HOLY FAMIY NURSING MIDWIFERY TRAINING COLLEGE BEREKUM

A CLIENT/FAMILY CENTERED MATERNIT CARE STUDY

ON

MADAM DUKUMUNI FELICIA

WRITTEN BY

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A CLIENT FAMILY CENTERED MATERNITY CARE STUDY SUMITTED TO THE NURSING AND MIDWIFERY COUNCIL OF GHANA IN PARTIALFULFILMENT FOR THE AWARD OF LICENSE TO PRACTICE AS A PROFESSIONAL REGISTERED MIDWIFE.

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PREFACE

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

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

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

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INTRODUCTION

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

This particular care study is about Madam Felicia, a 30-year-old woman gravida 3 para 2 alive, during her period of pregnancy, labour and puerperium. The care study started on 14th November, 2022 at Nsoatre health Centre in the Sunyani west district of the Bono Region of Ghana. The interaction started when Madam Felicia was seen eating kenkey without stew/soup or fish/meat at the antenatal clinic. She was then approached and asked what she was eating and she said kenkey. She was told to always add stew or soup with fish/meat whenever she takes the kenkey. She was also educated on the need to eat balance diet during pregnancy and puerperium. It was her 7th antenatal visit and her gestational age was 36+4week. She came with the husband that day. After a comprehensive introduction to her and her husband, they were informed about the desire to use her for the client/family centered maternity care study which she and the husband happily agreed. They were thanked for accepting the request.

Madam Felicia was cared for during the antenatal period; visitation to her house was made on 15th November, 2022 for the first time to know her family, her surroundings and the community in which she lives. The client and her entire family were included in the care. The condition from the beginning till the end of the interaction was good and satisfactory. Madam Felicia had a successful pregnancy, delivered spontaneously on 04th December, 2022 to a live male infant. She had

a successful puerperium and was in good health. She was then handed over to the midwife in-charge at Nsoatre health Centre for continuity of care on the 13th December, 2022

This care study is compiled into four chapters;

Chapter one talks about client's particulars such as social, family, obstetric, medical and surgical histories.

Chapter two describes the antenatal care rendered to Madam Felicia throughout her pregnancy.

Chapter three is concerned with management of Madam Felicia during labour.

Finally, chapter four is also about management of Madam Felicia during puerperium and it includes the termination of care.

The chapter two, three and four has care plan attached. At the end are appendixes such summary and conclusion, bibliography as well as partograph and others.

LITERATURE REIVEW

PREGNANCY

Tiran (2008) defined pregnancy as the condition of having a developing embryo or fetus within the body; the state from conception to delivery of the fetus. The normal duration is 280 days (40 weeks or 9 months and 7 days) counted from the first day of the last normal menstrual period.

Darwin and Sian (2005) also said, pregnancy is the state of having a developing embryo or fetus within the body

Ojo and Briggs (2006) also stated that, when pregnancy occurs 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 patient. 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 by 20cm, and weighs 1kilogramme. During pregnancy, the uterus becomes an abdominal organ.

According to Oduro- Kwarteng (2012), pregnancy is a condition of having a developing embryo or fetus in the uterus as a result of the union of an ovum and spermatozoa. Pregnancy can occur any time after a female begins menstruating (menarche) in conjunction with ovulation until she reaches menopause where ovulation cellmates. She further said, most of the pregnancies occur in women aged 15 to 40 years. One must note that pregnancies before the age of 15years and after 35years have increased risk of complications.

Oduro-Kwarteng (2012) again said that, the growth and development of the fetus is affected by many aspects of the mother's health; poor nutritional status, uses of drugs, alcohol and cigarettes,

use of unprescribed or some medications, herbal remedies, medical conditions, age at time of pregnancy and prenatal care.

According to Ricci (2016). Antenatal care service is the advice, supervision and attention a pregnant woman receives to ensure good health and where applicable, early detection and treatment of abnormalities which may affect her health and that of the baby.

According to them, an effective and thorough antenatal care requires close co-operation of all the medical and paramedical personnel and must take into consideration the general health, mental outlook, social and economic background of the patient as well as her obstetric conditions.

According to Marshall and Raynor (2014) there are few experiences in the life of a woman such as mood swing. The woman herself often diagnoses pregnancy even before she has missed her period because of the changes she feels within herself. She normally experiences further states that these changes are as a result of increases in production of oestrogen and progesterone.

According to Konar (2011), the woman experiences the following changes throughout the trimesters. In the first trimester (first 12 weeks) breast becomes bigger/and tighter, there may be frequency of micturition, excessive salivation, morning sickness, fatigue. During the second trimester (13 – 28 weeks) she may have more appetite/will gain weight, abdomen increases in size, presence of linea nigra, quickening, digestion slows down with some constipation and heart burns, chloasma may appear at about 24^{th} weeks. During the third trimester (29 – 40 weeks) she can feel her baby stronger, she can feel more tightening of her abdomen with slight pain, she may have stretch marks on her abdomen, breast become heavier and contains slightly yellow fluid, may have shortness of breath as abdomen gets bigger, may feel more tired/have sleeping difficulty, may gain more weight and in the last week, the head of baby descends into the pelvis.

Marshall and Raynor (2014) enumerated that changes experienced in a woman's emotional state are due to hormonal factors, examples of these hormones are progesterone, estrogen and human chorionic gonadotropin. These emotional levels help in the development of the fetus, prepares the expectant mother for labour as well as puerperium. Myles further states that, the signs and symptoms of pregnancy are enough to cause a woman to suspect pregnancy. Diagnosis of pregnancy usually begins when a woman presents with such symptoms and possibly a positive home pregnancy test. There are three signs of pregnancy which are as follows: Possible or presumptive signs which include amenorrhea, bladder irritability and quickening. Probable signs such as presence of human chorionic gonadotropin hormone in blood and urine, softened isthmus (Hagar's sign), bluing of the vagina (Chadwick's sign), pulsation of the fornices (Osiander's Sign), changes in skin pigmentation and uterine soufflé. Positive signs which include visualization of gestational sac by transvaginal and transabdominal ultrasound, fetal heartsounds by Doppler and fetal stethoscope then, fetal movements by palpation or visibility in late pregnancy.

According to Ghana Health Service (GHS) (2008), antenatal care is the care given to pregnant women from the time conception is confirmed until the beginning of labour. Antenatal care is given to pregnant women to improve or ensure good outcome of the pregnancy. The aim of antenatal care is to monitor the progress of pregnancy to optimize maternal and fetal health.

