HOLY FAMILY NURSING AND MIDWIFERY TRAINING COLLEGE,

BEREKUM

A CLIENT/ FAMILY CENTERED MATERNITY CARE STUDY ON

MADAM GRACE YEBOAH

WRITTEN BY

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PREFACE

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

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

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

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INTRODUCTION

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

This particular care study is about Madam Grace, a 26-year-old woman gravida 2 para 1 alive, she comes from Dormaa Ahenkro in the Bono region of Ghana but currently stays at kotokrom in Sunyani Municipality, in the Bono Region of Ghana. The interaction started when I realized that Madam Grace did not practice exclusive breastfeeding in her previous delivery. That gave me the reason to take her as my client to educate her on the importance of exclusive breastfeeding and assist her go through pregnancy, labour and puerperium with no complication. During her 37weeks gestational age. After a comprehensive introduction to her, she was informed about the desire to choose her for the client/family cantered maternity care study which she happily agreed. She was thanked for her cooperation and accepting the request.

Madam Grace was cared for during the antenatal period; visitation to her home was made to know her family, her surroundings and the community in which she lives. The client and her entire family were included in the care. The condition from the beginning till the end of the interaction was good and satisfactory. Madam Grace had a successful pregnancy, delivered spontaneously on 1st September 2023 to an alive baby girl. She had a successful puerperium and was in good health. She was then handed over to the midwife in-charge at Monica's Maternity for continuity of care on 11th September 2023.

This care study is in four chapters; chapter one talks about client's particulars such as social, family, obstetric, medical and surgical histories followed by chapter two which talks about the antenatal care rendered to Madam Grace throughout her pregnancy and chapter three is concerned with management of Madam Grace during labour and finally chapter four is also about management of Madam Grace during puerperium. The chapter two, three and four has care plan attached to each. In addition is a summary and conclusion, bibliography as well as appendixes.

LITERATURE REVIEW

PREGNANCY

Pregnancy: The state of carrying a developing embryo or fetus within the female body. This condition can be indicated by positive results on an over-the-counter urine test, and confirmed through a blood test, ultrasound, detection of fetal heartbeat, or an X-ray. Pregnancy lasts for about nine months, measured from the date of the woman's last menstrual period (LMP). It is conventionally divided into three trimesters, each roughly three months long (Davis, 2021). The most important tasks of basic fetal cell differentiation occur during the first trimester, so any harm done to the fetus during this period is most likely to result in miscarriage or serious disability. There is little to no chance that a first-trimester fetus can survive outside the womb, even with the best hospital care. Its systems are simply too undeveloped. This stage truly ends with the phenomenon of quickening: the mother's first perception of fetal movement. It is in the first trimester that some women experience "morning sickness," a form of nausea on awaking that usually passes within an hour. The breasts also begin to prepare for nursing, and painful soreness from hardening milk glands may result (Davis, 2021).

As the pregnancy progresses, the mother may experience many physical and emotional changes, ranging from increased moodiness to darkening of the skin in various areas. During the second trimester, the fetus undergoes a remarkable series of developments. Its physical parts become fully distinct and at least somewhat operational. With the best medical care, a second-trimester fetus born prematurely has at least some chance of survival, although developmental delays and other handicaps may emerge later. As the fetus grows in size, the mother's pregnant state will begin to be obvious. In the third trimester, the fetus enters the final stage of preparation for birth. It increases rapidly in weight, as does the mother (American College of Obstetricians and Gynecologist, 2018).

According to Davis (2021), conception to about the 12th week of pregnancy marks the first trimester. The second trimester is weeks 13 to 27 and the third trimester starts about 28 weeks and lasts until birth. Women gain weight all over their bodies while they are pregnant.

Fetal weight accounts for about 7 1/2 pounds by the end of pregnancy. The placenta, which nourishes the baby, weighs about 1 1/2 pounds. The uterus weighs 2 pounds. A woman gains about 4 pounds due to increased blood volume and an additional 4 pounds due to increased fluid in the body. A woman's breasts gain 2 pounds during pregnancy. Amniotic fluid that surrounds the baby weighs 2 pounds. A woman gains about 7 pounds due to excess storage of protein, fat, and other nutrients. The combined weight from all these sources is about 30 pounds (Davis, 2021).

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

ANC reduces maternal and perinatal morbidity and mortality both directly, through detection and treatment of pregnancy-related complications, and indirectly, through the identification of women and girls at increased risk of developing complications during labour and delivery, thus ensuring referral to an appropriate level of care (World Health Organization, 2016). In addition, as indirect causes of maternal morbidity and mortality, such as HIV and malaria infections, contribute to approximately 25% of maternal deaths and near-misses (9), ANC

also provides an important opportunity to prevent and manage concurrent diseases through integrated service delivery (World Health Organization, 2016). Through this form of preventive health care, women can learn from skilled health personnel about healthy behaviours during pregnancy, better understand warning signs during pregnancy and childbirth, and receive social, emotional and psychological support at this critical time in their lives. Through antenatal care, pregnant women can also access micronutrient supplementation, treatment for hypertension to prevent eclampsia, as well as immunization against tetanus (United Nations Children's Funnd (UNICEF), 2022).

LABOR

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

The stimulus for labor is unknown, but digitally manipulating or mechanically stretching the cervix during examination enhances uterine contractile activity, most likely by stimulating release of oxytocin by the posterior pituitary gland (Artal-Mittelmark, 2022). Normal labor usually begins within 2 weeks (before or after) the estimated delivery date. In a first pregnancy, labor usually lasts 12 to 18 hours on average; subsequent labors are often shorter, averaging 6 to 8 hours (Artal-Mittelmark, 2022).

As discussed by Artal-Mittelmark (2022) rupture of the chorioamniotic membranes or bloody show is diagnostic for onset of labor. Labor begins with irregular uterine contractions of

varying intensity; they apparently soften (ripen) the cervix, which begins to efface and dilate. As labor progresses, contractions increase in duration, intensity, and frequency. As sepcified by Marshall and Raynor (2014), the onset of labour is a process, not an event; therefore it is very difficult to identify exactly when the painless (sometimes painful) contractions of prelabour develop into the progressive rhythmic contractions of established labour.

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

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

a. The **latent phase of labour** is prior to the active phase stage of labour and may last 6–8 hours in primigravidae when the cervix dilates from 0 cm to 4 cm dilated. The latent phase of labour is so subjective and poorly understood that a normal range is difficult to measure. According to Marshall and Raynor (2014), the cervical canal shortens from 3 cm long to <0.5 cm in length during this time. A woman may believe herself to be laboring, whereas sound midwifery judgement and understanding of the physiology of the first stage of labour may lead the midwife to the diagnosis of the latent phase of labour. Both the woman and midwife being aware of the latent phase of labour, and allowing this time to pass with no intervention, can prevent the medical diagnosis of poor progress or

failure to progress later in labour. In a hospital setting, it is good practice not to commence the portogram until active labour has commenced. Assessing the active phase of labour has been highlighted as essential in reducing interventions in normal labour (Marshall & Raynor, 2014).

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

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

2. The second stage of labour has traditionally been regarded as the phase between full dilatation of the cervical os, and the birth of the baby (Marshall & Raynor, 2014). On average, it lasts 2 hours in nulliparas (median 50 minutes) and 1 hour in multiparas (median 20 minutes). It may last another hour or more if conduction (epidural) analgesia or intense opioid sedation is used. For spontaneous delivery, women must supplement uterine

contractions by expulsively bearing down. In the 2nd stage, women should be attended constantly, and fetal heart sounds should be checked continuously or after every contraction. Contractions may be monitored by palpation or electronically (Artal-Mittelmark, 2022). During the 2nd stage of labor, perineal massage with lubricants and warm compresses may soften and stretch the perineum and thus reduce the rate of 3rd- and 4th-degree perineal tears (Aasheim, et al., 2017).

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

PUERPERIUM

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

Following the birth of a baby, placenta and membranes, the newly birthed mother enters a period of physical and emotional/psychological recuperation. Skin-to-skin contact is advocated immediately following birth and during the postnatal period as there is clear evidence of benefit to the mother and father. The puerperium starts immediately after birth of the placenta and membranes and continues for 6 weeks. In many cultures around the world 40 days for recuperation is a time-honored practice. A general expectation is that by 6 weeks after birth a woman’s body will have recovered sufficiently from the effects of pregnancy and the process of parturition. However, there has now been a recognition that the return to a non-pregnant state of health and wellbeing can take much longer (Marshall & Raynor, 2014).

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

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

During this time a number of physiological and psychological changes take place which are; The reproductive organs return to the non-pregnant state.

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

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

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

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

situations where the mother perceives she has different priorities from those routinely provided by the healthcare services (Marshall & Raynor, 2014)

WHY CLIENT WAS CHOSEN

On the 14^{h} August, 2023. Madam Grace was chosen as the client for the family centered maternity care study because of the opportunity gained to interact with her at 11:00am at Monica's Maternity in Sunyani Municipality, in Bono region of Ghana.

During my interaction with her I realized that she did not practice exclusive breastfeeding for her previous child. I got to know this when she told me that she introduced her child to water and some light porridge 1 month after birth. In view of this I told her my intention to take her as my client for the care study, and to enable me educate her on benefit of exclusive breastfeeding and its benefit to her and her baby, as well as ensure she enter into labour without complication to herself, the new born and the entire family.

After a comprehensive introduction she was informed about the desire of using her for the client/family centered maternity care study which she happily agreed and promised to give out the necessary information needed for the study. It was her Seventh antenatal visit and her gestational age was also 37weeks. She then gave me her phone number and direction to her house. She was finally thanked for her cooperation and introduced to the midwife in-charge, and promised was to be visiting her in her house

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 Grace, gravida 2 Para 1 alive is a 26year old lady who stays at Kotokrom, house number PT 163, but comes from Dormaa Ahenkro in the Bono region. Madam Grace is fair in complexion, weight's 70kg, 158cm tall. Madam Grace speaks Twi and English. Madam Grace completed senior high school. Madam Grace is a trader who assist the husband in mobile money business and also sells phone accessories. Madam Grace is a Christian. She is married to Mr. Gyamfi who is also a Christian and a trader. Client has one Male child with Mr. Gyamfi called Kwabena who is three years of age and in Creche. Madam Grace neither smokes nor takes in alcohol. Madam Grace mentioned that her next of kin is her sister.

1.2 FAMILY HISTORY

Madam Grace is the seventh child to Mr. Anthony and Late Madam Jennifer. Her father is a farmer and stays at Dormaa Ahenkro. Client has six siblings, four females and two male. There is no known history of asthma, heart disease, sickle cell disease, diabetes mellitus, liver cirrhosis, epilepsy, mental illness and congenital abnormalities in her family. However, she stated that there is a distant family member who is hypertensives as well as history of

multiple pregnancy. She said her self and family seek for medical treatment and pray whenever they are not feeling well. She said to the best of her knowledge all her family members who passed away died naturally.

1.3 MEDICAL HISTORY

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

1.4 SURGICAL HISTORY

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

1.5 MENSTRUAL HISTORY

Madam Grace said she had her menarche at the age of 15 years and her menses lasts for 3 days during every month. She said she has a cycle of 28 days. Client also said she changes her pads twice daily indicating she has normal menstrual flow and has never experienced dysmenorrhea in her life. Her last menstrual period was 25th November 2022 and her expected day of delivery was calculated as 1st September 2023, but with the help of scan it was estimated to be 25th August, 2023.

1.6 HOBBIES AND LIFESTYLE

Madam Grace is a person who usually sleeps around 9:30pm and wakes up around 4:30am and prays before she does her household chores. Madam Grace sweeps the compound and disposes the rubbish off at the public refuge disposal. Client brushes her teeth and bath at least twice daily. So after her bath she prepares breakfast for her family and sends her son to school. Client also added that she goes to the market on Wednesday since Wednesday are their market days. Madam Grace mentioned that, she likes singing and dancing very well. Client said she prefers banku and okro stew with fried fish to other like rice and stew. Client does her laundy on Saturdays after she is done with her general cleaning. Client added that she like watching television at her leisure time to watch movies. Client said she eats three times daily, but ever since she became pregnant, she only eats on demand. Client also said that she prepares lunch at 12pm and supper at 4:00pm. Her husband now spends some time with her since she is pregnant. Client also said they all sit together and take their supper around 5:30pm and after praying in the evening she bath the kid and herself as well and go to bed. Client also mentioned that she empties her bowel every morning or evening and micturate whenever she has the urge to.

