) and or when mother feels baby's movement till delivery and be given at least 1 month after last dose.

WHO Modified Partograph



LABOR NOTES Madam Kombat Asibi delivered an alive female child through SVD at 4:40pm without any complications. APGAR score was 8/10, 9/10 respectively. 10 units of oxytocin was given and placenta was delivered at 4:45pm with complete and intact membranes. Blood loss was 150mls, baby's weight was 3.2kg, Head circumference was 34cm, full length was 50cm, temperature was 36.5°C, heart rate was 134bpm and respiration was 46cpm. Both mother and baby were sent to lying-in ward in a good condition and close monitoring still continues.

Please circle or write responses.

DELIVERY

DATE: 10/9/23 TIME: 4:40pm METHOD: (Spontaneous) / Vacuum Extraction / C/S / Other

PERINEUM: (Intact) / Episiotomy / Laceration

ANESTHESIA: (None) / Local / General

THIRD STAGE

Active Management: Yes / No Medication: Time 4:41pm Type/Dose Oxytocin 10units

PLACENTA: TIME: 4:45pm (Complete) / Incomplete

BLOOD LOSS AMOUNT: 150ml (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	2	1	9/10

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

FOURTH STAGE MONITORING

Frequency	Time	B/P.	Pulse	Fundus	Bleeding	Bladder
Every 15 minutes first 2 hours	5:00pm	120/70	80	18cm	moderate	150mls
	5:15pm	110/60	82	Contracted	✓	Nill
	5:30pm	110/80	84	✓	✓	Nill
	5:45pm	100/70	78	✓	✓	Nill
	6:00pm	120/80	80	✓	✓	Nill
	6:15pm	110/70	76	✓	✓	100mls
	6:30pm	114/68	82	✓	✓	Nill
	6:45pm	118/74	80	✓	✓	Nill
Every 30 minutes For 1 hour	7:15pm	110/70	74	✓	✓	Nill
	7:45pm	120/80	80	✓	✓	120mls

Birth Attendant Okyere Bankwah Ruth (student midwife) Date 10/9/23
Supervised by Tiwaa Gifty

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

MATERNITY CHART

NAME: Kombat Asibi

AGE: 35 WARD: Maternity

IP NO.: 41886/23 BED NO.: 4

Date	10/9/23	11/9/23	12/9/23	13/9/23	14/9/23	15/9/23	16/9/23	17/9/23
Days in Hospital	DOD							
Days P. O.		D1	D2	D3	D4	D5	D6	D7
Hour AM		8:10am	7:49am	8:10am	8:35am	7:20am	8:10am	8:50am
Hour PM	4:40pm	5:10pm	5:10pm	6:10pm				
Temperature								
Pulse	80	[illegible]	[illegible]	[illegible]	80	84	76	80
Resp.	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
B.M.	Passed	Passed	Passed	Passed	Passed	Passed	Passed	Passed
Urine	Passed	Passed	Passed	Passed	Passed	Passed	Passed	Passed
B. P. AM		118/72	124/84	114/68	110/70	114/78	120/80	110/70
B. P. PM	120/70	114/68	118/76	118/70				

Temperature C: 41.0, 40.5, 40.0, 39.5, 39.0, 38.5, 38.0, 37.5, 37.0, 36.5, 36.0, 35.5

Temperature F: 106°, 105°, 104°, 103°, 102°, 101°, 100°, 99°, 98°, 97°, 96°, 95°

NEW BORN EXAMINATION FORM

Name: Baby of Kombat Asibi Date of Assessment: 10/9/23 Time: 4:50pm

Date of Birth: 10/9/23 Time of Birth: 4:40pm Sex: [ ] M [✓] F Age at time of Assessment (days/hrs) 1hr

Astational Age [ ] [ ] Mode of Delivery: [✓] Vaginal Assisted Vaginal C-Section

APGAR: 1min 9/10 5min 10/10 Birth Weight: [ ] kg [ ] Length: 50 cm Head Circumference: 34 cm

Temperature at time of Assessment: 36.4 °C Urine passed: (Yes) No Meconium passed: (Yes) No

Name of Assessor (Midwife/Doctor): Okyere Dankwah Ruth

1. Respiration
Rate 40
- [ ] 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: 140
- [✓] Normal (100-160)
- [ ] <100 *
- [ ] >160*