The number of times a client needs to be seen during pregnancy may vary. For the uncomplicated pregnancy it is recommended that at least four ANC visit should be made according to the following schedule: First visit: from onset of pregnancy up to 16 weeks gestation. Second visit: between the 24^{th} to 28^{th} week of gestation. Third visit: at 32^{nd} week of pregnancy. Fourth visit: at 36^{th} week

However, Magowan (2009) said, the schedule varies, with the initial or "booking", visits often 4 weeklies until 30 weeks, 2 weeklies until 32 weeks and then weekly thereafter. But the client can be seen more than four depending on the client's condition. There are two types of antenatal care that is focused and traditional antenatal care.

According to GHS (2008) the traditional antenatal care assumes that more frequent antenatal care is better and thus quantity of care is emphasized rather than the essential elements of care. The traditional approach to antenatal care, based on European Models developed in the early 1900s. To a large extent developing countries have adopted the antenatal care model for developed countries with little or no adjustment for endemic diseases or epidemiological consideration. Other challenges with the traditional approach were that visits are often irregular, with long waiting time, little feedback to (or real communication with) mothers and general or group education to clients and mothers on the pregnancy. Neglecting the individual needs, care is also fragmental usually referred to as assembling plant model where client move from one staff to another.

GHS (2008) further stated that, for some time now antenatal care has become routine and ritualistic. It focuses on risk assessment and not detection and management of pregnancy related complication. Findings of evidence based on research on practices of routine care provided during antenatal care, has been found to be wasteful or misleading. As a result of this there is the need for transition in our antenatal care paradigm.

They also said that the key of effective antenatal care is to use our powers of observation to really look at the condition of each pregnant woman use simple and effective tests, and treat existing problems on the spot rather than trying to predict who is likely to have a complication.

However, GHS (2008) define focused antenatal care as an individualized, client –centered, comprehensive antenatal care and emphasizes on quality of care rather than quantity.

The goals of focused antenatal care are identification of pre-existing health conditions, early detection of complications arising during the pregnancy, health promotion and disease prevention, birth preparedness and complication readiness plan.

LABOUR

According to Ricci (2016). labour is the process by which the uterus empties its contents after the 28^{th} weeks of pregnancy. It entails the contraction and retraction of the uterine muscle fibers, the dilatation of the cervical os and the expulsion of the baby, liquor amni, placenta and membranes. It further explains that, the causes of onset of labour are unknown but many theories have offered few of these and are stated as, overstretching and over distension of the uterus at term, placental efficiency is diminished toward term, resulting in reductions 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 uterus towards term. The Braxton Hicks' contractions increase in amplitude and may bring about the onset of labour. The onset of labour has also been associated with hyperpyrexia, cyanosis and emotional upset.

Labour, according to Marshall and Raynor (2014) is a process by which the fetus, placenta and membranes are expelled through the birth canal and that labour is divided into four stages;

The **first stage** of labour is the period of onset of regular uterine contraction till full dilation of the cervical os and it last 12 – 14 hours in the primigravida woman and 6-12 hours in the multiparous woman.

The **second stage** of labour is from the full dilation of the cervical os which is 10 centimeters up to complete expulsion of the fetus.

The **third stage** of labour also starts from the separation and expulsion of the placenta and membranes and subsequent control of hemorrhage. It usually lasts within 5-15minutes after the birth of the infant.

The **Fourth stage** of labour is the first six hours vigilant observation of the mother and baby.

It also deals with the establishment of lactation and detection of abnormalities and any complication in both mother and baby for prompt management.

According to Korah (2006), labour consists of some three factors; powers: contraction and retraction of the uterine muscle are called the primary power, whereas action of abdominal muscle is called the secondary powers. Passages: the birth canal which includes the lower uterine segment, vagina and true pelvis are called passages. The passengers comprising the foetus and placenta with membranes.

Normal labour according to world health organization (WHO), (2007) is defined as low risk throughout, spontaneous in onset with foetus, starting from the vertex, culminating in the mother and infant in good condition following birth. With the use of partograph, normal labour should not exceed 15hours.

PUERPERIUM

According to Tiran (2008), puerperium is a period of six to eight weeks following childbirth during which the uterus and other organs and structures are returning to their non- pregnant state. Marshall and Raynor (2014) also stated that, puerperium starts immediately after delivery of the placenta and membranes and continue to six weeks during which the uterus and other organs which were affected during pregnancy return to their non- pregnant state. Marshall and Raynor further describe puerperium as the education given to mothers on how to care for their babies,

good nutrition determination and detection of any abnormality for further treatment and also introduce her to family planning.

Ricci (2016) also said puerperium is a period of six to eight weeks postpartum in which the uterus, the genital organs and any other organs which underwent changes during pregnancy return to their pre-gravid state. According to them, this process or readjustment is called involution and that during that period lactation is also established. From the various points of view of the above authors, it maybe deduced that, puerperium is a period of 6weeks which begins as soon as the placenta is expelled. At this stage all the organs and other structures that under gone changes during pregnancy return to their non-pregnant state.

The management which the mother and baby required during puerperium are based on three principles; Promoting physical and psychological well-being of mother and baby, encouraging good infant feeding and maternal to child relationship and supporting and strengthening the mother's confidence to enable her to fulfill her mothering role within her family and cultural status. During this period, organs of reproduction return to their non-pregnant state, lactation is established, and mother recovers from the stress of pregnancy and labour.

WHY CLIENT WAS CHOSEN

Madam Felicia was chosen on 14thNovember 2022 as the client for the family centered maternity care study because of the opportunity gained to interact with her at 10:00am at Nsoatre health Centre in the Sunyani west district in the Bono region.

Familiarity was built with Madam Felicia at the antenatal clinic when she was seen eating kenkey(fante) with sugar and a sachet of water by her side. She was then approached and asked what she was eating and she said kenkey. She was further asked, kenkey and what and she said only kenkey and sugar. She was told to always eat the kenkey with either stew or soup with fish /meat. Upon further interactions ,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 fruits. She was also educated that the pain might sometime be due to stress. Madam Felicia was encouraged to rest in between work, have enough rest She was also educated on good nutrition during pregnancy, labour and puerperium. It was her 7th antenatal visit and her gestational age was 36+4weeks

After a comprehensive introduction she was informed about the desire of using her for the client/family centered maternity care study which she happily agreed. She was finally thanked for her cooperation and introduced to the midwife in-charge.