1.7 PAST OBSTETRIC HISTORY

Pregnancy

Madam Grace Gravida 2 Para 1 alive went through her pregnancy successfully without any complication. She had her first pregnancy in the year 2021 making the interval between that pregnancy and this current one three years. Client also said during her pregnancy, she only experienced some minor disorders such as waist pain, lower abdominal pain, Nausea and vomiting, frequency of micturition, of which she reported to the clinic and they were explained to her as normal physiological changes in pregnancy which would resolve as

pregnancy progresses and after delivery. Client also said she has never had any spontaneous or induce abortions and still births in her life. Her first pregnancy got to term. She has never suffered any pregnancy induced condition like gestational diabetes and pregnancy induced hypertension (pre-eclampsia). She also visited antenatal for seventh (7) times during her pregnancy and received all doses of sulphadoxinepyrimethamine as well as two doses of tetanus diphtheria injection.

Labour

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

Puerperium

Madam Grace said she started breastfeeding him within the first hour after birth. She did not practice exclusive breastfeeding for her child; she started complementary feed at 3 months and weaned her baby completely at two years. She had a safer breastfeeding with no complication. She added that her child did not have any abnormalities like cleft lip, extra digits. Her child was fully immunized against the childhood preventable diseases, such as diphtheria, measles, polio, tetanus, tuberculosis, and whooping cough. Her child never suffered any ill health. Client also did not experience problems like postpartum haemorrhage, puerperal pyrexia, puerperal sepsis, mastitis among others. In relation to family planning, client uses the natural family planning method thus the lactational amenorrhoea method.

Client also stated that her family supported in taking care of the baby, herself and some of the household chores.

1.8 PRESENT OBSTETRIC HISTORY

Madam Grace first visited the clinic on 16th February, 2023. Her gestational age was 15weeks, her last normal menstrual period was 25th November 2022 and her expected date of delivery was calculated as 1st, September, 2023 but according to her scan, her expected date of delivery was given as 25th August, 2023. Her vital signs and laboratory investigations on that day were as follows;

Vital signs

Temperature…….... 36.3˚c

Pulse……... 72bpm

Respiration…… 20bpm

Blood pressure …….110/60mmHg

Other assessments

Weight…….70kg

Height…….158cm

Lab investigations

Hb …… 11.8g/dl

Sickling ……. Negative (-)

Blood group …… O(+)

Rhesus factor ……... Positive (+)

HIV……. Negative (-)

HEP B……..... Negative (–)

VDRL…… Non-reactive

G6PD……. No Defect

Urine for pregnancy test ……. Positive (+)

Protein in urine ……. Negative (–)

Glucose in urine……. Negative (-)

Stool for ova……No abnormality

On examination (head to toe), no abnormality was detected, fundus was 17cm and education on danger signs in pregnancy was given. She had no complains so was educated on the need to attend antenatal clinic regularly as scheduled. She was given her first dose of tetanus diphtheria (TD) injection. She was put on the following drugs;

1. Capsule iron III one daily x 30

2. Tab multivitamins 200mg daily x 30

3. Tab folic acid 5mg daily x 30

4. Tab ferrous sulfate 200mg twice daily x30

She made her routine visits regularly, no abnormalities were detected, laboratory investigation ultrasound scan requested were carried out with no abnormalities recorded. She started her SP when she was 15weeks pregnant and it was repeated at 4 weeks interval. All findings were recorded in her ANC card until she was met.

CHAPTER TWO

ANTENATAL CARE

2.0 INTRODUCTION

This chapter basically deals with the first contact with the client during the antenatal period, client's subsequent visits to the antenatal clinic, subsequent antenatal home visits as well as the nursing care plan for client during the antenatal period.

2.1 FIRST CONTACT WITH CLIENT

Madam Grace was met for the first time on 14th August, 2023, when she was 37weeks pregnant which was her seventh visit to the antenatal clinic at Monica's Maternity around 11:00am. Introduction was made as a student midwife from Holy Family Nursing and Midwifery Training College, Berekum, who has been stationed at New Dormaa. The desire to take her as a client was expressed to her and she agreed. All the procedures to be carried out on her were explained to her understanding and she agreed for them to be done. She was encouraged to ask questions when necessary and was also thanked for her co-operation. Her vital signs together with some lab investigations done on her were recorded below.

Temperature……36.1 degree Celsius

Pulse……89 beats per minute

Respiration……..23 cycles per minute

Blood pressure……98/70 millimeter of mercury

Weight……76 kilograms

Haemoglobin level……..12.5 grams per deciliter

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

necessary requirements needed for the examination were gathered and sent to the examination room.

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

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

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

On Breast examination, both breasts were inspection and they were normally situated with prominent nipples which were centrally placed. Then 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 starting from the axillary region using the inner aspect of the fingers and client was taught self- breast examination. She was advised to examine her breast regularly for early detection and reporting of any abnormalities. Areola was squeezed gently to examine the of discharge whether bloody or pussy. The same was done for the other breast and no abnormality was seen.

Extremities

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

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

Madam Grace was assisted to lie on the lateral side for examination of her spine but no abnormality such as oedema of the sacral region, scoliosis, kyphosis were detected and her vertebral column was normal without pain at the costovertebral angle.

Abdominal examination

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

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

Symphysio-fundal measurement commenced by first rubbing the palms together to generate warm in order to prevent stimulation of contractions. The zero end of the measuring tape was placed on the fundus of the uterus and the tape was extended to the upper border of the symphysis pubis and the Symphysio-fundal height was 35centimeters and her gestational age was 37weeks.

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

On lateral palpation hands were placed on each side of the uterus, midway between the symphysis pubis and the fundus, the uterus was stabilized with one hand and examined with the other and the entire area from the abdominal midline to the lateral side and from the symphysis pubis to the fundus was palpated in a rotational manner. A smooth curve was felt which indicated the back at the right side of the abdomen, the process was then repeated on the left side of the abdomen and an irregular mass and movement were felt which indicated the limbs. The position was therefore right occipito anterior.

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

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

Auscultation was done with fetal stethoscope; it was warmed by rubbing it in the palm and placed on the right side of the abdomen where the back was located. Fetal heart rate was listened to without touching the fetal stethoscope. By the use of a breast watch, fetal heart beat was counted for one full minute while comparing it to the maternal pulse it was 136 beats per minute taking note of the volume and rhythm.

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

Afterwards, all findings were communicated to her understanding and she was encouraged to ask questions which she said she had none. However, when asked of her complaints, client complained of constipation. Madam Grace was reassured and educated to take in more fruits and also eat enough fiber diet such as cereals, whole grains, vegetables and fruits. Client was also educated that the pain was due to stress after ruling out other signs of malaria. Madam Grace was encouraged to rest in between work, have enough rest and to take her drugs as prescribed. Her fifth dose of SP was given under direct observation therapy (DOT).

Client was also encouraged to report any abnormality to the hospital very early so that early

treatment could be given to prevent further complications even when it was not yet time for her to come to antenatal clinic. She was also reminded about her next visit to the clinic as 19th august, 2023. It was made known to her that a visit would be paid to her house to discuss some important issues pertaining to her pregnancy which would be beneficial to her health and that of the fetus which she willingly agreed and gave her number and directions to her house.

Her medications given were as follows.

- Tablet Multivitamin 200mg daily for 7 days.
- Tablet Ferrous Sulphate 200mg daily for 7 days
- Tablet Folic Acid 5mg for 7 days.
- Tab paracetamol 1g tid for 3 days.

2.2 FIRST ANTENATAL HOME VISIT

The first visit to Madam Grace's house was 17th August, 2023. The aim of the visit was to observe the environment where she lives, her source of water and light, how well ventilated her room is and the number of people she shares her room with, where she attends to natures call, how she disposes her refuse and also how she relates with her family members and her co-tenants in the house. The journey was made by car and it is about fifteen minutes' drive from the health center.

PHYSICAL ENVIRONMENT

On arrival, it was realized that Madam Grace lives in a compound house with her co-tenants. A warm welcome and a seat were offered in her room. She was asked how herself and the family were faring which she responded that they were all fine. She was asked whether she

was doing something but she said she just finished with her chores. But her husband and child were not met in the house she said her husband had gone to work and the child had gone to play. Her curtains were neat with a mosquito prof door. Her room was neat with her things well arranged. She had adequate lightening and ventilation. She was congratulated and asked to keep it up. She added that in the night she lays a mat on the floor for the child to sleep and she and her husband share the bed. She was asked whether the child sleeps under an insecticide treated bed net but she said no since he sleeps on the floor. She was educated on the importance of sleeping under a treated insecticide net and advised to find a carpenter to put some nails on the wall and also get a conical shaped insecticide treated bed net from the health facility so that during the evening she could hang it for the child to sleep under and early the next morning she could remove it which she agreed.

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

PSYCHOSOCIAL ENVIRONMENT

Madam Grace, her husband, her child and family have a cordial relationship with each other.

Madam Grace has a warm and friendly relationship with her neighbors and other relatives who stay around their area. Client said she doesn't really have a lot of friends but with the few she has; she visits them at her leisure time and they also visit her sometimes. She is very joyful, freely and does not find it difficult to make new friends. Madam Grace also added that she has respect to humanitiy. Client also said she attend every social gathering like weeding, naming ceremonies, thanksgiving service and durbars, if only she knows the person and hears it. Madam Grace was congratulated and asked to keep it up.

Mad. Grace layette was inspected and it was complete, however they were in separate polyethen bags. She was encouraged to pack the items in a single bag and identify a birth companion and have a purse with her insurance card and money in it. She was allowed to ask questions and appropriate answers were given. She complained of lower abdominal pain and heartburns which was explained to her as relaxation of the cardiac sphincter of the stomach with reflux of acidic contents of the stomach into the lower oesophagus which is a normal physiology in pregnancy. She was thanked and permission was sought to leave. She was informed about the next visit on 21th August 2023.

2.3 SECOND ANTENATAL HOME VISIT

The second home visit to Madam Grace's house was on the 21th August, 2023 at 4:30pm. Client was met in the house chatting with some of her relatives who had visited her. They were greeted and a warm welcome was given and a seat offered. The wellbeing of the family was inquired and she said they were all doing well by God's grace.

The aim of the visit was to inquire about her health, whether mosquito net have been obtained and mounted and also whether the layette been neatly packed in a single bag Client was asked about her previous complains and she said was better now. Education on rest and sleep as well as true labour signs was given. she was told to report to the clinic anytime she sees

any of the signs. Client was also encouraged to arrange with a taxi driver who would take her to the hospital when in labour. Client was educated on true sign of labour such as appearance of show, regular rhythmic contractions anytime she experience that she should not hesitate to come to the heath facility. Client was allowed to ask questions and appropriate answers were given.

Client also complained of interrupted sleep due to frequency of micturition and backache. Client was educated to empty her bladder completely before going to bed and keep a chamber pot within reach to avoid walking long distance in the night. Permission was sought to leave, she was thanked and reminded of her next visit date to the clinic.

2.4 SUBSEQUENT VISIT TO THE CLINIC

On the 22nd August 2023, Madam Grace visited the clinic. She was warmly welcomed and a seat was offered to her. She was asked how she was faring and she said she was fine. Her weight checked was 75kg whiles her haemoglobin level was 12.5 grams per deciliter. Her vital signs were checked and recorded as follows;

Temperature	35.7 degree Celsius
Pulse	80 beats per minutes
Respiration	18 cycle per minute
Blood Pressure	110/70millimetre of mercury

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

head to toe and everything was normal.

On abdominal examination, the abdomen was seen to be ovoid and medium in size. Palpation was done and the fetal buttocks was located in the upper pole of the uterus whiles the back of the fetus was felt at the right side of the maternal uterus and the fetal limbs felt on the left side of the mother. The lie was longitudinal. The head occupied the lower pole and the descent checked was 5/5th. The Symphysio-fundal height was 37cm with a fetal heartbeat of 146 beats per minute and gestational age 37 weeks

All findings were communicated to her after the procedure and she was thanked for her co-operation. Madam Grace was asked whether she had any complaint that day and she complained of backache. Client was reassured and told that the pain was as a result of the effect of the hormones progesterone and relax in which relaxes the pelvic ligaments and muscles. Client was advised to maintain a straight back when even lifting light objects and also to get a hard board under her mattress for a firm back support and she was asked to come to the clinic for next visit on 28th August, 2023.