19. Femoral pulse
- [✓] Present
- [ ] Not palpable*

20. Abdomen
- [✓] Normal
- [ ] Distended*
- [ ] Scarphoid*
- [ ] Abdominal defect*
- [ ] Masses: ______
- [ ] Other ______

21. Back (spine)
- [✓] Normal
- [ ] Abnormal Swelling *
- [ ] Hairly patch over spine
- [ ] Abnormal dimple
- [ ] Abnormal curvature

22. Limbs
- [✓] Normal
- [ ] Abnormal ______

23. Genitalia

Male Genitalia
- [ ] Normal
- [ ] Undescended testes
- [ ] Abnormal meatus
- [ ] Hernia
- [ ] Other: ______

Female Genitalia
- [✓] Normal
- [ ] Fistula(meconium/urine through abnormal opening in vagina) *
- [ ] Large clitoris *
- [ ] Other: ______

24. Anus
- [✓] Patent
- [ ] Imperforate*

25. Resuscitation provided
- [ ] One
- [ ] Suction/stimulation
- [ ] Bag and mask
- [ ] Endotracheal Tube
- [ ] Ventilator/CPAP

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

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

Diagnoses (if known) Term 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 of Kombat Asibi Date of Assessment: 10/9/23 Time: 5.10pm
Date of Birth: 10/9/23 Time of Birth: 4:40pm Sex: [ ] M [x] F Age at time of Assessment (days/hrs) 1hr
Astational Age [ ] [ ] Mode of Delivery: [x] Vaginal Assisted Vaginal C-Section
APGAR: 1min 8/10 5min 9/10 Birth Weight: 3.2 kg Length: 50 cm Head Circumference: 34 cm
Temperature at time of Assessment: 36.5 °C Urine passed: (Yes) No Meconium passed: (Yes) No
Name of Assessor (Midwife/Doctor): Oktere Dankwah Ruth

1. Respiration
Rate 42
- [ ] Rate < 30 b/m *
- [ ] Rate < 60 b/m *
- [x] 30-60 b/m
- [ ] Retractions *
- [ ] Grunting *
- [ ] Stridor *

2. Activity/Movemnet
- [x] Spontaneous symmetric movements
- [ ] Reduced/Absent Movement in ≥1 limb *
- [ ] No Movement

3. Tone
- [x] Normal
- [ ] Floppy *
- [ ] Increased *

4. Colour
- [x] Pink all over
- [ ] Pink body but blue hands/feet
- [ ] Blue all over *
- [ ] Pale *
- [ ] Jaundiced *

5. Cord
- [x] Normal
- [ ] Red. draining pus
- [ ] Bleeding

6. Cry
- [x] Normal
- [ ] Shrill *
- [ ] Absent *

7. Suck
- [x] Good
- [ ] Weak
- [ ] Absent

8. Head swelling
- [ ] Caput succedaneum
- [ ] Cephalhaematoma
- [ ] Subgaleal hemorrhage
- [x] No swelling

9. Sutures
- [x] Normal
- [ ] Overlapping
- [ ] Fused
- [ ] Widely Separated *

10. Fontanel
- [x] Normal
- [ ] Sunken *
- [ ] Raised *
- [ ] Wide (>5cm)*

11. Eyes
- [x] Normal
- [ ] Subconjunctival bleed
- [ ] White pupil or cornea
- [ ] Eye discharge
- [ ] Other

12. Ears
- [x] Normal (size / shape/position)
- [ ] Abnormal: ______

13. Mouth
- [x] Normal
- [ ] Cleft palate
- [ ] Cleft Lip
- [ ] Other: ______

15. Neck
- [x] Normal
- [ ] Swelling
- [ ] Webbed
- [ ] Other: ______

16. Clavicle
- [x] Normal
- [ ] Swelling/Fracture

17. Chest
- [x] Normal (Shape/movement)
- [ ] Abnormal ______

18. Heart rate
Rate: 138
- [x] Normal (100-160)
- [ ] <100 *
- [ ] >160*

19. Femoral pulse
- [x] Present
- [ ] Not palpable*

20. Abdomen
- [x] Normal
- [ ] Distended*
- [ ] Scarphoid*
- [ ] Abdominal defect*
- [ ] Masses: ______
- [ ] Other ______

21. Back (spine)
- [x] Normal
- [ ] Abnormal Swelling *
- [ ] Hairly patch over spine
- [ ] Abnormal dimple
- [ ] Abnormal curvature

