HOLY FAMILY NURSING AND MIDWIFERY TRAINING COLLEGE,

BEREKUM

A CLIENT/FAMILY CENTERED MATERNITY CARE STUDY

ON

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BY

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AT

CONSTANCE MATERNITY HOME AND CLINIC

SUBMITTED TO THE NURSING AND MIDWIFERY COUNCIL OF GHANA IN PARTIAL FULFILMENT TOWARDS THE AWARDS OF THE LINCENSE TO PRACTICE AS A PROFESSIONAL REGISTERED MIDWIFE

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PREFACE

The client/family centered maternity care study is a systematic process in which nursing care is given to a pregnant woman and her family and the community, beginning from antenatal period through to labour and puerperium. The client/family centered maternity care study also help the student midwife to use new trends in midwifery like the pathography which is recommended and tested by the World Health Organization (WHO)in the management of labour. As health is an essential factor of life and everyone dreams of enjoying it, the family centered maternity care aims at helping these mothers and their families realize their dreams. This client centered maternity care helps the client/family to allay any anxiety during the pregnancy through to and the time of puerperium.

In this event, the care given is to give special attention to the pregnant woman as unequaled individual who is care for in all facet of life including social, psychological, physical as well as mental well-being which is considered within the framework of the family, and community at large. The client/family centered maternity care study enables the pregnant woman to through pregnancy without any complication to herself and her unborn baby, have an uneventful labour and successful puerperium. Confidentiality was ensured throughout the duration of care to the client.

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INTRODUCTION

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

This care study was written on Madam Naomi Kwakye a 26-year-old Gravida 3 Para 2 all alive. Who was met on the 15th August, 2023 at the clinic of the Constance maternity and clinic during clinical attachment? She was 37 weeks day pregnant and that was her 6th visit to the antenatal clinic. She caught attention as a result of the fact that she had previously complained of malaria and also being in queue for a longtime, for which she was reassured of appropriate management plan and selected for the care study. She was managed from 38 weeks of pregnancy through labour and early puerperium.

Thorough assessment and physical examination were done on her with vivid and clear explanation of all procedures to her. She had normal pregnancy. Home visits were also carried out to assess her environment and community in which she lived. The family was also involved in the care throughout the period. This interaction continued through her delivery and puerperium and finally ended on 1ST September, 2023, during the fifteenth day post-delivery where she was handed over to the public health nurse in-charge for continuity of care. Her condition at the beginning and termination of interaction was satisfactory.

This writes up is in 4 chapters.

Chapter one entails assessment of client and family which includes the past and present obstetric history, menstrual history, medical / surgical histories and habits of daily living. This chapter is about assessment of the client and her family, which involves gathering of data from the client and her family information was acquired through observation, interview,

medical, records and antenatal records. This information helps the student's midwife to provide holistic care for the client and family taking into consideration the physical, psychological and spiritual needs.

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

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

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

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

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

LITERATURE REVIEW

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

PREGNANCY

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

Tiran (2008) Pregnancy is the condition of having a developing embryo or fetus within the body. It is a state from conception to the delivery of the fetus. The normal duration of 280 days (40 weeks) counted from the first day of the last normal menstrual periods to delivery. During this period, physiological and psychological changes such as relaxation of the cardiac

sphincter, relaxation of the smooth muscles of the intestines occur due to the effect of estrogen and progesterone. These hormones provide nutritive and protective environment for the developing embryo and also prepare the breast for lactation.

Fraser and Cooper (2008) pregnancy is the fusion of the woman's egg and a man sperm cell unite to form a zygote. All changes in the mother's body during pregnancy are due to the effects of specific hormones. These changes enable her to nurture the fetus, prepare her body for labour and develop her breast and lay down stores of fats to provide calories for production of breast milk during puerperium. Its further states that, the woman's psychological state is also affected by hormonal changes. The gestational period is divided into three trimesters. The first trimester is from the time of conception to the 12^{th} week. The second trimester is from the 13^{th} week to the 24^{th} week whilst the third trimester is from is from the 25^{th} week to the 38^{th}. During pregnancy, antenatal care is given to the woman throughout the period and should commence from the time pregnancy is diagnosed and continue until the safe delivery of the baby. This is why it is so important that the midwife has knowledge and understanding of the common disorders of pregnancy which include, constipation, fatigue, lower abdominal pain, waist pain, leg cramp, backache insomnia, increase vaginal discharge among others in order to advise the woman on strategies that will help her cope with the condition and minimize the effects she experiences.

Weller B.F (2009) Pregnancy is a state of being with a fetus from the time of conception to the expulsion of the fetus. The normal period is 280 days or 40 weeks counted from the first day of the last menstruation period. It is divided into three trimesters. The first trimester is from the day of conception to the 12^{th} week. The second trimester starts from the 12^{th} week to the 28^{th} week and the third trimester is from the 29^{th} week to delivery. During this period many physiological changes occur in all the system of the woman's body due to hormonal changes and these changes may lead to minor disorders like constipation, backache,

heartburn, nausea and vomiting and if not managed may deteriorate the woman's health and the fetus. It continued to say that these disorders can be very distressing and life threatening if not managed appropriately. These changes and many other problems (example, personal and environmental) are identified during antenatal care and the expectant mother is assisted and managed as to how to cope and adjust to the situation. This is normally done through health education, counseling and interaction with the client and family.

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

13 to 28 weeks was limit of viability. The third trimester extends from 29 to 40 weeks. The term 'post-date' or 'post term' is typically used to describe a pregnancy beyond forty (40) weeks.

Marshall & Raynor (2014) pregnancy starts from the time conception is confirmed until the beginning of labour and also the midwife facilitates woman-centered care by providing her with accessible and relevant information to help her make an informed choice throughout pregnancy. This book went on further to say that the aim of antenatal care is to monitor the progress of pregnancy optimize maternal and fetal health. To achieve this, the midwife critically evaluates the physical, psychological and sociological effects of pregnancy on the woman and her family. The key principles of antenatal care by the midwife are, providing a

holistic approach to the woman' care that meets her individual needs, recognizing complications of pregnancy and appropriately referring women to the obstetric team or relevant health professionals or other organizations, facilitating the woman and her family in preparing to meet the demands of birth, and making a birth plan, offering parenthood education within a planned programmed or on an individual basis.

Ojo and Briggs (2006) pregnancy occurs when menstruation ceases and returns some weeks or months after delivery. The hormones, progesterone and oestrogen, are produced in a large quantity. These hormones exert some action on the various systems of the pregnant woman. The most outstanding of these changes is the growth which occurs in the uterus. The endometrium is converted into decidua and the uterus itself grows to accommodate the growing embryo. The uterus will have increased so much in size that at the end of pregnancy. It measures approximately 30cm by 22.5cm, and weighs 1 kilogram. During pregnancy, the uterus becomes an abdominal organ.

Konar (2013) pregnancy is the progressive anatomical, physiological and biochemical change not only confined to genital organs but also to all systems of the body. This is principally a phenomenon of maternal adaption to the increasing demand of the growing fetus. Unless understood, this physiological adaptation to normal pregnancy can be misinterpreted as pathological there is enormous growth of the fetus during pregnancy. In late pregnancy, frequency of micturition once more reappears due to pressure on the bladder as the presenting part descends down the pelvis. Stress incontinence may be observed in late pregnancy due to urethral sphincter weakness. The gums become congested and spongy and may bleed to touch. Muscle tone and motility of the entire gastrointestinal tract are diminished due to high progesterone level. Cardiac sphincter is relaxed and regurgitation of acid gastric content into oesophagus may produce chemical esophagitis and heart burn. There is diminished gastric secretion and delay emptying time of stomach. Risk of peptic ulcer

disease is reduced. A tonicity of the gut leads to constipation while diminished peristalsis facilitates more absorption of food materials.

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

Ideally this should be more flexible depending on the need, and the convenience of the patient.

LABOUR

Myles (2014) labour purely in physical sense may be described as the process by which the fetus, placenta and membranes are expelled through the birth canal. Labour has four stages. Stage one comprises of latent phase and may last 6 to 8 hours in primigravida. This begins when the cervix is 4cm dilated and in the presence of rhythmic contractions, progressively dilates to 10cm or full dilatation. Second stage of labour is the expulsion of the foetus. It begins when the cervix is fully dilated and the woman has the urge to expel the baby. There is stretching of the clitoris, gaping of the anus and bulging of the perineum. Labour completes when baby is born. In multigravida women, it last 15-30 minutes. Third stage begins after the expulsion of foetus and ends with the expulsion of the placenta and membranes (afterbirth). The fourth stage is a period of careful observation of the mother made to assess excessive bleeding and the firmness of the contracting uterus immediately after the third stage of labour and it last for six hours after delivery of the placenta.

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

and any complications in both mother and baby. During this stage, the mother is also given health education on personal hygiene, care of the cord, frequent change of perineal pad, frequent ambulation to prevent postpartum hemorrhage and exclusive breastfeeding.

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

infant.

Tiran (2008) Labour is defined as the process by which product of conception are expelled from

the uterus through the birth canal. She continued that labour normally occurs spontaneously at term that is between 38 and 42 weeks of pregnancy. The fetus should present with vertex and once started, the contractions should increase in strength and frequency without interruption and artificial stimulation until foetus, membranes and placenta are expelled by the maternal effort through the vagina. She further explained that, partograph is the graphical recording of labour progress obtained by assessment of visual patterns of cervical dilatation and descent of the presenting part in conjunction with records of maternal and foetal wellbeing.

Marshall & Raynor (2014) Labour, purely in the physical sense, may be described as the process by which the fetus, placenta and membranes are expelled through the birth canal; however, labour is much more than a purely physical event. What happens during labour can affect the relationship between the mother and baby and can influence the likelihood and or experience of future pregnancies. Pregnancy is considered to last approximately 40 weeks, with labour usually occurring between 17 and 42weeks gestation. Complex physiological and psychological changes occur during the last few weeks of pregnancy and also during the onset of labour that prepare the woman for the process of labour and birth. Four stages of labour are described, the first, second, third stage and fourth but this is a rather pedantic view, as labour is obviously a continuous process. It has also been acknowledged that there are more than four 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 effect observe in women during this time.

Konar (2013) defined labour as series of events that takes place in the genital organs in an effort to expel the viable products of conception out of the womb through the vagina into the outer world. The onset of labour is determined by a complex interaction of maternal and

foetal hormones and is not fully understood. It would appear to be multifactorial in origin, being a combination of hormonal and mechanical factors. Levels of maternal oestrogen rise sharply during the last weeks of pregnancy, resulting in changes that overcome the inhibiting effects of progesterone. High levels of oestrogen cause uterine muscle fibres to display oxytoxic receptors and form gap junctions with each other. Oestrogen also stimulates the placenta to release prostaglandins that induce a production of enzymes that will digest collagen in the cervix, helping it to soften.

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

PUERPERIUM

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

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

Henderson (2009) puerperium is traditionally defined as the time from immediately after the end of labour until the reproductive organs have returned as nearly as possible to their pregravid condition, a period estimated to be around 6-8 weeks. Puerperium is a time of major physiological change and a time of major emotional and personal upheaval. It also says that an early postnatal check includes: maternal haemoglobin and assessment of the baby and the mother looking particularly for tiredness and depression. Further states that, the falling progesterone levels affect the alimentary tract. The smooth muscle tone gradually improves throughout the body, and symptoms of heartburn the woman may have experienced should resolve. Constipation may however remain a common problem during the postnatal period.

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

1. Lochia rubra: red, 1-4 days

2. Lochia serosa: 5-9 days the colour is yellowish or pink or pale brownish

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

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

sometimes finds it difficult to pass urine because of the stretching during delivery of the vaginal tissues and the tissues around the bladder and with early ambulation help.

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

1. Immediate –within 24 hours

2. Early- up to 7 days

3. Remote –up to 6 weeks

4. Immediately following delivery, the uterus becomes firmer and retracted with alternating hardening and softening. At the end of 6 weeks, its measurement is almost similar to that of the non-pregnant state and it weighs 60 grams. The lower uterine segment becomes thin, flabby and collapsed structure. The cervix contracts slowly; the external os admits to fingers for the few days but by the end of the first week, narrows down to admit the tip of a finger only. The external os never revert back to the nulliparous state. During puerperium the number of muscles fibres is not decreased but there is substantial reduction in the myometrial cell size. The arteries are constricted by contraction of its wall and thickening of the intima followed by thrombosis. New blood cells grow in the thrombi. Soon after birth it takes a long time (4 to 8 days) for the vagina to involute. The vaginal discharge for the first fortnight during puerperium is the lochia. The lochia originates from the uterine body, cervix and vagina. Depending upon the variation of the colour of the discharge it is named as:

    1. Lochia rubra (red) 1 -4 days.

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

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

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

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

WHY CLIENT WAS CHOSEN

As required by the Nursing and Midwifery Council of Ghana every student midwife must undertake the client/family centered maternity care study to help contribute to the award of professional certificate in Registered midwifery, the client should fall under the normal criteria, that is; the woman should have delivered at least one and at most three with no complications during pregnancy, labour and puerperium. She should have regular antenatal attendance record and should be a woman whose labour presumably will be uneventful.

Madam Naomi G3 P2 AA reported to the antenatal clinic on the 15th August 2023 and she complained of waist pain and also being in the queue for a longtime and more over it was not her day of visit to the antenatal. She explained that her previous pregnancy was not like that. Client was advised that every pregnancy was different and it was a minor disorder of pregnancy. Enquiries were made from her after glancing through her Antenatal record book, and she qualified to be used for the study. Opportunity was taken for introduction as a student midwife from Holy Family Nursing and Midwifery Training College, Berekum on Community midwifery practical experience for a period. Permission was sought from her if she could be used for the study. She agreed and was told to share her problems.

The midwife in-charge was informed and permission was granted.

CHAPTER ONE

ASSESSMENT OF CLIENT AND FAMILY

1.0 INTRODUCTION

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

1.1 PERSONAL AND SOCIAL HISTORY

The client centered maternity care study was carried on Madam Naomi, 26years old woman Gravida 3 Para 2 all alive who stays at Sunyani-penkwase in the Bono Region but come from Kumasi in the Ashanti region. Her house number is B17. She weighs 60 kilograms and she is about 120 centimeters tall and is dark in complexion. She completed the Senior High School, which she studied Home Economics. Madam Naomi is a trader. Madam Naomi is married to Mr. Kwabena a 30-years-old man who is chocolate in complexion. He is a maison. They are both Christians. Madam Naomi has two children alive. Her next of kin is Mr. Kwabena Detusu her husband. They worship at Presbyterian church of Ghana. Madam Naomi does not drink alcohol or smoke.