2.5 NURSING CARE PLAN

PROBLEMS IDENTIFIED

Constipation

Heartburns

Lower abdominal pain

Interrupted sleep

Backache

SHORT TERM OBJECTIVES

1. Client will have free bowels movement within 24 hours.
2. Client heartburns will be reduced and cope with throughout pregnancy.
3. Client lower abdominal pain will be reduced and cope with throughout pregnancy.
4. Client will have at least four (4) hours of sleep within 24 hours.
5. Client backache will reduced and cope with throughout pregnancy.

LONG TERM OBJCETIVES

Madam Grace will go through pregnancy safely without any complications to the mother and baby

NURSING CARE PLAN FOR MADAM GRACE

Date /Time	Nursing Diagnosis	Nursing Objectives/outcome criteria	Nursing Orders	Nursing Intervention	Date/ Time	Evaluation	Sign
17/08/2023 10:00am	Constipation related to inadequate intake of fluids and roughage.	Madam Grace will have free bowel movement once every 24 hours as evidence by; .Madam Grace verbalizing that she has been able to empty her bowel freely. 2. Client husband verbalizing that madam Grace empty her bowel freely.	1. Reassure client 2. Explain the physiology of constipation to her. 3. Educate client to eat enough roughage and fibre diet. 4. Encourage the intake of fluids at least 2000mls every day. 5. Encourage her to respond to the urge of emptying the bowel to avoid reabsorption of water from the stools.	1. Client was reassured that she will empty her bowels freely. 2. She was told it was due to the effect of progesterone on her GIT. 3. Client was advised to eat enough roughage like oranges fibres. 4. Client was encouraged to take at least 2000mls of fluids everyday which is equivalent to four sachets of pure water. 5. Client was also encouraged to respond to the urge of emptying her bowel to avoid reabsorption of water from the stools.	18/08/2023 10:00am	Goal fully met as client said she moved her bowel freely.	AK

Date /Time	Nursing Diagnosis	Nursing Objectives/ outcome criteria	Nursing Orders	Nursing Intervention	Date/ Time	Evaluation	Sign
20/08/2023 4:00pm	Heart burns related to pressure of the growing foetus on the abdomen and relaxation of the cardiac sphincter.	Client's heartburn will be reduced and cope with it throughout pregnancy as evidence by: 1. Client verbalizing that the intensity of heart burns has reduced. 2. Midwife observing that client is not complaining of heartburns anymore.	1. Reassure client. 2. Educate client on diet. 3. Encourage client to go to bed at least 30 minutes after meals. 4. Educate client to elevate the head end of the bed when sleeping. 5. Encourage client take in more water.	1. Client was reassured that the intensity of heart burns would reduce. 2. Client was educated to avoid fatty and spicy food and take in dry and nutritious foods she can tolerate. 3. Client was encouraged to go to bed at least 30 minutes after meals. 4. Client was educated to use more pillows when sleeping to elevate the head end of the bed. 5. Client was encouraged to take in at least 8 cups of water in the day.	02/09/2023 4:00 pm	Goal fully met as the intensity of heartburns reduced.	AK

Date /Time	Nursing Diagnosis	Nursing Objectives/ outcome criteria	Nursing Orders	Nursing Intervention	Date/Time	Evaluation	Sign
24/08/2023 03:30pm	Lower abdominal pain related to excessive quickening.	Client's abdominal pain will be reduced and cope with it throughout pregnancy as evidence by 1. Client verbalizing that the pain has reduced. 2.Client husband verbalizing that client is coping with the condition	1. Reassure client. 2. Explain cause of lower abdominal pain. 3. Educate client to have enough rest and sleep. 4. Encourage client to drink adequate amount of water at least 8 glasses of water 5. Administer prescribed analgesics.	1. Client was reassured that lower abdominal pain will resolve 2. Client was told it was due to decent of the fetal head into the pelvic brim 3. Client was educated to have at least two hours rest during the day and six hours at night. 4. Client was encouraged to drink at least 8 glasses of water every day. 5. Tab paracetamol 1g was served as prescribed.	01/09/2023 11:40pm	Goal fully met as client said her headache resolved	AK

Date /Time	Nursing Diagnosis	Nursing Objectives/out come criteria	Nursing Orders	Nursing Intervention	Date/Time	Evaluation	Sign
24/08/2023 3:30pm	Sleep disturbance related to frequency of micturition.	Client will have at least four (4) hours sleep within 24 hours as evidence by 1. Client verbalizing that she slept for at least four (4) hours. 2.Husband verbalizing that madam Grace had enough sleep	1. Reassure client that she will have adequate sleep. 2. Educate client on the physiology of frequent micturition. 3. Tell client to urinate before going to bed. 4. Educate client to limit the intake of fluid containing natural diuretics, such as caffeine 5.Educate client on the time to take her supper	1. Client was reassured of adequate sleep if interventions are followed. 2. She was educated that it was due to descent of the presenting part. 3. Client was told to urinate before going to bed. 4. She was also educated to limit the intake of fluids such as tea, caffeine at night. 5. Client was encouraged to eat her supper at least two hours before bedtime.	25/08/2023 3:30pm	Goal met as client reported that she slept for four hours.	AK

Date /Time	Nursing Diagnosis	Nursing Objectives/out come criteria	Nursing Orders	Nursing Intervention	Date/Time	Evaluation	Sign
24/08/2023 3;30pm	Backache related to pressure of the descending head on the sacral nerves.	Client will have reduced and cope with it throughout pregnancy as evidenced by; 1. Client verbalizing that her pain has reduced. 2.Midwife observing that client is comfortable	1. Reassure client 2. Educate client on the physiology of backache in pregnancy. 3. Advice client to wear low heels. 4. Educate client to support her back with pillow when sleeping or sitting. 5.Serve client prescribed analgesics, such as paracetamol	1. Client was reassured that her pain would subside. 2. Client was educated that pain was as a result of the effect of the hormones progesterone and relaxin which relaxes the pelvic ligaments and muscles. 3. Client was advised to wear low heels 4. Client was educated to support her back with pillow when sleeping or sitting. 5. Prescribed paracetamol 1g was served tid.	02/09/2023 3;30pm	Goal fully met. Madam Grace reported to the midwife that her back pains has reduced.	AK

CHAPTER THREE

LABOUR

3.0 INTRODUCTION

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

3.1 ADMISSION AND MANAGEMENT OF FIRST STAGE OF LABOUR

Admission

On 1st september2023, Madam Grace reported to the labour ward at Monica's Clinic around 5:35pm with her husband with the complaints of waist and lower abdominal pain. Rapport was established and they were offered seats. Client was taken to the nurses' station for necessary information to be taken while glancing through her antenatal card. She was asked if she had experienced any danger signs like, bleeding from the vagina, leakage of liquor and persistent vomiting. Madam Grace replied that she had not seen any of the signs. Client appeared anxious and she was told that she was in competent hands and that she would have a safe delivery. History of her last meal, last bowel action and if she has taken any medication were taken.

Madam Grace said lower abdominal and waist pains started at 10:30am and also noticed the appearance of 'show'. Madam Grace's husband was reassured that everything was going to be alright. Madam Grace was sent to the examination room and assisted to change her clothing. Permission was sought to examine her and all procedures were explained to her.

Client was then asked to pass urine and her urine measured 150mls, midstream sample was tested for albumin, sugar and acetone but the results were negative. She was assisted to lie on the couch and a quick examination from head to toe revealed no abnormality was detected.

Her vital signs checked and recorded were as follows:

Temperature	-	36.7^{o}C
Pulse	-	90 beat per minute
Respiration	-	24 cycle per minute
Blood pressure	-	120/80 mmHg

Abdominal examination

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

On inspection, the shape of the abdomen was ovoid and striae gravidarum, lineanigra and fetal movement were noticed. No scars were seen on the abdomen.

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

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

On lateral palpation hands were placed on each side of the uterus, midway between the symphysis pubis and the fundus, the uterus was stabilized with one hand and examined with the other and the entire area from the abdominal midline to the lateral side and from the symphysis pubis to the fundus was palpated in a rotational manner. A smooth curve was felt which indicated the back at the right side of the abdomen, the process was then repeated on the left side of the abdomen and an irregular mass and movement were felt which indicated the limbs. The position was therefore right occipito anterior.

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

Descent of the head was assessed by locating the anterior shoulder and two fingers (left) were kept over the anterior shoulder and upper border of symphysis pubis was located. Placing the right ulna border just above the symphysis pubis and anterior shoulder, the descent was $4/5^{th}$ above the pelvic brim and uterine contraction was 2 in 10 minutes lasting 20 seconds.

Auscultation was done with fetal stethoscope; it was warmed by rubbing it in the palm and placed on the right side of the abdomen where the back was located. Fetal heart rate was listened to without touching the fetal stethoscope. By the use of a breast watch, fetal heart beat was counted for one full minute while comparing it to the maternal pulse it was 130 beats per minute taking note of the volume and rhythm.

Vulva examination permission was sought from client to conduct vulva examination and she agreed. Hand washing was done with soap under running water and dried with a clean towel and sterile gloves worn Madam Grace was asked to flex her knees and separate her leg. On

inspection, it was realized that she had maintained a good personal hygiene and she was therefore commended. The vulva was clean and well shaved with no varicose veins, warts, oedema and no discharges or blood. The vulva was swabbed with savlon solution, using sterile swabs, the labia majora were swabbed with two sterile cotton wool soaked in savlon solution, the labia minora was also swabbed the same way and a single cotton wool soaked in savlon solution was used to swab the vestibule after which vaginal examination was carried out.

Client vagina felt moist, warm and distensible. The cervix was thin, soft, effaced and the presenting part well applied to it. The cervical dilatation was 5cm with membranes intact at 6:30pm. No moulding was felt. The sacral promontory was not reached, the sacrum was well curved and the ischial spines were blunt. A fist was placed in between the tuberosity and it admitted the fist. Client was cleaned after the examination and a clean perinea pad was applied to the vulva.

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

Preparation for birth

A skilled helper was identified, that was the staff midwife on duty who was also supervising the delivery. She was made aware that her assistance may be needed if the need arose. The non-skilled helper was the client husband and he was also made aware that she would be called to help when needed. The phone number of the referring hospital was made available in case of any emergency and also a driver was informed that in case of emergency he would be called.

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

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

3.2 MANAGEMENT OF FIRST STAGE OF LABOUR

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

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

At 10:30 pm, she was due for her next V/E. The procedure was explained to her and was asked to empty her bladder before doing the next examination. At this time the fetal heart rate recorded was 120beats per minute with good volume and rhythm. Descent of the fetal head was1\5th and uterine contractions were 4 in 10-minute lasting 40 seconds. On vaginal examination cervical dilatation was 9 cm with intact membranes and moulding was not felt

Her vital signs were checked and recorded as follows.

Temperature - 36.4^{o}C

Pulse - 79 beats per minute

Respiration - 20 cycles per minute

Blood pressure- 120/80 mmHg

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

The delivery trolley was set containing the following;

Top shelf

- Sterile scissors
- sterile gloves
- Two sterile artery forceps
- sterile drape
- sterile membrane pierce
- cord clamp

- Sterile episiotomy park containing scissors and suturing forceps
- sterile gallipots
- injection tray containing 10 units of oxytocin, vitamin k, syringe and needle

Bottom shelf

- Drum containing gauze and cotton wool
- chittle forceps
- jug for measuring the amount of blood loss
- urethral catheter and drainage bag
- examination gloves
- Identification band

Other items included sutures, lidocaine face mask, goggle, boots, plastic apron, baby's cot with cot sheets and baby's dress, bed pan, light source were brought closer

At 11:12pm she complained of severe bearing down sensations with the uterine contractions becoming more expulsive and frequent. The anus was gapping with the perineum bulging. Vaginal examination was repeated, cervix was fully dilated with spontaneous rupture of membrane. Liquor was clear and there was no cord prolapse, moulding was ++ since the bones overlapped each other but easily separated. Foetal heart rate was 140bpm, contractions were 4:10 lasting for 45 seconds, and descent was $0/5^{th}$. The midwife in-charge confirmed the findings.

