HOLY FAMILY NURSING AND MIDWIFERY TRAINING COLLEGE

BEREKUM

A CLIENT/FAMILY CENTERED MATERNITY CARE STUDY

ON

MADAM MADI MARIAMA

BY

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A CLIENT/ FAMILY CENTERED MATERNITY CARE STUDY SUBMITTED TO THE NURSING AND MIDWIFERY COUNCIL OF GHANA IN PARTIAL FULFILMENT TOWARDS THE AWARD OF LICENSE TO PRACTICE AS A PROFESSIONAL MIDWIFE.

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ACKNOWLEDGEMENT

The family centered maternity care study could not have been completed without the tremendous effort and cooperation of many individuals who participated in the development.

They say, for not knowing him that should be left out of academic matters. But we testify to the reality of His existence. Not believing in God is also a belief in its sense. Why then should that belief superimpose on my belief? Leaving Him out of this is a contradiction to my conscience which suggests a failure. Thus, I give all the glory and honor to the Almighty God concerning the success of this study.

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INTRODUCTION

The client and family centered maternity care study is a systematic midwifery care rendered to the expectant mother and her family base on the understanding of the client as a special individual with special needs and peculiar problem during pregnancy, labour and puerperium due to the fact that it is the dream of every pregnant woman to give birth to a healthy baby without any complications and abnormalities to both the mother and the baby. The study entails all aspect of the pregnant woman's life been it physical, mental, social and psychological wellbeing. The care is carried out within the family and the community she finds herself. The motive of this study is to prepare the pregnant woman to face labour, puerperium, initiation of breastfeeding and continuation of subsequent baby care. In other to achieve this aim, there was the need to involve the husband, friends, close relatives and the community she finds herself. It involves all the care given to a particular client and her family from the first day of contact during antenatal through labour up to one week postnatal to the mother and baby.

The client and family centered maternity care study is centered on Madam Madi Mariama, a 25year old pregnant woman with obstetric history of gravida 2 para 1 alive (G2P1) during the period of pregnancy, labour and puerperium. The interaction with the client started on the 15th of August, 2023 at Pentecost Health Centre in the Ahafo Region, during her 38 weeks gestation when she came for her antenatal visit, upon glancing through her maternal health records book, she falls within the criteria needed for the study, familiarity was built between myself and madam Mariama rapport was established and permission was sought from madam Mariama to be used for the study, she gladly agreed and we exchanged contacts. She was thanked for accepting the request and availing herself to be used for the study.

Madam Mariama was cared for during the antenatal periods. Visitation to her home was made to know her family, her surrounding 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 Mariama delivered a bouncing baby boy weighing 3.0kg safely and was managed properly without any complications which were the main aim of the care. Baby on examination had no abnormalities. After delivery, client and her baby were visited in their homes for 7days and all problems were managed using the nursing process.

This study is divided into four (4) chapters. They are:

Chapter One: This chapter involves assessment of client and family. It gives information about the client and community characteristics. It includes client profile/social history, medical and surgical history, past and present obstetric histories, habit of daily living, family history and menstrual history.

Chapter Two: This chapter talks about the antenatal visit and the various care rendered from the first encounter till the time labour sets in.

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

Chapter Four: Consist of management of puerperium, first day post- delivery and discharge, postnatal home visit and tenth day postnatal visit to the hospital.

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

This report includes termination of care, summary and conclusion, bibliography, appendices and signatories. The source of information was from client records, textbooks and family.

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. 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 behaviors 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 partograph until active labour has commenced. Assessing the active phase of labour has been highlighted as essential in reducing interventions in normal labour (Marshall & Raynor, 2014).
b. The active phase within the first stage of labour is the time when the cervix usually undergoes more rapid dilatation. This begins when the cervix is at least 4 cm dilated and, in the presence of rhythmic contractions, progressively dilates to 10 cm or full dilatation. When in labour, contractions will often be accompanied or preceded by a bloodstained mucoid show: that is, the release of the operculum from the cervical canal as effacement and dilatation progresses. Occasionally, the membranes will rupture, at which stage the midwife may seek assurance that there are no significant

changes in the fetal heart rate due to the rare complication of cord prolapse and that meconium is not present in the liquor, indicating fetal compromise (Marshall & Raynor, 2014).

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

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

Madam Madi Mariama was formally chosen as client for the client family centered care study on 15th August, 2023at Pentecost Health Centre at Kasapin in the Ahafo Region when she came for her usual antenatal care. Madam Mariama was seen eating without washing her hands. When approached kindly, she confessed she had not really done anything with her hands. She was taught on the importance of ensuring clean hands before and after eating. After which she was very grateful.

Familiarity was built between myself and Madam Mariama after glancing through her antenatal book, she felt within the criteria for selection. She had a good obstetrical history. Her gestation age, parity, age and other information met the criteria needed by the Nursing and Midwifery council for the study. After a comprehensive introduction of self, she was informed about my idea of using her for my family centered maternity care study of which she gladly agreed.

She was educated on the care that will be rendered to her at the facility, her home and in the community, she finds herself during pregnancy, labour and puerperium. Phone contacts were exchanged and she was thanked for accepting my request.

CHAPTER ONE

ASSESSMENT OF CLIENT/FAMILY

1.0 INTRODUCTION

This chapter gives detailed information concerning the client's social history, daily habits, medical, surgical, menstrual, obstetric and family histories. Information was acquired through observation, interview and antenatal records.

1.1 PERSONAL AND SOCIAL HISTORY

Madam Madi Mariama a 25years of age G2P1, from Tamale in the Northern Region of Ghana who lives in Kasapin in the Ahafo region with her husband and son in the same house. Madam Mariama is dark in complexion, 158centimers tall and 70kilogram in weight. Client speaks Dagaare and Twi with formal education up to junior high school. She is a housewife. Client is married to Mr. Dauda Salifu who also hails from Tamale. Mr. Dauda is a farmer who works in the farm. They are Christians who worship at the Presbyterian Church of Ghana at Kasapin. Madam Mariama and family go to the church on Sundays. Client's next of kin is her husband.

1.2 FAMILY HISTORY

Madam Mariama is the fifth born among the six children, all alive of Mr. Ibrahim Mohammed and Mrs. Fatima Mohammed who are both alive. Her parents are both farmers and stay at Nkoranza**.**

According to Madam Mariama there are no known history of heart disease, sickle cell disease, asthma, hypertension, diabetes mellitus, liver cirrhosis, epilepsy, mental illness and congenital abnormalities. She also added that, her family has no history of multiple pregnancies. She said

herself and the family seek for medical treatment and prays whenever they are not feeling well. In her family death occurs naturally according to the client.

1.3 MEDICAL HISTORY

Madam Mariama has no known history of hypertension, tuberculosis, heart disease, sickle cell disease, diabetes, jaundice, respiratory disease, epilepsy or mental illness. Client has never been admitted to a hospital. But she said she sometimes suffers from minor ailment like headache, general body pains. She then goes to the clinic on out-patient basis where competent health workers offer quality services to her to prevent any complications. She sometimes takes no medication but recovers by the physiology of the body. Client has no known allergy to food or drugs.

1.4 SURGICAL HISTORY

Madam Mariama has never had any part of her body operated on, no road traffic accident and no pelvic or spine deformity which could affect her spine. She has never been transfused with blood nor donated blood to anyone.

1.5 MENSTRUAL HISTORY

Madam Mariama has a regular menstrual cycle of 28 days. Client had her menarche when she was 15 years old. Client has six days duration of menses which flows moderately on all days and has no dysmenorrhea. Client said she changes her pad twice daily indicating client has normal flow. According to client, her last menstrual period was 19th November ,2022. And her expected date of delivery was 26th August ,2023.

1.6 HOBBIES AND LIFESTYLE

Madam Mariama is a woman who goes about her days in a similar trend each day. Client wakes up at 6:00am and says her daily morning prayers, goes through her daily domestic chores such as sweeping her room and compound and sees to other household chores if any. She urinates immediately she wakes up then visits the toilet. She maintains her personal hygiene by brushing her teeth with a tooth brush and a tooth paste, bathing with soap, sponge and water and then prepares her child for school. Madam Mariama does not normally prepare lunch because during that time the family may not be around. According to Madam Mariama, banku with groundnut soup is her favorite food which she usually takes it for supper. Every evening after meals, she washes her cooking utensils, takes her bath as well as that of her child. Client said she goes to church on Sundays and takes her rest after church and normally does general cleaning on Saturdays. Client also said she does not have a fixed number of times she eats but she eats on demand and make sure she eats at least three times a day. Client goes to bed around 9 pm after the family had finished watching television.

1.7 PAST OBSTETRIC HISTORY

PREGNANCY

Madam Mariama has had 2 pregnancies with one birth (G2P1 ^{A}). Her first pregnancy was in 2020 without any complications such as pregnancy induced hypertension (PIH), vaginal bleeding, hyperemesis and post- partum hemorrhage. Client attended antenatal care (ANC) regularly during her previous pregnancy at Obuasi Government Hospital and received all doses of sulphadoxime pyrimethamine and two doses Tetanus -diphtheria injection. She was asked

about any family planning method that she had practiced and client explained that she used natural family planning method.

LABOUR

According to the client, with her previous child, she delivered per vagina spontaneously with perineum intact but could not remember the duration of labour but said it was not more than 24 hours. Her first child was born on the 5th of February, 2020 without any complication and delivered at Obuasi Government Hospital. Baby cried immediately after delivery. Placenta and membranes were completely delivered with minimum blood loss. According to Madam Mariama her child birth weight was 2.5kg. She was discharged twenty-four hours after delivery from the ward.

PUERPERIUM

Client explained that her baby was very healthy throughout the post- partum period with normal weight. Client breastfed baby for six months and started complementary feeds. She said she was in good health after delivery and started breastfeeding her child immediately after delivery. She said she only felt pain at the lower abdomen during breastfeeding, involution of the uterus and subsided few days after delivery. The growth of the child was monitored at the child welfare clinic and she was healthy.

1.8 PRESENT OBSTETRIC HISTORY

Madam Mariama G2P1 alive visited the antenatal clinic for the first time on 16th March ,2023 with the gestational age of 16weeks. Client last menstrual period was in 19th November, 2022. Her expected date of delivery was 26th August, 2023. According to her first scan her expected

date of delivery was 7th September,2023. During her first antenatal visit, vital signs were checked, physical examination was done and laboratory investigations were also done and the results recorded as follows;

Temperature - 36.4 degree Celsius

Pulse - 78bpm

Weight - 74kg

Height - 158cm

Blood pressure - 100/70mmhg

Respiratory rate - 19cpm

1.9 LAB INVESTIGATIONS

Haemoglobin ……...…… 12.1g/dl

Sickling ……...……. Negative (-)

Blood group …….....… O

Rhesus factor …….....……. Positive (+)

Urine for pregnancy test ….……. Positive (+)

HIV……..……. Negative (-)

HEP B……..... Negative (–)

VDRL…….....…… Non-reactive

Urine Albumin and glucose …….....…. Negative (–)

Glucose 6 Phosphate Dehydrogenase……..... No defect

Physical examination from head to toe revealed no abnormalities. On palpation, there were no palpable lumps or masses in her breasts, her spleen was not palpable, uterus was palpable and the fundus was just above the umbilicus. On inspection her abdomen was of a normal shape with no scars on the skin with the presence of striae gravidarium, her symphysio fundal height was 13cm.Her gestational age was 16 weeks to be specific. She had no complains. The following drugs were administered;

1. Tablet folic acid - 5mg daily for 30days

2. Tablet ferrous sulphate - 200mg daily for 30days

3. Tab multivitamins - 200mg daily x 30days

CHAPTER TWO

ANTENATAL CARE

2.0 INTRODUCTION

This chapter talks about the first contact with client, first and second home visits, her subsequent visits to the clinic, problems identified and care plans drawn for the resolution of the problems.

2.1 FIRST CONTACT WITH CLIENT

The first contact with Madam Mariama was at 10:25am on 15th August, 2023 at Pentecost Health Centre, Kasapin. Client was 38 +3 days week of gestation and was attending her 6th antenatal visit. Madam Mariama was seen eating without washing her hands**.** She was then approached and served with soap under running water to wash her hands. She was told to always wash her hands with soap under running water before and after eating and also educated on the need to practice good personal hygiene. Her antenatal booklet was taken and her previous antenatal record was noted. Upon going through the booklet, client was suitable for the care study. Self-introduction was made as a student midwife from Holy Family Nursing and Midwifery Training College, Berekum, who has been stationed there for three weeks clinical and to write a care study and would like to take her as a client. Client wholeheartedly agreed and she was glad for that. All procedures to be carried on her were explained to her and she agreed. Client was encouraged to ask questions when necessary and also thanked her for cooperating. Her vital signs were checked and recorded as follows.

Temperature - 36.2 degree Celsius

Pulse - 80 beats per minute

Respiratory rate - 22 cycles per minute

Blood pressure - 100/80millimeters of mercury.

Laboratory investigation was done for haemoglobin and it recorded 13.0 grams per deciliter. Her weight was 78 kilograms. Examination to be done was explained to her and she gave approval for the procedure to be carried out. She was reassured that all findings will be communicated to her afterwards. She was asked to empty her bladder and was assisted to lie on the bed afterwards. Soap under running water were used in washing of the hands and which they were dried with a clean dry towel and privacy was ensured.

2.2 PHYSICAL EXAMINATION

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

Head and neck examination

Client's hair was examined for cleanliness, lice, dandruff, ringworm, alopecia, skin infection and no abnormality were detected. Client was congratulated for keeping the hair clean and encouraged to keep it up. The face was inspected for edema, rashes and chloasma and nothing abnormal was detected. Her eyes were also inspected for pallor of the conjunctiva, yellowish or jaundice of the sclera but no abnormality was detected. The ears were also inspected for discharges and alignment with the eyes and nothing abnormal was detected. The mouth was inspected for dryness, cracks and infections of the lips. The gums and tongue for pallor, sores,

and lesions and the teeth for decay but no abnormalities were detected. She was encouraged to brush her teeth two times daily and rinse her mouth after each meal. The neck was palpated for enlarged thyroid gland, distended neck veins and enlarged lymph nodes and nothing abnormal was detected. Client was engaged in a conversation and she put a smiling face throughout.