1.2 FAMILY HISTORY

Madam Naomi Kwakye was born to Mr. and Mrs. Amoateng, which the mother is alive and father is of blessed memory, they both come from the Kumasi in the Ashanti region. She comes from a family of four, two girls, two boys from which she is the third born child, to her parent. Her house number is B17. According to client there are no known histories of hypertension, heart disease, sickle cell disease, diabetes mellitus, liver cirrhosis, epilepsy and mental illness in her

family. She also added that, there are no known congenital abnormalities such as missing digits, extra digits, cleft palate, cleft lip, imperforate anus and spinal bifida in the family. Client stated that herself and family seek for medical treatment and include prayers whenever they are not feeling well. There are multiple pregnancies present in the family. She said all her family members who passed away died naturally.

1.3 MEDICAL HISTORY

According to Madam Naomi, she has never had any chronic illness, like hypertension, heart disease, sickle cell disease, diabetes mellitus, measles, liver cirrhosis, respiratory disorder, epilepsy, and Anaemia. She only said she sometimes suffers minor headache which she visits the clinic immediately to seek for medical treatment at OPD basis. She has no known allergy to food or any drug.

1.4 SURGICAL HISTORY

She said she has never undergone any surgical procedure. She also mentioned that she has never sustained any injury or road traffic accident that called for any abdominal or spine surgery or affected her pelvis or subsequent effect on pregnancy and labour. On examination, there was no scar indicating previous laparotomy such as caesarean section or appendectomy. She has neither received blood transfusion nor donated before.

1.5 MENSTRUAL HISTORY

Madam Naomi said she had her menarche at the age of 12 and her menses lasts for 6 days during every month. She said the colour of her menstrual blood was dark red and has 28 days menstrual cycle. She also said that she changes her pad thrice daily and when soaked as well, indicating she has normal menstrual flow. Her last menstrual period was 14th November, 2022 and her expected day of delivery was calculated as 21st august, 2023.

1.6 HOBBIES AND LIFESTYLE

Madam Naomi sleeps at 9:00pm and wakes up at 5:00am. She said that when she wakes up in the morning, she does her morning devotion with the family. After that, she brushes her teeth, sweeps her room and compound, throw her rubbish into the dustbin in front of the house. Client expressed that she normally prepares breakfast for the family and get the children ready for school. After preparing breakfast, she takes her bath and heads towards work. She mentioned that, she likes singing and cooking very much. She said she prefers fufu with palm nut soup and fish to other foods.

Client said she eats three times daily, but ever since she became pregnant, she eats on demand. She also said that she prepares supper at 3 :30pm and becomes ready for the family to enjoy around 4:50pm. Madam Naomi said she normally engages herself in a family chat with her family every night as a means of strengthening their family bond whiles watching television. She also mentioned that she empty's her bowel when she feels the urge to do so and voids frequently when she takes in enough fluid.

1.7 PAST OBSTETRICAL HISTORY

Madam Naomi gravida 3 para 2 all alive went through her pregnancies successfully without any complication. She had her first pregnancy in the year 2019 and the second pregnancy in 2021. She said during her previous pregnancies, she only experienced some minor disorders such as headache, backache, waist pain, lower abdominal pain, constipation, leg cramps, frequency of micturition, nausea and vomiting of which she reported to the clinic and they were explained to her as a normal physiological changes in pregnancy which would resolve as pregnancy progresses. She also said she never had any spontaneous or induced abortion and still birth in her life. She delivered her children at term. She never suffered any pregnancy induced condition

like gestational diabetes and pregnancy induce hypertension (pre-eclampsia). She also visited antenatal clinic for at least five (5) times during her previous pregnancy and received all doses of Sulphadoxine pyrimethamine and three doses of tetanus diphtheria injection.

LABOUR

Madam Naomi delivered her children spontaneously per vagina at Constance Maternity and clinic

. She further stated that the duration for her deliveries did not exceed 18 hours. Clients children were delivered at Constance Maternity and clinic, that was a female and weighed 3.0kg at birth from records followed the second born male and weighed 3.3kg at birth from records. She also said she has never had any perineal tear or been give episiotomy during her previous delivery. She added that she had never experienced post-partum hemorrhage. Her placenta was delivered completely with no retained product of conception. She said her estimated blood loss for her previous delivery was moderate. Her children had no birth injuries, asphyxia or jaundice. They were active at birth and healthy.

PUERPERIUM

She said she started breastfeeding them within the first hour after birth. She practiced exclusive breastfeeding for 6months and then added complementary feeds after the 6months for one and half years. She had a safe breastfeeding with no complication. She added that her children did not have any abnormalities like cleft lip, extra digits or webbed digits. Her children were fully immunized against the preventable diseases according to schedules. Her children never suffered any illness. She did not experience any illness such as puerperal psychosis, anemia or malaria. She also did not experience problems like post-partum hemorrhage, puerperal pyrexia, puerperal

sepsis, mastitis among others. In relation to family planning, she uses the natural family planning method throughout all her puerperium. She also stated that her family and husband supported her in taking care of her baby and some of the household chores.

1.8 PRESENT OBSTETRICAL HISTORY

Madam Naomi first visited the clinic on 11th May, 2023. Her gestational age 22+3 weeks, her last normal menstrual period was 14th November, 2022 and her expected date of delivery was calculated as 21st August, 2023. On scan, Madam Naomi expected date of delivery was 25th August, 2023. Her vital signs, weight and laboratory investigations on that day were as follows:

Temperature…….... 36.7˚C

Pulse……... 82bpm

Respiration…… 21bpm

Blood pressure …….135/73mmHg

Weight ……. 75kg

Height ……... 155cm

Gestation …….12^{+2} weeks

Symphysio fundal height …… Not Palpable

Presentation ……. Nil

Foetal heart rate ……Nil

Lab investigation Hemoglobin level ……13.5g/dl

Sickling ……	Negative (-)
Blood group …….	O
Rhesus factor …….	Positive (+)
Urine for pregnancy test ……	Positive (+)
HIV…….	Negative (-)
HEP-B…….....	Negative (–)
VDRL…….	Non-reactive
Protein in urine …….	Negative (–)
Glucose in urine……	Negative (-)
G6PD…….	No Defect

Stool for routine examination indicated no abnormality.

On examination (head to toe), no abnormality was detected. Pelvis was adequate and education on danger signs was given. She had no complaints so was educated on the need to attend antenatal clinic regularly. She was put on the following drugs and was scheduled for the next visit.

1. Tab multivitamins 200mg daily x 30

2. Tab folic acid 5mg daily x 30

3. Tab ferrous sulfate 200mg bd daily for 30 days

4. Tab Vitamin C one daily x 30

Her antenatal card revealed that she had visited the clinic ten times. She visited the clinic on a four weeks basis and her major complaints were lower malaria and waist pains. She was given routine drugs and paracetamol for the complaints she made.

She was given various education anytime she visited the clinic.

CHAPTER TWO

ANTENATAL CARE

2.0 INTRODUCTION

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

2.1 FIRST CONTACT WITH CLIENT

Madam Naomi was met for the first time on Tuesday 15th August,2023 when she was 37

weeks pregnant and it was her seventh visit to the antenatal clinic at Constance Maternity and clinic around 9:55am. Introduction was made as a student midwife from Nursing and Midwifery Training College, Berekum, who has been stationed at Constance Maternity and clinic for clinical practice to write a care study on a chosen client. Client Antenatal book was read through to find out if she falls within the criteria for selection. The desire to take her as a client was expressed to her and she agreed and was glad. All the procedures to be carried out on her were explained to her understanding and she agreed for them to be done. She complained of waist pain and was reassured, it was explained to her that it the effect of pregnancy hormone relaxin. She explained that her previous pregnancy was not like that. Client was advised that every pregnancy

comes with a different experience hence she should try and cope with it. Her vital signs, weight together with some laboratory investigations done on her were recorded as below.

Temperature……38.0˚C

Pulse……84bpm

Respiration…….22cpm

Blood pressure…… 115/71 mmHg

Weight …… 71 kg

Hemoglobin level……. 11.5 g/dl

Urine (protein/sugar) ……. Negative/Negative

Urine testing

Client was asked to empty her bladder and specimen bottle was given to collect urine to be checked for the presence of protein and glucose by the use of a urine reagent strip. It was explained to her that midstream urine was needed. Mackintosh apron was worn, hands were washed with soap under running water, dried and disposable gloves were worn. The urine collected was checked for color, sediments and blood products but none were present. The urine was then placed on a flat surface. The reagent bottle was read and a strip was taken out. The strip was then dipped into the urine and removed immediately. The edge of the strip was tapped against the side of the urine container. It was then compared with the reagent bottle color chat.

The result was negative protein and glucose. Hands were washed with soap under running water and dried with a clean towel. Results were recorded in the antenatal book.

After the procedure, physical examination from head to toe was explained to her and her consent was sought. Client was assisted unto a couch for the examination. Privacy was provided; hands were washed with soap under running water and dried with a clean towel. A tray comprising of the following items was set; sterile gallipot with sterile cotton wool swabs with a lid, receiver for used cotton wool swabs, tape measure, fetal stethoscope, a watch with a second hand, a pen and client's folder.

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

General head to toe examination

On examination of the head, her hair was nicely braided. Her hair was inspected for dandruff, cleanliness, alopecia (loss of hair) and lice, among others. The face for signs of oedema and chloasma but none was present and her eyes were also inspected for pallor of the conjunctiva, jaundice of the sclera, sunken eyes and discharges but the conjunctiva was pink in color, sclera was clear and no sunken eyes or discharges. The nose and ears were inspected for growth,

discharges or bleeding but there were none. The mouth was inspected and the lips were moist without cracks, dryness and inflammations. She was engaged in a conversation just for her to open her mouth for quick assessment of the mouth. The gums and tongue where pink without sores, lesions or bleeding. Her teeth were strong, whitish in color with no odor from the mouth. Neck was also inspected and palpated for enlarged thyroid glands, enlarged lymph nodes and distended neck vein but there was none.

Breast examination

After explaining procedure, inspection proceeded with initial inspection of breasts. After exposing both breasts, the right breast was a little bigger than the left breast and breasts were normally situated with prominent nipples which were centrally placed. The breast looks hemispherical in shape. Primary and secondary areola present with Montgomery's tubercle fairly distributed.

Breast was inspected for rashes on the skin and nipple whether everted or inverted. Both breasts were palpated for lumps, enlarged axillary lymph nodes, but none was present. The areola was gently pressed, and colostrum was expressed and it was swabbed with a sterile cotton wool swab and smelt for bad odor, but it was not offensive and was shown to her. She was educated that the colostrum would serve as the first line of immunity and prevents allergies to the child and she was educated to feed the baby with it when delivered. Client was congratulated and educated to support the breast with a firm brassier with broad stripes. She was educated on the need for self-breast examination and encouraged to regularly examine her breast at least once in a month after her menses and if any abnormality is detected, she should report to the midwife or any other staff

on duty. She was told she can examine her breast when bathing, lying down or standing in front of a mirror.

Extremities

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

Madam Naomi finger nails were trimmed neatly, short and with no extra digit.

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

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

Abdominal examination

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

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

Symphysio-fundal measurement commenced by first rubbing the palms together to generate warm in order to prevent stimulation of contractions. The zero end of the measuring tape was placed on the fundus of the uterus and the tape was extended to the upper border of the symphysis pubis and the symphysio-fundal height was 38 centimeters and her gestational age was 38weeks.

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

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

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

Descent of the head was assessed by locating the anterior shoulder and two fingers (left) were kept over the anterior shoulder and upper border of symphysis pubis was located. Placing the

right ulna border just above the symphysis pubis and anterior shoulder, all the five fingers accommodated the area indicating descent was 5/5th above the pelvic brim.

Auscultation was done with fetal stethoscope; it was warmed by rubbing it in the palm and placed on the right side of the abdomen where the back was located. Fetal heart rate was listened to without touching the fetal stethoscope. By the use of a breast watch, fetal heart beat was counted for one full minute while comparing it to the maternal pulse it was 138 beats per minute taking note of the volume and rhythm.

Vulva examination

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

Afterwards, all findings were communicated to her understanding and she was encouraged to ask questions which she said she had none. However, when asked of her complaints, she complained of headache and constipation. She was reassured and educated to take in more fruits and also eat enough fiber diet such as cereals, whole grains, vegetables and water. She was also educated that the pain was due to stress after ruling out other possible causes of headache. Madam Naomi was encouraged to rest in between work, have enough rest and to take her drugs as prescribed.

Education was given on birth preparedness and complication readiness she was advised that when she goes home, she should gather all the necessary items she would need during labour in one bag as very soon she may be due for delivery.

She was also encouraged to report any abnormality to the facility very early so that early treatment could be given to prevent further complications even when it was not yet time for her to come to antenatal clinic.

It was made known to her that a visit would be paid to her house to discuss some important issues pertaining to her pregnancy which would be beneficial to her health and that of the fetus which she willingly accepted and gave her number and directions to her house.

The following drugs were given to Madam Naomi;

Tablet ferrous sulphate	200milligrams 1 daily for 7 days
Tablet multivitamin	200milligram 1 daily for 7 days
Tablets folic acid	5milligrams 1 daily for 7 days
Tablet paracetamol	1gram three times for 3 days

She was reminded of her date of appointment which was 21st August, 2023 if she has not delivered yet. Client was asked to report to the clinic if any abnormality was observed. Appointment for home visit was scheduled for 17th August 2023. Direction to her house was taken and permission was sought from the Midwife-in-charge to follow client to her house and it was granted. Client was escorted closely to her house and a landmark was shown for further directions to her house.

2.2 FIRST ANTENATAL HOME VISIT

The first home visit to Madam Naomi and her family was on the 17th August 2023 at 3:00 pm as it was booked. The purpose of the visit was to observe client's environment, establish rapport with client, her family and neighbors, assess client health status and offer a comprehensive focus antenatal care to client.

A warmly welcomed was given a seat was offered in her room and also water to drink which she was thanked for that. She was asked how, herself and husband were faring and she responded they were all fine. She was asked whether she was doing something but the response was no so conversation started. Client was in the house with her husband, two kids and her sister-in-law. The journey was made by foot for about 20 minutes by using the direction given. Her house is located along the road side.

PHYSICAL ENVIRONMENT

A quick assessment of the environment was done after which a seat was offered. The house was built with cement, roofed with iron sheet and contains six chamber and hall with toilet and bathroom inclusive. The space in front of their rooms are used as their kitchens. The used water from the bathroom drains to the outside into a gutter out of the house. The floors of the rooms were covered with cement and tiles and the windows with louver blades. She dumps her refuse in a big container in front of the house and is emptied every week. She fetches water from a water tank pipe which is inside her house.