3.3 MANAGEMENT OF THE SECOND STAGE OF LABOUR

Madam Grace was transferred to the second stage room and she was asked to assume a comfortable position and she assumed a lithotomy position on the delivery bed at 11:18pm. What is expected of her during the delivery was explained to her. Client was assisted to lie in the dorsal position with knees flexed apart. She was reassured and every procedure to be done

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

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

The head was supported and restitution was allowed to take place and internal rotation of the shoulders as indicated by external rotation of the head. This brought the shoulders into anterior-posterior diameter of the pelvic outlet. Client was asked to push with the next contractions. Both palms were placed on either side of the baby's ear and gently pressed the head downwards to deliver the anterior shoulder which escaped under the symphysis pubis. The posterior shoulder swept the perineum and was delivered. The rest of the body was

delivered by lateral flexion unto the mother's abdomen at 11:38 pm. An alive healthy female baby was delivered who cried soon after delivery. The baby was quickly cleaned from head to toe with a clean cot sheet and wrapped with another clean cot sheet while on her mother's abdomen after client confirmed the gender as a female. Client was congratulated for her efforts. The baby was moved to the mother's chest for skin-to-skin contact and covered them with a new sheet. Mother was informed that the baby was going to be there for an hour to improve bonding and initiate breastfeeding.

3.4 IMMEDIATE CARE OF THE BABY

The immediate care of the baby started as soon as the head of the baby was born. Different sterile gauze was used to clean the baby's eyes from inner cantus outwards. The face was wiped with gauze. The baby was dried thoroughly to keep the baby warm and stimulate breathing. The cord was clamped and cut in between two clamps at 2cm away from baby's abdomen and 3cm away from the first clamp. The baby was shown to mother to confirm the sex of the baby. Identification band was prepared with the mother's name, baby's sex, weight and date of birth and was tied around the baby's wrist. Baby was then cleaned and wrapped in a warm sheet with the head covered with a cap to prevent hypothermia.

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

3.4 ACTIVE MANAGEMENT OF THE THIRD STAGE OF LABOUR

After the cord separation, a sterile receiver was placed near the vulva in between the thighs to receive the end of the cord. Client's abdomen was palpated to rule out any second foetus in

utero before 10 units of oxytocin was given intramuscularly by the midwife-in-charge to prevent any bleeding. The client was asked to empty her bladder which she said she had no urge. The left hand was placed on the fundus to feel for contractions. As soon as contractions were felt, the clamp was held with the right hand while the left hand was placed on the lower abdomen in the suprapubic area to push the uterus. The right hand which held the clamped cord, was used to apply gentle downward traction in a downward and backward direction. Counter-traction was maintained with the left hand on the supra pubic area while traction was applied to the cord until the placenta was visible at the vulva. Both hands were used to receive the placenta at the introitus and placed in a bowl at 11:43 pm.

The uterus was massaged to maintain the contraction. Client was thought to massage her uterus and she was asked to feel the hardness of the uterus which indicated that the uterus was well contracted. This procedure was done every 15minutes for two hours making sure the uterus was firm, while blood loss was checked.

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

The blood loss was approximately 200mls.Client was cleaned and a new perineal pad was placed at the perineum to make her comfortable in bed. Client was encouraged to change her pad and urinate frequently to prevent postpartum haemorrhage and infections. She was also educated on how it would help in the contractions of the uterus.

Madam Grace was congratulated for her cooperation. The delivery bed was cleaned and the equipment's used were decontaminated in 11:58 chlorine solution for 15 minutes and then washed in warm soapy water, rinsed under running water. The equipment's were put into the autoclave machine for sterilization and stored.

3.5 EXAMINATION OF PLACENTA AND MEMBRANES

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

The placenta was discarded after decontaminating it. The instruments and equipment used were soaked in 0.5% chlorine solution and were removed after 10 minutes, washed and put in the autoclave after which the instruments were stored. Hands were dipped in 0.5% chlorine solution before discarding the gloves. Amount of blood loss was 200ml. Client was congratulated for the effort made.

3.6 MANAGEGEMENT OF FOUTH STAGE OF LABOUR

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

BABY

Prevention of diseases

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

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

Examination of the new born

Head and neck examination

The procedure was explained vividly to Madam Grace, examination gloves were worn and the baby was examined head to toe to detect any deviation from normal. Baby was put on a covered flat surface and only the part to be examined was exposed. The head was examined for bulging and sunken of fontanels, size, shape, laceration and caput succedaneum but no abnormality was detected. Head circumference was measured by encircling the head with tape measure from occipital protuberance to the supra orbital ridges and it measured 37cm and the baby's length was 48cm. The ear was examined for position, size, and patency. Eyes (conjunctiva) were also examined for pallor, sub conjunctiva haemorrhage and abnormal discharges but no abnormality was detected. The nose was also inspected for size, shape and nostrils checked to rule out deviated septum but everything was normal. The mouth was inspected for cleft palate, tongue tie, false teeth and suckling, rooting and swallowing reflexes were checked but everything was normal. The neck was examined for congenital goiter and swollen lymph nodes but there was none.

Chest examination

The chest was inspected for shape, size and chest wall movement with respiration and respiration rate was 45 cycles per minute and the apex heart beat was also 130 beats per

minute. Breasts were palpated for masses and nipple was checked for position and extra nipple and everything was normal.

Upper extremities

Examination of the upper extremities was done and hands were inspected for clubbing, extra or missing digits and webbing. Hands and arms were inspected for symmetry, movement and paralysis, and the palm for the number of palmer crease. Shape and colour of nail beds were inspected and reflexes (grasping, Moro) checked but were normal.

Abdominal examination

The abdomen was examined the size and shape were normal. The cord was inspected but no bleeding was noted. The liver and spleen were palpated for enlargement and no abnormalities were detected. With the lower limbs, no webbing, extra toes and club foot were found. The baby was turned prone with the head on one side and the spine was checked for swelling, spinal bifida and for missing vertebrae, but no abnormalities were noticed. On examination of the skin, the skin was pink and no abnormality found. The anus and the rectum were inspected for patency and no abnormality was detected since the baby had passed meconium and urine. The baby was weighed and it recorded 3.5kg. The temperature was checked and it was recorded as 36.5 degrees celcius.

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

MOTHER

Client's vital signs as well as her uterus and lochia were checked 15 minutes for two hours, 30 minutes for an hour and hourly for three hours. Her vital signs were checked and recorded as follows:

Temperature - 36.6oC

Pulse - 86 beat per minute

Respiration - 20 cycle per minute

Blood pressure - 120/80 mmHg.

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

Madam Grace was examined from head to toe, her conjunctiva was pink and no abnormality detected. Uterus was well contracted and Symphysio-fundal height was 17cm, there was no active bleeding from the vagina. She was encouraged to report if she saw any profuse bleeding. She was asked to change her pad when soiled in order to prevent infection. The findings of all assessments carried out were within the normal range. The baby was also monitored at the same interval to ensure that breathing was normal and the colour of skin was pink.

3.7 SUMMARY OF LABOUR AND DELIVERY

Date of delivery - 1st September, 2023

Time of delivery - 11:38pm

Type of delivery - Spontaneous Vaginal Delivery

Time of placental delivery - 11: 43pm

Duration of labour

1st stage - 6 hours 10 minutes

2nd stage - 20 minutes

3rd stage - 5 minutes

Total - 6 hours 35 minutes

Condition of baby

Apgar score at first minute - 8/10

Apgar score at fifth minute - 9/10

Sex of baby - female

Weight - 3.5 kg

Temperature - 36.5c

Head circumference - 37 cm

Full length - 48 cm

Meconium - Passed

Urine - Passed

Condition - satisfactory

Condition of mother

Temperature - 36.6^{o}C

Pulse - 86 beat per minute

Respiration - 20 cycles per minute

Blood pressure - 120/80 mmHg

Fundus - 18 cm

Lochia - Red (rubra)

Odour of Lochia - Non – offensive

Perineum - Intact

Condition - Satisfactory

Condition of placenta and membrane

Lobes and membranes - Complete and healthy

Maternal surface - Normal

Foetal surface - Normal

3.8 NURSING CARE PLAN ON LABOUR

PROBLEMS IDENTIFIED

1. Severe lower abdominal.
2. Anxiety.

3. Tiredness.
4. Thirst and dried throat
5. Profuse sweating.

SHORT TERM OBJECTIVES

1. Client will cope with lower abdominal pain within 2 hours and throughout labour
2. Client's anxiety will resolve within 30 minutes.
3. Client will regain her strength after delivery.
4. Client's thirst and dry throat will resolve within 10 minutes
5. Client will be comfortable within 10 minutes

LONG TERM OBJECTIVES

Client will go through labour and delivery successfully without complications to client and baby.

NURSING CARE PLAN TABLE B

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES/OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTIONS	DATE/ TIME	EVALUATION	SIGN
1/09/2023 5:35 pm	Lower abdominal pains related to physiology of labour.	Client will cope with lower abdominal pain within 2 hours and throughout labour as evidenced by; 1.client verbalizing that she is coping with labour pain 2. Midwife observing that client is coping with labour pain	1. Explain the physiology of labour pains to her. 2. Put client in a comfortable position 3. Encourage client to perform breathing and relaxation exercises 4. Provide diversional therapy 5. Perform sacral massage for client.	1. The physiology of labour pains was explained to her 2. Client was put in the left lateral position. 3.Client was encouraged to perform breathing and relaxation exercises 4. Client was stayed with and engaged in a conversation 5. Client's sacral region was massaged by her support person.	1/09/2023 11:40pm	Goal fully met as client said she was coping.	AK

DATE/TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES/OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTIONS	DATE/ TIME	EVALUATION	SIGN
1/09/2023 6:00Pm.	Anxiety related to unknown outcome of labour.	Clients' anxiety will resolve within 30 minutes as evidence by; 1. Client verbalizing that she is no longer anxious. 2 Midwife observing that client is coping with each procedure	1. Reassure client. 2. Explain every procedure to be carried to client. 3. Allow her to ask questions and answer her tactfully. 4. Update client with progress of labour. 5. Allow support person to be with her	1. Client was reassured that labour will end safely. 2. Procedures like checking of vital signs, vaginal examination were explained to client. 3. Client was allowed to ask questions and answers were given tactfully. 4. Client was updated about progress of labour using the dilatation board after V/E. 5. Client's husband was allowed to be with her and massage her sacral region during contractions.	1/09/2023 6:30Pm.	Goal fully met as client said she was no longer anxious.	AK

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVE/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
1/092023 7:10 pm	Fatigue related to advance state of labour.	Client will regain her strength after as evidence by; 1. Client verbalizing that she is relieved of fatigue. 2.Midwife observing that client is comfortable in bed	1. Reassure client. 2. Encourage client not to scream during contractions. 3. Encourage client to continue with the relaxation technique. 4. Support client to perform deep breathing exercise during 5. Serve client with light diet	1. Client was reassured that she will regain her strength. 2. Client was encouraged not to scream during contractions. 3. Client was encouraged to continue with the relaxation technique. 4. Client was supported to perform deep breathing exercise during contraction. 5. Client was served with milo and biscuit/	1/09/2023 11:50 pm	Goal fully met as client verbalized, she had been relieved of tiredness.	AK

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVE/OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
1/09/2023 9:30pm	Thirst and dry throat related to the process of labour	Clients thirst and drythroat will resolve within 10 minutes as evidenced by; 1.Client verbalizing she is no longer thirsty 2.Midwife observing that client is able to take a sip of water	1. Reassure client. 2.Explain the process of labour to client. 3. Support client to perform deep breathing exercise. 4. Give client sips of water. 5. Serve client with fluid diet.	1. Client was reassured that measures will be put in place to relieve her off the thirst and dry throat. 2. Process of labour was explained to client. 3. Client was supported to perform deep breathing exercise during contraction. 4. Client was given sips of water and ice to suck. 5. Client was served with cold milo drink.	1/09/2023 9:40pm	Goal fully met as evidenced by client verbalizing she does not feel thirsty and dry throat.	AK

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTIONS	DATE/ TIME	EVALUATION	SIGN
1/09/2023 10:00pm	Profuse sweating related to advanced stage of labour	Client will be comfortable within 10 minutes as evidenced by; 1. Client verbalizing that she is comfortable 2.Midwife observing that client is using clean towel to clean her face	1. Reassure client. 2. Wipe sweat off client's face and body with wet towel. 3. Serve client sips of water 4. Change client wet linen. 5. Assist client to take a shower	1. Client was reassured that measures will be put in place to help her maintain her personal hygiene. 2. Wet towel was used to clean client's face and body. 3. Clint was given sips of water at regular intervals 4. Client's soiled bed linen was changed. 5.Client was served with a bucket of water for bathing	1/09/2023 @ 7:10pm	Goal fully met as evidenced by client looking clean and comfortable	AK

CHAPTER FOUR

PUERPERIUM

4.0 INTRODUCTION

This chapter talks about how Madam Grace and her baby were managed and cared for during the period of puerperium. It also throws one lighter on the subsequent care of the baby, preparation towards discharge, subsequent post-delivery assessment, home visits, postnatal review and the nursing care plan drawn for the management of problem encountered during puerperium.