CHAPTER ONE

CLIENT'S ASSESSMENTS

1.0 INTRODUCTION

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

1.1 PERSONAL AND SOCIAL HISTORY

Madam Felicia, gravida 3 para 2 alive is a 30years old lady who stays at Nkranketewa in Nsoatre in the Bono Region, house number N193, but comes from WA in the Upper West Region. Madam Felicia is a house wife. She is a Christian and a Dagaba by tribe. She is married to Mr. Evans Adakora who is also a Christian and a farmer in Nkranketewa. Madam Felicia mentioned that her next of kin is her husband, Evans. She has no educational background and speaks Twi and dagarti fluently. She has one male child and one female with Mr. Evans called Kwaku Bayor who is eight years of age and Mercy four years old. Madam Felicia is dark in complexion, weigh's 59kg, 154cm tall and neither smokes nor takes in alcohol.

1.2 FAMILY HISTORY

Madam Felicia is the first child to Mr. Bayor and Madam Akosua. Her father and mother are farmers and stay at WA in the Upper west Region. She has two siblings, two males. There is no known history of hypertension, heart disease, sickle cell disease, diabetes mellitus, liver cirrhosis, epilepsy, mental illness and congenital abnormalities in her family.

However, she stated that there is history of multiple pregnancy in the family. She said her self and family seek for medical treatment and pray whenever they are not feeling well. She said all her family members who passed away died naturally.

1.3 MEDICAL HISTORY

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

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 that has affected her pelvis or may have subsequent effect on pregnancy and labour. On examination, there was no scar indicating previous laparotomy, caesarean section or appendectomy.

1.5 MENSTRUAL HISTORY

Madam Felicia said she had her menarche at the age of 15 years and her menses lasts for 7 days every month. She said she has a cycle of 28 days. She also said she changes her pads twice daily indicating she has normal menstrual flow. She has never experienced any serious dysmenorrhea in her life. Her last menstrual period was 8th march 2022 and her expected day of delivery was calculated as 15thDecember, 2022.

1.6 HOBBIES AND LIFESTYLE

Madam Felicia is a person who usually sleeps at 9:30pm and wakes up at 5:30am. She then brushes her teeth, sweeps her compound, empties her bin, fetches water into her barrel and takes her bath and baths her children as well. She prepares breakfast every morning because her husband leaves early to the farm. She also added that she goes to the market on Fridays, since Fridays are their market days at Nsoatre to buy food staffs. She also goes to the church every Sunday with her husband and children. She mentioned that, she likes singing and dancing very well. She said she prefers tuozafe and okra soup with dried fish to other foods. She does her laundry on Wednesdays and Saturdays after she is done with her general cleaning. She added that she like watching television during her leisure time. She said she eats three times daily, but ever since she became pregnant, she only eats on demand. She also said that she prepares lunch at 1pm and supper at 6pm. Her husband sends and picks the child from school since she is pregnant. She said they all sit together and take their supper around 7:00pm and after which, she baths her children and herself as well and go to bed. She also mentioned that she empties her bowel every morning or evening and urinates whenever she has the urge to do so.

1.7 PAST OBSTETRIC HISTORY

Pregnancy

Madam Felicia gravida 3 para 2 alive and healthy went through her previous pregnancy successfully without any complication. She had her first pregnancy in the year 2015, her second pregnancy in 2019 making the interval between both pregnancies 4 years. She said during her pregnancy, sheonly experienced some minor disorders such as waist pain and lower abdominal pain, of which

she reported to the clinic and they were explained to her as normal physiological changes in pregnancy which would resolve as pregnancy progresses and after delivery. She also said she has never had any spontaneous or induce abortions and still birth in her life. Her first and second pregnancy got to term. She has never suffered any pregnancy induced condition like gestational diabetes and pregnancy induced hypertension (pre-eclampsia). She also visited antenatal clinic, five (5) times during her previous pregnancy and received all doses of sulphadoxine pyrimethamine served as well as two doses of tetanus toxoid injection.

Labour

Madam Felicia delivered her bouncing male and female child spontaneously at a health Centre. The babies were active and healthy at birth. She further stated that the duration for her delivery did not exceed 18hours. She also said she never had any perineal tear or episiotomy given during her previous deliveries. Again, she said that she did not experienced post-partum hemorrhage. Her placenta was delivered completely with no retained product of conception. According to her previous delivery notes, her estimated blood loss was 150mls. Her children never had any birth injuries, asphyxia or jaundice. Client was asked about weights of both babies but she couldn't remember.

Puerperium

She also said she started breastfeeding her babies within the first hour after birth. She practiced exclusive breastfeeding for 6months and then added complementary feed after the 6months for two years when she finally weaned her children at two years. She had a safer breastfeeding with no complication. She added that her children did not have any abnormalities like cleft lip or palate, extra digits. And added that her children were fully immunized against the childhood preventable diseases up to five years. Her children never suffered any ill health. She herself did not experience any ill health such as puerperal psychosis,

Anemia and malaria. She also did not experience problems like postpartum hemorrhage, puerperal pyrexia, puerperal sepsis, mastitis among others. In relation to family planning, she uses the injectables. She also stated that her family supported in taking care of the babies, herself and some of the household chores.

1.8 PRESENT OBSTETRIC HISTORY

Madam Felicia first visited to the clinic was on 10th June, 2022. Her gestational age was 14weeks, and symphysio fundal height was 14cm. Her last normal menstrual period was 8th March 2022 and her expected date of delivery was calculated as 15thDecember, 2022. According to her scan, her expected date of delivery was given as 18th December, 2022. Her vital signs and laboratory investigations on that dywere as follows;

Vital signs

Temperature .....36.2˚c

Pulse… 78pm

Respiration… 18bpm

Blood pressure 103/70mmHg

Weight..... 59kg

Height..... 154cm

Lab investigations

Hb..... 12.1g/dl

Sickling .....Negative (-)

Blood group .....A

Rhesus factor..... Positive (+)

HIV… .....Negative (-)

HEP B .....Negative (–)

VDRL…..... Non-reactive

G6PD….....No Defect

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

Protein in urine..... Negative (–)

Glucose in urine .....Negative (-)

Stool for ova..... No abnormality

On examination (head to toe), no abnormality was detected, fundus was not palpable and education on danger signs in pregnancy, good nutrition during pregnancy was given. She had no complains and was educated on the need to attend antenatal clinic regularly as scheduled. She was given her third dose of tetanus diphtheria (TD) injection. She was served with the following drugs:

Tab multivitamins 200mg daily x 30

Tab folic acid 5mg daily x 30

Tab ferrous sulfate 200mg twice daily x30

She honored all visits appointments, no abnormalities were detected, laboratory investigation, ultrasound scan requested were carried out with no abnormalities recorded. She started her SP 9th September, 2022 when she was 27weeks+4days pregnant and it was repeated at 4 weeks interval. All findings were recorded in her ANC card until she was met.