Breast examination

Both breasts were exposed to check for size, shape and condition of the skin. One breast was covered and was asked to put the hand to be examined under her head. The breast was palpated systematically in a circular manner using the inner aspect of the fingers and client was taught self- examination of the breast, nipples were squeezed gently for fluid (colostrum) for odour or blood and cleaned with cotton wool swab. On examination, both breasts were almost equal in size with areolar and no lymph nodes or lumps detected. Client was encouraged on the need to perform self-breast examination regularly as it helps in early detection of any abnormality. Client was encouraged to wear well- fitting braziers to support the breast and enhance comfort.

Extremities

The upper and lower extremities were checked for tingling sensations, tightness of fingers on making a fist with the hand, edema, palms and nails were checked for pallor, tenderness of calf muscles, varicose veins and capillary refill but there were no abnormalities and no extra digits.

Abdominal examination

Inspection: The abdomen was inspected and there was no scar as an indication of previous operation or falls. There was however the presence of linea nigra and striae gravidarum. The shape and size of the uterus was globular and medium respectively and fetal movements were obvious.

Measurement of Symphysio-fundal height; Palms were rubbed together to generate warmth in other to prevent stimulation contraction. The xiphisternum and upper boarder of the symphysis pubis were located. The zero mark of the measuring tape was placed on the fundus and extended along the contour of the abdomen along the midline to the upper boarder of the symphysis pubis and it measured 38cm and her gestational week was 38 weeks +3 days.

Fundal palpation; Upon facing the head end of the woman. Palms were rubbed together to generate warmth in other to avoid inducing contraction. The palms were placed on either side of the fundus for fundal palpation. The fingers were curved around the fundus to determine what lies in the upper pole. A soft mass was felt there which indicated the buttocks. The fundus has grown to the level of the xiphisternum.

Lateral palpation; on lateral palpation still facing the woman, the palms were place on each side, with one hand stabilizing one side of the maternal uterus, the other hand was moved gently in a where the fetal limbs were palpated at the right side. This was repeated at the other suide and the fetal back was felt at the left side. The position of the fetus therefore was left occipito -anterior.

Pelvic palpation; on pelvic palpation, position was changed to the feet of the client as pelvic palpation was done. Madam Mariama was asked to bend her knees and also to breathe in and out

slowly and the palms were placed just below the level of the umbilicus with the fingers directed towards the symphysis pubis and the thumb almost meeting. On palpation hard mass was felt indicating the head of the foetus.

Descent; the anterior shoulder was located during palpation, upon locating the symphysis pubis with the ulna boarder just above the symphysis and anterior shoulder. Five fingers occupied the space indicating descent of $5/5^{th}$.

Auscultation; on auscultation, the fetal stethoscope (fetoscope) was warmed by rubbing it on the palms. The fetoscope was placed at the area where the back was located to listen to the fetal heart rate and it was 140bpm.

Vulva Examination

Permission was sought to examine the vulva. Client was helped into the lithotomy position. Light was turned on and directed to her genital area. Hand washing was done with soap under running water and dried with clean towel. The already prepared tray for vulva examination was sent to the bedside after a clean apron was worn. Examination gloves were worn. On inspection, the vulva was neatly shaved. Labia, clitoris and perineum were inspected for cleanliness, size, redness, and tenderness, Bartholin's gland abscess, rashes, pimples, varicose veins, signs of trauma, laceration, scar, ulcers, warts, fistulas, abnormal discharges or bleeding and clitoridectomy, there was no evidence of such abnormalities that was detected and there was no foul smell. The urethral and skene's gland were milked for discharges and bleeding but there was none. She was asked to bear down while the labia were held open and observed for any bulging of the anterior and posterior wall. Madam Mariama was thanked for her co-operation and the findings were communicated to her. Client was helped to lay lateral position and sit up before

getting out of the bed after the physical examination. Gloves were removed with inside out method and discarded. Used items were decontaminated and made ready for next use. Hand washing was done and dried with clean towel. Health education was given on birth preparation and complication readiness plan and eating of nutritious diet, taking food in bits which would maintain her health. She was encouraged to report any abnormalities detected to the clinic very early and was reminded of the next visit to the health center which was Pentecost health centre which was 21st August, 2023.The intention of visiting her house was made known to her and directions to her house was showed as phone numbers were exchanged and appointment was also booked to visit her in her house. A date which was scheduled for the home visit was on 16th August, 2023.

Her medications were served as follows;

Tab folic acid 5mg 1daily x 7days

Tab ferrous sulphate 200mg 1daily x 7days.

Tab multivitamins 200mg daily x 7days.

She was encouraged to take the drugs as prescribed and reminded again of the next visit to the health center. She was thanked for the cooperation, escorted and bid good bye.

2.3 FIRST ANTENATAL HOME VISIT

The first visit to Madam Mariama house was on 16th August, 2023 as scheduled which was on Wednesday at 4:30pm. The main aim of the visit was to observe the environment, source of water, light, ventilation and number of people she shares her room with, where she disposed her refuse and her interpersonal relationship with her family members and neighbors. Not forgetting

how she's doing and give her the necessary health education on problems that would be encountered. Client's house is about 15minutes' drive from the health facility.

Madam Mariama's husband was met at the roadside and was taken to her house. Warm welcome and seat were offered. A quick assessment was made on the environment before sitting down. Water was offered and gratitude was expressed.

PHYSICAL ENVIRONMENT

The house is built with blocks with a brown painting and roofed with aluminum sheet and kitchen and bathroom built with blocks. The source of light supply to the house was electricity, the bathroom was outside the house and the refuse dump and toilet was fifty meters away from the house. According to madam Mariama, the bathhouse and toilet are scrubbed every morning. Client fetches water from a standpipe and keeps it in a barrel with a well-fitting lid. She keeps her refuse in a dustbin with a well-fitting lid and dispose her refuse properly. Her surrounding is clean, no stagnant water is seen around. The entire house was neat.

Her curtains were neat but there was no mosquito net hanging on the bed and client was asked the reason for not using it, client explained that she feels hot and irritated when using it. Madam Mariama was educated on the effect of malaria on her and the unborn child. Client was advised to hang it in the shade early in the morning to prevent the irritation and remove all hanged cloth and put them in a bag. Opportunity was made to ask her about her health and madam Mariama said she was coping with the stress of pregnancy but complained of waist pain, loss of appetite and fatigue .She was educated to use the pillow anytime she sits to support her back, mouth care before and after meals before going to bed and she to always have enough rest and sleep. Client

was educated on birth preparedness and complication readiness such as a driver who will transport her to the hospital when in labour, blood donor and was asked if her things were ready such as her cot sheet, baby's dress, pad, toilet roll, mackintosh and antiseptic soap and taught of signs of true labour. Client was encouraged to take her routine drugs as prescribed. Client was then reminded of her next visit to the health center and promised to see her again. In the absence of questions, madam Mariama was thanked for the nice reception and permission was asked to leave.

PSYCHOSOCIAL ENVIRONMENT

Madam Mariama attends ceremonies such as weddings, funerals and festival with her husband when the need arises. It was noticed that client had a cordial relationship with her neighbors as an introduction was made to them as her personal midwife to provide her the needed care throughout pregnancy, labour and puerperium.

2.4 SECOND ANTENATAL HOME VISIT

The second home visit to Madam Mariama's house was on 18th August, 2023 at 1:00pm as promised. The main objective for the visit was to know how far Madam Mariama was coping with her term pregnancy and her preparation made towards her delivery. On reaching home, the client gave a smiling welcome and a seat was offered. Client was asked how she was faring as well as the whole family. She said they were all doing well and her child came around. Client said she was fine but complained of sleeplessness. Client was educated on the physiological change that goes on in the body during pregnancy and also take a warmth bath before bed. Client was asked about the mosquito net and she said she was using it. The opportunity was used

to inspect her packed items in a suitcase as she was at term and it was complete. The client was thanked for her cooperation and was reminded of her next antenatal care visit and permission was sought to leave. Client was bid goodbye.

2.5 SUBSEQUENT VISIT TO THE CLINIC

On the 22nd of August ,2023, madam Mariama visited the clinic since she was booked to come to the clinic in one-week time. She was warmly welcomed and a seat was offered to her. She was asked how she was faring and she said she was fine**.** Client complained of constipation and she was encouraged to take in more fluids, fruits, roughages and vegetables. Client was asked of her previous complains and she verbalized that she is now coping with the waist pain and sleeplessness night. Madam Mariama also verbalize that she can eat very well and hence there has been increase in her weight. Her vital signs and other observations were checked and recorded as follows;

Temperature - 36.8degree Celsius

BP - 100/70 millimeters of mercury

Pulse - 78bpm

Respiration - 18cpm

Urine sugar - negative

Weight – 77kg

Client was encouraged to continue taking her routine medications as prescribed. She was educated on the true labour signs as the discharge of show and strong regular and painful uterine contractions. Client was told to report to the facility when she noticed any of the signs or abnormality. Madam Mariama was asked about the preparations she has made towards delivery and she explained that she has bought all the things needed for delivery of which she mentioned as; 6 cot sheet, baby's dress, cap and socks, mackintosh, cloth, pad, Dettol. Client was congratulated on the preparation she had made towards delivery. She was asked if there was anything bothering her mind and any complaint of which there was none. Client was bid farewell as she was escorted to the entrance of the facility.

2.5 ANTENATAL CARE PLAN

PROBLEMS IDENTIFIED

19/08/23 Client complained of fatigue.

19/08/23 Client complained of waist pain.

19/08/2023 Client complained of loss of appetite.

19/08/2023 Client complained of sleeplessness.

21/08/2023 Client complained of constipation.

SHORT TERM OBJECTIVES

1. Client's fatigue will subside within 24hours.

3. Client will be relieved from waist pain within 48hours and will be able to cope with it throughout pregnancy.

4. Client will be able to regain appetite within 24hours.

5. Client will be able to sleep for at least 3 hours a day time and 6 hours at night within 48 hours.

6. Client will regain bowel movement (1daily) within 24hours.

LONG TERM OBJECTIVES

Madam Mariama will go through pregnancy, successfully without any complication to the her and the fetus.

ANTENATAL CARE PLAN

DATE/ TIME	NURSING DIGNOSIS	NURSING OBJECTIVES/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALU-ATION	SIGN
19/08/2023 at 2:00pm	Fatigue related to advanced stage of pregnancy as evidenced by client verbalizing that she is tired.	Client's fatigue will subside within 24hours as evidenced by; 1. Client verbalizing she feels okay. 2. The midwife observing a healthy client on the next antenatal visit.	1. Reassure the client. 2. Encourage client to get support during her pregnancy. 3. Encourage client to have enough rest in the day. 4. Encourage client to limit activities at home. 5.Educate client to eat energy giving food to reduce fatigue	1. Client was reassured that she will feel strong after delivery. 2. Client was supported by her spouse in her daily activities. 3.Client rested in between activities. 4. Client limited her activities at home like she stopped weeding, stopped raising heavy things. 5. Client ate energy giving foods like cocoyam, rice, plantain to reduce the fatigue.	20/08/2023 at 2:00pm	Goals met evidenced by 1.client showing no signs of fatigue 2. Student midwife observing a healthy client	TB

DATE/ TIME	NURSING DIGNOSIS	NURSING OBJECTIVES/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
19/08/2023 at 2:00pm	Impaired comfort related to the effect of relaxing on the musculoskeletal system as evidenced by report of waist pain.	Madam Mariama will be able to cope with waist pain within 48 hours as evidenced by; 1. Client verbalizing she is coping well with the pain. 2. The midwife observing that client has good facial expression on her next antenatal to visit.	1. Reassure client of competent nursing care. 2. Assess the quality and the severity of the pain. 3.Encourage client to have enough rest 4.Teach client relaxation technique such as music therapy and sacral massage 5. Serve prescribed analgesic such as paracetamol.	1.Client was reassured of competent nursing care. 2. The quality and severity of the pain was assessed using a scale of 0 to 10. 3. Client had enough rest during the day. 4. Client adopted relaxation techniques by listening to music and by massaging the sacral region. 5. Paracetamol 1g was served.	21/08/2023 at 2:00pm	Goal met as evidenced by 1.Client verbalizing that she is coping with the pain. 2.Midwife observing client has good facial expression on her next antenatal visit.	TB

ANTENATAL CARE PLAN CONT'D

DATE/ TIME	NURSING DIGNOSIS	NURSING OBJECTIVES/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALU-ATION	SIGN
19/08/2023 at 9:00pm	Imbalanced nutrition less than body requirement related to loss of appetite as evidenced by client not able to tolerate meals.	Madam Mariama will be able to eat at least half plate of food served within 24 hours evidenced by; 1.Client verbalizing that she can eat half plate of meal served. 2. The midwife observing that there has been an increase in client's weight on the next antenatal visit.	1.Reassure client . 2. Educate the client to practice good oral hygiene. 3. Encourage client to take easily digestible foods. 4. Encourage client to drink fluid frequently. 5.Educate the client to avoid spicy food and also eat food in bit.	1. Client was reassured that she will regain her normal eating pattern. 2.Client was educated to ensure proper oral hygiene such as brushing twice daily. 3.Client was encouraged to eat easily digestible foods like porridge, mashed kenkey. 4. Client was encouraged to drink fluid frequently to prevent dehydration. 5.Client was educated to avoid spicy foods and also food in bit.	20/08/2023 at 9:00pm	Goal fully met as evidenced by 1.Client verbalizing that she can eat half plate of meal served. 2.Midwife observing client gain weight in the next antenatal visit.	TB