The hall was well kept and the furniture neatly arranged, it had adequate lightening, the windows were well arranged for proper ventilation, she was congratulated and asked to keep it up. Again, she was asked whether she sleeps under an insecticide treated bed net and she said yes. She was

again educated on the importance of sleeping under an insecticide treated net. The room was very neat but their dirt cloths was place in a laundry basket which was at a corner of their door close to their bathroom. Madam Naomi and her children sleeps under a treated net but the husband does not sleep under intermittent treated mosquito net in which confirmation was made after being ushered into her room, client was congratulated for a good work done and was encourage and educated on the importance of sleeping under a treated insecticide net and advised to find a carpenter to put some nails on the wall and also get a conical shaped insecticide treated bed net from the health facility so that during the evening she could hang it for the husband to sleep under and early the next morning she could remove it which she agreed.. The house has source of electricity. Each room had two windows which could be opened for ventilation. She was advised to fold and pack the clean clothes nicely into their various bags and also not to hang any clothes whether dirty or neat on the partition since mosquitoes hide in them and come out at night to bite them. She was encouraged to continue to keep laundry basket and keep the dirty clothes in them. Madam Naomi had a kitchen. The kitchen was neatly kept; she had a kitchen cupboard in which she had neatly arranged her utensils. There were no dirty dishes found in the kitchen. They have a polytank which stores water for them to use in the house. They use the water for house chores. They drink sachet which they buy three bags a week.

PSYCHOSOCIAL HISTORY

Health education was given to client and her family on birth preparedness and complication readiness plan which includes the needs to arrange for blood in case of emergency, arrangement for transport to clinic in advance in case labor sets in, and the need to save money towards their needs during delivery. She was asked about her national health insurance card and she has registered with the National health insurance scheme. Her card was collected and looked at it and

noticed that the expiring date was not approaching. She was asked about her items for delivery and confinement and she disclosed that she had bought almost everything. She was encouraged to get everything before the next home visit for inspection. True sign of labour was also explained to her such as regular, painful, rhythmic uterine contraction, cervical dilatation and the presence of show (that is, blood stained-mucoid discharge). She was reminded about the advantages of being prepared psychologically for labour and delivery that is being confident and thinking positively that her delivery will be successful. She was encouraged to adhere to all the information given to her during the antenatal clinic. Education on family planning was also discussed and she said she previously used the calendar method, and that she had little information on the other methods. The other method with their advantages and disadvantages were also explained to her since she had little knowledge about them, as well as the importance of birth spacing. She was encourage to eat varieties of foods as this is more likely to let her get the required nutrient, for instance protein from animal like meat, fish, eggs and plant source like beans, groundnut and agushie and also a good source of folic acid can be found in dark green leafy vegetables examples; kontomire cassava leaves, Ayoyo etc. she was educated to take a lot of fiber diet like brown rice, whole grain cereals, fruits and vegetables to prevent constipation. She was congratulated for adding fruits to her diet and encouraged to take her routine drugs everyday as prescribed. The last thing we discussed was about rest and sleep. Client complained of fatigue. The cause of fatigue was explained to Madam Naomi that fatigue is related to weight of product of conception. She was asked whether she has any questions to ask or other issues she would like us to discuss, but answered there was none.

Madam Naomi was educated on the importance of maintaining good personal hygiene and encouraged to continue with her medication. Her layette was inspected and it was complete,

however they were in separate polyethene bags. She was encouraged to pack the items in a single bag and identify a birth companion. They were thanked for their cooperation and reception. Client was reminded of her next visit to the clinic which was 21st August, 2023.

2.3 SUBSEQUENT HOME VISIT

The second home visit to Madam Naomi's house was on the at 19th August, 2023. 5:00pm. She was met in the house chatting with some of her relatives who had visited her. They were greeted and a warm welcome was given and a seat offered. The wellbeing of the family was inquired and she said they were all doing well by God's grace.

The aim of the visit was to inquire about her health whether some changes have been made on how to keep and arrange her bedroom well and neat. Client was asked about her previous complains and she said was better now. She was asked to make her layette ready and have a purse with her insurance card and money in it. The client was reviewed on birth preparedness and complication readiness that is, client should contact a taxi driver in case of emergency and get a blood donor. She was then congratulated and asked to keep it up. Education on rest and sleep as well as true labour signs were given to her and she was told to report to the clinic anytime she sees any of the signs. She was also encouraged to arrange with a taxi driver who would take her to the hospital when in labour. She was allowed to ask questions and appropriate answers were given. She complained of waist pain. The physiology was explained to her as a result of the increasing weight of the gravid uterus and the effect of hormone relaxin on joint, then she was educated on true sign of labour such as appearance of show, regular rhythmic contractions anytime she experiences that she should not hesitate to come to the heath facility. Permission was sought to leave, she was thanked and reminded of her next visit to the clinic.

2.4 SUBSEQUENT VISIT TO THE CLINIC

Madam Naomi reported to the clinic on the 21st August, 2023 around 9:00am as scheduled and it was her seventh visit. On arrival she was warmly welcomed and offered a seat after enquiring on her health and that of her family. She was congratulated for the visit and vital signs and other observation checked and recorded as follows;

Temperature	36.2
Pulse	78bpm
Respiration	21cpm
Blood pressure	118/66mmgl
Weight	75kg

A head to toe examination was performed with no abnormality detected under the supervision of the midwife in charge. Abdominal examination was done, and the abdomen looked globular and medium in size with linea nigra visible and a noticed fetal movement. On palpation gestational age was 38+2 weeks with symphysio fundal height 36centimeters. The lie was longitudinal, presentation was cephalic and position was right occipito anterior with a decent of 5/5th above the pelvic brim. On auscultation, the fetal heart was 144 beats per minutes with regular rhythm and volume. She was helped from the couch and dressed up and findings were documented in the antenatal booklet and findings were also communicated to her. Client complains of fatigue and leg cramps. Client was reassured and educated on the causes and prevention fatigue and leg. She

was educated on reduce over working and to place her feet on a pillow when sleeping sand also place her feet on a small stool when sitting. She was encouraged to take in more fluid and fruits to aid in bowel movement to manage constipation. Client was examined from head to toe and no abnormality was detected. Vital signs and other observation were checked and recorded as follows;

Temperature	36.2˚C
Pulse	82bpm
Respiration	20cpm
Blood pressure	110/69 mmHg
Weight	78kg
Symphysiofundal height	37cm
Descent	$4/5^{th}$
Fetal heart rate	139bpm

Urine was tested for protein and glucose which tested negative.

Client complained of heartburns. The physiology of heart burns was explained to Madam Naomi that it is related to the relaxation of the cardiac sphincter causing reflux of acidic stomach contents into the esophagus. Client was advised to take in food rich in vitamins, minerals and

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

NURSING CARE PLAN

PROBLEMS IDENTIFIED

Date:15-21/08/23

1. Waist pains
2. heartburns
3. constipation
4. Backache.
5. Fatigue

SHORT TERM OBJECTIVES

1. Client fatigue will subside within 24 hours.

2. Client will cope with waist pains with 24 hours.

3. Client's backache will subside and cope with it within 12 hours and throughout pregnancy.

4. Client constipation will resolve within 48 hours.

5. Client heart burns will reduced within 24 hours.

LONG TERM OBJECTIVES

Madam Naomi will be healthy throughout pregnancy, labour and puerperium successfully without any complications to both mother and baby

NURSING CARE PLAN DURING ANTENATAL

TABLE 1: ANTENATAL CARE PLAN

DATE/ TIME	**NURSING DIGNOSIS**	**NURSING OBJECTIVES/ OUTCOME CRITERIA**	**NURSING ORDERS**	**NURSING INTERVENTION**	**DATE/ TIME**	**EVALUATION**	**SIGN**
15/08/23 At 9:00am	Waist pains related to the effects of pregnancy hormone relaxin	Madam Naomi waist pain will reduce within 24 hours and cope with it throughout pregnancy as evidenced by:	1.Reasure client. 2.Encourage client to wear comfortable foot wear. 3.Encourage client to rest 4.Teach client relaxation	1.Client was reassured of better pain management. 2. Client was encouraged to wear low heel sandals. 3. Client rested at least 2 hours during the day.	15/08/23 At 9:00am	Goal met as client verbalized that her waist pain is reduced 2.Midwife observing client perform activities.	E.Y

		1.Client verbalizing that she is coping 2.Midwife observe client perform activities of daily living.	techniques. 5.Advice client to reduce house chores.	4. Relaxation techniques such as music therapy and sacral massage were taught 5. Client was advised to get a support person to help in house chores.			

TABLE 2: ANTENATAL CARE PLAN

DATE/ TIME	NURS ING DIGNOSIS	NURSING OBJECTIVES	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SN
17/08/23 At 9:00am	Fatigue related to weight of product of conception.	Client will cope with fatigue within 12 hours and throughout pregnancy as evidenced by; 1.Client reporting an increased ability to engage in daily actives without excessive tiredness.	1. Reassure client. 2. Encourage family members to assist in household chores. 3. Encourage client to have 2 hours rest and sleep during the day. 4. Encourage client to do minimal work. 5. Teach client energy	1. Client was reassured of ad equate support to reduce fatigue. 2. Family members were encouraged to help with the household chores. 3.Client was encouraged to have enough sleep and rest especially during the night. 4.Client was taught energy conservation techniques such as sitting rather 5. Client was encourage to take up	17/08/23 At 9:00am	Goal met as client reporting she is able to engage in daily actives without any tiredness. 2.Midwife observing client perform activities.	E.Y

		2.Midwife observe client perform activities of daily living.	conservation technique,	little work that she can tolerate.			

TABLE 3: ANTENATAL CARE PLAN

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
17/08/23 A t 10:00am	Heart burns related to the relaxation of the cardiac sphincter causing reflux of acidic stomach contents into the	Madam Noami heart burns will be reduced within 24 and cope with it throughout pregnancy hours as evidenced by 1. Client verbalizing that	1. Reassure client. 2. Explain the physiology of heartburns to the client. 3. Educate client to avoid going to bed later right after eating. 4. Encourage Madam	1. Client was reassured that the intensity of heart burns would reduce. 2. Client was educated that the heart burns was related to the relaxation of the cardiac sphincter causing reflux of acidic stomach contents into the esophagus. 3. Client was educated to use more	18/08/23 At 10:00am	Goal met as Client verbalizing that the intensity of heartburns has reduced. 2.Midwife observing client heart burns is reduced.	E.Y

	esophagus	the intensity of heart burns has reduced. 2.Midwife observing the intensity of the pain reduced.	Noami to reduce eating oily foods 5. Serve antacids	pillows to prop up herself when sleeping 4. Client was encouraged to take glass of milk as snack. 5. Prescribe antacids was served			

TABLE 4: ANTENATAL CARE PLAN

DATE/ TIME	NURSING DIGNOSIS	NURSING OBJECTIVES/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALU ATION	SIGN
19/8/23 At 9:00am	Constipation related to relaxation of smooth muscles and bowel by the normal progesterone	Client will regain normal bowel movement once every 24 hours as evidence by 1. Client verbalizing she has regained her	1. Reassure client. 2. Explain the physiology of constipation to client. 3. Encourage client to take fibre diet at least three times daily. 4. Encourage client to	1. Client was reassured 2. The physiology was explained that constipation was related to the relaxation of the smooth muscles and bowel by the progesterone. 3.Client was encouraged to eat fibre diets at least three times daily such as oranges and garden eggs stew.	20/08/23 At 9:00am	Goal fully met as 1.Client verbalizing that she has regained her bowel movement once every 24 hours. 2. Midwife	E.Y

		normal bowel movement . 2.Midwife noticing that client no longer complains of constipation .	take in more water. 5.Advice client on exercise.	3. Client took in at least 5 sachets of water daily 5.Client walked around as an exercise		noticing client no longer complains of constipation.	

TABLE 5: ANTENATAL CARE PLAN

DATE/ TIME	NURSING DIGNOSIS	NURSING OBJECTIVES/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
21/08/23 At 9:00am	Backache related to pressure Of the descending head on the sacral nerves.	Client backache will subside and cope with it within 12hours and throughout pregnancy as evidenced by 1. Client verbalizing that	1. Reassure client. 1. Explain physiology of backache to client. 3. Educate client to assume a comfortable position but harmless when sleeping. 4. Encourage husband	1. Client was reassured that pain will be relieved after delivery. 2. Physiology of backache was explained to her as pressure of the fetal head on sacral nerves 3. Client was educated to support her back and side with pillow when sleeping. 4. Client's husband was encouraged to	22/08/23 At 9:00am	Goal fully met as evidenced by 1.Client verbalizing that she is coping. 2. Midwife observing client is coping.	E.Y

		she is coping with the back ache . 2.Midwife observing client is coping.	to perform sacral massage. 5. Encourage client to have rest and sleep.	perform sacral massage. 5. Client was encouraged to have rest and sleep			

CHAPTER THREE

LABOUR

3.0 INTRODUCTION

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

3.1 ADMISSION AND MANAGEMENT OF THE FIRST STAGE OF LABOUR

On 23rd August, 2023, at 1:05am Madam Naomi reported to Constance maternity and clinic with complains of lower abdominal pains, the physiology behind the pains was explained to her that it was related to strong uterine contraction and educated on deep breathing exercise during contractions. Client was asked about the last food and said she ate in the previous evening before coming and had taking no medication. She had a normal bowel movement as well when asked. She complained of waist pains and really looked anxious and was reassured to allay fear and has seen 'show' in the evening. She arrived the facility in the company of her husband. They were welcomed and offered seat and further assured her and her husband that she is in a safe hand. Her facial expression indicated that she was in pain. Her antenatal card was collected and glanced through quickly. Her expected date of delivery was confirmed which dated 21st of August, 2023 and the ultrasound was 25th August, 2023. She complained of frequent micturition and was reassured and the physiology of frequent micturition was explained to her that it was due to fetal head or presenting part pressing on the bladder reducing the capacity of the bladder, therefore any small amount of urine that comes into it needs to be passed out thereby causing frequency of micturition. Client's labour history was

taken and recorded. Her haemoglobin level was checked and it was 12.0g/dl. Her vital signs were checked and recorded as follows;

Temperature	36.2 degree Celsius,
Pulse	80 beats per minute
Respiration	20 cycles per minutes,
Blood pressure	120/70 millimeters of mercury.

Client was helped unto the couch; hands were washed and dried with clean towel. Client was examined from head to toe and no abnormalities were detected.

On abdominal examination, the shape was ovoid with normal size and there was Linea nigra present.