4.1 DAY OF DELIVERY

Before transferring Madam Grace and her baby to the lying-in ward they were both assessed carefully. She was made comfortable in an already prepared bed. Madam Grace's vital signs were checked and recorded as follows;

Temperature	36.5^0C
Pulse	80 beat per minute
Respiration	20 cycle per minute
Blood pressure	119/80 mmHg

General head to toe examination was done on both the mother and baby in which permission was sought. During examination on the abdomen palpation was done and the uterus was well contracted and the Symphysio-fundal height was 17cm above the symphysis pubis, lochia was small in amount and red in colour with no clots. She was advised to change her perineal pads frequently when soiled and to report any abnormal vaginal bleeding to the midwives on

duty. Client was encouraged to urinate frequently since full bladder interferes with the contraction of the uterus with subsequent bleeding.

Madam Grace was encouraged to take in adequate fluid and eat a well-balanced diet to help repair worn out tissues and promote growth. She was served with a cup of beverage. She was also educated on how to position and attach the baby to breast and observed as she breastfed the baby. The baby was examined from head to toe and no sign of injury was observed. The baby's weight was 3.4 kg, respiration was 44 cpm, and apex beat was 130 bpm.

4.2 SUBSEQUENT CARE OF THE BABY

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

Requirement for Baby Bath

Top Shelf

- Methylated spirit in sterile galipot
- Sterile cotton wool swabs and gauze in a galipot
- Surgical gloves
- Sterile water in a galipot
- Baby's diapers
- Baby's dress
- Baby's towel and cot sheet to wrap the baby
- Baby's oil or Vaseline
- Baby's sponge
- Baby soap in a soap dish

Bottom Shelf

- Disposable gloves
- Jug of hot water
- Jug of cold water
- A bowl for mixing water
- Kidney dish for used gauze and swab
- A receptacle for used water
- Mackintosh apron

After picking all needed items, the cold and hot water were mixed and the temperature was tested with the elbow. The plastic apron was then worn; hands were washed with soap under running water and dried with clean towel. Gloves were then worn and the baby was placed on a protected flat surface, Baby was undressed. A quick head to toe examination was done and no abnormality was detected. Baby was wrapped with a cot sheet leaving the face. The eyes were cleaned with sterile cotton, dipped in sterile water from the inner canthus outwards and disposed into a receiver. The face was cleaned with a wet face towel. The nape of the neck was supported by the left palm and the ears were plugged with the thumb and index finger to prevent water from entering the ear. Mother's attention was drawn to this. The baby's head was washed in a circular motion with a soapy sponge after which it was rinsed out and dried with a towel. The baby was placed on a flat surface and the rest of the body was bathed (arms, chest and back), paying particular attention to the skin folds. The whole body was gently immersed in the bath of water with the head supported above the water level. Baby's body was dried with towel paying attention to the skin folds. Vaseline was applied all over the body of the baby to provide warmth. Gloves were removed, hands washed and dried. Sterile gloves were then put on. Cord was inspected for bleeding and there was no bleeding. Sterile cotton wool swabs and methylated spirit was used to dress the cord. One was used to

hold the clamp and the cord was dressed aseptically with a cotton wool swab soaked in methylated spirit from the base upwards to the cord clamp and left it opened to heal by dry gangrene. The baby was wrapped nicely to maintain the temperature. The baby's head was covered with a cap and dressed warmly to prevent heat loss and the baby was given to the mother to breastfeed in an effort to support breastfeeding. Mother was asked to fix the baby to breast by ensuring that she sat in a comfortable position, which meant the baby was attached well to breast and is sucking well. The mother was educated that the baby should be fed at least 8 to 12 times a day and exclusively for six months. Mother was educated on breast feeding problems such as cracked or sore nipples, breast engorgement and mastitis. She was asked to report to the clinic especially if the problem was not resolved and also signs of engorgement were noticed.

The baby's vital signs checked were recorded as follows:

Temperature	36.5ºC
Respiration	38cpm
Hear rate	138bpm

Mother's vital signs checked were recorded as follows:

Temperature	36.7ºC
Pulse	82bpm
Respiration	20 cpm
Blood Pressure	110/60mmHg

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

4.3 FIRST DAY POSTNATAL (DAY OF DISCHARGE)

The first day after delivery was 2nd September2023. Madam Grace and baby slept soundly during the night and their condition remained satisfactory. Madam Grace woke up looking cheerful and healthy. Her vital signs were checked and recorded as follows;

Morning

Temperature	36.6 ^{0}C
Pulse	80 beat per minute
Respiration	20 cpm
Blood pressure	120/80 mmHg

Client was examined from head to toe and no abnormality was detected. The breasts were heavy and colostrum was expressed. The uterus was firm and well contracted. Symphysio-fundal height was 18 cm above the symphysis pubis. Her vulva was inspected, the lochia was dark red in colour, flow was small and it was not offensive after which a warm bath was taken and took a cup of warm porridge for her breakfast.

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

Exclusive breastfeeding was also encouraged and Madam Grace was advised to top and tail the baby until the cord was off. Hands were washed and dried with dry towel and baby examined from head to toe and no abnormalities were found. The baby was topped and tailed in the presence of the mother and the cord inspected for bleeding or any infection but there was none. Hands were washed and dried, sterile gloves worn and cord dressed with

methylated spirit and left it open to dry. Mother was advised not to apply any hot compress or concoction on the cord to prevent infection of the cord. Baby's vital signs were checked and recorded as follows;

Morning

Temperature	36.6^0 C
Apex beat	132 beat per minute
Respiration	44 cycle per minute
Weight	3.4 kg

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

After this, client was advised not to apply anything at the injection site but to continue the immunizations at the child welfare clinic when the child was six weeks old in order to protect her against the childhood diseases like measles, yellow fever, and pertusis among others. Mother and baby were declared fit by the midwife in-charge after all the examination. Client was informed about the discharge. She was helped to pack her belongings and the following drugs were prescribed for the mother;

Tablet folic acid - 5mgdly x 14 days

Tablet Fersolate - 200bd x 14 days

Tablet Flagyl (Metronidazole) - 400mgtds x 7 days

Tablet paracetamol - 1gtds x 5 days

Capsule Amoxicillin - 500mgtds x 7 days

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

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

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

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

4.4 FIRST POSTNATAL HOME VISIT (SECOND DAY POST NATAL)

Madam Grace was visited on 2nd September, 2023 at 5:00pm with the aim to assess their general conditions and to detect early conditions that could be harmful to their health so as to give immediate treatment or refer to the hospital for further management. She was met at her house. Client had already taken her bath and finished brushing her teeth. Permission was sought to examine the baby. The baby was placed in her cot and head-to-toe examination was done without any problem. The baby was topped and tailed, hands were washed and new sterile gloves were worn, cord was inspected and dressed. The cord was not offensive and

was quite dry. According to Madam Grace, her baby passed meconium and urinated. Baby's vital signs checked. Findings were recorded as follows;

BABY

Temperature	36.6 ^{0}C
Apex beat	132 beat per minute
Respiration	32 cycles per minute
Suckling	Good
Cord	Clean and dry
Colour	Pink
Stool	Meconium
Weight	3.4kg

Madam Grace was also examined from head to toe for any abnormality but none were present. The breasts were heavy and full with colostrum expressed. The uterus was well contracted and the Symphysio-fundal height was 14cm during abdominal palpation. She said she wanted to know more about family planning which she was educated on the various family planning methods. The lochia was red (rubra), small in quantity and not offensive. After the examination, all the findings were communicated to her. Vital signs were also checked. Findings were recorded as follows;

MOTHER

Temperature	36.4^0 C
Pulse	84 beat per minute
Respiration	22 cycle per minute
Blood pressure	120/70 mmHg
Breast	Lactating
Uterus	Contracted
SFH	14cm
Lochia	Rubra

Madam Grace was supervised to attach the baby to breast and baby was able to suckle well. Client was encouraged to make sure the baby empties one breast before giving the other breast to prevent engorgement and to make sure the baby takes adequate breast milk. Permission was then sought to leave and promised to visit them the next day.

4.5 SECOND POSTNATAL HOME VISIT (THIRD DAY POSTNATAL)

On the 3rd September 2023, Madam Grace and family were visited in the morning and evening at 8:00 am and 4:30pm to access their condition of health. Client complained backache and severe abdominal pains when the baby suckles. She was reassured and encouraged to perform the postnatal exercise; for about ten to twenty minutes and also to continue the postnatal exercises to strengthen the pelvic floor muscles and also advised to breast feed the baby on demand as it helps in contraction thus involution of the uterus.

Client permission was sought to perform physical examination and check her vital signs. The Symphysio-fundal height was 14cm on abdominal palpation. On inspection of the vulva it

was healthy and the flow of lochia was small and the colour was rubra. Permission was sought again to examine the baby. The baby was top and tailed and cord examined, it was clean and dry and dressing was done. Baby's vital signs were checked and recorded as ;

Baby	**Morning**	**Evening**
Temperature	36.7^0C	36.5^oC
Respiration	31 cycle per minute	35 cycle per minute
Apex beat	134 beat per minute	132 beat per minute
Weight	3.3kg	
Suckling	Good	Good
Cord	Clean and dry	Dry and clean
Colour	Pink	Pink
Stool	Meconium	Meconium

Mother's observations were checked and recorded as follows;

Mother	**Morning**	**Evening**
Temperature	36.6^0C	36.8^oC
Pulse	80 beat per minute	83 beat per minute
Respiration	20 cycle per minute	21 cycle per minute
Blood pressure	109/70 mmHg	110/60 mmHg
Breast	Lactating	Lactating
Uterus	Contracted	Contracted
SFH	14cm	14cm
Lochia	Rubra	Rubra

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

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

On the 4th September 2023, at8:00am and 4:30pm. Client was visited again during the morning and evening to continue the care of the baby, the mother and the family. Baby was topped and tailed, cord dressed and the cord was dry and shrinking. Baby was well and suckled well on the breast on observation. She said her baby passed stools and urine. Both baby and mother were assessed and findings were recorded. Mother was also well, breast was lactating, uterus was well contracted and Symphysio- fundal height was measured 12cm. She was asked about her previous complains and she said she was coping.

Findings on both mother and baby were recorded as;

Baby	**Morning**	**Evening**
Temperature	36.4^0 C	36.5^0 C
Apex beat	130 beat per minute	133 beat per minute
Respiration	29 cycle per minute	28cycle per minute
Weight	3.2kg	
Suckling	Good	Good
Cord	Clean and dry	Clean and dry
Colour	Pink	Pink
Stool	yellowish	yellowish

Mother	Morning	Evening
Temperature	36.7^0 C	36.9^0C
Pulse	82 beat per minute	86 beat per minute
Respiration	22 cycles per minute	24 cycles per minute
Blood pressure	120/80 mmHg	110/70 mmHg
Breast	Lactating	Lactating
Uterus	Contracted	Contracted
SFH	12cm	12cm
Lochia	Rubra	Rubra

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

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

On the 5th September, 2023, at 8:00am. Client was visited in the morning to continue the care of client and family. Mother and baby were in good condition when inquired but the husband had left for work. She added that the backache was resolving. Baby was topped and tailed, paying attention to the skin folds, cord dressed and the cord was almost off. Baby was well and suckled well on the breast on observation. She said her baby passed stools and urine. Findings after assessment were recorded.