CHAPTER TWO

ANTENATAL CARE

2.0 INTRODUCTION

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

2.1 FIRST CONTACT WITH CLIENT

Madam Felicia was met for the first time on 14th November , 2022, when she was 36weeks+4days pregnant which was her seventh visit to the antenatal clinic at Nsoatre Health Centre around 10:00am. Introduction was made as a student midwife from Holy Family Nursing and Midwifery Training College, Berekum, who has been stationed at Nsoatre Health Centre for eight weeks clinical and to write a care study on a chosen client. The desire to take her as a client was expressed to her and she agreed. All the procedures to be carried out on her were explained to her understanding and she agreed for them to be done. She was encouraged to ask questions when necessary and was also thanked for her co-operation. Her vital signs together with some lab investigations done on her were recorded below.

Temperature ..... 36.1 degree Celsius

Pulse…..... 89 beats per minute

Respiration… ..... 22 cycles per minute

Blood pressure .....118/72 millimeter of mercury

Weight.....64 kilograms

Hemoglobin level…..... 11.8 grams per deciliter

Specimen bottle was given to her to collect midstream urine to be checked for the presence of protein and glucose by the use of a urine reagent strip and the test read negative. Permission was sought from her for head to toe examination to be performed and she consented. All the necessary requirements needed for the examination were gathered and sent to the examination room. A tray comprising of the following items was set; sterile gallipot with sterile cotton wool swabs with a lid, receiver for used cotton wool swabs, tape measure, foetal stethoscope, a watch with a second hand, a pen and client's folder.

Head to toe examination

Privacy was provided using a screen and also drawing down the curtains to make her feel comfortable after explaining the procedures. Having asked to empty her bladder, permission was sought to perform head to toe examination and it was 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 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.

On examination of the head, her hair was nicely braided. The scalp was inspected for dandruff, cleanliness, alopecia (loss of hair) and lice, among others and there was none. The face for signs of edema but was absent 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 odour from the mouth. Neck was also inspected and palpated for enlarged thyroid glands, enlarged lymph nodes and distended neck vein but there was none.

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 situated with prominent nipples which were centrally placed. The breast looks hemispherical in shape. Primary and secondary areola was present with Montgomery's tubercle fairly distributed. Breast was inspected for rashes on the skin. Both breasts were palpated for lumps, enlarged axillary lymph nodes, but none was present. The nipple and areola were gently pressed, and colostrum was expressed and it was swabbed with a sterile cotton wool swab and smelt for bad odour, but it was not offensive. 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 breastat 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.

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 using the nails were checked and they appeared to be pink in color. Madam Felicia's 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 costo-vertebra 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, striae gravidarum and linear nigral was seen from the symphysis pubis to the umbilicus and foetal movements were visible. No surgical scars were seen on the abdomen.

Measurement of Symphysio -fundal height 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 34centimeters and her gestational age was 36+4weeks.

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

On lateral palpation hands were placed on each side of the uterus, midway between the symphysis pubis and the fundus, the uterus was stabilized with one hand and examined with the other and the entire area from the abdominal midline to the lateral side and from the symphysis

pubis to the fundus was palpated in a rotational manner. A smooth curve was felt which indicated the back at the right side of the abdomen, the process was then repeated on the left side of the abdomen and an irregular mass and movement were felt which indicated the limbs. The position was therefore right occipito anterior.

On pelvic palpation Madam Felicia'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 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 indicates cephalic presentation.

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

Auscultation was done with fetal stethoscope; it was warmed by rubbing it in the palm and placed on the right side of the abdomen where the back was located. Fetal heart rate was listened to without touching the fetal stethoscope. By the use of a breast watch, fetal heart beat was counted for one full minute while comparing it to the maternal pulse it was 148 beats per minute taking note of the volume and rhythm.

Permission was sought from client to conduct vulva examination and she agreed. 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, edema and abnormal discharges or blood. She was assisted to lie on her side, sit up and got down from the couch and also assisted to dress up. She was made

comfortable by offering a seat and she was thanked for her co-operation. Hand washing was done with soap under running water and dried with a clean towel. Findings were communicated to the midwife in-charge and recorded in her antenatal record book.

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 fruits. She was also educated that the pain might be due to stress. Madam Felicia 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 for labour in one bag as very soon she may be due for delivery.

She was also encouraged to report any abnormality to the hospital very early so that early treatment could be given to prevent complications even when it is not yet time for her to come to antenatal clinic. She was also reminded of her next visit to the clinic as 28th November, 2022. 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 foetus which she willingly agreed and gave her number and directions to her house.

Her medications given were as follows.

- Tablet Multivitamin 200mg daily for 30 days.
- Tablet Ferrous Sulphate 200mg daily for 30 days
- Tablet Folic Acid 5mg for 30 days.
- Tab paracetamol 1g tid for 3 days.

2.2 FIRST ANTENATAL HOME VISIT

The first visit to Madam Felicia's house was on 15th November, 2022. The aim of the visit was to observe the environment where she lives, her source of water and light, how well ventilated her room is and the number of people she shares her room with, where she attends to natures call, how she disposes her refuse and also how she relates with her family members and her co-tenants in the house. The journey was made by a motor bike and it is about 15 minutes' ride from the health center.

On arrival, it was realized that Madam Felicia lives in a compound house with her co-tenants and land lady. A warm welcome and a seat were offered in her room. She was asked how herself and the family were faring which she responded that they were all fine. She was asked whether she was doing something but she replied that, she just finished with her chores. During the interaction, it was identified that she lives in a single room with her children and husband. Her husband and children were met.

PHYSICAL ENVIRONMENT

The room was divided by curtains and according to her, part is used as a hall and they sleep behind the curtains. The area before the curtains was well kept and the furniture was arranged nicely, it had adequate lightening and ventilation, so she was congratulated and asked to keep it up. She added that in the night she lays a mat on the floor for the children to sleep on and she and her husband share the bed. She was asked whether the children sleep under an insecticide treated bed net but she said no since they sleep on the floor. She was educated on the importance of sleeping under a treated insecticide net and advised to find a carpenter to put some nails on the wall and also get a conical shaped insecticide treated bed net from the health facility

so that during the evening she could hang it for the child to sleep under and early the next morning remove, which she agreed.