ANTENATAL CARE PLAN CONT'D

DATE/ TIME	NURSING NURSING DIGNOSIS	NURSING OBJECTIVES/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALU-ATION	SIGN
19/08/2023 at 1:00 pm	Constipation related to hormonal effects of pregnancy as evidenced by client verbalizing that she is not able to empty her bowel.	Client will regain daily bowel movement within 24hours and cope with it as evidenced by 1.client verbalizing that she is able to empty her bowel once within 48hours. 2.Midwife observing client looking refreshed	1.Reassure client to allay her anxiety. 2. Explain the physiology constipation during pregnancy of the client. 3. Encourage the client to take fruits, roughages and vegetables. 4. Encourage client on mild exercises like walking. 5. Educate client on intake of more fluids.	1. Client was reassured to allay her anxiety. 2.The physiology of constipation was explained to client that relaxation of the large intestine by the rise progesterone during pregnancy. 3. Client was encouraged on the intake of fruits with roughages like mangoes, oranges and vegetables to prevent constipation. 4. Client was encouraged on the need to exercise. 5. Client was educated on the intake of more fluids.	20/08/2023 at 1:00 pm	Goal partially achieved as 1. Client was able to empty the bowel once within 48hours. 2.Midwife saw client looked refreshed.	TB

ANTENATAL CARE PLAN CONT'D

DATE/ TIME	NURSING DIGNOSIS	NURSING OBJECTIVES/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALU-ATION	SIGN
20/08/2023 at 1:00 pm	Disturbed sleep pattern related to frequency of micturition as evidenced by client waking up four times a night.	Client will be able to sleep for at least 3 hours within the day time and 6 hours continuous sleep at night within 48 hours as evidenced by; 1. Client verbalizing that she was able to sleep for 6 hours during the night and 3 hours during the day. 2. By midwife observing that looked refreshed.	1. Reassure client. 2. Explain the physiology of frequency of micturition to the client. 3. Encourage the client to take warm bath at night to facilitate sleep. 4. Encourage client to urinate before going to bed. 5.Educate client on intake of fluids	1. Client was comfortable with comfort measures. 2. Client understood that the condition was as a result of pressure from enlarged uterus pressing on the bladder. 3. Client took warm bath before going to bed. 4. Client urinated before going to bed. 5. Client reduced intake of fluids at night	22/08/ 2023at 1:00 pm	Goal fully met as evidenced by 1. client was able to sleep 3 hours in the day and 6 hours in the night. 2.Midwife observing client looking refreshed.	TB

CHAPTER THREE

LABOUR

3.0 INTRODUCTION

This chapter talks about labour and involves management of the first stage of labour, management of second stage of labour, immediate care of the baby at birth, management of third stage of labour, examination of the placenta and membranes, management of fourth stage of labour, nursing care plan and management of problems identified.

3.1 ADMISSION AND MANAGEMENT OF FIRST STAGE OF LABOUR

Madam Mariama arrived at the labour ward at 2:20 am on 23th August,2023 accompanied by her husband with a history of lower abdominal and waist pain. Rapport was established and they were offered a seat. Before examination, the antenatal care record book was collected and glanced through quickly, history of labour was taken from client and client said labour pains started around 11:00pm on the 22nd August, 2023. Client said membranes had not ruptured neither was she bleeding but she could feel fetal movement and the appearance of show. Enquiries were made to know if client took any medicine or concoction but she answered no. Client disclosed that she took fufu with light soup as her supper at 5:00pm. Client looked anxious and was reassured that she is in the hands of a competent student midwife as well as the staff midwife as a supervisor and made comfortable in bed.

Her vital signs were checked and recorded as follows;

Temperature – 36.5 degree Celsius

Pulse – 80 beats per minute

Respiration – 20 cycles per minute

Blood Pressure – 130/80 millimeters of mercury

In order to promote comfort, she was asked to empty her bladder and midstream urine was taken and tested for protein and sugar. A clinically prepared strip was dipped into the urine sample. The strip was compared with the colors on the container and there was no change in color of the strip indicating a negative result. The amount of urine measured was 250mls. Procedures were explained to client to seek her consent, privacy was ensured and the requirements for examination were all gathered.

REQUIREMENTS NEEDED

- Gallipot with sterile cotton swabs
- Gallipot with savlon
- Blood pressure apparatus
- Thermometer
- Fetoscope
- Sterile gloves

PHYSICAL EXAMINATION

Client was helped unto the couch, hands were washed with soap under running water, dried with clean towel and client was examined from head to toe. Hair line was examined for infection, eyes for pallor and disch

harges, ears and nose for discharges, neck for enlargement of lymph nodes. Breast was examined for masses and lumps, skin for rashes but there was none detected, legs for oedema and varicose veins but none was detected. The abdomen was inspected for shape, scars, size, and skin for rashes but there was none.

Abdominal Examination

On inspection: Client's abdomen was globular in shape, presence of striae gravidarium and linear nigrae but there was no previous surgical scar observed.

On palpation: Client's abdomen was palpated and symphysio-fundal height measured at 38cm with gestational age of 39weeks+4 days, lie was longitudinal, presentation was cephalic, and descent was $4/5^{th}$ above pelvic brim and position was left occipito - anterior,

On auscultation; fetal heart rate was 146beats per minute, contractions were 2 in 10 lasting between 34seconds. Also, there was presence of fetal movement.

Vaginal examination

Client was helped to assume a lithotomy position. Hands were washed and dried and surgical gloves worn. Her vulva was inspected for vaginal warts, herpes, varicosities, offensive odour but luckily for her she had none of those. In order to confirm if it was true labour signs she was experiencing; vaginal examination was conducted. The swab was picked with the dominant hand and was dipped in a savlon solution in a gallipot. The swab was dropped from the dominant hand into the non-dominant hand and the vulva was swabbed starting with labia majora, labia minora and vestibule using each swab per stroke and wiping from anterior to posterior. Her inner thigh was touched first to alert her and the labia minora was separated with two fingers of the non-

dominant hand and the index finger of the dominant hand was inserted into the vagina and the middle finger was added to access the dilatation of the cervix.

The cervix and vagina were examined for warmth and softness, thickness and any other abnormalities. On examination, the cervix was well effaced, dilatation was four (4) centimeters at 2:40am and membranes were intact. Descent was $4/5^{th}$. The sacral promontory was not reached; ischial spines were blunt and had a wide pubic arch indicating that her pelvis was adequate. Hands were removed following the curve of carus and fist was made between the ischial tuberosity and all four (4) knuckles ischial were accommodated. After the procedure, she was cleaned and perineal pad was applied to the vulva. She was educated to change perineal pad when soiled and also wash and dry hands before touching the perineal pad. The gloved hand was removed by inverting them inside out and disposed in a plastic container. Hands were washed and dried with clean towel. She was encouraged to lie laterally on her left side and was made comfortable. Findings were explained to client and encouraged to ask questions.

All findings were recorded on a partograph.

3.2 PREPARATION FOR BIRTH

A helper was identified, both skilled and unskilled helper. The skilled helper was the midwife in charge of the facility and the unskilled helper was clients relative (husband). The duty of client relative was to help provide emotional support to the client and also to run errands in case client is in need of anything. The emergency plan was reviewed; thus, a taxi driver was informed to be alert in case of emergency.

The delivery room was prepared for delivery; the room was made clean and warm by drawing the curtains closer, lights were switch on, and touch light was also made ready in an event of

light off. Hands were washed with soap under running water and dried with clean towel. The client was also assisted to wash her hands, chest and abdomen with soap and running water 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.

The delivery trolley was set and the entire instrument needed for the delivery was assembled, a cot was prepared for the baby as well as a source of light was made available to assess the baby if needed.

3.3MANAGEMENT OF FIRST STAGE

The fetal heart rate, maternal pulse and contractions were checked every 30 minutes.

Temperature, blood pressure, descent, as well as vaginal examination and urine were monitored 4 hourly and the results was plotted on the partograph

Madam Mariama was reassured that in no time she will be due and so she was encouraged to do her best when she was asked to bear down.

At 6:40 am, client was due for her vaginal examination, membranes ruptured spontaneously with a clear amniotic fluid. Vaginal examination was conducted, moulding of one plus (+) which indicates that parietal bones were in apposition. The vaginal was warm and moist, cervical

dilation was 8cm and the Midwife in charge was called to confirm dilatation. Other examination reveal descent to be $1/5^{th}$,

Fetal contractions were 4 in 10minutes lasting for 40 seconds heart rate was 135bpm. Maternal pulse was 80bpm, blood pressure 130/80mmHg and temperature 36.5C whilst urine measured 250mls with protein and acetone being negative. Her sweat was wiped with wet towel and made comfortable. The delivery trolley was cleaned and a sterile delivery pack with other clean items were made available on both top and bottom shelf.

TOP SHELF CONTAINED STERILE ITEMS AS FOLLOWS

- Artery forceps
- Drape
- Cord scissors
- Gallipot with sterile cotton wool swabs
- Episiotomy scissors
- Receiver for placenta

LOWER SHELF CONTAINED

- Cheatle forceps and its container
- Identification band
- Cot sheets
- An oxytocin drug
- Container with syringes and needles

- Fetoscope
- Local anesthesia
- Antiseptic lotion
- Measuring jug for measuring blood loss
- Disposable gloves
- Catheter and drainage bag
- Mackintosh
- Sterile gloves
- Cord clamp
- Receiver for used swabs
- Perineal pad
- Bowl of water with bulb syringe
- Bedpan
- Clock

At 8:40 am, Client complained of labour pains and that she had the urge to pass stools and to bear down. Client was reassured that it was due to the decent of the fetal head and that it will resolve after delivery. Client also complained of fatigue, increased urination (frequency of micturition) and lower abdominal pain. It was also explained to client that due to descent of the presenting part pressing on the bladder and thus reducing its capacity to contain much urine so the little amount that goes into the bladder would definitely bring about the urge to micturate. Client was encouraged to do deep breathing exercise. Fetal heart rate was 131beat per minute, contractions were 5 in tens lasting 45 seconds and maternal pulse was 80 beat per minute.

vaginal examination was done and cervical dilatation was 10cm indicating that she was fully dilated, decent was $0/5^{th}$ and blood pressure was 120/70mmHg and findings were recorded on the partograph. Contractions were becoming frequent and strong. Client was encouraged to breathe through her mouth and push when she has the urge to. Client was assigned to a comfortable position (lithotomy). Hand hygiene was performed, sterile gloves were worn and vaginal examination was conducted.

3.4 MANAGEMENT OF THE SECOND STAGE OF LABOUR

Client was assisted into the lithotomy position as she preferred. Clients head was also supported with a pillow. Client hands and abdomen were washed with soap under running water, dried with a clean towel. The second stage was explained to her and she was encouraged to push with each contraction and breathe through the mouth when the contraction wears off. Protective clothing such as head gear, goggle, face mask, plastic apron and boots were worn. Hand hygiene was done. The trolley was pushed near the delivery bed at the right side of the client. Client was reassured to allay anxiety. A perineal pad was placed to the anus to prevent fecal matter from contaminating the delivery field hence infecting the baby. All observations were confirmed by the midwife in charge.

Client complained of waist pains which was explained to her that it is related to descent of the foetal head pressing on the sacral nerves during labour which will be resolved after delivery. Progress of labour was communicated to her and reassured. The middle finger of the right hand was placed on the advancing head to prevent impulsive crowning of the head so that the smallest diameter of the head distends the perineum. When the head crowned, she was asked to stop pushing and pant to prevent impulsive push. The head was delivered by holding the parietal

eminences, the face and chin to sweep slowly over the perineum to be delivered. The baby's eyes were cleaned with sterile gauze from the inner canthus to the outer canthus to prevent infection using one swab for each eye.

The mouth and nose were also wiped gently with sterile gauze. Cord around neck was looked for but there was none. Restitution took place followed by external rotation of the head indicating that the head is in the anterior posterior diameter of the pelvic outlet. The hands were placed on the sides of the baby's head over the ears and with gentle downward traction towards the mother's abdomen exactly 8:55am, a live male infant was delivered and he cried lustily. Client was congratulated for her good maternal effort and cooperation.

3.5 IMMEDIATE CARE OF THE BABY

Immediately the head was delivered, the eyes were cleaned with sterile gauze. The baby cried immediately after birth.

Baby was cleaned off liquor with a cot sheet and replaced with a dry one. The umbilical cord was clamped 3cm away from the baby's abdomen and about 2cm from the first clamp. The umbilical cord was covered with gauze and cut in between the clamps with a pair of sterile scissors to avoid splashing of blood from the cord. The baby was separated from the mother and skin to skin care of mother and baby was performed for an hour. Breastfeeding was initiated during skin- to-skin care. An identification band comprising of mother's name, baby's sex, time and date of delivery was placed on baby's wrist to differentiate him from other babies. The baby was assessed according to the APGAR score at the first and fifth minute after birth.

The first minute APGAR score was recorded as follows;

Appearance /colour	-	2
Pulse	-	1
Grimace	-	1
Activity/muscle tone	-	2
Respiration	-	2
TOTAL	-	8/10

The fifth minute APGAR was also recorded as

Appearance	-	2
Pulse	-	2
Grimace	-	1
Activity	-	2
Respiration	-	2
TOTAL	-	9/10

The baby was left skin to skin contact on mother's chest providing warmth and also promoting bonding. The mother was asked to hold the baby on her abdomen as management of the third stage began.

3.6 MANAGEMENT OF THE THIRD STAGE OF LABOUR

Client still in the lithotomy position, a gentle palpation was done on the uterus to exclude undiagnosed fetus but there was none. Ten (10) units of oxytocin was given intramuscularly on the thigh within one minute of delivery of the baby. The cord was reclamped closer to the mother's vulva with a receiver placed in between the mother's thighs to receive the placenta. The clamped cord was held with the dominant hand whiles the non-dominant hand was placed on the fundus of the uterus to feel for contractions. When a uterine contraction was felt, the non-dominant hand was placed on the lower abdomen in the supra pubic area just above the symphysis pubis and counter traction applied to support the uterus to prevent uterine inversion whiles controlled cord traction was used in delivering the placenta until it was visible at the introitus. The non-dominant hand was released and both hands were used in receiving the placenta in a teasing manner till fully delivered. The placenta was quickly examined and no missing lobes were identified. The placenta was then placed into a receiver for further examination. The placenta including the membranes was completely expelled at 9:05am. The uterus was massaged immediately after the delivery of the placenta to aid uterine contraction, arresting hemorrhage as well as expelling clots. Consent was sought from client that her cervix, vagina, perineum and vulva would be examined. A good light source was directed to the perineum. Two sterile gauze were wrapped on the index finger for inspection using clockwise method. The vagina and cervix were inspected thoroughly to determine laceration but there was none. Afterwards, the lateral sides were also examined and they were intact. The vulva, perineum and upper thigh were cleaned and a clean perineal pad was applied.