The Symphysiofundal height was 38 centimeters while the gestation was 38 weeks + 4 days, foetal buttock was felt occupying the upper pole of the uterus. Foetal limbs were palpated at the right side and the foetal back was felt at the left side of the mother's abdomen, lie was longitudinal and the presentation cephalic with a descent of 3/5th above the pelvic brim. The foetal heart beat was 141 beats per minute.

After the palpation, hands were warmed by rubbing them together in order to check for contractions. There was three (3) contractions in ten (10) minutes lasting thirty (30) seconds, (32) thirty-two seconds and thirty-five (35) seconds. Permission was sought from Madam Naomi for vaginal examination of which she agreed. A tray already set had two sterile gallipots with one containing cotton, Savlon lotion, sterile gloves, a receiver for the used swabs and a sanitary pad. Hands were washed with soap under running water and dried with

clean dry towel. A pair of sterile gloves was put on and client was asked to assume a dorsal position with the knee flexed for examination.

The vulva was inspected for oedema, wart, scars and varicose veins but there was none present. The dominant hand was used to pick the cotton wool and dipped into the lotion; swab was dropped from dominant hand into the non-dominant hand and swab per stroke. Labia majora was wiped from anterior to posterior and the used swab was disposed of into a receiver. Labia minora was wiped from anterior to posterior and the used swab was disposed. The vestibule was pated using the non-dominant hand and the dominant hand was used to swab the vestibule from anterior to posterior. The used swab was disposed into the receiver. Client's permission was sought and the right middle and index finger was inserted into the vagina by firmly pressing downwards. This caused relaxation of the vaginal walls and muscles. The condition of the vagina was warm and moist and cervix was soft, thin and well applied to the presenting part.

The cervix was effaced and dilatation was four (4) centimeters. Ischial spines were blunt and pubic arch was wide, sacral promontory was not reached at 11cm. Membranes were intact and there was no moulding (0). A clean perineal pad was applied on the vulva and client was asked to lie on her left side to prevent supine hypotension syndrome. Glove were disposed of. All findings and the progress of labour were explained to client. The dilatation board was used to explain the cervical dilatation and progress of labour to her. Client was thanked for cooperating and all information gathered was recorded. Client was made comfortable in bed. All finds were recorded on a pathography. She was also encouraged to ambulate and to lie on her left when she felt tired. Client was then informed about the findings and after this, findings were recorded. Madam Naomi was encouraged to empty her bladder when she felt the urge as that will aid in the descent of the fetal head and effective contractions. She was also asked to change her perineal pad when it got soiled.

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

3.2 PREPARATION FOR BIRTH

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

4. Client was continuously and closely monitored on the partograph throughout the first stage of labour, maternal and fetal conditions were recorded and labour progressed well. Client was monitored on the partograph as follows; fetal heart rate, uterine contractions and maternal pulse were checked every thirty (30) minutes. The cervical dilation, descent, membranes, moulding, blood pressure and temperature were checked every four (4) hours. Urine test for protein and acetone was done every four (4) hours. Client was reassured again of competent care to be rendered and all procedures were explained before their performance. All findings were communicated to her.

3.3 MANAGEMENT OF FIRST STAGE LABOUR

Client was put on partograph on admission when labour was established. Fetal heart rate was 140pbm, contractions were three in tense lasting for thirty five seconds, and pulse was checked every 30 minutes and vaginal examination, was done cervical os was 4cm, descent was 3/5, blood pressure and temperature were done four hourlies.

Client complained of serve lower abdominal pain. Sacral massage was done. She was reassured and was explained that it related to labour process and educated on deep breathing exercise during contractions. She was encouraged to take light nutritious diet and normal fluids in bits to prevent dehydration and to help her during the second stage of labour. She took a cup of porridge. Madam Naomi was also encouraged to adopt left lateral position to prevent supine hypotension syndrome. Client's vital signs was checked at 1: 05am and recorded as follows:

Temperature 36.0 degree Celsius

Pulse 70 beats per minutes

Respiration 20 cycles per minute

Blood pressure 114/61 millimeters of mercury.

The amount of urine passed was 150mls which was tested for protein and acetone and the results were negative and she was encouraged to urinate whenever she has the edge. All findings were recorded on the partograph and client was informed of progress of labour using the dilatation board, she was informed delivery was imminent and during that period she will have the edge to defecate and therefore asked to call the midwife.

At 1:35am fetal heart rate was 138bpm, contractions were 3 in 10 lasting for 36 seconds and maternal pulse was 76bpm. At 2:05am. Fetal heart rate was 136bpm, contractions 3 in 10 lasting 35seconds and maternal pulse was 79bpm. At 2:35am fetal heart rate was 132bpm, contractions were 4 in 10 la sting 36 seconds and maternal pulse was 74bpm. She was assisted to lie on her left side and breathe through her mouth since she was complaining of severe waist pain. She was reassured that she will soon have her baby and all discomforts will be resolved and a sacral massage was given to reduce the pain. She was encouraged to assume a favorable position not harmful to the fetus and the physiology of uterine contraction was explained to her. At 3:05am fetal heart rate was 133bpm, contractions were 4 in 10 lasting 37 seconds, maternal pulse was 80bpm. At 3:35am fetal heart rate was 140bpm, contractions were 4 in 10 lasting 38 seconds, maternal pulse was 66bpm. At 4:05am fetal heart rate was 138bpm, contraction 4 in 10 lasting 42 seconds and maternal pulse was 78bpm. The progress of labour was documented and then communicated to client. Client was vomiting as a result of nauseated object at the ward. Temperature was checked and recorded as 36.7˚C and blood pressure was 130/87mmHg, urine was taken to test for protein and

acetone and they all showed negative and the amount as 100mls. At 4:35am fetal heart rate was 132bpm, contractions were 4 in 10 lasting 42 seconds, and maternal pulse was 82bpm. At 5:05am fetal heart rate was 135 bpm, contraction was 4in10 lasting 45 seconds and maternal pulse was 82bpm. Client was due for vaginal examination at 5:05am vagina examination revealed cervical os 8cm dilated. head descent was $2/5^{th}$.Moulding was (+) and membranes were intact. Progress of labour was communicated to her and she was reassured.

At 5:35am fetal heart rate was 138 bpm, contraction was 4in10 lasting 45 seconds and maternal pulse was 85bpm. It was observed that client had removed pad onto bed. She was quickly made aware not to do that since she could be infected. She was encouraged to wash her hands and discard pad if fallen. At 5:35am

At 6:05am membranes ruptured spontaneously and the liquor was clear with moulding of (++) and vagina examination was done to exclude cord prolapse and to confirm full dilatation of the cervix and client was 10cm dilated. Fetal heart rate was 140 beats per minute, contraction was 5 in 10 lasting for 45 seconds, descent was $0/5^{th}$ and maternal pulse 94 beats per minute, Blood pressure 114/61mmhg. the perineum bulged and the anus gaped. The in-charge was informed of the progress of labour and was asked to confirm it and she confirmed which marked the beginning of second stage of labour. The first stage lasted for 5 hours 28minutes.

Delivery trolley was set up.

The top shelf:

- Cord scissors
- Cord clump

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

Bottom shelf

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

3.4 MANAGEMENT OF SECOND STAGE OF LABOUR

After carrying out vaginal examination, client was informed that she was due to deliver her baby.

Madam Naomi was asked about the position she preferred to deliver her baby with and she chose the lithotomy position and was helped to assume that position. All windows were closed and fans were turned off. Protective clothing was then worn, that is plastic apron, boots and face masks. Delivery pack was opened by the midwife in-charge and sterile gloves worn.

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

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

The neck was felt for cord around it and there was none. Restitution occurred and external rotation of the head which indicates that internal rotation of the shoulders had occurred. The fetal head was held in both palms, each palm on the parietal bones and with little downward traction, the anterior shoulder was delivered. The posterior shoulder was also delivered with upwards traction as it was allowed to sweep the perineum and with lateral flexion, the trunk and the rest of the body were delivered onto the mother's abdomen. The sex of the baby was noticed to be a female and was shown to the mother to confirm the sex of the baby. The baby coughed and started crying out very loudly. The baby was left on the mother's chest to initiate bonding, breast feeding and to provide warmth. The baby was completely expelled at 6:33am and was noted.

3.5 IMMEIDATE CARE OF THE BABY

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

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

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

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

3.6 MANAGEMENT OF THIRD STAGE OF LABOUR

This stage of labour deals with the total delivery of the placenta and membranes and control of haemorrhage. At 6:35am, 10 units of oxytocin was injected intramuscularly on the upper thigh of Madam Naomi with the aim of contracting the uterus after palpating to exclude second twin but there was none.

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

The placenta and membranes were expelled completely at 6:38am. The placenta was placed in the receiver after quick examination was done to know whether the membranes and lobes were intact. The uterus was rubbed to stimulate contraction and expel clots. Client was taught how to perform uterine massage and also educated on how the uterus should feel after massaging.

The perineum, vulva, vagina and the cervix were swabbed and examined for tears and lacerations under a good source of light but there was no tear. A clean pad was then used to clean the liquor and the blood from her body. A clean perineal pad was applied to the perineum and the client was asked to lie on her back and cross her legs so that any bleeding could easily be identified. She was thanked for her cooperation and efforts. She was informed to empty her bladder whenever she felt the urge in order to prevent bleeding. Her husband was informed of a safe delivery of a baby girl and he was happy.

Finally, the placenta and membranes were sent to the sluice room to be examined and discarded afterwards as per the protocol of the facility.

3.7 EXAMINATION OF THE PLACENTA

The placenta was sent to the sluice room for examination, it was decontaminated by dipping it in a 0.5% chlorine solution. Firstly, the size and shape of placenta was inspected and was normal. The length of the cord was also normal. The placenta was held straight by the cord with the non-dominant hand and the membranes hanged loosely. The dominant hand was inserted into the whole from which the baby came out and was spread through to visualize for extra holes and it had just a hole. The placenta was placed in the receiver and hand was strolled along the cord to identify true or false knots. The cut end of the cord was wiped with

gauze to inspect the number of blood vessels; it had two arteries and one vein with the cord situated at the center of the placenta. Circumference of the placenta was examined for radiating blood vessels and they were intact with no blood vessel radiating through it. Placenta was put on a flat surface to inspect for membranes and lobes which were intact. Amnion was stripped off the chorion to visualize chorion if torn or part retained and it was complete. The maternal surface was examined, there were no infarcts. The color was dark red with complete lobes.

The fetal surface was bluish grey in color and was smooth and shiny with blood vessels radiating on the surface and cord inserted at the center. Blood clots from the maternal surface were added to the blood loss. With a measuring cup the blood loss was measured and it was 180mls. After the examination the placenta was discarded. The working surface was wiped with 0.5% chlorine solution. Used instruments were decontaminated in 0.5% chlorine solution for 10 minute and then, rinsed with clean water, washed with soap and water, rinsed under running water and dried and made ready for sterilization.

Gloved hands were immersed in 0.5% chlorine solution before removing and discarding. Hands were thoroughly washed with soap under running water and dried with clean towel. Findings were recorded on the partograph and completed. Delivery book and Madam Naomi of delivery in the antenatal booklet were also recorded. The husband and mother in-law were informed about the safe delivery and sex of the baby that is a girl, for which they accepted and were very happy. They expressed gratitude for the patience and care.

3.8 MANAGEMENT OF FOURTH STAGE OF LABOUR

Madam Naomi and her baby were assisted and taken into lying in ward where they were closely observed for six hours after a successful completion of the third stage of labor. During

this stage skin to skin and breastfeeding is encouraged. At stage, the uterus contract which helps to prevent excessive bleeding.

BABY

Prevention of diseases

Hands were washed with soap under running water to prevent infection. The eye of the baby was treated by administering chloramphenicol eye drop (2 drops on each eye) to protect the eye against infection such as Ophthalmia Neonatorum. The cord was also dressed using cotton wool swabs soaked with methylated spirit. Injection vitamin K (1mg) was given intramuscularly on the right thigh to prevent the baby from bleeding disorders. Mother was educated to wash hands before and after breastfeeding baby, visiting the wash room and changing her perineal pad. The baby was covered to provide warmth.

Examination of the new born

Consent was sought from Madam Naomi as the procedure was explained to her that the baby was going to be examined from head to toe to identify any birth defects for the necessary interventions to be taken whiles the findings will be communicated to her after the procedure and was encouraged to observe.

Hands were washed, dried and examination gloves put on. Baby was put on a warm flat surface and undressed but covered with a clean cot sheet. A quick general inspection on the baby revealed; the skin color was pink and the muscle tone was good, then baby was covered with a clean cloth and was examined systematically;

The baby was pink in color. There were no rashes or birthmarks seen. Lanugo hair was present and skin was intact and smooth with little vernix caseosa.

The face was pink with no birth mark. The head was examined and there was no caput succedaneum. The fontanels were not bulging or sunken and were pulsating normally with no widened sutures. The mother was encouraged not to use any hot water on the head. She was educated that the posterior fontanel will close within six weeks and anterior fontanelle will also close within 18 months. The head circumference of the baby was measured using a tape measure to encircle the baby's head starting from the occipital protuberance to the supra-orbital ridges and it measured 34 centimeters.

The ears were normal sized and shaped and the cartilage of the pinna was medium in texture. The eyes were in normal alignment. The sclera and conjunctiva were pink in colour with no discharges or jaundice. The ears were patent. The nose was of normal size and shape with a normal central septum. The nostrils were patent. The lips and tongue were pink, no tongue-tie, no false teeth and no cleft lip or palate were detected. Rooting, suckling and swallowing reflexes were evident. The neck was palpated for swellings and enlarged lymph nodes or congenital goiter but there was none.

On the chest the trunk had a normal size. The breasts were normally situated with no engorgement or mass. The nipples were in alignment with no extra ones. Respiratory movement was normal.

The upper extremities were equal with no extra digits, clubbing, webbing, or a missing digit. The capillary refill did not delay at all when finger was pressed. There were palmer creases and movement present. Grasping and Moro reflexes of baby were present.

The abdomen felt soft and round not distended and without any palpable masses. The cord was situated centrally and no bleeding was seen. The abdomen was of normal shape and size. The cord had one vein and two arteries.

The baby was wrapped nicely and the findings were communicated to the mother that there were no abnormalities detected. She was educated on how to maintain good personal hygiene of the baby and herself by washing her hands with soap and water frequently, changing baby's diaper whenever soiled and not applying any herbs on babies' cord to avoid any infection and also to keep the baby warm so as to prevent hypothermia.