The area behind the curtains was not well arranged since there were some clothes hanged loosely. Also, their clothes were not well packed into their various bags.

However, they had a wooden bed with an insecticide treated net hanging loosely over it. 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 cross bar since mosquitoes can hide in them and bite them at night. She was also advised to buy a laundry basket and keep the dirty clothes in it.

A walk was taken around the house. It is a 4 bed room house built with cement blocks and roofed with aluminum sheets. It has one kitchen which is for the land lady and a wash room which she and her other tenants share. Client was cooking in her corridor. She has a kitchen cupboard in her Corridor which she has neatly arranged her utensils. There were no dirty dishes found where she was cooking. The toilet and bathroom were also well kept because it was scrubbed on daily basis by occupants. There was no big dustbin for the whole house to empty their waste so all tenants empty their waste in the main refuse dump every morning. the refuse dump was some few meters away from their house. They fetch water from a nearby tap in their community. There was no stagnant water around meaning drainage system was good.

Madam Felicia 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 except sanitary pad, which she was told to buy. However, they were in separate polyethene bags. She was encouraged to pack the items in a single bag and identify a birth companion. She complained of heartburns which was explained to her as relaxation of the cardiac sphincter of the stomach with reflux of acidic contents of the stomach into the lower esophagus which is a

normal physiology in pregnancy.

PSYCHOSOCIAL

Madam Felicia and her family has a cordial relationship with her neighbours. She is sociable neither smokes nor takes in alcohol. Client attends church every Sunday. She takes her daily prayers very seriously. Madam Felicia has respect for her fellow people and has a good relationship with her neighbours which clearly shows whenever she is visited in the house

She was thanked and permission was sought to leave. She was informed about the next home visit on 20th November, 2022.

SECOND ANTENATAL HOME VISIT

The second home visit to Madam Felicia's house was on the 20th November, 2022 at 3:00pm. She was met cooking. She was 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 and that the children has not yet close from school and her husband has also gone to the farm.

The aim of the visit was to inquire about her health whether some changes have been made on what were discussed the other time about the fixing of insecticide treated net for the children and also keeping and arranging their bedroom well and neat. On inspection all these things were corrected as taught, her husband was her birth companion and will continue to be, she had also packed her delivery items with a purse of money and her insurance card as well as antenatal book. She was then congratulated and asked to keep it up. Education on rest and sleep as well as true labour signs such as painful rhythmic uterine contractions, appearance of "show" was given to her and told to report to the clinic anytime she sees any of those signs. She was allowed to ask questions and appropriate answers were given. She was also asked about her previous complains and she said everything was fine,but complained of sleep disturbance due to frequency of

micturition. She was educated to emptyher bladder completely before going to bed and keep a chamber pot close to her to avoid walking long distance in the night to empty her bladder. Permission was sought to leave, she was thankedand reminded of her next visit to the clinic.

2.4 SUBSEQUENT VISIT TO THE CLINIC

On the 28th November, 2022, Madam Felicia visited the clinic. She was warmly welcomed and a seat was offered to her. She was asked how she was faring and she said she was fine. Her weight checked was 63kg. Her vital signs were checked and recorded as follows;

Temperature	36.5 degree Celsius
Pulse	84 beats per minutes
Respiration	18cycle per minute
Blood Pressure	112/68 millimeters of mercury

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

On abdominal examination, the abdomen was seen to be ovoid in shape and medium in size. Palpation was done and the foetal buttocks was located in the upper pole of the uterus whiles the back of the foetus was felt at the right side of the maternal uterus and the foetal limbs felt on the left side of the mother. The lie was longitudinal. The head occupied the lower pole and the descent checked was 5/5th. The symphysio-fundal height was 36cm with a fetal heartbeat of 138 beats per minute and gestational age 38+4 weeks.

All findings were communicated to her after the procedure and she was thanked for her co-operation. She was asked whether she had any complaint that day and she complained of backache. She was reassured and told that the pain was as a result of the effect of the hormones progesterone and relaxin which relaxes the pelvic ligaments and muscles. She was advised to

maintain a straight back when n lifting objects and also to get a hard board under her mattress for a firm back support. She asked for permission to leave and she was asked to come to the clinic for next visit on 5th December, 2022 if she has not delivered before that date.

2.5 NURSING CARE PLAN

PROBLEMS IDENTIFIED

On 14/11/2022, Madam Felicia complained of

1. Headache.
2. Constipation

On 15/11/2022, Madam Felicia complained of

3. Heartburns.

On 20/11/2022, Madam Felicia complained of

4. Sleep disturbance

On 28/11/2022, Madam Felicia complained of

5. Backache

SHORT TERM OBJECTIVES

Madam Felicia's headache will resolve within 8 hours.

Client will have free bowels within 48 hours.

Client will cope with reduced episodes of heartburns within 24 hours.

Client will have at least six (6) hours of sleep within 24 hours.

Client will have reduced episodes of backache within 24 hours.

LONG TERM OBJCETIVES

Madam Felicia will go through pregnancy safely without any complications.

NURSING CARE PLAN TABLE, A

Date/Time	Nursing Diagnosis	Nursing Objectives/ outcome criteria	Nursing Orders	Nursing Intervention	Date /Time	Evaluation	Sign
14/11/2022 11:00am	Headache related to stress of pregnancy.	Client's headache will be resolve within 8hours as evidence by client verbalizing that the pain has resolved. Midwife visualizing a cheerful look	1. Reassure client. 2. Explain cause of headache. 3. Educate client to have enough rest and sleep. 4. Encourage client to drink adequate amount of water 5. Administer prescribed analgesics.	1. Client was reassured that headache will resolve 2. Client was told it was due to stress. 3. Client was educated to have at least two hours rest during the day and six hours at night. 4. Client was encouraged to drink at least 8 glasses of water every day 4. Tab paracetamol 1g was served as prescribed.	15/11/2022 7:00pm	Goal fully met as client said her headache resolved Midwife visualized a cheerful look	IAK