Client was wiped off blood and a clean perineal pad was applied to make her comfortable. She was congratulated and her baby was shown to her and she confirmed the sex of the baby. Blood loss estimated was approximately 120millilitres.Instruments used was decontaminated in 0.5% chlorine solution for ten minutes after which the instruments were washed and sterilized. She was encouraged to urinate frequently whenever she had the urge to, so that the uterus can be well contracted and involuted to prevent post- partum hemorrhage.

3.7 EXAMINATION OF THE PLACENTA AND MEMBRANES

A thorough inspection of the placenta and membranes was done in order to ensure that no part of it being retained during delivery. The cord was of normal size and the cut edge of the umbilical cord had two arteries and one vein surrounded by Wharton's jelly. The cord insertion was central. The fetal surface was shiny and bluish grey. The branches of the cord vessels were seen radiating on its surface. The placenta was placed on a flat surface with the maternal surface facing upward. The cotyledons were intact with no infarcts or extra lobes.

On maternal surface, there was no missing lobe neither was it edematous. It was then decontaminated and disposed appropriately. The working surface was wiped off with 0.5% chlorine solution. All findings were recorded on the labour ward sheet, delivery book and summary of delivery in the antenatal booklet.

3.8 MANAGEMENT OF FOURTH STAGE OF LABOUR

Client and her baby were transferred to the lying-in ward after putting the baby skin to skin for an hour. Monitoring of Madam Mariama and the baby continued strictly for the first 6 hours after expulsion of the placenta and membranes and arresting of haemorrhage. Vital signs were

checked every 15minutes for 2hours, 30 minutes for 1hour and one hourly for the three hours and recorded behind the partograph.

Post- delivery vital signs were checked and recorded as follows;

Mother

Temperature 36.2 degree Celsius

Blood pressure 110/70mmhg

Respiratory rate 20cpm

Pulse 79bpm

Baby

Temperature 36.5degree Celsius

Respiratory rate 42cpm

Heart rate 132bpm

Madam Mariama was asked to empty her bladder frequently in order to help contractions of the uterus. 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.

The uterus was well contracted with the symphysio-fundal height 17cm. Her perineal pad was inspected for amount and colour of lochia. On inspection, the lochia was bright red, moderate blood loss and not offensive. Client was encouraged to change her pad frequently when it's

soaked and to wash her hands before handling the baby. She was given porridge with bread after which she continued breast feeding. Baby was put to breast and the mother was reminded again on the importance of exclusive breastfeeding and to also breastfeed on demand.

3.9 EXAMINATION OF THE NEW BORN

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

HEAD AND NECK

On examination of the head, the sutures and fontanelles were examined with no abnormality detected. There was no laceration on the scalp and no caput succedaneum as well**.** The head circumference was measured and it was 36cm. The pinna of the ears was well formed and there were no discharges from the ear. The eyes were in alignment with the ears. There was no pallor of the conjunctiva or jaundice on the sclera. The nose was well formed with septum dividing it. Nose was patent with no discharges. The mouth was examined for the presence of false teeth, cleft palate and tongue tie but there was none. Rooting, suckling and swallowing reflexes were present. There was no enlargement of lymph nodes, rigidity, congenital goiter and swelling of the neck.

BREAST EXAMINATION

On breast examination, there was no engorgement of the breast. The nipple was at the center of the areolar.

ABDOMEN

There was no distention of the abdomen, enlarged spleen or liver as well as bleeding of the cord. There were three blood vessels that run through the cord which indicated two arterial cord vessels and a cord vein.

BACK

The spine was examined with the baby lying in prone position. The back was palpated for swellings, spinal bifida or a missing vertebra, meningomyelocele but there was none. The skin was examined for skin colour, vernix caseosa, and lanugo, peeling of the skin, rashes and birth mark. There were no abnormalities with some amount of vernix caseosa.

EXTREMITIES

The upper extremities were equal with no extra digits. There were palmer creases and no webbed fingers. Grasping and Moro reflexes were present. The lower extremities were also equal without an extra digit. Both legs were examined with no talipes and congenital dislocation of the hip. Knee flexes were normal.

GENITALIA

On inspection of the genitalia, the scrotum and the testicles were palpated for descended testes, and there were no abnormalities noticed. Baby passed meconium and urinated soon after birth indicating the patency of the anus and urethra. Baby's length was measured to be 48centimeters and weight was 3.0kg.

Prevention of Diseases

Baby of Madam Mariama was given vitamin K to prevent bleeding. Tetracycline eye ointment was applied on the eyes to prevent infections. The cord was also dressed with chlorhexidine gel. Again, two drops of polio 'O' was given by mouth and injection BCG 0.05ml was administered intradermal to prevent polio and tuberculosis. Client was also educated not to apply anything on the injection site. In all no abnormality was detected. Gloves were removed and disposed of according infection prevention protocol proper hand washing was performed and dried with a clean towel. Baby was given to her mother. All findings were communicated to the mother and recorded. Madam Mariama was thanked. The baby's vital signs and weight were checked were recorded as follows;

Temperature	36 .5 ºC
Apex beat	132 bpm
Respiration	46 cpm
Weight	3.0 kg

She was also told that the baby may have swelling at the site of injection which would subside. Mother was educated to wash her hands with soap under running water before and after breastfeeding, and also breastfeed on demand.

Baby was wrapped in clean dry sheet and put to breast.

3.10 SUMMARY OF LABOUR

Date and time of delivery - 23rd August,2023 at 8:55am

Type of delivery - Spontaneous Vaginal

Delivery

Time of expulsion of placenta and membranes - 9:05am

Drug given - Oxytocin (10units)

3.11 DURATION OF THE STAGES OF LABOUR

1st stage - 6 hours

2nd stage - 25minutes

3rd stage - 10 minutes

Total - 6 hours 35 minutes

3.12 PROBLEMS IDENTIFIED DURING LABOUR.

On the 23/08/2023, client complained of:

1. Lower abdominal pains
2. Anxiety
3. Waist pains
4. Fatigue
5. Frequent micturition.

SHORT TERM OBJECTIVES

- Madam Mariama will cope with lower abdominal pains within 4 hours.

- Client's anxiety will be relieved within 30 minutes.
- Client will understand and cope with waist pains within 4 hours.
- Madam Mariama fatigue will resolve within 2 hours.
- Client will understand and cope with physiology of increased frequency micturition within 2 hours.

LONG TERM OBJECTIVES

- Madam Mariama will go through labour successfully and without any complications to the mother and baby.

- **.13 LABOUR CARE PLAN**

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES	NURSING ORDERS	NURSING INTERVENTIONS	DATE/ TIME	EVALUA-TION	SIGN
23/08/ 2023 at 3:35am	Lower abdominal pains related to physiological changes involved in the first stage of labour as evidenced by patient verbalizing of pain. Midwife observing that client was in pain using facial expression.	Madam Mariama will be able to cope with labour pains within 4 hours as evidenced by. 1. Client verbalizing that she is she is coping well with the pains. 2. Midwife observing that client has a good facial expression.	1. Reassure client. 2. Explain the process of labour to client. 3.Provide diversional therapy 4. Educate her on deep breathing exercise	1. Client was reassured to cope with lower abdominal pains. 2. The process of labour of labour was explained to the client to relief her from the pains. 3. Client was engaged in a conversation as a form of diversional therapy. 4. Client was educated on deep breathing exercise. .	23/08/2 023 at 7:35am	Goal fully met as client verbalized that she coped well with the pains. Midwife observing that client had good facial expression.	TB

LABOUR CARE PLAN CONTINUED

DATE/ TIME	NURSING DIGNOSIS	NURSING OBJECTIVES/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
23/08/2023 at 5:35am	Risk of prolong labour as evidenced by client feeling anxious Midwife observing client having a non cheerful face	Client will be relieved of anxiety throughout the process of labour as evidenced by: 1. Client complying to all advice given. 2. Midwife recording normal plotting on the partograph.	1. Reassure client. 2.Explain effects of anxiety on labour to client 3. Introduce all staff on duty to the client. 4. Explain every procedure to the client for proper understanding. 5.Encourage client to ask questions	1.Mother was assured of readiness and competency of staff 2. Client understood that anxiety could prolong labour. 3. Client got to know all staff on duty. 4. Every procedure was explained to the client for proper understanding. 5. Client ask questions and they were answered tactfully.	23/08/2023 at 8:55am	Goal fully met as 1. client verbalized that she is no longer anxious. 2.Midwife observing client with a cheerful face.	TB

LABOUR CARE PLAN CONTINUED

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE AND TIME	EVALUATION	SIGN
23/08/2023 At 5:35am	Waist pains related to descent of the foetal head exerting pressure on the sacral nerves as evidenced by client verbalizing intense pain in the waist. Midwife observing client being calm	Client's comfort will be restored within 4 hours as evidenced by; a. Client verbalizing that she has been able to cope with waist pains. b. Midwife observing that client is comfortable in bed.	1. Encourage client to change adopt a favorable position. 2.Support clients back with pillows 3. Engage client in diversional therapy. 4. Massage client sacral region.	1.Madam Mariama was encouraged to adopt the left lateral position to prevent supine hypotension. 2. Pillows were place at the back to make client relaxed and comfortable. 3. Conversation was ensured between the midwife and the client to take her mind off the pain 4. Sacral massage was done by client support person to relieve the pain.	23/08/2023 at 9:00am	Goal fully met as 1. Client said pains has subsided 2.Midwife observing client is no more in pain	TB

LABOUR CARE PLAN CONTINUED

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES	NURSING ORDERS	NURSING INTERVENTIONS	DATE/TIME	EVALUATION	SIGN
23/08/2023 at 5:36	Fatigue related to stress of labour as evidenced by client looking tired Midwife observing client looking tired	Client will be able to relieve of fatigue by the end of delivery as evidenced by the client verbalizing that she is relieved.	1. Reassure client. 2. Encourage client to continue with the relaxation techniques. 3. Support client to do deep breathing exercise during contraction. 4. Encourage client to take fluids. 5. Encourage client to assume a comfortable position.	1.Client understood that she will regain her energy after labour 2. Client was comfortable with the relaxation technique. 3. Client performed deep breathing exercise during contraction. 4. Client took a sips of water throughout the labour process. 5. Client assume left lateral position.	23/08/2023 at 9:00am	Goal fully met as client verbalizing she had been relieved of tiredness. Midwife seeing patient active	OB

CHAPTER FOUR

PUERPERIUM

4.0 INTRODUCTION

This chapter describes care of the mother during puerperium thus from the period of delivery to discharge, the management of both mother and baby from day one to sixth week postnatal. Care plans drawn for the management of problems encountered during puerperium.

4.1 DAY OF DELIVERY

Madam Mariama delivered on 23th of August at 8:55am. Madam Mariama and baby were transferred to the lying-in ward after close monitoring when their conditions were satisfactory. Madam Mariama was educated on the need to ensure proper personal hygiene and empty her bladder frequently, massage the uterus to prevent postpartum hemorrhage and uterine sub-involution. The need to change perineal pad when soiled and applying of new pad to prevent perineal sepsis was also emphasized. The baby was then put breast. Client was educated to feed the baby frequently and on demand, and also practice exclusive breastfeeding and demonstrating fixing of the baby to breast were well explained to the mother. Emphasis was also made on proper hand washing after visiting the toilet, removing baby's soiled napkins to help prevent infection. The vital signs were monitored for every 15minutes for the first 2hours, every 30 minutes for the next 1 hour and hourly for the last three hours. Client's immediate post-delivery vital signs were recorded as;

Temperature 36.2 ºC

Blood pressure 110/70mmhg

Respiration 20cpm

Pulse 79bpm

Head to toe examination of the mother was done after the procedure was explained to her for approval. On palpation the uterus was well contracted and the symphysio fundal height measured 17cm just below the umbilicus. The lochia was red in colour indicating rubra with moderate flow. Client was encouraged to take in adequate fluid and eat a well balance diet to help repair worn out tissue. She was served with a bowl of porridge and bread. Madam Mariama complained of lower abdominal pains and she was reassured and explained to her that is a normal physiology and it's as a result from baby fixed to breast. And immediately baby begins to suckle, oxytocin is secreted and then the uterus begins to contract so that it can be moved back to its normal position and size and the pain will resolve with time. She was given 1 gram of tablet paracetamol. Client was congratulated on her effort of delivery and was allowed to rest.