Madam Grace was also assessed after explaining procedure to her and her emptying her bladder. Her Symphysio-fundal height was 10cm. Lochia was inspected and it was pink (serosa) in colour, odourless and small in flow. She was encouraged to do postnatal exercises,

eat a well-balanced diet with more fruits and fluids, sleep under insecticide treated mosquito net with the baby to help promote and maintain adequate general health and prevent malaria. They were promised to be visited again and thanked before leaving the house. Findings on both mother and baby were recorded as;

Baby

Temperature	36.6^0 C
Apex beat	132 beat per minute
Respiration	29 cycle per minute
Weight	3.2kg
Suckling	Good
Cord	Almost off
Colour	Pink
Stool	Yellowish

Mother

Temperature	36.4^0 C
Pulse	70 beat per minute
Respiration	20 cycles per minute
Blood pressure	120/80 mmHg
Breast	Lactating
Uterus	Contracted
SFH	10cm
Lochia	Serosa

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

On the 6th September, 2023 at 8: 00am.Client and family were visited; Greetings were exchanged with client and her family after which a seat was offered in Madam Grace's room. Hands were washed and dried after explanation of procedure. Client also stated that the cord fell off in the morning. The stump of the umbilical cord was cleaned with methylated spirit and left opened. No sign of infection such as redness was noted. Madam Grace complained of sleeping disturbance during physical examination. She was reassured and encouraged to put on a firm brassier and continue to breast feed the baby on demand. She was also encouraged to allow one breast to be emptied before the baby is attached to the other breast. No abnormality was detected on the mother and baby during the general examination except for the mother's breast engorgement. Client's Symphysio-fundal height was 8cm and lochia was serosa without any odour indicating that personal hygiene was maintained.

Findings after assessing both mother and baby were recorded as follows;

Mother

Temperature	36.8^0 C
Pulse	86 beats per minute
Respiration	20 cycles per minute
Blood pressure	110/70 mmHg
Breast	Engorged
Uterus	Contracted
SFH	8cm
Lochia	Serosa

Baby

Temperature	36.7^0 C
Apex beat	134 beat per minute
Respiration	33 cycle per minute
Weight	3.3kg
Suckling	Good
Cord	Off
Colour	Pink
Stool	Yellowish

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

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

On the 7th September 2023.At 8:00 am Client and family were visited, hands were washed and dried. Procedure was explained to client after whom she went and emptied her bladder. The baby was examined from head to toe but nothing abnormal was detected in the presence of client. The stump of the umbilical cord was cleaned. The stump was healing nicely. Madam Grace said the breast felt a bit lighter. Baby's weight was checked and was recorded as 3.1kg. No abnormality was detected on the mother and baby during the general examination. Client's Symphysio-fundal height was 6cm. On inspection, the lochia was creamy brown (Alba) with scanty flow and not offensive. Client was advised to have adequate rest and sleep during the day immediately the baby is asleep. All the findings were communicated to the client and her family. Family planning education was reinforced and she promised to use a method after six weeks.

Findings were recorded as follows;

Mother

Temperature	36.7^0 C
Pulse	88 beats per minute
Respiration	24 cycles per minute
Blood pressure	120/80 mmHg
Breast	Lactating
Uterus	Contracted
SFH	6cm
Lochia	Alba

Baby

Temperature	36.5^0C
Apex beat	134 beat per minute
Respiration	32 cycle per minute
Weight	3.4kg
Suckling	Good
Cord	Off
Colour	Pink
Stool	Yellowish

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

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

On the 8th September, 2023 at 8:00 am Madam Grace and family were visited in the morning to access their condition of their health. Client's permission was sought to perform physical examination and vital signs on both mother and baby. The Symphysio-fundal height was 4cm on abdominal palpation. On inspection of the vulva, it was clean and neat and the lochia was creamy brown with scanty flow and not offensive. The baby was examined and stump was clean and dry and dressing was done. Findings were recorded as follows;

Baby

Temperature	36.5^0C
Respiration	30 cycle per minute
Apex beat	134 beat per minute
Weight	3.5kg
Suckling	Good
Cord	Off
Colour	Pink
Stool	Yellowish

Mother

Temperature	36.7^0C
Pulse	80 beat per minute
Respiration	22 cycle per minute
Blood pressure	110/70 mmHg
Breast	Lactating
Uterus	Contracted
SFH	4cm
Lochia	Alba

All the findings were communicated to the client and her family. They were congratulated for their cooperation and told it was the last home visit. Madam Grace was reminded of her first postnatal visit to the clinic which fell on the 11th September, 2023. The need for registration of the child at the Births and Deaths Registry was emphasized. Client was encouraged not to hesitate to visit the clinic anytime she has any health problem before the date of appointment. Client complaints of constipation and she was encourage to eat enough roughage like vegetables and fruits. Client was advised to continue with exclusive breastfeeding of the baby for six months

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

4.11 FIRST POSTNATAL VISIT TO THE CLINIC

Madam Grace and her baby arrived at the clinic at 8:30 am for postnatal care on the 11th September, 2023 accompanied by her husband and her sister. Client was neatly dressed and looked cheerful. They were welcome and given a comfortable seat. Health educations on nutrition, immunization against preventable childhood diseases and family planning as well as care of the baby were given. Client was asked about her condition and that of the baby and client said they were doing well. Madam Grace said her baby was able to feed well and slept well. Madam Grace also confirmed that baby passed urine and stools regularly.

Permission was sought to examine the baby generally. The baby was taken and undressed and then wrapped with a clean cot sheet and placed on a flat surface for the examination in the presence of the mother. Baby's weight was 3.6kg. There were no discharges from the eyes, nose and ears. No discolouration of the mucus membranes, palms, eyes, conjunctiva and feet

were observed during inspection. Baby's abdomen was not distended and the umbilical stump was completely healed. The baby's vital signs were checked and recorded as follows;

Temperature - 36.9^0 C

Apex beat - 132 beat per minute

Respiration - 30 cycle per minute

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

Madam Grace was examined and her vital signs were recorded as follows;

Temperature - $36.6\ ^0$C

Pulse - 82 beat per minute

Respiration - 20 cycle per minute

Blood pressure - 120/80 mmHg

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

On inspection, it was observed that the conjunctiva was not pale, the nose was not discharging. The breasts were soft with no cracks or sore on the nipples. There was also no abdominal tenderness and the uterus was 6cm palpable. There was no drainage of Lochia on inspection. After that findings were communicated to her. Madam Grace was advised to

ensure that the baby completes the immunization schedule. She was reminded of her second postnatal visit to the clinic. Baby was registered at the Births and Deaths Registry and client was handed over to the midwife in-charge for continuity of care. Madam Grace and her entire family were thanked for their co-operation and Support throughout this Study.

4.12 SECOND POST-NATAL VISIT TO THE CLINIC

Report from the midwife in-charge indicated that, client came to the clinic for six weeks postnatal visit on the 23th October, 2023. They were warmly welcome and they all looked very healthy. General examination was conducted from head to toe as well as vital signs after her permission was sought. Her vital signs were checked and recorded as follows:

Temperature	36.4ºC
Pulse	78bpm
Respiration	20cpm
Blood Pressure	110/70mmHg

The under listed Laboratory investigations were carried out and recorded as:

Haemglobin	12.2 g/dL
Urine protein	Negative
Glucose	Negative

She had not resumed her menses when asked. She was educated on the need to start a family planning method to prevent unwanted pregnancy.

Her baby was also examined from head to toe and no abnormalities were detected. On the head, the anterior fontanelle was palpated for pulsation and it was normal. The posterior fontanelle had closed. Vital signs were checked and recorded as follows

Temperature	36.2ºC
Respiration	34cpm
Apex heart beat	134bpm
Weight	4.0kg

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

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

4.13 NURSING CARE PLAN DURING PUERPERIUM

PROBLEMS IDENTIFIED

1. Lack of knowledge on family planning methods.
2. Backache.
3. Sleeping disturbances.
4. after pains.
5. Fatigue.

SHORT TERM OBJECTIVES

1. Client will gain adequate knowledge on family planning method within 2 hours.
2. Client backache will reduce within 24 hours.

3. Client will have at least six hours sleep within 24 hours
4. Client after pain will reduce within 24 hours.
5. Client will be relieved of fatigue within 24 hours.

LONG TERM OBJECTIVES

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

NURSING CARE PLAN

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE/TIME	EVALUATION	SIGN
2/09/2023 @ 8:00 am	Knowledge deficit on family planning methods related to inadequate information	Client will gain adequate knowledge on family planning methods within 2 hours as evidenced by 1. Client verbalizing that she will make a choice. 2. Client husband verbalizing the important of family planning	1. Reassure client 2. Educate client on family planning method. 3. Introduce client to different types of family planning methods and help her choose one. 4. Encourage client to practice family planning method. 5. Encourage client to ask questions	1. Client was reassured 2. Client was educated on family planning method during the puerperium 3. Client was introduce to the different types of family planning methods and was helped to choose one. 4. Client was encouraged to practice family planning method. 5. Client was encouraged to ask questions	2/09/2023 10:00am	Goal was fully met as evidenced by client willingness to choose a method.	AK

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES/OUTCOMECRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
3/09/2023 at 8:00 am	Backache related to poor feeding and sitting position	Client's backache will reduce within 24 hours as evidenced by client verbalizing a reduction of pain. 2. Midwife observing that client ensure good posturing during breastfeeding	1. Reassure client. 2. Explain the causes of the backache to client. 3. Educate client on the proper use of body mechanics and good posture. 4. Educate client to assume correct position during breastfeeding 5. Educate client not to bend down during household chores.	1. Client was reassured that pain will resolve 2. The causes of the backache were explained to client. 3. Client was educated on the proper use of body mechanics and good posturing. 4. Client was educated to straight with back supported when feeding baby. 5. Client was educated to bend from knees during household chores.	4/09/2023 at 8:00am	Goal was fully met as client verbalized a reduced of backache.	AK

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES/OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
4/09/2023 8:00 am	Sleep disturbance related to breastfeeding of baby at night	Client will have at least six hours sleep within 24 hours as evidenced by 1. Client verbalizing that she was able to sleep adequately 2.Client husband verbalizing that client had enough sleep	1. Reassure client. 2. Advice client to change baby's diaper when wet before bed time. 3. Explain the importance of feeding on demand. 4. Explain the need for frequent night feeds. 5. Encourage family support.	1. Client was reassured that adequate measures will be put in place to promote sleep. 2. Client was advised to change baby's diapers whenever wet 3. The importance of feeding baby on demand was explained to her. 4. The needs for frequent feeds at night of baby was explained to mother 5. Husband and sister were encouraged to support client.	5/09/2023 at 1:00 pm	Goal was fully met as client said she had adequate sleep.	AK

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES/OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
5/09/2023 7:30 am	After pains related to uterine contraction	Client's after pain will reduce within 48 hours as evidenced by 1.Client verbalizing a reduction in pain 2. Midwife met client in good condition	1. Reassure client. 2. Explain the cause of pain to allay anxiety 3. Encourage client to void regularly. 4. Encourage client to feed baby on demand. 5. Serve analgesics as prescribed.	1. Client was reassured that pain will resolve 2. She was told it was due to contraction of the uterus that will enhance involution 3. Client was encouraged to urinate at least every two hours. 4. Client was encouraged to feed baby at least every 2 to 3 hours or frequently as demanded by baby. 5. Client was served with paracetamol as prescribed.	7/09/2023 7:30 am	Goal was fully met as client verbalized a reduction in pain.	AK

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
6/09/2023 10:00 am	Fatigue related to stress from labour	Client will be relieved of fatigue within 24 hours as evidence by 1.Client verbalizing	1. Reassure mother. 2. Encourage client to sleep in the day when the baby is asleep. 3. Encourage client's support person to assist in the caring of the baby. 4. Encourage client to have rest. 5. Encourage client to assumed a left lateral position	1. Mother was reassured that she will regain her energy. 2. Client slept in the day when the baby was asleep. 3. Client's support person assisted in the caring of the baby. 4. Client was encouraged to have rest. 5. Client assumed a left lateral position.	7/09/2023 10:00 am	Goal fully met as evidence by client verbalized that she has been relieved from fatigue.	AK

SUMMARY AND CONCLUSION

This script is a family centered maternity care given to Madam Grace, a 26-year-old gravid 2 Para 1 alive. She comes from Dormaa- Ahenkro and lives at Kotokrom. She was first met at the Antenatal clinic on the 14th August, 2023 at Monica's maternity, when she was 37 weeks pregnant. Various observations and examination including laboratory investigations were carried out to aid in the progress of normal pregnancy.