NURSING CARE PLAN TABLE, A

Date /Time	Nursing Diagnosis	Nursing Objectives/ outcome criteria	Nursing Orders	Nursing Intervention	Date/ Time	Evaluation	Sign
14/11/22 10:00am	Constipation related to increase progesterone e level in the blood which causes relaxation of the smooth muscles of the colon thereby causing decreased motility of the gut.	Madam Felicia will have free bowel within 48 hours as evidence by Madam Felicia verbalizing that she has been able to empty her bowel freely.	1. Reassure client 2. Explain the physiology of constipation to her. 3. Educate client to eat enough roughage like vegetables and fruits. 4. Encourage the intake of fluids. 5. Encourage her to respond to the urge of emptying the bowel to avoid reabsorption of water from the stools.	1. Client was reassured that she will empty her bowels freely. 2. She was told it was due to the effect of progesterone on her GIT. 3. Client was advised to eat enough roughage like fruits and vegetables. 4. Client was encouraged to take at least 3000mls of fluids everyday which is equivalent to six sachets of pure water. 5. She was also encouraged to respond to the urge of emptying her bowel to avoid reabsorption of water from the stools.	16/11/22 10:00am	Goal fully met as client said she moved her bowel freely.	IAK

NURSING CARE PLAN TABLE, A

Date /Time	**Nursing Diagnosis**	**Nursing Objectives/ outcome criteria**	**Nursing Orders**	**Nursing Intervention**	**Date/ Time**	**Evaluation**	**Sign**
15/11/22 3:00pm	Heart burns related to the relaxation of the cardiac sphincter of the stomach with reflux of acidic contents of the stomach into the lower esophagus.	Client will cope with reduced episodes of heartburns within 24 hours as evidence by: Client verbalizing that the intensity of heart burns has reduced.	1. Reassure client. 2. Educate client on the causes of heart burns. 3. Encourage client to sit for some time after meals before going to bed 4. Educate client to elevate the head end of the bed when sleeping. 5. Encourage Madam Felicia to eat less spicy foods.	1. Client was reassured that the intensity of heart burns would reduce. 2. Client was educated that it was due to regurgitation of gastric content due to relaxation of the cardiac sphincter. 3. Client was encouraged to go to bed at least 30 minutes after meals. 4. Client was educated to use more pillows when sleeping to elevate the head end of the bed. 5. Madam Felicia was encouraged to eat less spicy foods	16/11/22 10:0am	Goal fully met as the intensity of heartburns reduced.	IAK

NURSING CARE PLAN TABLE, A

Date /Time	Nursing Diagnosis	Nursing Objectives/outcome criteria	Nursing Orders	Nursing Intervention	Date/ Time	Evaluation	Sign
20/11/22 3:00pm	Sleep disturbance related to frequency of micturition.	Client will have at least six (6) hours sleep within 24 hours as evidence by client verbalizing that she slept for at least six (6) hours.	1. Reassure client that she will have adequate sleep. 2. Educate client on the physiology of frequent micturition. 3. Tell client to urinate before going to bed. 4. Educate client to limit the intake of fluid containing natural diuretics. 5.Encourage client to eat before 6pm.	1. Client was reassured of adequate sleep if interventions are followed. 2. She was educated that it was due to descent of the presenting part. 3. Client was told to urinate before going to bed. 4. She was also educated to limit the intake of fluids such as tea, caffeine at night. 5.Client was encouraged to eat before 6pm.	21/11/22 2:00pm	Goal met as client reported that she slept for six hours.	IAK

NURSING CARE PLAN TABLE, A

Date /Time	Nursing Diagnosis	Nursing Objectives/outcome criteria	Nursing Orders	Nursing Intervention	Date/ Time	Evaluation	Sign
28/11/2022 :00am	Backache related to exaggerated lumbar curvature during pregnancy.	Client will have reduced episodes of backache within 24 hours as evidenced by; Client verbalizing that her pain is reduced.	1. Reassure client 2. Educate client on the physiology of backache in pregnancy. 3. Advice client to have enough rest. 4. Educate client to support her back with pillow when sleeping or sitting. 5. Serve her prescribed analgesic	1. Client was reassured that her pain would subside. 2. Client was educated that pain was as a result of the effect of the hormones progesterone and relaxin which relaxes the pelvic ligaments and muscles. 3. Client was advised to have enough rest. 4. Client was educated to support her back with pillow when sleeping or sitting. 5. Prescribed paracetamol 1g was served tid.	01/12/2022 10:00am	Goal fully met. Madam Felicia reported to the midwife that her back pains have reduced.	IAK

CHAPTER THREE

LABOUR

3.0 INTRODUCTION

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

3.1 ADMISSION AND MANAGEMENT OF FIRST STAGE OF LABOUR

Admission

On 4th December, 2022, Madam Felicia reported to the labour ward at Nsoatre health Centre at 3:00pm with her husband with the complaints of waist and lower abdominal pain and appearance of show. Rapport was established and they were offered seats. Client was taken to the nurses' station for necessary information to be taken while glancing through her antenatal card. She was asked if she had experienced any danger signs like, bleeding from the vagina, leakage of liquor and persistent vomiting. Madam Felicia replied that she had not seen any of those signs. She appeared anxious and she was reassured of safe delivery. History of her last meal, last bowel action and if she has taken any medication were taken.

Madam Felicia said lower abdominal and waist pains started at 12:00pm and also noticed the appearance of 'show'. Permission was sought to examine her and all procedures were explained to her. Madam Felicia and husband were reassured that everything was going to be alright, while privacy was provided and also assured of confidentiality. Madam Felicia at the examination room was assisted to change her clothing.

She was then asked to void which she did and her urine measured 120mls, midstream sample was tested for albumin, sugar and acetone but the results were negative. She was assisted to lie on the couch and a quick examination from head to toe revealed no abnormality.

Her vital signs checked and recorded were as follows:

Temperature - $36.7^{o}C$

Pulse - 92 beat per minute

Respiration - 24 cycle per minute

Blood pressure - 112/76 mmHg

Abdominal examination: was then carried out after privacy was provided. On inspection the shape of the abdomen was ovoid and striae gravidarum, linear nigral and foetal movement were noticed.

0n palpation: fundal, lateral and pelvic palpations were performed. The symphysio-fundal height was 36 cm, the lie was longitudinal, and presentation was cephalic. The descent of the head was $3/5^{th}$ above the pelvic brim and uterine contraction was in 10 minutes lasting 30, 34 and 36 seconds respectively.