Mother

Madam Naomi was then monitored for the first one hour and transferred into the lying in ward and was served with malt and biscuit. She was encouraged to put baby to breast as early as possible to initiate bonding and establish lactation. She was educated on the importance of breastfeeding such as it enhancing the release of oxytocin which helps in the contraction of the uterus and drainage of lochia, control of haemorrhage and also as a form of family planning.

She was encouraged to empty her bladder frequently to aid in the contraction of the uterus. Post-delivery vital signs were checked every 15 minutes for the first two hours, every 30 minutes for the next one hour and then hourly for the last three hours, both mother and baby's condition were good. Madam Naomi's perineal pad was inspected at regular intervals for amount, consistency, color and odour of lochia. The discharge was without a foul smell and was dark red in color (lochia rubra).

The uterus was well contracted with symphysio fundal height measuring 18 centimeters

Madam Naomi was encouraged to report if she experiences any profuse bleeding. She was also asked to change her pad when soiled in order to prevent infection and hands washed afterwards.

All findings were within the normal range.

Critical and careful observation were made on the mother and baby for 15minutes for the first one hour and recorded as follows;

MOTHER

Temperature	36.2^0C	36.0^0C	36.4^0C	36.2^0C
Blood pressure	120/70mmHg	120/70mmHg	110/70mmHg	100/60mmHg
Pulse	81cpm	85bpm	81bpm	82bpm
Respiration	20cpm	21cpm	20cpm	20cpm
Fundal height	18cm			

BABY

Temperature	36.0^0C	36.2^0C	36.0^0C	36.2^0C
Pulse	120bpm	126bpm	128bpm	130bpm
Respiration	40cpm	48cpm	46cpm	50cpm

Mother's breast milk was slow in flow within the first one hour after delivery but became normal after two hours' time, the condition of both mother and baby was satisfactory throughout the fourth stage

HISTORY OF LABOUR AND DELIVERY

Date of delivery 23rd August, 2023

Time of delivery 6:33am

Time of placenta expulsion and membranes 6 :38am

Type of delivery	Spontaneous vagina delivery
Estimated blood loss	120mls
Duration of labour	
First stage of labour	5hours 28minutes
Second stage of labour	23 minutes
Third stage of labour	7 minutes
Total duration of labour	5 hours 33 minutes

Condition of baby

Sex	Female
Birth weight	2.7kg
Apgar score at 1st minute	9/10
Apgar score at 5th minutes	9/10
Full lengths	49cm
Head circumference	34cm
Meconium	Passed
Urine	Passed
Abnormality	None detected
General condition	Satisfactory

Condition of mother

Blood pressure	114/61mmHg
Pulse	73bpm
Respiration	21cpm
Temperature	36.5^{o}C
Uterus	Contracted
SFH	18cm
Lochia	Rubra
Condition	Satisfactory

Condition of placenta

Maternal surface	-	Normal (Dark red)
Fetal surface	-	Normal (Bluish grey)
Lobes and membranes	-	Complete and healthy
Blood vessels	-	2 Arteries, 1 vein
Cord situation	-	Central

3.7 PROBLEMS IDENTIFIED DURING LABOUR

23/08/23

- Lower abdominal pains
- Anxiety
- Waist pain
- Vomiting.
- Frequent of micturition.

3.8 SHORT TERM OBJECTIVE

- Client will cope with lower abdominal pain within 2 hours
- Client's anxiety will be relieved within1 hour
- Client will understand and cope with waist pains within 4 hours
- Client will cope with backache within 4 hours.
- Client will cope with vomiting within 2 hours.

LONG TERM OBJECTIVE

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

NURSING CARE PLAN DURING LABOUR

TABLE 1: LABOUR CARE PLAN

DATE/ TIME	**NURSING DIAGNOSES**	**NURSING OBJECTIVES**	**NURSING ORDERS**	**NURSING INTERVENTIONS**	**DATE/ TIME**	**EVALUATIONON**	**SIGN**
23/08/23 At 8:00am	Lower abdominal pain related to labour process.	Client will cope with lower abdominal pain within 2 hours and throughout labour as evidenced by 1. Client verbalizing that she is coping with	1. Reassure client. 2. Explain the physiology of lower abdominal pain to client. 3. massage client. 4. Encourage client	1. Client was reassured of effective pain management. 2. The physiology of lower abdominal pain was explained to the client as strong uterine contraction. 3. Sacral massage was performed. 4. Client did deep breathing exercise in between	23/08/ 23 At 10:00pm	Goal fully met as; 1.Client verbalizing that she coped well with the pains. 2.Midwife noticing that client no longer complains.	**E.Y**

		the pain. 2. Midwife noticing that client no longer complains.	to do deep breathing exercise. 5. Encourage client to empty her bladder frequently.	contractions. 5. Client emptied her bladder frequently.			

TABLE 2: LABOUR CARE PLAN

DATE/ TIME	NURSING DIGNOSIS	NURSING OBJECTIVES	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
23/08/23 At 8:00am	Anxiety related to unknown outcome of labour.	Client will be relieved of anxiety within 30 minutes as evidenced by: 1. Client verbalizing she is no more anxious. 2.Midwife observing that	1. Reassure client 2. Educate client on the effect of anxiety on labour. 3. Explain the stages of labour to the client. 4. Explain every procedure to be carried out to the client. 5. Update client with progress of labour.	1. Client was reassured of competent to be rendered. 2.Client was educated on the effect of anxiety on labour. 3.Client was educated on the stages of labour. 4.Client was involved in her care as she was involved in all process done on her. 5. progress of labour was communicated to client the dilation board. 6. Client asked questions and was	23/08/ 23 At 8:30am	Goal fully met as client verbalizing she is no more anxious. 2.Midwife visualiz that client no longer anxious.	**E.Y**

		client is no longer anxious.	6. Allow client to ask questions and answer her appropriately	answered appropriately.			

TABLE 2: LABOUR CARE PLAN

DATE/ TIME	NURSING DIGNOSIS	NURSING OBJECTIVES	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
23/08/ 23 At 8:12am	Frequency of micturition related to pressure exerted by the foetal head on the bladder during labour.	Client will cope with frequency of micturion within 2 hours and throughout labour as evidenced by 1. Client verbalizing that she is coping. 2. Midwife visualizing that client is coping.	1.Reassure client. 2.Explain the physiology to the client. 3.Educate her on the need to urinate frequently. 4.Provide bedpan at the reach of client.	1.Client was reassured of competent nursing care. 2.The physiology was explained to her that it was due to the fetal head pressing on the bladder reducing the capacity of the bladder. 3.Client was educated on the need to urinate frequently whenever she has want to. 4.Bed was provided at the reach of client.	23/08/ 23 At 8:50am	Goal met as client verbalizing is coping. 2.Midwife visualized client is coping.	**E.Y**

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES	NURSING ORDERS	NURSING INTERVENTION	DATE / TIME	EVALUATION	SIGN
23/08/23 At 8:12am	Vomiting related to nauseated object at the ward.	Client's vomiting will be reduced within 2 hours and cope with it through labour as evidenced by; 1Client verbalizing that vomiting has stop.2. Midwife visualizing client is no more vomiting. Midwife	1. Reassure client. 2. Remove nauseated items from client. 3.Assess the hydration level of the client. 4.Assist client to rinse her mouth after vomiting. 5.Encourage client to eat light and dry foods	1. Client was reassured that vomiting will stop after labour. 2. Nauseated items were moved from client . 3. Client level of hydration was assessed 2 hourly. 4. Client was assisted to rinsed her mouth after vomiting. 5. Client was encouraged to eat light and dry food like porridge and biscuit.	23/08/23 At 5:00pm	Goal fully met as evidenced by client verbalizing that she is no more vomiting. 2.Midwife visualizing that client is no more vomiting.	**E.Y**

DATE/ TIME	NURSING DIAGNNOSIS	NURSING OBJECTIVES	NURSING ORDERS	NURSING INTERVENTIONS	DATE/ TIME	EVALUATION	SIGN

23/08/23 At 8 :00am	Waist pain related to descent of the fetal head.	Client will be relieved of waist pain within 2 hours and cope with it till the end of labour as evidenced by 1.Client verbalizing she is coping with the pain 2.Midwife noticing client is coping.	1.Reassure client. 2.Explain the physiology of waist pain to client . 3.Encourage client to sit for a short period of time. 4.Perform sacral massage. 5.Encourage deep breathing excerise in between contractions.	1. Reassure client of competent care. 2.The physiology was explain to her that it due to the fetal head descending into the pelvis. 3.Client was encourage was to sit for a short period of time. 4.Sacral massage was performed to client to relieve her of pain. 5.Deep breathing exercise was encourage in between contractions.	23/08/23 At 10:00	Goal met as client verbalizing that she is coping. 2.Midwife noticing that client is coping.	**E.Y**

CHAPTER FOUR

PUERPERIUM

4.0 INTRODUCTION

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

4.1 DAY OF DELIVERY

Madam Naomi and her baby´s general condition after delivery were assessed before they were transferred to the lying in for continuous observation. A bed was made for mother and baby. She was educated and demonstrated how to fix baby to breast and was encouraged on breastfeeding on demands. Hand washing with soap and water after visiting the toilet and changing perinea pads was stressed on to prevent cross infection from the mother to child. Her vital signs were checked and recorded as follows;

Mother

- Temperature 36.6^0C
- Blood pressure 110/60mmHg
- Pulse 80bpm
- Respiration 20cpm

Baby

- o Temperature 36.6^0C
- o Apex beat 130bpm

o Respiration

Weight	2.8kg	46cpm

Baby bathing and cord dressing

After six hours of birth, procedure was explained to the mother, permission was sought and Madam Naomi gladly accepted. A tray was then set, Items to be used for the procedure were assembled, these included:

Top Shelf

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

Bottom Shelf

- Disposable gloves

- Methylated spirit
- 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

The plastic apron was worn. Hand washing was done with soap under running water and dried with clean towel. The cold and hot water were mixed and the temperature was tested using the elbow. Gloves were worn and the baby was placed on a flat surface protected with mackintosh and cot sheet. Baby was undressed. A quick head to toe examination was done and no abnormality was detected. Baby was wrapped with a cot sheet leaving the face.

Baby's eyes were cleaned with cotton wool swabs soaked in clean water from the inner canthus to outer canthus. Her face was cleaned by damping with a face towel and dried. The sponge was lathered with soap. Baby's neck was supported with the left hand using two fingers to plug the ears and the head was washed with the soapy sponge with the body resting on the flat surface. Baby was carried with the body resting on the elbow and still supporting the nape. She was place at the edge of the bowl to rinse the soap off the head and dried.

Baby was exposed; arms and front of trunk were washed paying attention to skin folds. The baby's back was turned with one hand supporting the chest and washed back down to feet paying attention to the skin folds. Madam Naomi's baby was immersed in a bath of warm water with the head above the water and rinsed thoroughly. The baby was place on a flat

surface covered with clean sheet. Madam Naomi's baby was dried by using a clean small towel paying attention to the skin folds and oiled. Madam Naomi's baby was then dressed but the cord was left exposed, hand hygiene was performed, the cord was inspected for bleeding but there was none.

The cord was dressed with methylated spirit by holding the cord clamp with a swab. The base was cleaned with a swab in a circular manner. Both posterior and anterior sides of the cord were cleaned from the base upwards with different cotton wool swabs. The tip was also cleaned with a separate swab. The cord was exposed to air dry, baby was wrapped and given to mother to breastfeed. The waste materials were discarded. Gloves were removed and disposed of.

Hands were washed with soap under running water. All findings were communicated to client and documentation was done.

Since Madam Naomi was to be discharged on the next day after the day of delivery, she spent the night at the hospital so she was taken care of. And the vital signs of Madam Naomi and the baby were checked and recorded as follows;

Mother

- Temperature 36.5^0C
- Blood pressure 120/700mmHg
- Pulse 80bpm
- Respiration 21cpm

Baby

- Temperature 36.5^0C
- Apex beat 132bpm

- Fundal height 18cm
- Respiration 47cpm

4.2 FIRST DAY POST DELIVERY CARE AND DISCHARGE

Madam Naomi had a normal delivery on 23rd of August, 2023, and was discharged the next day that was on the 24th of august 2023. On that day she was informed of her possible discharge and she took her bath and took a cup of warm porridge for her breakfast. The mother and baby's vital signs were checked and other assessments were recorded as follows;

MOTHER

- Temperature 36.2^0C
- Pulse 80bpm
- Respiration 20cpm
- Blood pressure 96/60mmHg
- Fundal height 17cm
- Lochia Red [rubra]

BABY

- Temperature 37.1^0C
- Apex beat 130bpm
- Respiration 40cpm
- Cord dry

- Weight 2.8kg

General examination was conducted on the mother after procedure was explained to her and no abnormalities were detected. Her breast was heavy with prominent nipples and there was

the presence of colostrum. Perineal pad was inspected for the colour of lochia which was red with moderate flow and no offensive smell, her perineum was examined and it was in good condition. She was reminded of frequent emptying of her bladder.

Madam Naomi's baby was toped and tailed on 24th August at 6:30am. After procedure was explained to her and all items needed for the procedure were assembled, Madam Naomi was asked to observe what was been done and encouraged to ask questions. The cord was also dressed using methylated spirit.

She was encouraged to ask questions to clarify her doubt but she said there was no question. The baby was groomed, wrapped and handed over to the mother. Client was thanked for her cooperation and findings were communicated to her that there were no abnormalities detected so findings were documented.

After which Madam Naomi was educated to have adequate rest and sleep, she was also educated to practice exclusive breast feeding and proper position of the baby to breast and also to practice good Personal and environmental hygiene such as regular and proper hand washing. She was also educated on the proper care of the baby such as keeping baby warm always to prevent hypothermia, washing baby's clothing separately to prevent cross infection and also ensuring that baby sleeps under a treated mosquito net to prevent malaria. She was educated on the baby's cord care that no chemical should be applied to the cord except dry dressing with methylated spirit and that she should avoid pulling the cord forceful since it will fall off by itself. She was also encouraged on the first and sixth week postnatal visits to the clinic as well as signs and symptoms of infection to the baby.

The baby was given immunizations on Bacillus Calmette Guerin (BCG) and polio 0 (opv0) on

24th August 2023. Madam Naomi's husband and support persons were encouraged to support her during this period in order to enable her care for the baby appropriately. After that they were congratulated on their cooperation and helped them packed their belongings. She was informed of the next visit in the evening and she accepted, she was assisted in packing her things and they were and bid good bye.