22. Limbs
- [x] Normal
- [ ] Abnormal ______

23. Genitalia

Male Genitalia
- [ ] Normal
- [ ] Undescended testes
- [ ] Abnormal meatus
- [ ] Hernia
- [ ] Other: ______

Female Genitalia
- [x] Normal
- [ ] Fistula(meconium/urine through abnormal opening in vagina) *
- [ ] Large clitoris *
- [ ] Other: ______

24. Anus
- [x] Patent
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26. Services provided
- [ ] Vitamin K1 given
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- [ ] Cord care provided
- [x] Breastfeeding initiated
- [x] Breastfeeding established
- [x] Immunization (BCG/Polio)
- [x] BCG [x] Polio Immunization
- [x] Antibiotics in mother
- [ ] Antenatal corticosteroids

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

Classification: (Overall assessment) [x] 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 of Kombat Asibi

AGE: Newborn WARD: Maternity

IP NO.: 41885/23 BED NO.: 4

Date	10/7/23	11/7/23	12/7/23	13/7/23	14/7/23	15/7/23	16/7/23	17/7/23
Days in Hospital	DOB							
Days P.O.		D1	D2	D3	D4	D5	D6	D7
Hour AM		[illegible]	[illegible]	[illegible]	8:[illegible]	9:[illegible]	[illegible]	8:[illegible]
Hour PM	4:4[illegible]pm	5:[illegible]pm	5:[illegible]pm	5:[illegible]pm				
Weight	3.2	3.15	3.1	3.05	3.0	3.0	3.05	3.1
Pulse	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Resp.	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
B.M.	Passed	Passed	Passed	Passed	Passed	Passed	Passed	Passed
Urine	Passed	Passed	Passed	Passed	Passed	Passed	Passed	Passed
B.P.								

Temperature (C / F): 41 / 3.25, 40.5 / 3.2, 40 / 3.15, 39.5 / 3, 39 / 3, 38.5 / 3, 38 / 2.9, 37.5 / 2.9, 37 / 2.85, 36.5 / 2.8, 36 / 2.75, 35.5 / 2.7

NEW BORN CHART

Name: Baby of Kombat Asibi No: .... Birth Weight: 3.2kg

Sex: Female Mother's No: 41886/23 Length: 50cm

Nature of Delivery: Spontaneous Vaginal Delivery Diagnosis: Term baby

Date of Birth: 10/9/23 Time: 4:40pm Date of Discharge: 11/9/23

Date	10/9/23		11/9/23		12/9/23		13/9/23		14/9/23		15/9/23		16/9/23		17/9/23							
No. of Days	D.D		D1		D2		D3		D4		D5		D6		D7							
Weight	3.2		3.15		3.1		3.05		3.0		3.0		3.05		3.1							
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Temperature		36.5°C	36.2°C	36.4°C	36.5°C	36.8°C	36.7°C	36.0°C	36.6°C		36.3°C		36.5°C		36.3°C							
Stools		Passed	Passed	Passed	Passed	Passed	Passed	Passed	Passed		Passed		Passed		Passed							
Urine		Passed	Passed	Passed	Passed	Passed	Passed	Passed	Passed		Passed		Passed		Passed							
Remarks	Head, Neck, Trunk, Genitalia, Lower limbs → No abnormalities Detected																					

SIGNATORIES

CANDIDATE NAME

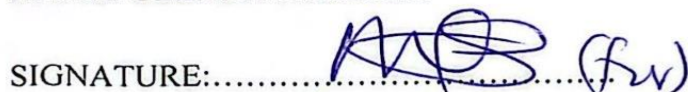
NAME: OKYERE DANKWAH RUTH

SIGNATURE……………………………………

DATE: 07/06/2024

THE MIDWIFE IN-CHARGE (SANKORE HEALTH CENTER)

NAME: GLENDA PREMPEH



SIGNATURE:…………………………………… (for)

DATE: 07/06/2024

SUPERVISOR

NAME: MARTHA KYEREMAA

SIGNATURE:……………………………………

DATE: 07/06/2024

THE PRINCIPAL

NAME: MONICA NKRUMAH

PRINCIPAL
HOLY FAMILY NURSING AND
MIDWIFERY TRAINING COLLEGE
BEREKUM

SIGNATURE:……………………………………

DATE: 07/06/2024