4.2 SUBSEQUENT CARE OF THE BABY.

After six hours of observation, baby was given a warm bath and his cord was dressed with chlorhexidine. Head to toe examination was also done and no abnormality was detected. The baby was given first immunization, which was Bacillus Calmette Guerin (BCG) vaccine 0.05ml intradermal at the right upper arm to prevent tuberculosis and oral polio vaccine 0(0PV0) 2 drops at the back of the tongue to prevent poliomyelitis. The baby was wrapped in a warm dry sheet to maintain body temperature and was also placed beside her mother to breastfed. Madam Mariama

was advised not to apply anything at the injection site. Baby's vital signs and other measurements were taken and recorded as follows:

Temperature	36.5Degree Celsuis
Heart rate	132 beats per minutes
Respiration	40 cycles per minutes
Weight	3.0 kilograms (kg)
Length	44cm
Head circumference	36cm

BABY BATH AND CORD DRESSING

REQUIREMENTS

Top Shelf contained

- Chlorhexidine gel
- Sterile cotton wool swabs and gauze in a galipot
- Sterile water in a galipot

Bottom Shelf contained

- Baby's towel and baby's diapers
- Baby's dress
- Surgical gloves
- Cot sheet to wrap the baby
- Baby's sponge
- Soap in a soap dish

- 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

Six hours after the birth of the baby, the baby was given a warm bath to prevent hypothermia. This was explained to the mother and warm water was prepared. Madam Mariama was asked to bring out the toiletries and clothing for the baby to be bathed. The procedure was explained to the mother on how to bath the baby and all items to be used were assembled. Plastic apron was worn. Cold and hot water were mixed and temperature tested with elbow. Hands were washed with soap under running water and dried and gloves worn. Baby was placed on a protected flat surface and undressed after which she was wrapped with a cot sheet. Baby was not over exposed to prevent hypothermia. Eyes were cleaned with soaked cotton wool from inner canthus out and then the face was clean with damp face towel and dried. The nape of baby's neck was supported with one hand protecting the ears with the middle finger and the thumb.

Baby's head was washed with soapy sponge still supporting the nape and the body resting on the elbow with head lifted to the edge of the basin. Soap was rinsed off the head and dried. Baby was placed back on protected flat surface and exposed. Arms and front of the trunk were washed paying attention to skin folds. Baby's back was turned with one arm supporting the chest with the hand holding the distal arm of the baby. The back was washed down to the feet paying

attention to the skin folds. Baby was firmly supported and rinsed thoroughly from the trunk to the limbs. Baby was placed on flat surface and covered with a clean big towel. He was wiped with a small towel to dry, paying attention to skin folds. Baby was smeared with pomade and dressed leaving the umbilical cord exposed for dressing and the hair combed neatly. Gloves were removed and hands were washed with soap under running water and dried with a clean dry towel.

CORD DRESSING

This procedure was explained to the mother to gain her consent. A tray set containing a sterile cotton wool in a gallipot, receiver, chlorhexidine, and gloves (sterile or disposable). The cord was dressed by wrapping the baby in a towel to keep her warm and mother was asked to protect her on the table. Hands were thoroughly washed again with soap under running water and dried with s clean towel. Sterile gloves were worn and cord was exposed and observed for bleeding and looseness of the cord clamp and there was none. The tip of the cord was held with a sterile cotton swab. Chlorhexidine gel was applied from the tip. Gel was spread around cord. The cord was left exposed for few minutes to allow it to dry. Mother was also taught to dress baby's cord and offered feedback. The waste materials were discarded according to infection prevention protocol. The gloved hands were removed. Hands were properly washed and dried with a clean towel. Baby was dressed and given to the mother to be breastfed.

The mother was advised not to touch or apply anything to the cord. She was taught and encouraged only to dress the cord with chlorhexidine gel. She was also encouraged not expose

the baby or bath when the weather is cold. She was also encouraged to breastfeed the baby anytime she wants to feed and allow her empty one breast completely before she takes the other.

4.3 FIRST DAY POST DELIVERY (DAY OF DISCHARGE)

On 24th August,2023, at 7:00 am Madam Mariama woke up healthy with cheerfully looking facial expression. All procedure to be carried out on both mother and baby were explained. Mother then took a warm bath and was served with oats and bread. Permission was sought from client and head to toe examination was done with no abnormalities detected. The breast was soft and lactating. Client complained of interrupted sleep since baby cries a lot. She was encouraged to take naps whenever the baby sleeps. She was also encouraged to breastfeed baby frequently to aid involution. Client vital signs and other observation made and recorded as,

Mother

Temperature - 36.2^0C

Respiration - 21 cpm

Pulse - 75bpm

Blood pressure - 110/60 mmHg

Lochia - Rubra

Fundal height - 16cm

Condition of uterus - Well contracted

The baby was topped and tailed and examined from head to toe with no abnormalities detected. The cord was dressed with chlorhexidine gel in the presence of mother. The cord was quite fresh with no odour. Madam Mariama was taught how to dress the cord. The baby was assessed and recorded as;

BABY

Temperature	-	36.5˚C
Apex heart rate	-	128bpm
Respiration	-	42cpm
Skin Colour	-	Pink
Cord bleeding	-	Nil
Condition of cord	-	Dry
Suckling	-	Good
Weight	-	2.9kg

The baby passed urine and meconium which were normal. The mother was educated not to apply hot compress on the fontanelles with the intension of closing it as they go home. The baby was then handed over to the mother for breastfeeding. Proper positioning and attachment to the breast was encouraged. Client was reminded on the intake of nutritious diet, fruit and frequent breastfeeding of the baby. Education was given -on the change of perineal pad when soiled and the need to wash her hands after removal and before breastfeeding the baby with breastmilk to prevent infections. Client was also educated on postnatal exercises such as kergel, ambulation and family planning as well as exclusive breastfeeding, change of napkins or diapers frequently, wash and dry them in sun and keeping the baby warm always. She was asked to register the baby at the birth and death registry. Madam Mariama was informed about the continuity of care and that she would be visited at home for seven days to check on her condition and that of the baby. Her husband was encouraged to take good care of her and also provide her with physical,

emotional, psychological and financial support. She was again educated on the prescribed drugs, its route of administration, dosage and effects.

The baby was reassessed by the Midwife -In- Charge and no abnormality noticed and she confirmed they were ready for discharge was given the following:

Tablet Folic Acid	5mg daily for 14 days
Tablet Ferrous Sulphate	200mg daily for 14days
Tablet Multivitamin	200mg daily for 14days
Tablet Paracetamol	1g tid for 3days

Client was discharged at 12:00pm and was helped to pack belongings after serving her medications. Her hospital bills were settled by the National Health Insurance Scheme. Client was reminded that she will be visited in the evening and it will continue for seven days. Client was congratulated and bade farewell.

4.4 FIRST POST-NATAL HOME VISIT

Madam Mariama was visited on 24th August, 2023 in the evening at 6:00pm. The aim was to assess their general conditions and to detect early conditions that could be harmful. Greetings were exchanged, client was asked about her lower abdominal pains and she said it has reduced. She was informed of the procedure to be carried out. Hands were washed and dried.

The baby was topped and tailed and head to toe examination was done and no abnormality was detected. Baby passed meconium and urine during the process; the cord was dressed with chlorhexidine gel. Cord was dry and free from bad odour. The baby was wrapped and breastfed. Client's lower abdominal pain had subsided when enquired but complained of headache**.** She was reassured and encouraged to rest in a noise free environment and her husband was educated

on the need for her wife in a noise free environment also limit time spent with visitors during the day. Madam Mariama emptied her bladder and head to toe examination was done and no abnormality was detected. The uterus was well contracted and symphysio fundal height was 15cm. The perineum was clean and intact, lochia was small, red and not offensive. Client's husband requested for a blood pressure check. It was done for him and further education was given to him on how to maintain a normal blood pressure and to have it checked on regular basis.

Vital signs and other assessment were also checked and recorded as follows

M**OTHER**

OBSERVATION	**EVENING**
Temperature	36.5^0C
Pulse	78 bpm
Respiration	20 cpm
Blood pressure	100/60 mmHg
Symphysio-fundal height	15 cm
Lochia	Rubra
Condition of the uterus	Contracted
Breast	Lactating

BABY

OBSERVATION	**EVENING**
Temperature	36.0 ^{0}C
Apex beat	130 bpm
Respiratory	40 cpm
Weight	2.9kilograms
Suckling	Good
Stool colour	Yellow
Condition of cord	Shrinked and almost off

Client was also educated to keep the baby warm always and not to expose the baby to cold weather. The surrounding was neat and she was congratulated and encouraged to keep it up. Permission was sought to leave and it was granted. Client was assured of the subsequent visits at home.

4.5 SECOND POST-NATAL HOME VISIT

On 25th August, 2023 another visit was made as promised to Madam Mariama at 7:30am and 6:00 pm. Client's whole family was looking healthy on arrival. A warm reception and a seat were offered. Client was asked of her previous complain and she verbalized that is relieve of the headache. The perineal pad was inspected before she took her bath and the flow of lochia was small and red in colour which was not offensive. Head to toe examination was done and no abnormalities were detected. Madam Mariama complained of loss of appetite. Client confirmed that baby had passed meconium and urine. Client was educated to support the back when sitting

and ensure rest and when baby is asleep. Head to toe examination was performed on the newborn and no abnormalities were present. Documentation for both mother and baby for morning and evening are as follows,

MOTHER

OBSERVATION	**MORNING**	**EVENING**
Temperature	36.9^0C	$36.5\ ^0$C
Pulse	73 bpm	80 bpm
Respiration	20 cpm	22 cpm
Blood pressure	110/70 mmHg	110/60 mmHg
Symphysio-fundal height	13 cm	13cm
Lochia	Rubra	Rubra
Condition of the uterus	Contracted	Contracted
Breast	Lactating	Lactating

BABY

OBSERVATION	**MORNING**	**EVENING**
Temperature	$36.8\ ^0$C	$36.2\ \ ^0$C
Apex beat	128 bpm	130 bpm
Respiratory	43 cpm	40 cpm
Weight	2.8 kilograms	2.8 kilograms
Suckling	Good	Good
Stool colour	Yellow	Yellow
Condition of cord	Shrinked and almost off	Shrinked and almost off

Madam Mariama was educated to continue with her personal hygiene, take in nutritious diet and to continue practicing the exclusive breast feeding.

4.6 THIRD POST-NATAL HOME VISIT

Madam Mariama was visited again on the 26th August, 2023 at 8:30am and 4:00pm. Greetings were exchanged and a seat offered. The environment was neatly kept, there were no complains and she verbalized that she is relieved of her backache. Head to toe exanimation was done on both mother and baby and no abnormalities were found. The baby passed urine and stool while it was topped and tailed. The cord was examined and it was dry. The cord was dressed with chlorhexidine gel. She was educated to change baby's napkin frequently. Both mother and baby's assessment are as follows:

MOTHER

OBSERVATION	**MORNING**	**EVENING**
Temperature	36.4 ^{0}C	36.5 ^{0}C
Pulse	80 bpm	76 bpm
Respiration	18 cpm	20 cpm
Blood pressure	110/60 mmHg	110/70 mmHg
Symphysio-fundal height	11 cm	11cm
Lochia	Scanty Serosa and not	Scanty Serosa and not

	offensive	offensive
Condition of the uterus	Contracted	Contracted
Breast	Lactating	Lactating

BABY

OBSERVATION	**MORNING**	**EVENING**
Temperature	36.4^0C	36.0^0C
Apex beat	128 bpm	132 bpm
Respiratory	38 cpm	36 cpm
Weight	2.7kilograms	2.7kilograms
Suckling	Good	Good
Stool colour	Brownish yellow	Brownish yellow
Cord condition	Shrinked	Shrinked

4.7 FOURTH POSTNATAL HOME VISIT

On 27th August, 2023, the fourth day home visit to Madam Mariama and family was made at 7:30am to render postnatal care to her and her baby. By then she had already taken her bath and was well dressed. The baby was topped and tailed and the cord was dressed using chlorhexidine gel and then baby was properly dressed. The procedure of general examination was explained to the mother and both mother and baby were examined from head to toe. The mother's perineal pad was inspected for lochia, and it was bright red with no foul smell, the baby's umbilical cord was already dry. The need to avoid using chemicals on the umbilical cord to prevent infections was re-emphasized. Examination revealed that both mother and baby were in good condition.

She was reassured and educated on position and attachment of the baby to breast which will enable flow of the breast milk to relieve engorgement. Her husband was encouraged to give her emotional support and also help in taking care of the baby. The findings were communicated to the mother and the family.

Vital signs were checked and recorded as follows;

MOTHER

OBSERVATION	**MORNING**
Temperature	36.6 ^{0}C
Pulse	80 bpm
Respiration	18 cpm
Blood pressure	110/60 mmHg
Symphysio-fundal height	9 cm
Lochia	Scanty Serosa and not offensive
Condition of the uterus	Contracted
Breast	Lactating

BABY

OBSERVATION	**MORNING**
Temperature	36.5 ^{0}C
Apex beat	130 bpm
Respiratory	34 cpm
Weight	2.7kg
Suckling	Good
Stool colour	Yellow
Condition of cord	Shrinked

4.8 **FIFTH DAY POST DELIVERY**

Client and her baby were visited on the 28th August, 2023, at 7:00 am. Mother and baby's general conditions were good according to her. Permission was sought for the examination to be carried out and nothing abnormal was detected. Her perineal pad was inspected and lochia was serosa with moderate flow and odourless. The perineum and vulva were clean and the symphysio fundal height was taken. The baby was bathed with warm water and the stump of the cord was dressed with chlorhexidine gel.

Vital signs checked were also recorded as follows:

MOTHER

OBSERVATION	**MORNING**
Temperature	36.6 ^{0}C
Pulse	82 bpm
Respiration	20 cpm
Blood pressure	100/60 mmHg
Symphysio-fundal height	7 cm

BABY

OBSERVATION	**MORNING**
Temperature	36.2 ^{0}C
Apex beat	130 bpm
Respiratory	36 cpm
Weight	2.8kg
Suckling	Good
Stool colour	Yellow
Condition of cord	Cord was off and clean

Findings were communicated to her. She was then asked if she had any complains or concern but there was none. She breastfed baby till she slept. She was educated on proper and regular hand washing before changing of pad when soiled to prevent infection. She was encouraged to wash underwear and dry them in the sun and not in the room. She was advised to change pad regularly when wet and was educated on vulva toileting.