4.3 FIRST POSTNATAL HOME VISIT

A follow up home visit was made in the evening on the 24th of August since the morning was spent in the hospital to the family at 4:00pm to render domiciliary midwifery care to mother and her baby. On arrival, Madam Naomi was neatly dressed in white clothes while the sister-in-law was preparing kontomire soup and the entire environment was also clean. A warm welcome was given and a seat was offered, introduction was then made to her sister-in-law as her personal midwife. The baby was topped and tailed and cord was dressed after general examination was done. After that, the mother was examined from head to toe but there was no abnormality. The perineal pad was inspected for lochia and it was rubra.

Both mother and baby were in good condition. On enquiry, mother complained of after pain and she was reassured and made to understand that it was due to uterine contraction and this will enable the uterus to return to its pre-gravid state. She was also reminded of exclusive breastfeeding to prevent neonatal infection and to promote baby's growth and the need for adequate nutrition to replace worn out tissues. The family members were encouraged to give her their support. Below were the findings for both mother and baby on 24th August 2023 in the evening.

MOTHER

- Temperature 36.5^0C
- Pulse 80bpm
- Respiration 22cbm
- Blood pressure 110/60mmHg
- Lochia Rubra

BABY	**MORNING**	**EVENING**
• Temperature	36.7^0C	36.7^0C
• Apex beat	134bpm	135bpm
• Respiration	40cpm	47cpm
• Weight	2.7kg	2.7kg
• Stool	meconium	meconium
• Urine	Passed	Passed

Madam Mable was encouraged to breastfeed the baby on demand and at least 8 to 12 times a day. A promise was made to visit them again the following day and client said good bye and family were bid fare well.

4.4 SECOND POSTNATAL HOME VISITS

On 25th August, 2023 at 8:00am and 4:30pm, Madam Naomi and her baby were visited. The baby was topped and tailed and cord dressed with general examination done on both mother and baby but there were no abnormalities detected, Madam Naomi's, fundal height was 16cm, breast was lactating and lochia was rubra, the baby, stools were meconium, she passed

urine and weight was 2.5kg and the findings were communicated to the mother and the vital signs checked recorded as follows;

Observation on the 25th August, 2023

Madam Naomi complained of back ache and she was reassured that the pain will soon be over and encouraged her to avoid prolonged standing or sitting, she should maintain good posture and also make sure that she sits on a chair with a straight back rest during breast feeding. She was taught how to properly attach the baby to breast. Her family members were encouraged to help her in taking care of the baby to enable mother have enough rest. The evening visit their vitals were checked and recorded as follows:

MOTHER

VITAL SIGNS	MORNING	EVENING
Temperature	36.3^0C	36.8℃
Pulse	68bpm	76bpm
Respiration	21cpm	21cpm
Blood pressure	121/77mmHg	125/80mmHg
Fundal height	16cm	16cm

BABY

VITAL SIGNS	MORNING	**EVENING**
Temperature	36.40C	**36.8**℃
Respiration	41cpm	**42cpm**

Pulse	137bpm	**126bpm**
Weight	2.6kg	**2.5kg**

The baby was then topped and tailed and cord dressed, physical examination was done on both mother and baby but no abnormalities were detected she was then asked of any complains and she said no complains but the backache she complained of in the morning had reduced.

4.5 THIRD POSTNATAL HOME VISIT

On the 26th of August, 2023, the third visit was made to Madam Naomi and the baby in the morning and evening to continue the care. Examination revealed that both mother and baby were in good condition, fundal height was 15cm, breast was lactating, lochia was serosa and uterus had contracted. Baby was also topped and tailed and cord was cleaned. Stool was yellowish-brown, urine was passed, suckling was good, skin was pink, cord was shrinking and weight was 2.5kg. Madam Naomi complained of fatigue. She was reassured that the fatigue is as a result of stress and strains of labour, She will regain her comfort as soon as possible, she was encouraged to have enough rest during the day and night and also encouraged her family members to help in her daily activities to provide her adequate time to rest in order to improve her health. They should also help in taking care of the baby so that the woman can have enough rest. The evening visit to Madam Naomi was also made at 4:30pm and the vital signs was checked and recorded as follows;

MOTHER

VITAL SIGNS	MORNING	EVENING
Temperature	36.8^0C	36.5^0C
Pulse rate	80bpm	80bpm
Respiration	22cpm	22cpm
Blood pressure	115/70mmHg	117/70mmHg
Fundal height	15cm	

BABY

VITAL SIGNS	MORNING	EVENING
Temperature	36.7^0C	36.8℃
Pulse	130bpm	132bpm
Respiration	40cpm	40cpm
Weight	2.5kg	2.5kg

4.6 FOURTH POSTNATAL HOME VISIT

On the 27th August, 2023, the fourth day home visit to Madam Naomi and family was made at 8:00am 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 methylated spirit 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. On examination it was observed that mother's breast was engorged and on enquiry, she complained of pain. 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

VITAL SIGNS

Temperature

36.5℃

Respiration 19cpm

Pulse 82bpm

Blood pressure

98/60mmHg

Fundal height 14cm

Lochia serosa

BABY

- Temperature 36.9^0C
- Respiration 41cpm
- Apex beat 140bpm
- Cord shrinking
- Stool Yellowish -brown
- Urine Passed
- Weight 2.4kg

4.7 FIFTH POSTNATAL HOME VISIT

On the 28th of September, 2023, the fifth day postnatal visit was made to the client and her family at 8:00am to render the fifth day postnatal care. When the baby was undressed, it was observed that the cord was off without infection. They had already bathed the baby and the cord stump was dressed. Madam Naomi and her family were informed that the care will be

terminated after they made their first 1st postnatal visit to the clinic, Madam Naomi was asked if there were any complaint and she complained of difficulty in sleeping at night due to stress**.** Madam Naomi was reassured and encouraged to have enough rest and sleep during the day time when the baby is sleeping so that the baby can be breast fed well during the night. Observation made on the client and her baby were communicated to her and the family members and were recorded as follows;

MOTHER

- Temperature 36.5 ^{o}C
- Respiration 19cpm
- Pulse rate 82bpm
- Blood pressure 110/60mmHg
- Fundal height 13cm
- Lochia Serosa

BABY

- Temperature 36.8^{o}C
- Respiration 40cpm
- Apex beat 136bpm
- Stool yellowish-brown
- Urine Passed
- Weight 2.4kg

4.8 SIXTH DAY POSTNATAL CARE HOME VISIT

The sixth day postnatal visit to Madam Naomi and her family was on 29th A ugust 2023, at 8:00am. The baby was bathed and neatly dressed. All necessary examinations were made on both baby and mother, they were both healthy. No complaint was made, observation made on the client and the baby were communicated to them and recorded at follows;

MOTHER	**MORNING**
Temperature	36.2
Pulse	76bpm
Respiration	22cpm
Blood pressure	120/80 mmHg
Lochia	Serosa
Fundal height	12cm

BABY	**MORNING**
Temp	36.4^0C
Respiration	40cpm
Apex heart beat	125bpm

Weight	2.5kg
Suckling	Good
Cord	Healed
Stool	Yellowish

Education was given to her on the impotence of ensuring good posture during feeding the baby and the need to feed the baby continuously on demand and at midnight too. She said she appreciated that a lot, and she was thanked for her cooperation. She was reminded that the next day was going to be the last visit to her house and permission was sought to leave.

4.9 SEVENTH POST NATAL HOME VISIT

The last home visit to the client and her family was on the 30th August, 2023 at 8:00am. The baby was bathed and neatly dressed after that Madam Naomi was educated on proper care 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 the family were reminded about the termination of the care after the first day postnatal visit to the clinic. Madam Naomi and the entire family were thanked for their cooperation and support throughout this study. The observations made were recorded as follows;

MOTHER

- Temperature 36.0^0C
- Respiration 22cpm
- Pulse rate 83bpm
- Blood pressure 122/83mmHg
- Fundal height 11cm
- Lochia Alba

BABY

- Temperature 36.6^0C
- Respiration 50bpm
- Apex beat 124bpm
- Stool yellow
- Urine Passed
- Weight

2.6kg

All the findings were explained to the client and she was educated on the impotence of visiting the clinic for the first week post-natal and the importance of immunizing the baby fully. She was thanked for her support and cooperation and farewell was done.

4.10 FIRST POSTNATAL VISIT TO THE CLINIC

On the 31st August, 2023, Madam Naomi and her husband reported to the postnatal clinic at 8:00am and both mother and baby were neatly dressed in white clothing. They were warmly

welcomed and seats were offered. The purpose of the visit was to access the mother and baby during puerperium. After a brief conversation, their vital signs were checked and they were examined physically from head to toe. Madam Naomi and her baby's vital signs were checked

and recorded as follows;

MOTHER

- Temperature 37.1^0C
- Pulse rate 80bpm
- Respiration 20cpm
- Blood pressure 110/70mmHg
- Weight 78.0kg
- Fundal height 9cm

BABY

- Temperature 36.5^0C
- Respiration 46cpm
- Apex beat 134bpm
- Weight 2.7kg

After the mother and baby's vital signs were checked, mother was asked to empty her bladder and enter into the examination room. The baby was handed over to the father, privacy was provided and mother was assisted onto the examination couch.

On inspection, her hair looked healthy and was neatly plaited which was free from dandruff, her eyes were clear and conjunctiva was pink and free from discharge, her mouth was clean and there were no abnormalities like lump or enlarged thyroid gland on the neck.

On the chest examination, respiratory pattern was normal, breast examination was done and there was no lump, cracked or sore nipple on the breast, lactation was well established. The upper extremities were also equal in size and length and free from Oedema, the abdomen was flat and uterus was not palpable, on vulva examination, it was neat and free from odour. There was no abnormal discharge noticed apart from lochia which was whitish in colour.

The lower extremities were also equal in size and length and no abnormality was detected. After the examination, she was thanked for her cooperation and helped out of the examination couch, findings were then communicated to her, hands were washed and findings were documented.

The baby was then taken from the father for general examination.

On examination of the baby, sutures and fontanels were normal. The face was clear and eyes opened with white sclera and pink conjunctiva. There were no discharges from the eyes, nose or mouth. The neck was also free from abnormality such as inflamed thyroid gland or lymph nodes. The chest was normal, no lumps were found in breast and no discharge was found, the abdomen was soft and not distended. The umbilical cord stump had healed completely. The upper extremities were equal in length, size and shape. The lower extremities were also equal

in length, size and shape without any abnormalities. Examination of the back revealed a normal spinal cord and absence of sore buttocks.

The baby was dressed up after the examination. She was handed over to her mother and thanked for her cooperation. All findings were communicated to her. After which hands were then washed and dried and findings were recorded and also client was then handed to the Midwife in charge for continuity of care. Client and husband were educated on child immunization. Exclusive breast feeding as well as adequate nutrition were re-emphasized. Madam Naomi was very grateful and promised to go by the education given and she was reminded that it was the last encounter with them and that they should not forget about the family planning which they agreed to start with the Depo-Provera which is for three months. They were told to report to the facility if any problem arises. Madam Naomi and her husband were both thanked for their cooperation and the successful completion of this care study.

Madam Naomi and her baby were directed to the birth and death registry for registration of the baby's name into the register of life births and also to acquire a birth certificate for the baby. Care was terminated and client was handed over to the Midwife in-Charge of the continuity of care.

4.11 SECOND POSTNATAL VISIT TO THE CLINIC

According to the midwife in-charge, the six weeks postnatal visit was made on the 26th of September, 2023 at about 10:00 am. Client was warmly welcomed and a seat was offered. Client and the baby looked healthy and cheerful. Midstream specimen was taken for investigations. Rapport was established and permission was sought for the head to toe examination to be done on both mother and baby and no abnormalities were detected. Vital signs were checked on mother and recorded as below.

Temperature	36.0 ℃
Pulse	80bpm
Respiration	20cpm
Blood pressure	110/70 mmHg
Weight	79.0kg

Madam Naomi and her baby were handed over to the child welfare clinic and family planning unit for 6 weeks immunization.

Baby was immunized with the following vaccines, Polio 1 2 drops, Rotavirus 1 2drops, pneumococcal 1 0.5milligrams and Pentavalent [diphtheria, pertussis, tetanus, hepatitis, hepatitis B, Hemophilus influenza]. Mother was reminded on family planning and breastfeeding exclusively, rest and sleep, exercise and nutritious diet. She was encouraged to ask questions bothering her but she said there was none.

Client was also advised to report to any health facility in case she encountered any health-related problem. Client was then handed over to the public health nurse for continuity of care.

4.12 PROBLEMS IDENTIFIED DURING PEURPERIUM

DATE 24-28/08/2023

- Lower abdominal pain (After pains)
- Backache
- Fatigue
- Breast engorgement
- Insomnia

SHORT TERM OBJECTIVES

- Client will be relieved of after pains within 24hours.
- Client will be relieved of backache within 24 hours.
- Client will be relieved of fatigue within 24 hours.

- Client will be relieved of insomnia within 2 hours

- Client will have breast engorgement within 4 hours.

LONG TERM OBJECTIVE

Client will experience normal puerperium without any complication to mother and baby.

TABLE 1: PUEPERIUM CARE PLAN

DATE/ TIME	**NURSING DIAGNOSIS**	**NURSING OBJECTIVES/ OUTCOME CRITERIA**	**NURSING ORDERS**	**NURSING INTERVENTIONS**	**DATE/ TIME**	**EVALUATION**	**SIGN**
24/08/23 At 8:00am	After pain related to involution of the uterus.	Client will be relieved of after pain within 24 hours as evidenced by 1. Client verbalizing that she is coping. 2.Midwife noticing	1 Reassure client. 2. Explain the physiology of pain to client. 3. Encourage client to assume any comfortable position. 4. Encourage client to	1. Client was reassured that pain is temporal. 2. Client was informed that after pain is due to the uterus returning back to it normal position. 3.Client assumed a prone position with pillow under her lower abdomen	25/08/23 At 8:00pm.	Goal met as client verbalized that she has been relieved of after pain. Midwife visualizing that client no longer complains.	**E.Y**

		client no longer complains.	empty her bladder frequently. 5. Serve her with prescribed analgesics	4.Client emptied her bladder frequently 5.Client was served with analgesic (paracetamol 1g)			

TABLE 2: PUEPERIUM CARE PLAN

DATE/ TIME	**NURSING DIAGNOSIS**	**NURSING OBJECTIVES/ OUTCOME CRITIREA**	**NURSING ORDERS**	**NURSING INTERVENTIONS**	**DATE/ TIME**	**EVALUATION**	**SIGN**
24/08/23 At 8:00am	Insomnia related to baby crying and feeding at night.	Client will be able to sleep at least 2 hours during the day and 6 hours during the night evidenced by 1. Client verbalizing that she can sleep	1. Reassure client that something can be done for at least 6 hours during the night and 2 hours during the day. 2. Encourage client to feed baby on demand. 3. Encourage client to change baby's soiled napkins. 4. Encourage client to practice	1. Client was reassured that she would be able to sleep for at least 6 hours during the night and 2 two hours during the the day. 2. Client fed baby on demand. 3. Client changed	24/08/23 At 8: 00pm	Goal met as client verbalized that she's able to sleep at least 2 hours during the day and 6 hours during the night. 2.Midwife noticing client no	**E.Y**

		for 2 hours during the day and 6 hours at night. 2.Midwife noticing that client no longer complains.	kangaroo mother care. 5. Encourage client relative to help her in taking care of the baby.	baby's soiled napkins. 4. Client was encouraged to practice kangaroo mother care. 5. Client relatives helped in taking care of the baby.		longer complains.	