On auscultation: foetal heart rate was 140 beats per minutes with good volume and regular rhythm. Procedure for **Vaginal examination** was explained to her and a sterile tray for vaginal examination was brought to the bed side. Hands were washed, dried and sterile gloves worn. The vulva was inspected for rashes, varicose veins, warts, scars and edema but none was present. The vulva was swabbed with savlon solution, using sterile swabs, the labia majora were swabbedwith two sterile cotton wool soaked in savlon solution, the labia minora was also swabbed the same way and a single cotton wool soaked in savlon solution was used to swab the vestibuleafter which vaginal examination was carried out at exactly 3:20pm.

The vagina felt moist, warm and distensible. The cervix was thin, soft, effaced and the presenting part well applied to it. The cervical dilatation was 4cm with membranes intact. No moulding was felt. The sacral promontory was not reached, the sacrum was well curved and the ischial spines were blunt. a fist was placed in between the tuberosities and it admitted the fist. Client was cleaned after the examination and a clean perineal pad was applied on the vulva.

Madam Felicia was tidied up and encouraged to lie on her left side. All findings wereexplained to her and reassured that labour was progressing well with the dilatation board. All procedures were done under the supervision of the midwife-in-charge and recorded on client antenatal record book.

Preparation for birth

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

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

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

MANAGEMENT OF FIRST STAGE OF LABOUR

The foetal heart rate, maternal pulse and uterine contractions were checked every 30 minutes, temperature, blood pressure, descent as well as vaginal examination was done 4 hourly and the results plotted on the partograph. She complained of tiredness and was reassured and encouraged to avoid screaming but perform deep breathing exercise when there are contractions. Again, milo and biscuit were served. sacral massage was given and she was also supported to do the deep breathing exercise especially when there is a contraction. Madam Felicia was reassured that labour was progressing well and was encouraged to pass urine frequently to prevent her bladder from being full, since this could impede descent of the fetus as well as effective contractions.

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

At 7:20 pm, she was due for her next V/E. The procedure was explained to her and was asked to empty her bladder before doing the next examination. At this time the fetal heart rate recorded was 142beats per minute with good volume and rhythm. Descent of the fetal head was 2\5th and uterine contractions were 4 in 10minute lasting 52 seconds. On vaginal examination cervical dilatation was 7cm, with membranes still intact and moulding was 0.

Her vital signs were checked and recorded as follows.

Temperature	-	36.6^{o}C
Pulse	-	90 beats per minute

Respiration - 20 cycles per minute

Blood pressure - 110/75 mmHg

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

The delivery trolley was set containing the following;

Top shelf

- Sterile scissors
- sterile gloves
- Two sterile artery forceps
- sterile drape
- sterile membrane pierce
- cord clamp
- Sterile episiotomy park containing scissors and suturing forceps
- sterile gallipots
- injection tray containing 10 units of oxytocin, vitamin k, syringe and needle

Bottom shelf

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

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

At 9:45pm, Madam Felicia complained of bearing down sensations with the uterine contractions becoming more expulsive and frequent. The anus was gapping with the perineum bulging. Vaginal examination was repeated; cervix was fully dilated (10cm) with the bag of membranes still intact.

3.2 MANAGEMENT OF THE SECOND STAGE OF LABOUR

Madam Felicia was transferred to the second stage room and positioned on the delivery bed at 9:45pm. What is expected of her during the delivery was explained to her. She was asked to empty her bladder and then was assisted to lie in the lithotomy position. She was reassured and every procedure to be done was explained to her. Protective clothing such as mackintosh apron, rubber boots and goggles were worn. Hands were washed with soap under running water and dried with sterile towel and sterile gloves were worn on both hands. The vulva and the upper thigh were swabbed with savlon solution and client draped with sterile towels. Artificial rupture of membrane was done at this time. Liquor was clear and moulding was ++ since the bones were overlapped each other but easily reducible. Foetal heart rate was 140bpm, contractions were 4:10 for 45 seconds, and descent was $0/5^{th}$. The midwife in-charge confirmed the findings.

She was reminded that her baby will be delivered unto her abdomen to provide warmth and improve bonding. A clean perineal pad was applied to the anus to keep the delivery area clean. Madam Felicia was encouraged to push with each contraction and rest in between contractions. The midwife in charge checked the maternal pulse and foetal heart rate to ascertain

the condition of both mother and fetus. This was done following uterine contractions to assess the recovery rate of the fetal heart rate after contractions and was recorded.

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

The head was supported and restitution was allowed to take place and internal rotation of the shoulders as indicated by external rotation of the head took place. This brought the shoulders into anterior-posterior diameter of the pelvic outlet. Client was asked to push with the next contractions. Both palms were placed on either side of the baby's ear and gently pressed the head downwards to deliver the anterior shoulder which escaped under the symphysis pubis. The posterior shoulder swept the perineum and was delivered. The rest of the body was delivered by lateral flexion unto the mother's abdomen at 10:00 pm. An alive healthy male baby was delivered who cried soon after delivery. Client was congratulated for her efforts.

3.3 IMMEDIATE CARE OF THE BABY

The immediate care of the baby started as soon as the head of the baby was born. Different sterile gauze was used to clean the baby's eyes from inside out. The face was wiped with gauze. The baby was dried thoroughly to keep the baby warm and stimulate breathing. The wet sheet was removed and replaced with a dry sheet. Baby was placed skin-to-skin on the mother's abdomen

and they were both covered with the dry sheet. Baby cried within the first minute of birth. The cord was clamped with two artery forceps. It was re-clamped with a plastic cord clamp 3cm away from the baby's abdomen and 2cm from the first clamp. The cord was cut in between the two-cord clamp with a sterile scissor's whiles covering it with sterile gauze to prevent splashing of blood. The first- and fifth-minute Apgar score was assessed and recorded as 8/10 and 9/10 respectively Baby was shown to mother to confirm the sex of the baby. Identification band was prepared with the mother's name, baby's sex, weight and date of birth and was tied around the baby's wrist. Baby was then dressed, head covered with cap and soles with socks to prevent hypothermia.