4.9 SIXTH DAY POST DELIVERY

On the 29th of August, 2023, around 8:00am, Madam Mariama with the entire family were visited, their general health was good, head to toe examination was done and there was no abnormality detected. The mother was made to bath the baby under supervision and kept warm in a cot sheet. The umbilical cord was inspected and the stump was clean and dry. The mother's assessment is as follows;

MOTHER

OBSERVATION	**MORNING**
Temperature	36.5 ^{0}C
Pulse	80 bpm
Respiration	20 cpm
Blood pressure	100/70 mmHg
Symphysiofundal height	5cm

BABY

OBSERVATION	**MORNING**
Temperature	36.2 ^{0}C
Apex beat	132 bpm
Respiratory	40 cpm
Weight	2.9kilograms
Suckling	Good
Stool colour	Yellow
Stump	Clean and dry

4.10 SEVENTH DAY POSTNATAL HOME VISIT

On the 30th August, 2023 around 9:00am, Madam Mariama was visited, the baby was doing well as well as the family. Routine examination was carried out on both the mother and baby from head to toe and there was no abnormality detected on any of them. The perineal pad was inspected the lochia was serosa with no odour. The baby was bathed with warm water and kept in a cot sheet. The umbilical cord stump was dressed well with chlorhexidine gel, urine and stool were also passed. Client complained of skin rashes on the baby's skin and was reassured and educated to dress baby according to weather and use beat rash powder on the baby skin. Observations for both mother and baby were also recorded as follows:

MOTHER

OBSERVATION	**MORNING**
Temperature	36.7 ^{0}C
Pulse	78 bpm
Respiration	18 cpm
Blood pressure	120/80 mmHg
Symphysio fundal height	3cm

BABY

OBSERVATION	**MORNING**
Temperature	36.7^{0}C
Apex beat	122 bpm

Respiratory	34 c p m
Weight	3.1kg
Suckling	Good
Stool colour	Yellow
Stump	Clean and dry stump and dressed with methylated spirit

She was congratulated for her effort during this day. Madam Mariama was educated on proper the of the baby by changing of her diapers to prevent infection or sore buttocks, washing baby's clothing separately to prevent cross infection. She was also educated on the need for regular exercise to promote health. Mother and family were reminded about the termination of the care after the first day postnatal visit to the clinic. Madam Mariama and the family were thanked for their cooperation and support throughout this study.

4.11 FIRST POSTNATAL VISIT TO THE CLINIC

Madam Mariama and her baby arrived at the clinic for postnatal care at 9:00am on the 1st September, 2023 accompanied by her mother. Client was neatly dressed and looked cheerful. They were welcomed 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 she said they were doing well.

Client said her baby was able to feed well and always sleeps well. Madam Mariama also confirmed that the baby passed urine and stools regularly. Permission was sought from Madam Mariama to examine the baby generally. Permission was granted and the procedure was explained to her. The baby was taken, 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 3.3kg. There were no skin rashes detected on the baby however there were no discharges from the eyes, nose and ears. No discoloration of the mucus membranes, palms, eyes, conjunctiva and feet were observed during inspection. Baby's abdomen was not distended and the umbilical stump was almost healed. The baby's vital signs were checked and recorded as follows;

Temperature - 36.5^0 C

Apex beat - 128 bpm

Respiration - 38 cpm

Weight - 3.3kg

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

Client was examined and her vital signs were recorded as follows;

Temperature - $36.4\ ^0$C

Pulse - 82 bpm

Respiration - 20 cpm

Blood pressure - 110/70 mmHg

Permission was sought from Madam Mariama to examine her from head to toe. The procedure was explained and she was asked to empty her bladder and a sample of urine was taken and tested for glucose and protein and all tested negative privacy provided. Hands were washed and dried and examination was commenced.

On inspection, it was observed that the conjunctiva of the eyes was not pale, the nose was not discharging. Client's breasts were soft with no cracks or sore on the nipples. There was also no abdominal tenderness and the symphysio-fundal height was not palpable and she was encouraged to do abdominal exercise. There was no drainage of Lochia on inspection. After that findings were communicated to her. Madam Mariama was advised to complete all immunization scheduled.

Circumcision of the baby

After examination of the baby, Madam Mariama was informed that the circumcision is about to be done and asked if she wanted to observe but replied in the negative. The baby was prepared and circumcised by the midwife in-charge. Gel was applied to the circumcised area wrapped with gauze after which baby was clothed and given to mother to breastfeed.

Education was then given to wash hand with soap under running water before only handling baby and to always keep the wound dry to prevent infection and report any signs of bleeding.

4.12TERMINATION OF CARE

This is the period in which the relationship between the midwife and client comes to an end. The family centered maternity care on Madam Mariama Madi started on15th August,2023 and finally came to an end on 1st September,2023 at Pentecost Health Centre at Kasapin in the Ahafo Region during her antenatal visit to the clinic. She was rendered a holistic and individualistic care from the time she was met, which was during her third trimester of her pregnancy through to labour and puerperium. She had spontaneous vaginal delivery to a live male child on 23th September, 2023.She encountered some minor problems during pregnancy, labour and puerperium, with laboratory investigations, examinations and nursing care plan, her identified problems during pregnancy, labour and puerperium was solved without any complication arising.

During her first postnatal visit to the clinic, she and her baby were looking healthy. She was handed over to the midwife in charge for continuity of care.

This study has helped me put into practice what I have learnt in the class room on the ward and has helped me to gain more experience in the antenatal care, care during labour and puerperium.

4.13 SECOND POST-NATAL VISIT TO THE CLINIC

According to the midwife in charge, on the 7th October, 2023. Madam Mariama came to the clinic for six weeks visit. They were warmly welcome and they all looked very healthy. General examination was conducted on the client from head to toe as well as vital signs after her permission was sought. Her vital signs and weight were checked and recorded as follows:

Temperature 36.0ºC

Pulse	80bpm
Respiration	20cpm
Blood Pressure	110/70mmHg
Weight	65kg

Madam Mariama was given a urine sample container to provide some urine to be sent to the laboratory for urine analysis to be performed. She was educated on the need and procedure to provide midstream urine for the examination. A sample of blood was also taken from Madam Mariama with her consent to be sent to the laboratory for her haemoglobin level to be tested. The results were explained to her as follows;

Haemoglobin	14.6g/dL
Urine protein	Negative
Glucose	Negative

Madam Mariama was sent to the palpation room where privacy was provided by drawing the curtains and closing doors and windows. She was helped to lie on the examination bed. Hands were washed with soap under running water and dried with a clean dry towel.

Head to toe examination was done on her. On the head, hair was neat and well styled. The conjunctiva was pink and there were no discharges from the eyes, nose and ear. No abnormality was found on the mouth and neck. On the breast, no abnormalities such as sore nipple, engorgement, cracked nipple and mastitis were detected and the breasts were lactating well. On examining the abdomen, no abnormality such as subinvolution, tenderness, enlargement of liver and spleen was detected. No scars were found and uterus was not palpable. With the lower

extremities, certain condition such as oedema was looked out for. It was detected that she showed no abnormality.

Speculum examination revealed no bruises on the cervix but showed slit-like appearance. 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 to look out for abnormalities. On the head, the anterior fontanelle was palpated for pulsation and it was normal. The posterior fontanelle had closed. There were no discharges from the eyes and nose. The skin was nice with no rashes. The chest, upper and lower extremities were normal. The umbilical stump was inspected and it had healed. The lower extremities were normal. The findings on the baby were as follows:

Temperature	37.0ºC
Respiration	40cpm
Apex heart beat	122bpm
Weight	4.7kg

Madam Mariama 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. She 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 cooperation and understanding.

4.14 NURSING CARE PLAN DURING PUERPERIUM
PROBLEMS IDENTIFIED

1. 02/12/2022 – after pain

2. 03/12/2022 – Inadequate sleep.

3. 03/12/2022- headache

4. 04/12/2022 – loss of appetite

5. 09/12/2022 – skin rashes on the baby

SHORT TERM OBJECTIVES.

- Client will be able to cope with after pains within 48hours.
    - Client will be able to have at least three to four hours sleep during the day.
    - Client will be relief of headache with 24 hours.
    - Madam Mariama will regain her appetite within 24hours
    - Client's baby rashes will resolve within 72 hours.

LONG TERM OBJECTIVES.

Madam Mariama will go through puerperium successfully without any complication to her and the baby.

PUERPERIUM CARE PLAN

DATE/TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES	NURSING ORDERS	NURSING INTERVENTIONS	DATE/TIME	EVALUATION	SIGN
1/09/2023 at 8:50am	Acute pain related to involution of the uterus as evidenced by client experiencing pain at the lower abdomen during breast feeding.	Client will be relieved of pain within 48hours as evidenced by: 1.Client verbalizing that pain in the lower abdomen has subside. 2. Midwife observing a relaxed client.	1. Reassure client. 2. Explain the reason behind the pain. 3. Encourage client to void frequently. 4. Encourage client assume a comfortable position. 5. Give analgesics to relieve the pain.	1. Client was reassured. 2. It was explained to client that, this is a normal physiology which helps the uterus to return to it position. 3. Client voids frequently to relieve pressure from the uterus. 4. Client assumes prone position. 5. Paracetamol 1g was given to reduce pain.	3/08/2023 at 8:50am	Goal fully met as evidenced by 1.Client verbalizing that pain has been subsided. 2.Midwife observing that client is relaxed.	TB

PUERPERIUN CARE PLAN CONTINUED

DATE/TIME	NURSING DIAGNOSIS	NURSING OBJECT IVES	NURSING ORDERS	NURSING INTERVENTIONS	DATE/TIME	EVALUATION	SIGN
24/08/2023 at 8:30am	Inadequate sleep related to ambient noise from the baby as evidenced by early awakening and difficulty maintaining sleep state.	Client will regain her normal sleep pattern daily at least 2hours 6 hours at night at least 48 hours as evidenced by : 1.Mother verbalizing that she has regained her normal sleep pattern. 2.Midwife ensuring all necessary measures and rationale to manage inadequate sleep is given.	1. Reassure client of a restorative sleep. 2. Assess the sleep pattern of the child. 3. Ensure a noise free and calm environment. 4. Encourage mother to take a warm bath before bed. 5. Encourage client to sleep whenever baby sleeps	1. Client was reassured of a restorative sleep and regaining normal sleep pattern. 2. A complete sleep history of child was obtained. 3. Mother's room was kept calm and conducive for sleep. 4. Mother was encouraged to take a warm bath before bed. 5. Client was encouraged to sleep immediately baby sleeps.	26/ 08/2023 at 8:30am	Goal fully met as evidenced by 1. Client reported the restoration of sleep 2 hours in the day and 6 hours in a night 2.Midwife observing that client looked refreshed.	TB

PUERPERIUN CARE PLAN CONTINUED

DATE/TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES	NURSING ORDERS	NURSING INTERVENTIONS	DATE/TIME	EVALUATION	SIGN
23/08/2023 at 6:00pm	Headache related to stresses of puerperium as evidenced by client verbalizing she is relieved from headache. Midwife observing client with a non cheerful facial expression	Clients headache will be relieved within 24 hours as evidenced by 1. Client verbalizing that she is relieved from her headache. 2.Midwife observing client looking cheerful	1. Reassure client. 2. Educate mother to have some rest during the day. 3. Encourage support person to assists client in taking care of the baby. 4. Educate mother to limit number of visitors. 5. Serve prescribed analgesic like paracetamol 1gram when necessary.	1.Client was reassured that her headache will resolve 2.Mother was educated to sleep during day time while baby is asleep 3. Support person was encouraged to take care of the baby to allow client have some rest 4. Mother was educated to limit visitors so that she can rest a little. 5. Tab paracetamol 1g was served when necessary.	24/08/2023 at 6:00 am	Goal met as evidenced by 1. client said that her headache has subsided. 2. Midwife observing client with a cheerful face	TB

PUERPERIUN CARE PLAN CONTINUED

DATE/ TIME	NURSING DIAGNOSIS	OBJECTIVE/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
26/08/2023at 2:00 pm	Loss of appetite related to stresses of puerperium as evidenced by client verbalizing that she is not able to eat well. Support person verbalizing client not taking enough food.	Client will regain her normal eating pattern within 24hours as evidenced by 1. Client verbalizing , she is able to eat 2. Support person observing client eating half of meal served.	1. Reassure client that her eating pattern would return to normal. 2.Encourage her to practice oral hygiene to help increase her appetite 3. Serve client's favorite food. 4. Serve clients food attractively 5. Administer vitamin supplements.	1. Client was reassured that her eating pattern would return to normal. 2. Client was encouraged to practice oral hygiene by brushing her teeth at least twice daily to increase her appetite. 3. Client's was served with two balls of banku with groundnut soup. 4. Clients food was served attractively by garnishing the food with vegetables. 5. Vitamin supplements such as folic acid, multivitamins were administered to client.	27/08/2023 at 2:00 pm	Goal achieved. Client saying, she ate half of meal served. 2.Support person reported that client ate more than half of meal served.	TB

PUERPERIUN CARE PLAN CONTINUED

DATE/	NURSING	OBJECTIVE/	NURSING ORDERS	NURSING	DATE/	EVALUATION	SIGN

TIME	DIAGNOSIS	OUTCOME CRITERIA		INTERVENTION	TIME		
01/09/2023 10:00am	Skin rashes on baby related to excessive dressing of baby as evidenced by midwife observing that rashes all over baby's body.	Baby's skin rash will reduce within 72 hours as evidenced by; 1. Client verbalizing that baby skin rashes have reduced. 2. Midwife observing that baby is having no rash on the skin.	1. Reassure client. 2. Educate client on the need to cloth baby according to weather. 3. Encourage mother not to scratch the rashes to prevent infection. 4. Encourage and teach mother how to use prescribed powder to protect baby's skin. 5. Encourage mother to open windows for good ventilation.	1. Client was reassured of competent care and she was comfortable. 2. Client dressed baby in warm cotton cloths and according to the weather changes. 3.Mother did not scratch the rashes as it would cause more pain and infection 4. Mother used the medications given for the rashes. That is the Vaseline and Listerine powder. 5. Mother opened windows for good ventilation.	4/09/2023 10:00am	Goal fully met as evidenced 1.client informed the midwife that baby's skin rashes had resolved. 2. midwife observing that baby's rashes had resolved.	TB

SUMMARY AND CONCLUSION

The client and family centered Maternity care study was conducted on Madam Mariama Madi, a 25years old G2P1. Client was met on 15th September,2023 at Pentecost Health Centre. She was given an individualized care from the time she was met through labour and to the end of puerperium. This was achieved through good interpersonal relationship and acquiring accurate data from her. She gave me the opportunity to be visited in her house and became familiar with the family members. She was also seen through her labour and she had a spontaneous vaginal delivery to a female child. Mother and child were discharged a day after delivery. They were visited for seven continuous days at home. Baby was bathed and cord was dressed, weighed and vital signs were also taken and recorded daily and her symphysio-fundal height measured and recorded as well. During pregnancy, she experienced some minor disorders like loss of appetite, fatigue, waist pains, insomnia and constipation of which the necessary management and education were given to her. She was also educated on environmental hygiene, birth preparedness and complication readiness. She adhered to all educations given to her and went through pregnancy successfully.