TABLE 3: PUEPERIUM CARE PLAN

DATE/ TIME	**NURSING DIAGNOSIS**	**NURSING OBJECTIVES/ OUTCOME CRITERIA**	**NURSING ORDERS**	**NURSING INTERVENTION**	**DATE/ TIME**	**EVALUATION**	**SIGN**
24/08/23 At 8:00am	Fatigue related to stress from labour.	Client will be relieved of fatigue within 24 hours as evidence by 1. Client verbalizing that she is relieved of fatigue. 2.Midwife visualizing client is	1. Reassure mother. 2. Encourage client to sleep in the day when the baby is asleep. 3. Encourage client's support person to assist in the caring of the baby. 4. Encourage client to	1. Mother was reassured that she will regain her energy. 2. Client slept in the day when the baby was asleep. 3. Client's support person assisted in the caring of the baby.	25/08/23 At 8:00pm	Goal met as evidenced by client verbalized that she has been relieved from fatigue. 2.Midwife visualizing client is relieved.	**E.Y**

		relieved.	have rest. 5. Encourage client to assume a comfortable position.	4. Client was encouraged to have rest. 5. Client assumed a left lateral position.			

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
24/08/23 At 8:00am	Backache related to poor position during breast feeding.	Client will be relieved of backache within 24 hours as evidenced by 1. Client verbalizing, she is relieved of backache. 2.Midwife noticing client no longer complain.	1. Reassure client 2.Educate client on proper position during breast feeding. 3. Encourage client to sleep on a firm mattress 4. Give body massage 5. Educate client against lifting of heavy loads	1. Client was reassured that she will be relieved of backache by assuming right position when breast feeding. 2.Client was educated on proper position when breast feeding. 3. Client was encouraged to sleep on a firm mattress. 4. Body massage was given. 5. Client was educated on the need to avoid lifting of	25/08/23 At 8:00pm	Goal fully met as evidence by client verbalized that she has been relieved of backache. 2.Midwife noticing client no longer complains.	**E.Y**

				heavy loads.			

SUMMARY AND CONCLUSION

Madam Naomi Gravida 3 para 2 alive (G3PAA) is from Kumasi, she was born on April, 11th 1997. Her first antenatal visit to the clinic was on May 11th, 2023. She was a regular attendant at the Constance maternity and clinic. The first meeting was on

15th August, 2023, on her visit to the antenatal clinic, she was 37 weeks days pregnant. During the interaction, she had all her necessary investigations done, medications served and various immunizations were given. She had an individualized care and passed through pregnancy, labour and puerperium without any complication. During the first encounter, she said she had never practiced family planning. In the beginning some interventions such as health education to enable her improve her health while pregnant, pieces of advices were also given to her and scheduled home visits.

Due to the good advice given and well applied by Madam Naomi, she was able to go through normal and successful delivery on the 23rd 0f August, 2023, at 6:33am to a healthy baby girl weighing 2.8kg without injuries on both mother and baby. Placenta and membrane were completely expelled at 6:39am with blood loss approximately 120mls. During examination of the perineum, the vulva, vagina and cervix were all intact. Mother and baby were all cared for and their condition was satisfactory.

Examination during puerperium was done on fundus, inspection of lochia and vital signs checked to be within normal values. Services were provided to them throughout in the lying-in period. She was counselled on family planning, exclusive breastfeeding and postnatal exercises. Madam Naomi and her family were informed on the 5th day postnatal home visit that the care will be terminated when they made their first day postnatal visit to the clinic. The client and baby were handed over to the public health nurse on 29th August, 2023 for continuity of care.

In conclusion, the interaction with Madam Naomi and her family has made it effective organization for this narrative report, which has enabled me to put into practice all the

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knowledge and skills that I have acquired theoretically and practically from the classroom and clinical sites. Also, through pieces of advices, education, and monitoring, a comprehensive care plan was drawn and that enabled me to achieve my objectives.

The family centered maternity care study has also helped me to develop my skills and confidence in caring for women during pregnancy, labour and puerperium. With the knowledge and skills acquired, I would be able to manage other expectant Mothers in the near future as unique individuals with specific problems and needs.

APPENDIX 1

MOTHER'S ANTENATAL

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)	TREATMENT GIVEN	COMPLAIN	SIGN
02/03/23	53kg	104/64mm Hg	negative / negative	12weeks +3 days	-	-	-	-	Routine drugs	No complaints	SP
31/03/23	62kg	103/58mmHg	negative/ negative	16weeks +3days	-	-	-	-	Routine drugs	No complaints	SP
02/04/23	63kg	104/71mmHg	negative/ negative	20weeks +2days	22cm	-	-	-	Routine drugs.	No complaints	SP

01/05/23	67kg	109/60mmHg	negative/ negative	24weeks + 3days	25cm	Cephalic	5/5	130	Routine drugs.	No complaints	SP

DATE	WEIGHT (KG)	BLOOD PRESSURE	URINE FOR PROTEIN/ SUGAR	GESTATIONAL AGE IN WEEKS	FUNDAL HEIGHT (CM)	PRESENT-ATION	DESCENT OF FETAL HEAD	FETAL HEART RATE (FH)	TREAT-MENT GIVEN	COMPLAIN	SIGN
01/06/23	70kg	101/64mmHg	trace/ negative	28weeks+4days	28cm	Cephalic	5/5th	132	Routine drugs.	Malaria	EA
04/07/23	72kg	118/72mmHg	negative/ negative	32weeks+1 day	32cm	Cephalic	5/5th	130	Routine Drugs	No complaint	EA
8/08/23	73kg	105/64mmHg	negative/ negative	36weeks+1day	36cm	Cephalic	5/5th	140bpm	Routine Drugs	No complaints	EA

15/08/23	74kg	110/60mmHg	negative/ negative	37weeks+1day	39cm	Cephalic	5/5th	134bpm	Routine Drugs	No complaints	LA
19/08/23	73kg	101/64mmHg	negative/ negative	38weeks	39cm	Cephalic	5/5th	138bpm	Routine Drugs	Healthy	SD

ITN Given – 0/04/2021

TETANUS IMMUNIZATION	PREVIOUS TT		TD 1 Yes TD 2 and TD 3		No	
	CURRENT TT 3th dose		Date 03/12/2021		Batch Number	
					2330L007B	
INTERMITTENT PREVENTIVE TREATMENT (IPT)FOR Malaria	1ST dose SP* 3 tabs (Directly Observed Therapy) 01/05/2023	Gestation age In weeks 24weeks	2nd dose (1 month after 1st dose (Directly Observed Therapy) 04/07/2023	Gestation age In weeks 32weeks+1Day	3rd dose (1 month after 2nd dose (Directly Observed Therapy) 08/08/2023	Gestational age in weeks 36weeks+1day

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

APPENDIX II

COMPLETE DIAGNOSTIC INVESTIGATIONS

DATE	SPECIMEN	IVESTIGATION	NORMAL VALUES	FINDINGS	REMARKS
02/03/2023	1. Blood	Haemoglobin level	12g/dl-16g/dl	13..5g/dl	
		Sickling status	Negative	Negative	Normal
		Blood group and	A, B, AB, and O	O	Normal
		Rhesus factor	Positive and negative	Positive	Normal
		HIV status	None reactive	Negative	Normal
		VDRL	None reactive	No-defect	Normal
		Hepatitis status	Negative	Negative	Normal
		G6PD status	None reactive	No-defect	Normal

	2. Urine	Protein Glucose	Negative Negative	Negative Negative	Normal Normal
31/03/2023	1. Urine	Protein Glucose	Negative Negative	Negative Negative	Normal Normal
02/04/2023	1.Urine	Protein	Negative	Negative	Normal

	Blood	Glucose Haemoglobin level	Negative 12g/dl-16g/dl	Negative 11.5g/dl	Normal
01/05/2023	1.Urine	Protein Glucose	Negative Negative	Negative Negative	Normal Normal
01/006/2023	1.Urine	Protein Glucose	Negative Negative	Negative Negative	Normal Normal
04/07/2023	1.Urine	Protein Glucose	Negative Negative	Negative Negative	Normal Normal
08/08/2023	1.Urine	Protein	Negative	Negative	Normal

		Glucose	Negative	Negative	Normal
15/08/2023	1.Urine 2. Blood	Protein Glucose Haemoglobin level	Negative Negative 12g/dl-16g/dl	Negative Negative 12.6g/dl	Normal Normal Normal
19/08/2023	1.Urine	Protein	Negative	Negative	Normal
		Glucose	Negative	Negative	Normal

APPENDIX III

PHARMACOLOGY OF DRUGS USED (MOTHER)

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

PHARMACOLOGY OF DRUGS USED CONTINUED (MOTHER)

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

Injection tetanus	anti-tetanus	0.5 milligrams	Subcutaneously	Helps in the	Client protected	slight fever and chills	None
				prevention of tetanus	against tetanus		

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,	Normal vision and healthy skin	Vomiting	None
				immaturity and proper sight			

PHARMACOLOGY OF DRUGS USED (BABY)

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

Injection Bacillus Calmette Guerin	Antigen vaccine	0.5 Milligram s	Intradermal	Production of antibodies for prevention of tuberculosis	Baby is under observation	Blister formation	None

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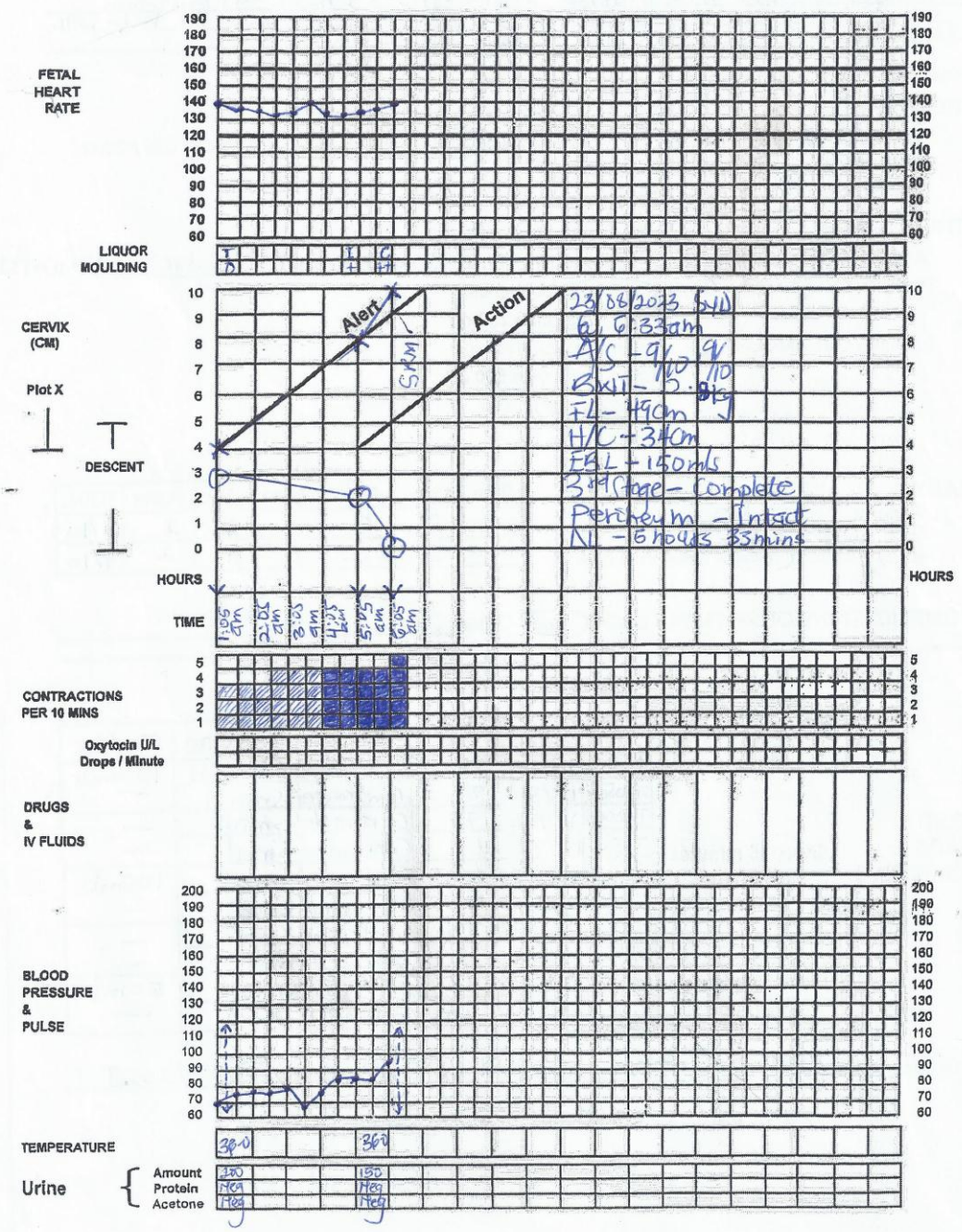
stone

WHO Modified Partograph

Registration No. 192/22 Name (Last, First) Kwakye Naomi Age 26yrs
Date 23/08/23 Parity/Gravida G3 / P2 LMP 14/11/22 EDD 23/08/23 Gestation (wks) ___
ROM (Time, Date) 6:09 23/08/23 Labour Durable (Hrs) 5:33hrs Facility/Clinic Name Constance Maternity Home



LABOR NOTES

Client G3P2 A1A reported to the ward at 1:05am with complaints of lower abnormal pain and waist pain. General examination was made, Vital signs checked and recorded as temperature 36.0, Pulse 80 bpm, BP 120/90 mmHg, FHR - 141 bpm, SFH - 36cm, Cervical dilation of 4cm and was made comfortable on bed. Client had an SVD to a live female child at 9/10, 9/10 R/out 2.8kg, HC - 34cm, FL - 49cm, Perium intact. Oxytocin 10 units IM given, vitamin K given to the baby with eye care provide. breast feeding initiated.