She experienced some minor disorders which were managed successfully. Madam Grace's labour and delivery were carefully managed without any complications and she had spontaneous vaginal delivery to an alive female infant who weighed 3.5kg on the 1st September, 2023, at Monica's maternity.

During this period, all complaints were taken into consideration and managed with the use of nursing process. No complications arose and goals set were achieved. She went through puerperium successfully where both mother and baby were finally handed over to the Midwife in charge of Monica's Health centre on the 11th September, 2023, for continuity of care.

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

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APPENDIX II

PHARMACOLOGY OF DRUGS

DRUG	CLASSIFICA-TION	DOSAGE OF DRUG	ROUTE	ACTION AND USES	SIDE EFFECTS OF DRUGS	REMARKS
Tablet Fersolate	Vitamin preparation	200 mg daily X 30 days	Oral	1. Helps in the formation of red blood cells. 2. Supplement the iron of the body. 3. Used in the treatment of iron deficiency anaemia.	1. Gastro intestinal upset and black tarry stool. 2.Nausea	1. Haemoglobin level increased. 2. Black tarry stool noticed.
Tablet Folic Acid.	Vitamin preparation	500 mg daily x 30 days	Oral	1. Helps in the formation of red blood cells. 2. Prevents neural tube defect. 3. Treatment for iron deficiency anaemia.	1. Gastro intestinal upset. 2. Nausea.	1. Haemoglobin level increased. 2. No reactions observed.
Tablet Multivite	Vitamin preparation	5 mg 2 daily x 14 days	Oral	1. Improvement of appetite. 2. Helps in red blood cell and bone tissue formation.	Nausea and vomiting.	No reaction observed
Tablet Vitamin B Complex	Vitamin preparation	200 mg 3 x daily x 7 days	Oral	Helps in metabolism of carbohydrate, protein and fat.	Abdominal discomfort.	No reaction.

PHARMACOLOGY OF DRUGS CONTINUED

DRUG	CLASSIFICA-TION	DOSAGE OF DRUG	ROUTE	ACTION AND USES	SIDE EFFECTS OF DRUGS	REMARKS
Tablet metronidazole	Anti-protozoa	400 mg 3 x daily x 5 days.	Oral	Treatment of infection.	Gastrointestinal upset.	No reactions observed.
Tablet paracetamol	Anti-pyretic and analgesic.	400 mg x 3 daily x 5 days.	Oral	1. Alleviates pain. 2. Reduce body temperature.	Prolong usage may damage the liver.	No reactions observed.
Injection Oxytocin	Oxytoxic drug	5 – 10 units	Intramuscular on the thigh.	Stimulates uterine contractions, controls bleeding, used for induction and augmentation of labour.	Uterine rupture if overdose is given. Nausea and vomiting.	None observed.
Tablet Sulphadoxinepyrimethamine-ne	Antimalaria	3 tablets stat at 16 weeks or quickening, repeat every 4 weeks till delivery	Oral	1. Therapeutic and prophylactic actions against malaria. 2.Attacks different stages of development of the malaria parasites 3. Maintains cidal serum	Vomiting, nausea, drowsiness and stomach ache	None observed

PHARMACOLOGY OF DRUGS FOR THE BABY

NAME OF DRUG	CLASSIFICATION	DOSAGE	ROUTE	ACTION AND USES	ACTUAL EFFECT	SIDE EFFECT	SIDE EFFECT EXPERIENCED
Vitamin K	Antihaemorrh-agic vitamin.	0.5 – 1 mg	Intramuscular	1. Help in clotting of blood. 2.Helps to prevent haemorrhagic disease of newborn	Flashes of the face.	No side effect was observed.	Vitamin K
Chloramphenicol eye drop	Antibiotics	2-3drops	Instillation	To prevent eye infection	Eye was not infected	Increase risk of aplastic anaemia	No side effect observed
Injection Baccillus Calmette Guerin (BCG)	Vaccine	0.05 mls	Intramuscular on the right upper arm.	Stimulate production of antibodies against tuberculosis	Small pustule which persists for some weeks and rise in temperature.	Blister observed.	None observed
Polio vaccine	Antigen	2 drops	Oral	Production of antibodies to prevent poliomyelitis	Under observation	There may be diarrhea	None observed

PHARMACOLOGY OF DRUGS FOR THE BABY CONTINUED

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

APPENDIX II

LABORATORY INVESTIGATION

DATE	SPECIMEN	INVESTIGATION TYPE	FINDINGS	REMARK
17/01/2023	Blood	Groupings	(O)+	Normal
		Rhesus factor	(D) positive	Normal
		Haemoglobin level (Hb)	11.8 g/dl	Normal
		Hepatitis B (HBsAg)	Negative	Normal
		Sickling	Negative	Normal
		VDRL	Non-reactive	Normal
		Glucose 6 phosphate dehydrogenase (G6PD)	No defect	Normal
		HIV Status	Negative	Normal
	Urine	Protein	Negative	Normal
		Glucose	Negative	Normal
	Stool	Worm infestation	Negative	Normal
17/01/2023	Urine	Protein/glucose	Negative/negative	Normal
17/01/2023	Urine	Protein/glucose	Negative/negative	Normal

LABORATORY INVESTIGATION CONTINUED

DATE	SPECIMEN	INVESTIGATION TYPE	FINDINGS	REMARK
13/02/2023	Urine	Protein/glucose	Negative/negative	Normal
17/04/2023	Urine	Protein/glucose	Negative/negative	Normal
16/05/2023	Blood	Haemoglobin level (HB)	11 g/dl	Normal
		Hepatitis B (HBsAg)	None reactive	Normal
		PMTCT	None reactive	Normal
	Urine	Protein /glucose	Negative /negative	Normal
23/07/2023	Blood	Haemoglobin level	10.9 g/dl	Low
	Urine	Protein /glucose	Negative /negative	Normal
23//06/2023	Blood	Haemoglobin level	11.6 g/dl	Normal
	Urine	Protein /glucose	Negative /negative	Normal

APPENDIX III

ANTENATAL PROGRESS

Date	Temperature (^{o}c)	WT (Kg)	BP. (mmHg)	Urine Protein Glucose	Gestational Age in Weeks	Fundal height (CM)	Presentation	Descent	Fetal Heart Rate (Bpm)	Routine Medication	Complain, Treatment and Advise	Name & signature
13/03/2023	36.3	70	110/60	Negative Negative	20	17	_	_	_	1st SP given and Routine drugs x30 days	No complains.	
17/05/2023	36.5	71	100/60	Negative Negative	24	20	_	_	Present	2nd SP given and Routine drugs x30 days	No complains.	
16/06/2023	36.0	70	100/60	Negative Negative	28	26	_	_	Present	3rd SP given and Routine drugs x30 days	No complains.	
16/7/2023	36.6	76	110/60	Negative Negative	32	30	_	_	Present	Routine drugs x14 days	No complains.	

ANTENATAL PROGRESS CONTINUED

Date	Temperature (^{o}c)	WT (Kg)	BP. (mmHg)	Urine Protein Glucose	Gestational Age in Weeks	Fundal height (CM)	Presentation	Descent	Fetal Heart Rate (Bpm)	Routine Medication	Complain, Treatment and Advise	Name & signature
16/08/2023	37.0	76	100/70	Negative Negative	34	32	Cephalic	5/5th	Present	Routine drugs x14 days	Leg cremps	
14/07/2023	36.6	78	110/70	Negative Negative	36	33	_	5/5th	137	4th SP given and Routine drugs x7 days	No complains.	
25/08/2023	35.7^{0}c	82	110/70	Negative Negative	39	37	Cephalic		146	continue routine drugs	constipation	

INSECTICIDE T+REATED NET (ITN)			DATE SUPPLIED ……..			
INTERMITTENT PREVENTIVE TREATMENT (IPT) FOR MALARIA	1ST DOSE SP*3TABS DIRECTELY OBSERVED TGHERAPY 13/03/2023	GESTATIONAL AGE IN WEEKS 20weeks	2ND DOSE (1 MONTH) AFTER 1ST DOSE DIRECTELY OBSERVED TGHERAPY 17/05/2023	GESTATIONAL AGE IN WEEKS 24 weeks	3RD DOSE (1 MONTH) AFTER 2ND DOSE DIRECTELY OBSERVED TGHERAPY 16/06/2023	GESTATIONAL AGE IN WEEKS 28weeks

TETANUS IMMUNISATION	PREVIOUS TT	CURRENT TT	
	Ye☐ ✓ ☐ NO	DATE…….	DATE……

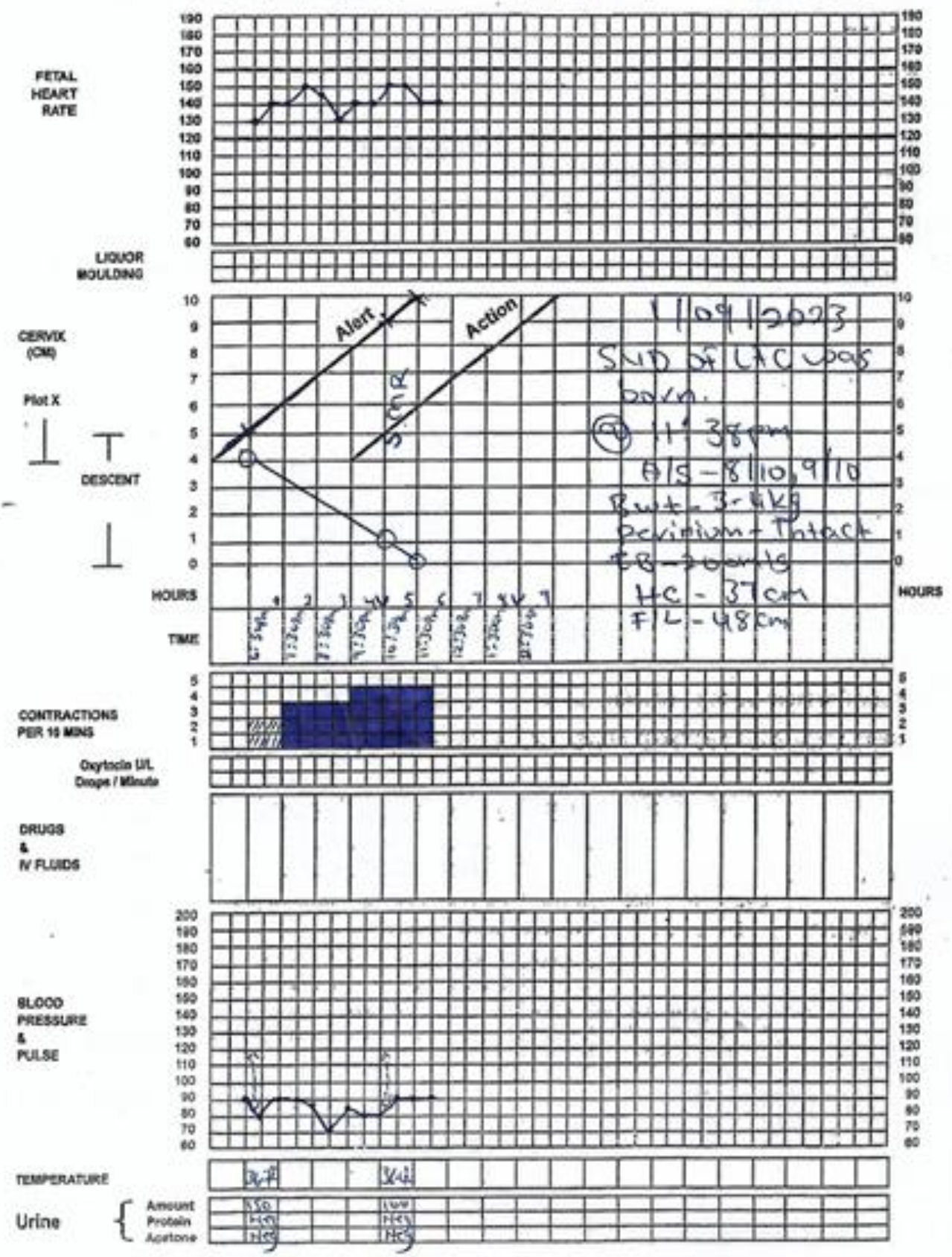
*NB: Sulphadoxine – Pyrimethamine (SP) should be given to pregnant women between 16 weeks (after quickening and 36 weeks)

14/07/2023 4th dose of SP was taken at 32 weeks

11/8/2023 5th dose of SP was taken at 37 weeks.