During labour, she encountered problems like lower abdominal pains, anxiety, waist pains, fatigue and frequency of micturition of which her fear and anxiety were allayed by encouraging her.

After delivery, she experienced after pain, insomnia, loss of appetite and skin rashes on the baby. frequency of micturition and stress among others as some disorders associated with puerperium. She was managed accordingly and they resolved within the shortest possible time. Her entire family was not left out during this period because they were all taken care of and also involved in

rendering care to the client and her baby. Finally, it was observed that the care study is an important managerial tool in which theoretical knowledge was put into practice and also deals with maternity problems as midwifery professionals. She and her family were cooperative, supportive and adhered to any form of education given to them. Through home visits, a close monitoring was made throughout puerperium and education was given on how to care for herself and the baby.

Education was given on diet and breastfeeding. Mother and child were examined from head to toe during the first and second post-natal visits and educated on immunization. Madam Mariama and her baby were very healthy and they were in good condition, when the interaction ended. They were handed over to the public health nurse for continuity of care.

In conclusion, this care study has helped and enabled the writer to give comprehensive nursing care to client at antenatal, labour and postnatal, therefore she will be confident to take care of client with similar problem in future. It has also helped the writer to use nursing care plan to nurse a client successfully.

DATE											
DATE	WEIGHT (KG	BLOODPRESSURE	URINE FOR PROTEIN/ SUGAR	GESTATIONAL AGE IN WEEKS	FUNDAL HEIGHT (CM)	PRESENTA-TION	DESCENT OF FETAL HEAD	FETAL HEART RATE (FH)	TREATMENT GIVEN	COMPLAIN	SIGN
14/03/23	74	100/70mmHg	Negative/ negative	16weeks+3 days	13	-	-	+	Routine drugs	Headache	AP
11/04/23	71	90/600mmHg	negative/ negative	20weeks+3 days	17	-	-	+	Routine drugs	No complaints	AP
09/05/23	73	100/60mmHg	Negative /negative	24weeks+3 days	22	Cephalic	5/5th	122bpm	Routine Drugs	No complain	AP
13/06/23	75	113/60mmHg	negative/ negative	29weeks+3 days	25	Cephalic	5/5th	130	Routine drugs.	Complaints of waist pains.	AP

DATE	WEIGHT (KG)	BLOOD PRESSURE	URINE FOR PROTEIN /SUGAR	GESTATIONAL AGE IN WEEKS	FUNDAL HEIGHT (CM)	PRESENTA-TION	DESCENT OF FETAL HEAD	FETAL HEART RATE (FH)	TREAT-MENT GIVEN	COMPLAIN	SIGN
11/07/23	76	110/70mmHg	negative/ negative	33weeks+ 3days	30	Cephalic	5/5th	138bpm	Routine drugs.	No complaints	AP
25/07/23	78	110/60mmHg	negative/ negative	36weeks+ 3days	35	Cephalic	5/5th	140bpm	Routine Drugs	No complaint	AP
08/8/23	79	110/70mmHg	negative/ negative	37weeks+ 3days	37	Cephalic	5/5th	138bpm	Routine Drugs	No complaints	TB

MOTHER'S ANTENATAL

DATE	WEIGHT (KG)	BLOOD PRESSURE (mmHg)	URINE FOR PROTEIN/ SUGAR	GESTATIONAL AGE IN WEEKS	FUNDAL HEIGHT (CM)	PRESENTATION	DESCENT OF THE FETAL HEAD	FETAL HEART RATE (FH)	TREATMENT GIVEN	COMPLAINS	SIGN
15/08/23	80	115/60mmHg	Negative/negative	38weeks+3 days	38	cephalic	$5/5^{th}$	136bpm	Routine drugs	No complains	TB
22/08/23	82	100/70 mmHg	Negative/negative	39weeks+3 days	40	cephalic	$5/5^{th}$	140bpm	Routine drugs	Healthy	TB

ITN Given – 11/02/2019

TETANUS IMMUNIZATION	PREVIOUS TT CURRENT TT 4th dose		TD 1 Yes TD 2 and TD 3 Date 11/02/19		No Date	
INTERMITTENT PREVENTIVE TREATMENT (IPT)FOR Malaria	1ST dose SP* 3 tabs (Directly Observed Therapy) 14/03/2023	Gestation age In weeks	2nd dose (1 month after 1st dose (Directly Observed Therapy) 11/04/2023	Gestation age In weeks	3rd dose (1 month after 2nd dose (Directly Observed Therapy)9/05/23	Gestational age in weeks
		16 weeks		20 weeks		24 weeks
	4th dose 3 tabs (Direct Observed therapy)11/07/23	Gestation age in weeks	5th dose 3 tabs (Direct Observed therapy) 15/08/23	Gestation age in weeks		
		33 weeks		38 weeks		

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

BIBLIOGRAPHY

American College of Obstetricians and Gynecologist. (2018). Definition of term pregnancy. *Obstet Gynecol, 122,* 1139-1140.

Artal-Mittelmark, R. (2022, September). *Management of normal labor*. Retrieved October 3, 2022, from MSD Manual Professional Version: https://www.msdmanuals.com/professional/gynecology-and-obstetrics/normal-labor-and-delivery/management-of-normal-labor

Davis, C. P. (2021, March 29). *Definition of pregnancy*. Retrieved October 3, 2022, from RxList: https://www.rxlist.com/pregnancy/definition.htm

Marshall, J. E., & Raynor, M. D. (2014). *Myles textbook for midwives* (17th ed.). Oxford: Churchill Livingstone.

United Nations Children's Funnd (UNICEF). (2022, July). *Antenatal care*. Retrieved October 3, 2022, from https://data.unicef.org/topic/maternal-health/antenatal-care/

World Health Organization. (2016). *Maternal, newborn, child and adolescent health.* Geneva: World Health Organization.

APPENDIX II

COMPLETE DIAGNOSTIC INVESTIGATIONS

DATE	**SPECIMENS**	**INVESTIGATIONS**	**NORMAL VALUES**	**FINDINGS**	**REMARKS**
04/04/2023	1. Blood	Haemoglobin level	12g/dl-16g/dl	12.1g/dl	Normal
		Sickling status	Negative	Negative	Normal
		Grouping and Rhesus	A, B, AB, and O	O	Normal
		factor	Positive and negative	Positive	Normal
		HIV status	None reactive	Negative	Normal
		VDRL	None reactive	Non-defect	Normal
		Hepatitis status	Negative	Negative	Normal
		G6PD status	None reactive	Non-defect	Normal
	2. Urine	Sugar	Negative	Negative	Normal
		Protein	Negative	Negative	Normal
2/05/2023	1. Urine	Sugar	Negative	Negative	Normal
		Protein	Negative	Negative	Normal

DATE	2. **SPECIMEN**	**IVESTIGATION**	**NORMAL VALUES**	**FINDINGS**	**REMARKS**
30/05/2023	1.Urine Blood	Sugar Protein Haemoglobin level	Negative Negative 12g/dl-16g/dl	Negative Negative 12.7g/dl	Normal Normal Low
27/06/2023	1.Urine	Sugar Protein	Negative Negative	Negative Negative	Normal Normal
25/07/2023	1.Urine	Sugar Protein	Negative Negative	Negative Negative	Normal Normal
15/08/2023	1.Urine 2. Blood	Sugar Protein Haemoglobin	Negative Negative 12g/dl-16g/dl	Negative Negative 13.0g/dl	Normal Normal Normal

DATE	SPECIMEN	INVESTIGATIONS	NORMAL VALUE	FINDINGS	REMARKS
22/08/2023	Urine	Sugar Protein	Negative Negative	Negative Negative	Normal Normal

APPENDIX III

PHARMACOLOGY OF DRUGS USED (MOTHER)

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

PHARMACOLOGY OF DRUGS USED CONTINUED (MOTHER)

NAME OF DRUGS	CLASSIFICATION	DOSAGE	ROUTE OF ADMINISTRATION	ACTION & USE	ACTUAL EFFECTS	SIDE EFFECT OF DRUGS	SIDE EFFECT EXPERIENCED
Tablet sulphadoxin epyrimetha mine	Anti-malaria and prophylaxis	3 doses stat from 16 weeks or after quickening and the remaining doses within 4 weeks interval until she delivers.	Orally	Treatment and prevention of malaria	Malaria prevention	Itching, nausea, dizziness, headache	None
Injection Tetanus	anti-tetanus	0.5 milligrams	Subcutaneously	Helps in the prevention of tetanus	Client protected against tetanus	slight fever and chills	None

PHARMACOLOGY OF DRUGS USED CONTINUED (MOTHER)

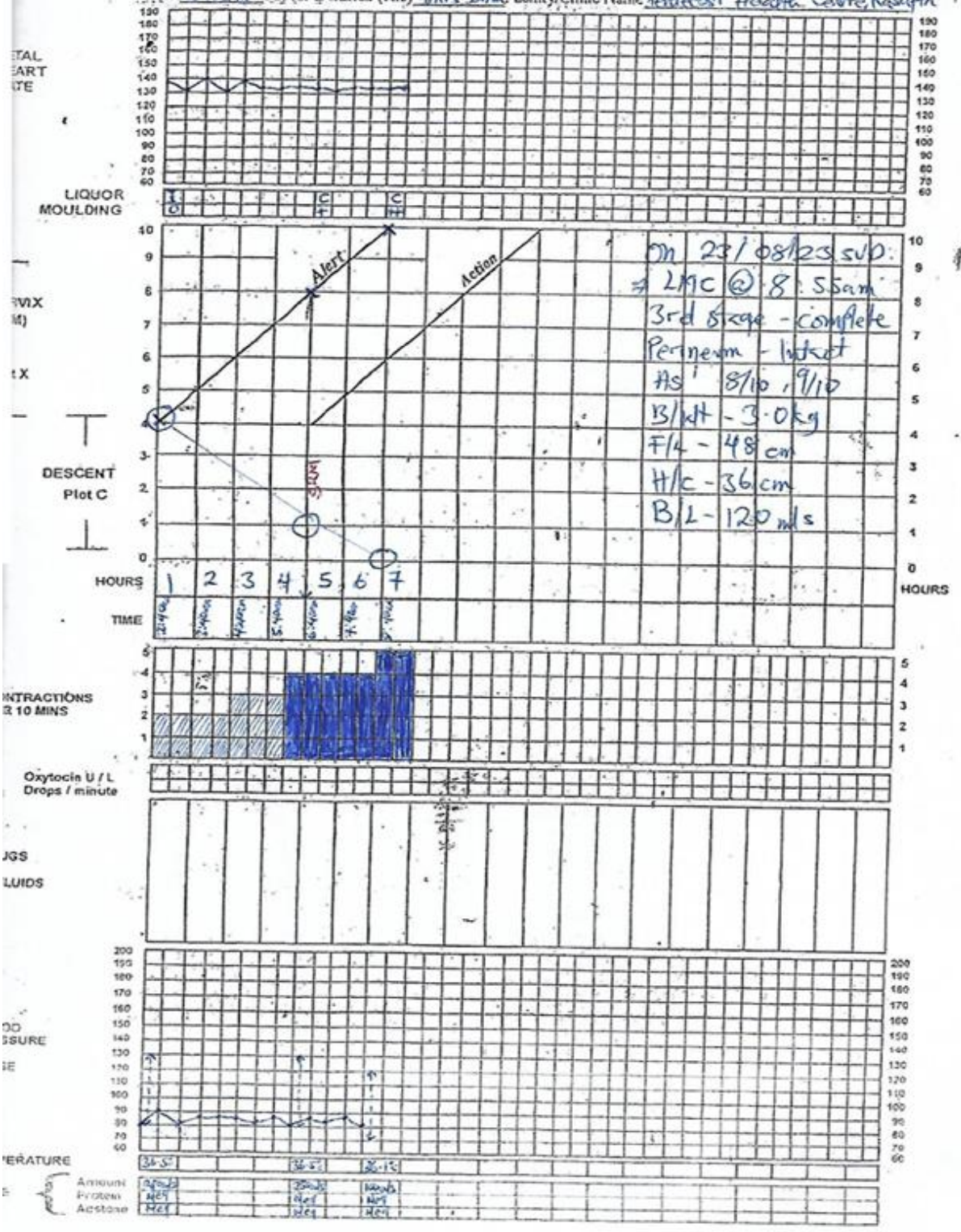
NAME OF DRUGS	CLASSIFICATION	DOSAGE	ROUTE OF ADMINISTRATION	ACTION & USE	ACTUAL EFFECTS	SIDE EFFECT OF DRUGS	SIDE EFFECT EXPERIENCED
Injection oxytocin	Oxytocic drug	10 units	Intramuscularly	Stimulate uterine contractions	Client had good uterine contractions and bleeding was controlled	Nausea and vomiting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

PHARMACOLOGY OF DRUGS USED (BABY)

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

WHO Modified Partograph

Registration No.: 038/23 Name(Last, First) Kadi Marauna Age: 25 years
Date: 23/08/23 Parity/Gravida G2 P1 LMP 19/11/22 EDD 26/08/23 Gestation(wks) 39 ~~wks 3 days~~
ROM: 6:40am Labour Duration (Hrs) 6hrs 35mn Facility/Clinic Name Porter A Health Centre, Kasaga



LABOR NOTES

Client, Gt G2P1 with gestational age of 39weeks + 3days came to the facility accompanied by husband and complained of lower abdominal pain and waist pain. Client had SVD of Live baby with #5, 9/10, 9/10. Birth Weight-3.0kg H/C - 36cm, C/C - 48cm, Perineum - Intact. IM Oxytocin of 10 units, given. Placenta was delivered with control cord traction. Cord care was done. Vitamin K was given, eye care was done as well as breastfeeding was initiated. The uterus was massaged and it was contracted. Bladder was emptied. Mother and baby were cleaned and made comfortable in bed.