Please circle or write responses.

DELIVERY

DATE: 23/08/2023 TIME: 6:33am METHOD: (Spontaneous) / Vacuum Extraction / C/S / Other

PERINEUM: (Intact) / Episiotomy / Laceration

ANESTHESIA: (None) / Local / General

THIRD STAGE

Active Management: Yes / No Medication: Time 6:33am Type/Dose IM oxytocin 10 units

PLACENTA: TIME: 6:33am (Complete) / Incomplete

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

BABY

Weight: 2.8kg

Sex: Male / (Female)

Baby Position: (Vertex) / Breech / Other

APGAR

Time	Color	Breath	Heart	Tone	Reflex	TOTAL
1min	2	2	2	1	2	9/10
5min	2	2	2	2	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	6:50am	114/71	86	18cm	150mls	120mls
	7:05am	113/72	88	Contracted	Small	
	7:20am	123/82	88	Contracted	Small	—
	7:35am	131/90	67	Contracted	Small	—
	7:50am	121/78	62	Contracted	Small	100mls
	8:05am	121/75	71	Contracted	Small	—
	8:20am	120/84	70	Contracted	Small	—
	8:35am	110/80	75	Contracted	Small	—
Every 30 minutes For 1 hour	9:05am	121/78	77	Contracted	Small	50mls
	9:35am	120/82	60	Contracted	Small	—

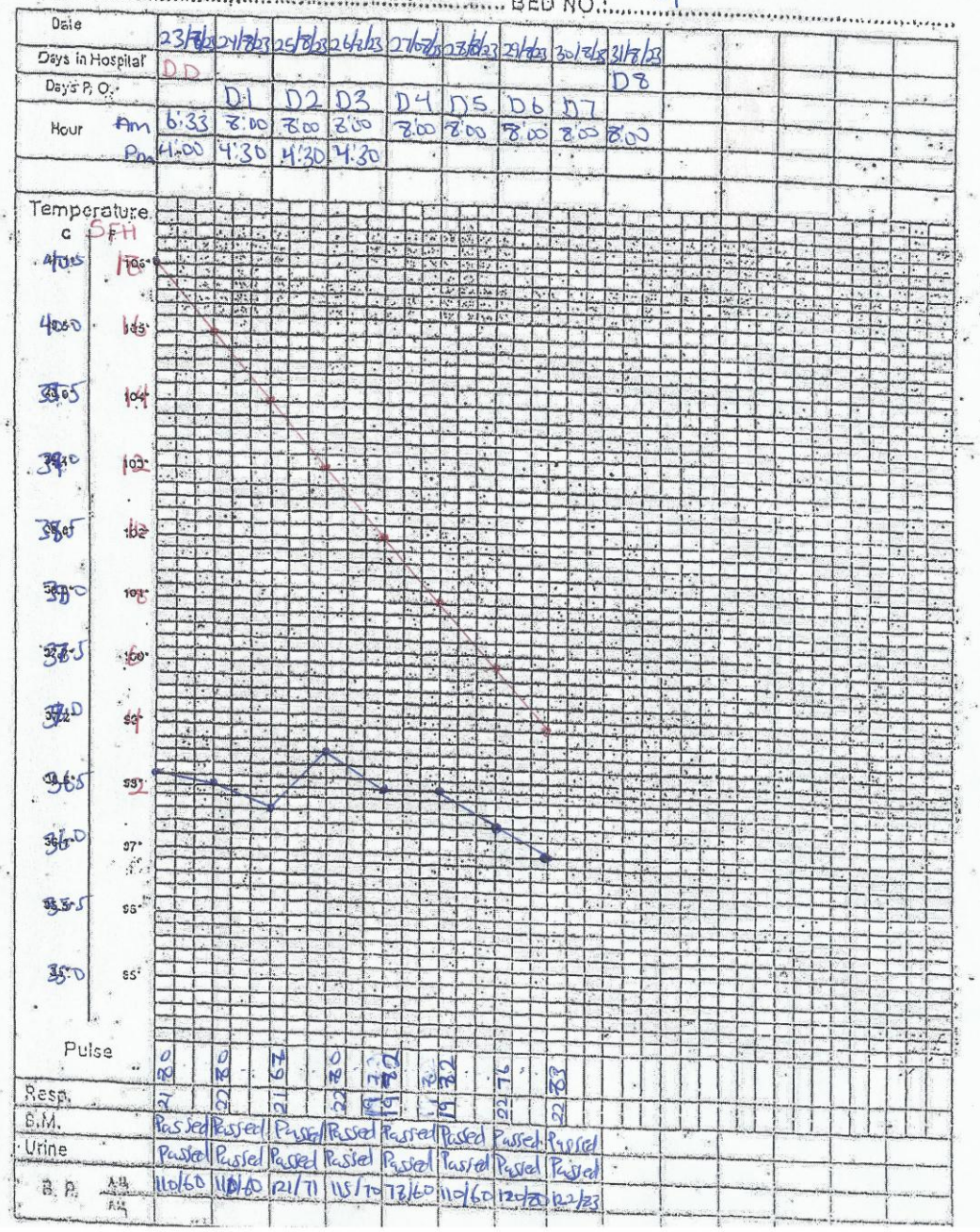
Birth Attendant Esther Yeboah assisted by Constance Date 23/08/2023

MATERNITY CHART

NAME: Naomi Kwakye

AGE: 26yrs WARD: Maternity

IP NO.: BED NO.: 4



NEW BORN EXAMINATION FORM

Name: Baby of Naomi Kwakye Date of Assessment: 24/08/2023 Time: 5:33am
Date of Birth: 23/08/2023 Time of Birth: 6:37am Sex: ☐ M ☑ F Age at time of Assessment (days/hrs) 24hrs
Astational Age ☐ 37 ☐ Mode of Delivery: ☑ Vaginal Assisted Vaginal C-Section
APGAR: 1min 9 5min 9 Birth Weight: ☐ 2.7kg ☐ Length: 49 cm Head Circumference: 34 cm
Temperature at time of Assessment: 36.7 °C Urine passed: (Yes) No Meconium passed: (Yes) No
Name of Assessor (Midwife/Doctor): Esther Tebuah

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

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

3. Tone
☑ Normal
☐ Floppy *
☐ Increased *

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

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

6. Cry
☑ Normal
☐ Shrill *
☐ Absent *

7. Suck
☑ Good
☐ Weak
☐ Absent

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

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

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

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

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

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

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

16. Clavicle
☑ Normal
☐ Swelling/Fracture

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

18. Heart rate
Rate: 134
☐ Normal (100-160)
☐ <100 *
☐ >160*

19. Femoral pulse
☑ Present
☐ Not palpable*

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

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

22. Limbs
☑ Normal
☐ Abnormal _____

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

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

24. Anus
☑ Patent
☐ Imperforate*

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

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

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

Classification: (Overall assessment) [ ] Normal [ ] Baby with a Problem [ ] Danger Sign/ <1500g/ severe Jaundice
Plan: [ ] Routine Care[ ]Problem. Continue supportive in-patient care [ ] Urgent Referral / Advanced Care[ ] Discharge

NEW BORN EXAMINATION FORM

Name: Baby of Naomi Kwakye. Date of Assessment: 23/08/2023 Time: _____

Date of Birth: 23/08/2023 Time of Birth: 6.37am Sex: ☐ M ☑ F Age at time of Assessment (days/hrs) 1hour

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

APGAR: 1min 9/10 5min ☐ 9/10 Birth Weight: ☐ 2.8kg ☐ Length: 49 cm Head Circumference: 34 cm

Temperature at time of Assessment: 36.3 °C Urine passed: (Yes) No Meconium passed: (Yes) No

Name of Assessor (Midwife/Doctor): Esther Tetteh

1. Respiration
Rate 46
- ☐ Rate < 30 b/m *
- ☐ Rate < 60 b/m *
- ☐ 30-60 b/m
- ☐ Retractions *
- ☐ Grunting *
- ☐ Stridor *

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

3. Tone
- ☑ Normal
- ☐ Floppy *
- ☐ Increased *

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

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

6. Cry
- ☑ Normal
- ☐ Shrill *
- ☐ Absent *

7. Suck
- ☑ Good
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8. Head swelling
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- ☐ 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: 130
- ☑ Normal (100-160)
- ☐ <100 *
- ☐ >160*

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

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

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

22. Limbs
- ☑ Normal
- ☐ Abnormal _____

23. Genitalia

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

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

24. Anus
- ☑ Patent
- ☐ Imperforate*

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

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

*May indicate severe disease that requires urgent referral

Diagnoses (if known) _____

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

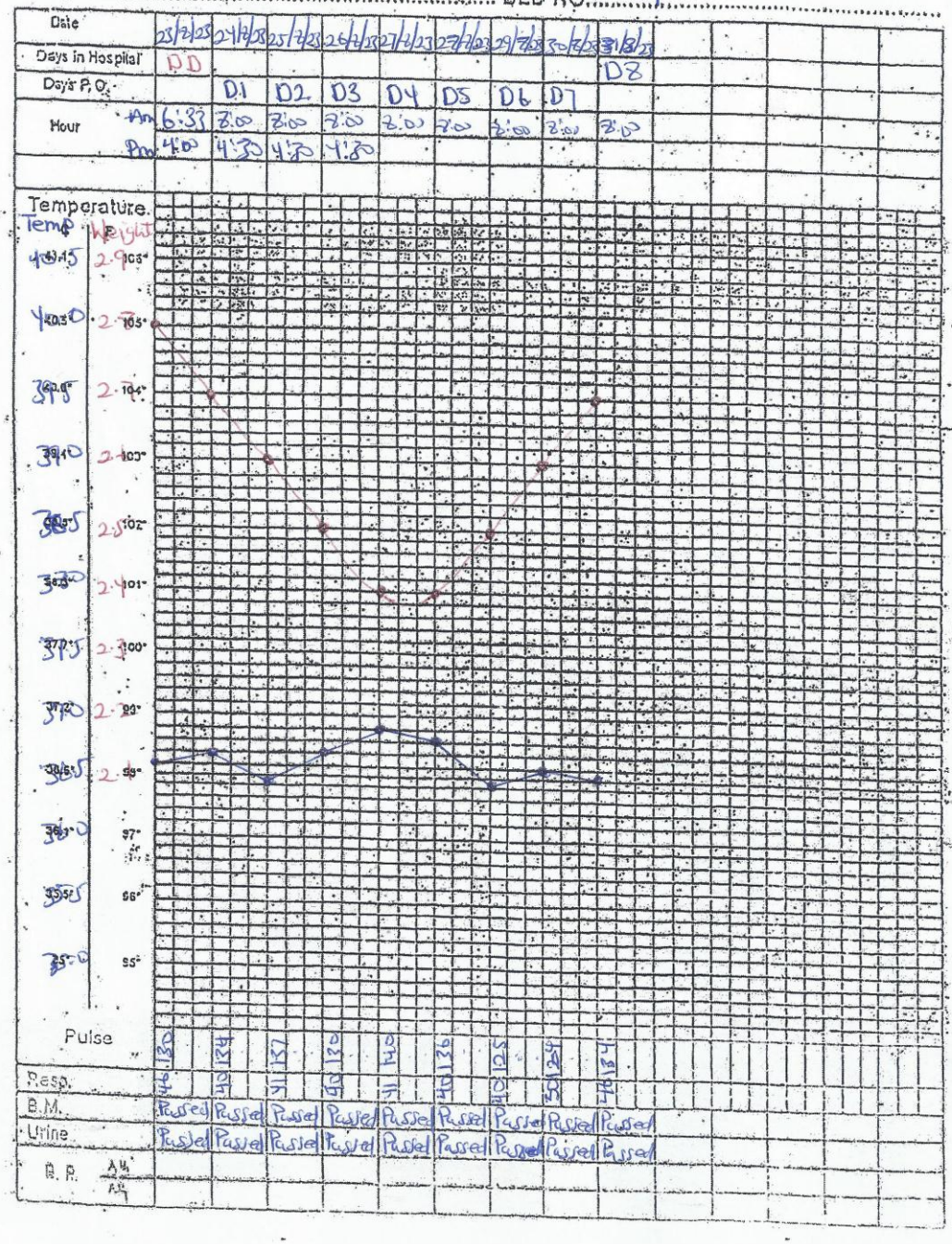
Plan: [ ] Routine Care[ ]Problem. Continue supportive in-patient care [ ] Urgent Referral / Advanced Care[ ] Discharge

TEMPERATURE CHART

NAME: Baby of Naomi Kwakye

AGE: New Born WARD: Maternity

IP NO.: BED NO.: 4



NEW BORN CHART

Name: Baby of Naomi Kwakye No: Birth Weight: 2·8kg

Sex: Female Mother's No: 193/22 Length: 49cm

Nature of Delivery: Spontaneous Vaginal Delivery Diagnosis: Term Baby

Date of Birth: 23rd August, 2023 Time: 6:33am Date of Discharge: 24th August, 2023

Date	23/08/2023		24/08/2023		25/08/2023		26/08/2023		27/08/2023		28/08/2023		29/08/2023		30/08/2023		31/08/2023					
No. of Days	DD		D1		D2		D3		D4		D5		D6		D7		D8					
Weight	2·8kg		2·7kg		2·6kg		2·5kg		2·4kg		2·4kg		2·5kg		2·6kg		2·7kg					
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Temperature	36·6°C	37·1°C	36·7°C	36·7°C	36·4°C	36·8°C	36·7°C	36·8°C	36·9°C		36·8°C		36·4°C		36·6°C		36·5°C					
Stools	Passed	Passed	Passed	Passed	Passed	Passed	Passed	Passed	Passed		Passed		Passed		Passed		Passed	Passed				
Urine	Passed	Passed	Passed	Passed	Passed	Passed	Passed	Passed	Passed		Passed		Passed		Passed		Passed	Passed				

Remarks: ~~Head~~ Neck, Trunk, Genitals, Limbs — No abnormalities.

SIGNATORIES

THE STUDENT MIDWIFE

NAME: ESTHER YEBOAH

SIGNATURE:.....

DATE: 07/06/2024

THE MIDWIFE IN-CHARGE

NAME: CONSTANCE YEBOAH

SIGNATURE: .....

DATE: 07/06/2024

THE SUPERVISOR

NAME: DIANA OWUSU SERWAA

SIGNATURE: (for)

DATE: 07/06/2024

THE PRINCIPAL

NAME: MONICA NKRUMAH

SIGNATURE:.....

DATE: 10/06/2024

PRINCIPAL
HOLY FAMILY NURSING AND
MIDWIFERY TRAINING COLLEGE
BEREKUM