WHO Modified Partograph

Registration No. 514/22 Name (Last, First) Yeboah Grace Age 26 years
Date 1/9/23 Parity/Gravida 1 / 2 LMP ____ EDD ____ Gestation (wks) 39 weeks
ROM (Time, Date) ___/____ Labour Durable (Hrs) 6hrs Facility/Clinic Name Monica's maternity



LABOR NOTES

Client G2P1 at 11:38pm has Spontaneous vaginal delivery to alive female infant at 11:38pm with APGAR Score at 8/10 for the first minute and 9/10 for the fifth minutes. Birth weight was 3.5kg (counts of Oxytocin was given Placenta and its membranes were delivered at 11:45pm Skin to Skin was initiated. Breastfeeding was initiated 3rd Stage Completed baby made comfortable in bed and mother and relative was reassured that they are in safe hands.

Please circle or write responses.

DELIVERY

DATE: 1-09-23 TIME: 11:38pm METHOD: (Spontaneous) / Vacuum Extraction / C/S / Other

PERINEUM: (Intact) / Episiotomy / Laceration

ANESTHESIA: (None) / Local / General

THIRD STAGE

Active Management: (Yes) / No Medication: Time_____ Type/Dose 10 units oxytocin

PLACENTA: TIME: 11:45pm (Complete) / Incomplete

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

BABY

Weight: 3.5kg

Sex: Male / (Female)

Baby Position: (Vertex) / Breech / Other

APGAR

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

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

FOURTH STAGE MONITORING

Frequency	Time	B/P.	Pulse	Fundus	Bleeding	Bladder
Every 15 minutes first 2 hours	12:00am	110/80	86	1B	Small	150mls
	12:15am	109/70	74	Contracted	Small.	
	12:30am	110/70	89	Contracted	no bleeding	Nil
	12:45am	119/80	90	Contracted	no bleeding	
	1:00am	101/60	64	Contracted	no bleeding	Nil
	1:15am	109/60	78	Contracted	no bleeding	
	1:30am	118/60	80	Contracted	no bleeding	Nil
	1:45am	120/80	75	Contracted	no bleeding	
Every 30 minutes For 1 hour	2:15am	110/70	83	Contracted	no bleeding	100mls
	2:45am	117/70	87	Contracted	no bleeding	

Birth Attendant Acheampoma Kezia (Student widwife) Date 1st September 2023

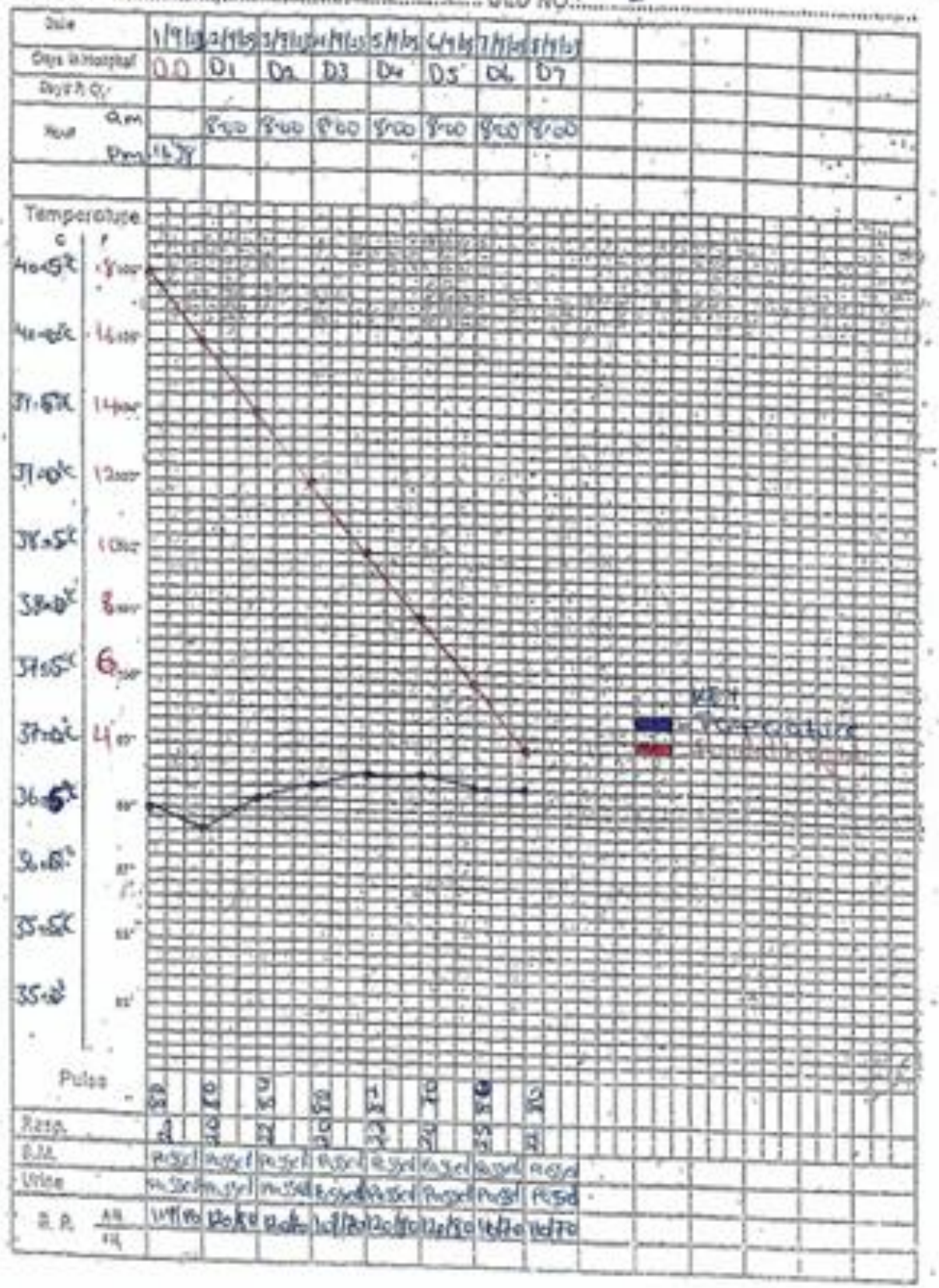
assisted by Monica Nkrumah (midwife incharge)

MATERNITY CHART

NAME: Maddam Grace Yeboah

AGE: 26 years WARD: maternity

IP NO.: AAA104 BED NO.: 2



NEW BORN EXAMINATION FORM

Name: Baby of Abia Yeboah Date of Assessment: 1/9/2023 Time: 11:45pm
Date of Birth: 1/9/2023 Time of Birth: 11:38pm Sex: ☐ M ☑ F Age at time of Assessment (days/hrs) 1 hour
Antenatal Age ☐ 37-42 ☐ Mode of Delivery: ☑ Vaginal Assisted Vaginal C-Section
APGAR: 1min 6 ☐ 5min 8 ☐ Birth Weight: ☐ 3-4kg ☐ Length: 48 cm Head Circumference: 31 cm
Temperature at time of Assessment: 36.5 °C Urine passed: Yes No Meconium passed: Yes No
Name of Assessor (Midwife/Doctor): Acheampomaa Keziah

1. Respiration
Rate 40
☐ Rate <30 b/m *
☐ Rate <60 b/m *
☑ 30-60 b/m
☐ Retractions *
☐ Grunting *
☐ Stridor *

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

3. Tone
☑ Normal
☐ Floppy *
☐ Increased *

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

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

6. Cry
☑ Normal
☐ Shrill *
☐ Absent *

7. Suck
☑ Good
☐ Weak
☐ Absent

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

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

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

11. Eyes
☑ Normal
☐ Subconjuctival 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: 130
☑ Normal (100-160)
☐ <100 *
☐ >160*

19. Femoral pulse
☑ Present
☐ Not palpable*

20. Abdomen
☑ Normal
☐ Distended*
☐ Spaphoid*
☐ Abdominal defect*
☐ Masses:
☐ Other

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

22. Limbs
☑ Normal
☐ Abnormal

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

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

24. Anus
☑ Patent
☐ Imperforate*

25. Resuscitation provided
☑ Dry
☐ 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 to mother
☐ Antenatal corticosteroids

*May indicate severe disease that requires urgent referral
Diagnoses (If known): Well 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 Afua Yeboah Date of Assessment: 2/9/2023 Time: 10:00PM

Date of Birth: 1/9/23 Time of Birth: 11:38am Sex: ☐ M ☑ F Age at time of Assessment (days/hrs) 1 hour

Assational Age ☐ 37wk ☐ Mode of Delivery: ☑ Vaginal Assisted Vaginal C-Section

APGAR: 1min 9 ☐ 5min ☐ 9 Birth Weight: ☐ 3.4 kg ☐ Length 49 cm Head Circumference: 37 cm

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

Name of Assessor (Midwife/Doctor): Acheampong Kezia

1. Respiration
Rate 48
- ☐ Rate < 30 b/m *
- ☐ Rate < 60 b/m *
- ☑ 30-60 b/m
- ☐ Retractions *
- ☐ Grunting *
- ☐ Stridor *

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

3. Tone
- ☑ Normal
- ☐ Flappy *
- ☐ 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
- ☐ Subcon/retinal 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: 130
- ☑ Normal (100-160)
- ☐ <100 *
- ☐ >160*

19. Femoral pulse
- ☑ Present
- ☐ Not palpable*

20. Abdomen
- ☑ Normal
- ☐ Distended*
- ☐ Scaphoid*
- ☐ Abdominal defect*
- ☐ Masses: _____
- ☐ Other _____

21. Back (spine)
- ☑ Normal
- ☐ Abnormal Swelling *
- ☐ Hairy 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
- ☑ Dry
- ☐ 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 CHART

Name: Baby Afia Tebah No: Birth Weight: 3.4kg

Sex: Female Mother's No: Length: 48cm

Nature of Delivery: Spontaneous Vaginal delivery Diagnosis: Term Baby

Date of Birth: 1st September 2023 Time: 11:38pm Date of Discharge: 2nd September 2023

Date	1/9/23		2/9/23		3/9/23		4/9/23		5/9/23		6/9/23		7/9/23		8/9/23							
No. of Days	DoB		D1		D2		D3		D4		D5		D6		D7							
Weight	3.4kg		3.4kg		3.3kg		3.2kg		3.2kg		3.3kg		3.4kg		3.5kg							
Temperature	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
		36.6	36.6	36.6	36.7	36.6	36.4	36.5	36.6		36.7		36.7		36.5	.						
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
Limbs

No Abnormalities Detected

TEMPERATURE CHART

NAME: madam Grace Yeboah

AGE: 26 years WARD: maternity

IP NO.: AA4104 BED NO.: 3

Date	1/9/23	2/9/23	3/9/23	4/9/23	5/9/23	6/9/23	7/9/23	8/9/23
Days in Hospital	D0	D1	D2	D3	D4	D5	D6	D7
Days P.O.								
Hour AM		8:00	8:00	8:00	8:00	8:00	8:00	8:40
Hour PM	18:53							
Temperature C / F								
Pulse	132	132	134	136	132	134	134	136
Resp.	28	34	31	37	34	32	30	30
B.M.	Passed	Passed	Passed	Passed	Passed	Passed	Passed	Passed
Urine	Passed	Passed	Passed	Passed	Passed	Passed	Passed	Passed
B.P. AM								
B.P. PM								

Temperature

SIGNATORIES

STUDENT'S MIDWIFE

NAME: ACHEMPOMAA KEZIAH

SIGNATURE.....

DATE: .....07-06-2024.....

THE MIDWIFE-INCARGE

NAME: MADAM MONICA KONTOR MENSAH

DATE.....(for)

SIGNATURE.....07-06-2024.....

THE SUPERVISOR

NAME: MS. ERNESTINA MENSAH

SIGNATURE.....

DATE.....07-06-2024.....

THE PRINCIPAL

NAME: MS. MONICA NKRUMAH

SIGNATURE.....

PRINCIPAL
HOLY FAMILY NURSING AND
MIDWIFERY TRAINING COLLEGE
BEREKUM

DATE.....10-06-2024.....