Please circle or write responses.

DELIVERY

DATE: 23/08/23 TIME: 8:55am METHOD: Spontaneous / Vacuum Extraction / C/S / Other

PERINEUM: Intact / Episiotomy / Laceration

ANESTHESIA: None / Local / General

THIRD STAGE

Active Management: Yes / No Medication: Time 8:56am Type/Dose Oxytocin (10 units)

PLACENTA: TIME: 9:05am Complete / Incomplete

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

BABY

Weight: 3.0kilograms

Sex: Male / Female

Baby Position: Vertex / Breech / Other

APGAR

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

COMPLICATIONS OF MOTHER / BABY: None / Other:

FOURTH STAGE MONITORING

Frequency	Time	B/P.	Pulse	Fundus	Bleeding	Bladder
Every 15 minutes first 2 hours	9:10am	110/70	79	1fcm	Not active	120mls
	9:25am	110/70	80	Contracted	Not active	
	9:40am	115/70	74	Contracted	Not active	Nil
	9:55am	120/60	82	Contracted	Not active	
	10:10am	110/60	79	Contracted	Not active	Nil
	10:25am	110/70	83	Contracted	Not active	
	10:40am	110/70	73	Contracted	Not active	Nil
	10:55am	120/70	80	Contracted	Not active	
Every 30 minutes For 1 hour	11:25am	110/80	79	Contracted	Not active	160 m/s
	11:55am	116/80	80	Contracted	Not active	

Birth Attendant Tetteh Benedict Supervised by Philomena Akyeampa Date 28/08/2023

MATERNITY CHART

NAME: Madam Mariama

AGE: 25 years WARD: Lying-In

HOSP. NO.: BED NO.: 3

Date	23/8/23	24/8/23	25/8/23	26/8/23	27/8/23	28/8/23	29/8/23	30/8/23
Days in Hospital	DD							
Days P.O.		D1	D2	D3	D4	D5	D6	D7
Hour AM		8:00am	8:30am	8:30am	8:30am	8:00am	8:20am	9:00am
PM	-	6:00pm	6:20pm	4:00pm				

Temperature C | F

41.1° 106°
40.5 17cm
40.0° 15cm
39.4° 13cm
38.8° 11cm
38.3° 9cm
38.5°C 7cm
38.0°C 5cm
37.5°C 3cm
37.0°C 97°
36.5°C 96°
36.0°C 95°

KEY
→ Symphysiopubic height
→ Temperature

Pulse	77 73	75 78	73 80	78 76	80	82	80	78
Resp.	20 21	21 20	20 22	18	18	20	18	18
B.M.	Passed	Passed	Passed	Passed	Passed	Passed	Passed	Passed
Urine	Passed	Passed	Passed	Passed	Passed	Passed	Passed	Passed
B.P. AM	110/70	110/60	110/70	110/60	110/60	100/60	100/70	120/80
PM	100/70	100/60	110/60	110/70				

NEW BORN EXAMINATION FORM

me: Baby of Mariam Date of Assessment: 04/08/23 Time: 10:1am

e of Birth: 23/08/23 Time of Birth: 8:55am Sex: ☑M ☐F Age at time of Assessment (days/hrs) One day

ational Age ☐ 37-42wk ☐ Mode of Delivery: ☑Vaginal Assisted Vaginal C-Section

GAR: 1min 9/10 ☐ 5min ☐ 9/10 Birth Weight: ☐3.0 kg ☐ Length: 48 cm Head Circumference: 36 cm

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

me of Assessor (Midwife/Doctor):

Respiration
e 40
Rate < 30 b/m *
Rate < 60 b/m *
30-60 b/m
Retractions *
Grunting *
Stridor *

Activity/Movemnet
Spontaneous symmetric movements
Reduced/Absent Movement in ≥1 limb *
No Movement

Tone
Normal
Floppy *
Increased *

Colour
Pink all over
Pink body but blue hands/feet
Blue all over *
Pale *
Jaundiced *

Cord
Normal
Red. draining pus
Bleeding

Cry
Normal
Shrill *
Absent *

7. Suck
☑ Good
☐ Weak
☐ Absent

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

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

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

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

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

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

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

16. Clavicle
☑ Normal
☐ Swelling/Fracture

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

18. Heart rate
Rate: 132
☑ Normal (100-160)
☐ <100 *
☐ >160*

19. Femoral pulse
☑ Present
☐ Not palpable*

20. Abdomen
☑ Normal
☐ Distended*
☐ Scarphoid*
☐ Abdominal defect*
☐ Maases:
☐ Other

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

22. Limbs
☑ Normal
☐ Abnormal

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

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

24. Anus
☑ Patent
☐ Imperforate*

25. Resuscitation provided
☑ One
☐ Suction/stimulation
☐ Bag and mask
☐ Endotracheal Tube
☐ Ventilator/CPAP

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

ay indicate severe disease that requires urgent referral

gnoses (if known)

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

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

NEW BORN EXAMINATION FORM

Name: Baby of Mariama Date of Assessment: 23/08/23 Time: 10am

Date of Birth: 23/08/23 Time of Birth: 8:55am Sex: ☑ M ☐ F Age at time of Assessment (days/hrs) _____

Astational Age ☐ 37+2day ☐ Mode of Delivery: ☑ Vaginal Assisted Vaginal C-Section

APGAR: 1min 8 ☐ 5min ☐ 9/10 Birth Weight: ☐ 3.0 kg ☐ Lenght: 48 cm Head Circumference: 36 cm

Temperature at time of Assessment: 36.5 °C Urine passed: Yes No Meconium passed: Yes No

Name of Assessor (Midwife/Doctor): _____

1. Respiration

Rate 46

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

2. Activity/Movemnet

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

3. Tone

- ☑ Normal
- ☐ Floppy *
- ☐ Increased *

4. Colour

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

5. Cord

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

6. Cry

- ☑ Normal
- ☐ Shrill *
- ☐ Absent *

7. Suck

- ☑ Good
- ☐ Weak
- ☐ Absent

8. Head swelling

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

9. Sutures

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

10. Fontanel

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

11. Eyes

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

12. Ears

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

13. Mouth

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

15. Neck

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

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- ☐ Abnormal dimple
- ☐ Abnormal curvature

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- ☑ Normal
- ☐ Abnormal _____

23. Genitalia

Male Genitalia

- ☑ Normal
- ☐ Undescended testes
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- ☐ Hernia
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- ☐ Normal
- ☐ Fistula(meconium/urine through abnormal opening in vagina)*
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- ☑ Breastfeeding established
- ☐ Immunization (BCG/Polio)
- ☐ BCG ☐ Polio Immunization
- ☐ Antibiotics in mother
- ☐ Antenatal corticosteroids

*May indicate severe disease that requires urgent referral

Diagnoses (if known) _____

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

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

Final

NEW BORN CHART

Name: Baby of Mariama ..... No: ..... Birth Weight: 3.0kg .....

Sex: Male ..... Mother's No: ..... Length: 48cm .....

Nature of Delivery: Spontaneous Vaginal Delivery ..... Diagnosis: Term Baby .....

Date of Birth: 23/08/2023 ..... Time: ..... Date of Discharge: 24/08/2023 .....

Date	23/08/23		24/08/23		25/08/23		26/08/23		27/08/23		28/08/23		29/08/23		30/08/23							
No. of Days	DD		D1		D2		D3		D4		D5		D6		D7							
Weight	3.0kg		2.9kg		2.8kg		2.7kg		2.7kg		2.8kg		2.9kg		3.1kg							
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Temperature	36.5°c	36.0°c	36.2°c	36.0°c	36.0°c	36.2°c	36.4°c	36.0°c	36.5°c		36.2°c		36.2°c		36.7°c							
Stools	Passed	Passed	Passed	Passed	Passed	Passed	Passed	Passed	Passed		Passed		Passed		Passed							
Urine	Passed	Passed	Passed	Passed	Passed	Passed	Passed	Passed	Passed		Passed		Passed		Passed							
Remarks	Head Neck Trunk Genitalia > N.A.D																					

final

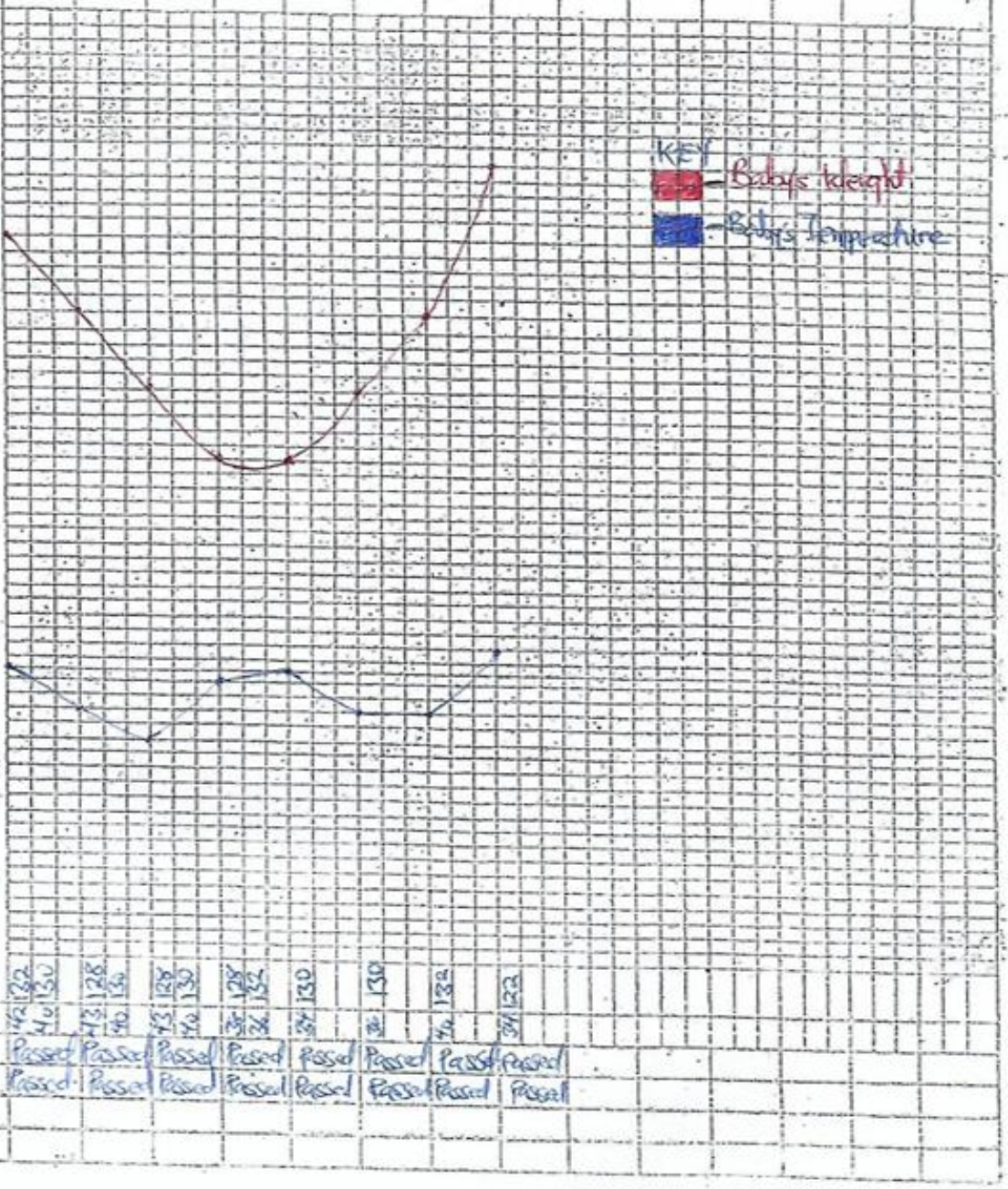
TEMPERATURE CHART

NAME: Baby of Mariama

AGE: Newborn WARD: Lying-In

IP NO.: BED NO.: 3

Date	23/8/23	24/8/23	25/8/23	26/8/23	27/8/23	28/8/23	29/8/23	30/8/23
Days in Hospital	DD							
Days P. O.		D1	D2	D3	D4	D5	D6	D7
Hour AM	9:55	8:00	8:30	8:30	8:30	8:00	8:00	9:00
PM	6:00	6:00	6:00	4:00				
Temperature C / F								
Pulse	122 130	128 130	128 130	128 132	130	130	132	122
Resp.	42 44	43 40	43 42	38 36	38	38	40	34
B.M.	Passed	Passed	Passed	Passed	Passed	Passed	Passed	Passed
Urine	Passed	Passed	Passed	Passed	Passed	Passed	Passed	Passed
B. P.								



SIGNATORIES

CANDIDATE NAME

NAME: MISS BENEDICTA TETTEH

SIGNATURE: .....

DATE: 7th June, 2024

THE MIDWIFE IN- CHARGE

NAME: MISS.PHILOMINA ADJEIWAA

SIGNATURE: ..... (for)

DATE: 07/06/2024.

SUPERVISOR

NAME: MS. DIANA OWUSU SERWAA

SIGNATURE: ..... (for)

DATE: 07-06-2024

THE PRINCIPAL

NAME: MONICA NKRUMAH

SIGNATURE: .....

PRINCIPAL
HOLY FAMILY NURSING AND MIDWIFERY TRAINING COLLEGE
BEREKUM

DATE: 10/06/2024