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

APGAR SCORE	1^{ST} MINUTE	5^{TH} MINUTE
Appearance	1	2
Pulse	2	2
Grimace /reflex	1	1
Activity	2	2
Respiration	2	2
Total	8/10	9/10

3.4 ACTIVE MANAGEMENT OF THE THIRD STAGE OF LABOUR

After delivery of the infant, the next procedure was explained and after separating baby from mother by cutting the cord, a sterile receiver was placed near the vulva in between the thighs to receive the end of the cord. Client's abdomen was palpated to rule out any secondfoetus in

utero before 10 units of oxytocin was given intramuscularly at 10:01pm to prevent bleeding. The client was asked to empty her bladder which she said she had no urge. The left hand was placed on the fundus to feel for contractions. As soon as contractions were felt, the clamp was held with the right hand while the left hand was placed on the lower abdomen in the suprapubic area to push the uterus. The right hand which held the clamped cord, was used to apply gentle downward traction in a downward and backward direction. Counter-pressure was maintained with the left hand on the suprapubic area while traction was applied to the cord until the placenta was visible at the vulva. Both hands were used to receive the placenta at the introitus and placed in a bowl at 10:08 pm.

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

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

The blood loss was approximately150mls. Client was cleaned and a new perineal pad was placed at the perineum to make her comfortable in bed. Client was encouraged to change her pad and urinate frequently to prevent postpartum hemorrhage. She was also educated on how it would help in the contractions of the uterus.

Madam Felicia was congratulated for her cooperation.

EXAMINATION OF PLACENTA AND MEMBRANES

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

The placenta was discarded after decontaminating it. The delivery room and bed were cleaned. The instruments and equipment used were soaked in 0.5% chlorine solution and were removed after 10 minutes, washed and put in the autoclave after which the instruments were stored. Hands were dipped in 0.5% chlorine solution before discarding the gloves. Hands were washed thoroughly with soap under running water and findings were documented and reported as well.

3.5 MANAGEGEMENT OF FOUTH STAGE OF LABOUR

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

BABY

Prevention of diseases

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

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

Examination of the new born

The procedure was explained vividly to Madam Felicia, examination gloves were worn and the baby was examined head to toe to see if there is any deviation from normal. Baby was put on a covered flat surface and only the part to be examined was exposed at a time.

The head was examined for bulging and sunken of fontanels, size, shape, laceration and caput succedaneum but no abnormality was detected. Head circumference was measured by encircling

the head with tape measure from occipital protuberance to the supra orbital ridges and it measured 32cm.

The ear was examined for position, size, consistency of the pinna, patency and alignment, and everything about the ear was normal.

Eyes were also examined for pallor, sub conjunctiva hemorrhage and abnormal discharges but no abnormality was detected.

The nose: was also inspected for size, shape and nostrils checked to rule out deviated septum and congestion but everything was normal.

The mouth was inspected for cleft palate, tongue tie, false teeth, suckling, rooting and swallowing reflexes and everything was normal.

The neck was examined for congenital goiter, rigidity and enlarged lymph nodes but there was none.

The chest and abdomen were inspected for shape, size and chest wall movement with respiration and respiration rate was 44 cycles per minute and the apex heart beat was also 130 beats per minute. Both breasts were palpated for masses, engorgement and nipple was checked forposition and extra nipple and everything was normal the cord was examined and there was no bleeding.

The upper extremities were examined and the hands were without clubbing, extra or missing digits and webbing. Again, arms were inspected for symmetry, movement and paralysis, and the palm for the number of palmer crease. Shape and color of nail beds were inspected and reflexes (grasping and Moro) checked but were normal.

On the Lower extremities, the lower limbs were examined, there was no webbing, extra toes and club foot, or talipes were found.

The genitalia: the genitalia were normal as the urethral meatus was patent and central at the tip of the shaft, scrotal sac was also palpated and testicles have descended but there was no abnormality found. The anus was examined for patency and it was patent. The anus was also palpated for sphincter tone, masses, tenderness but it was normal. The baby passed meconium and urine.

The back was checked for swelling, spinal bifida and for missing vertebrae, but no abnormalities were noticed.

The skin was pink and no abnormality found. The baby was weighed and it recorded 3.2kg. The temperature was checked and it recorded 36.5 degrees Celsius.

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

Mother

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

Temperature - 36.5^{oC}

Pulse - 80 beat per minute

Respiration - 20 cycle per minute

Blood pressure - 128/80 mmHg.

Madam Felicia was asked to empty her bladder frequently in order to help contractions of the uterus. She was served with warm beverage and also encouraged to establish bonding and to initiate and maintain lactation. She was educated on how breastfeeding enhances the release of

oxytocin which would improve uterine contractions, drainage of lochia, control of hemorrhage and also as a form of family planning.

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

3.6 SUMMARY OF LABOUR AND DELIVERY

Date of delivery 04th December 2022

Time of delivery 10:00pm

Time of oxytocin 10:01pm

Type of delivery Spontaneous Vaginal Delivery

Time of placental delivery 10: 08pm

DURATION OF THE STAGES OF LABOUR

STAGE OF LABOUR	DURATION
FIRST STAGE	6hours25minutes
SECOND STAGE	15minutes
THIRD STAGE	8minutes
TOTAL	6hours 48minutes

Condition of baby

Apgar score at first minute	-	8/10
Apgar score at fifth minute	-	9/10
Sex of baby	-	male

Weight	-	3.2 kg
Head circumference	-	32 cm
Full len gth	-	49 cm
Meconium	-	Passed
Urine	-	Passed
Condition	-	satisfactory

Condition of mother

Temperature	36.0 ^{o}C
Pulse	78 beat per minute
Respiration	18 cycles per minute
Blood pressure	110/70 mmHg
Fundus	17cm
Lochia	Red (rubra)
Odour of Lochia	Non – offensive
Perineum	Intact
Condition	Satisfactory

Condition of placenta and membrane

Lobes and membranes	Complete and healthy
Maternal surface	Normal
Fetal surface	Normal
Cord situation	Central
Blood vessels	2 Arteries, 1 Vein

NURSING CARE PLAN ON LABOUR

PROBLEMS IDENTIFIED

- Lower abdominal pain
- Anxiety.
- Tiredness
- Thirst and dry throat

SHORT TERM OBJECTIVES

- Client will cope with lower abdominal and waist pains within 2 hours.
- Client's anxiety will resolve within 30 minutes.
- Client will regain her strength with 2 hours.
- Client's thirst and dry throat will resolve within 10 minutes.
-

LONG TERM OBJECTIVES

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

NURSING CARE PLAN TABLE B

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTIONS	DATE/ TIME	EVALUATION	SIGN
04/12/22 3:10pm	Lower abdominal pains related to physiological processes of labour.	Client will cope with lower abdominal and waist pains within 2 hours as evidenced by client verbalizing that she is coping and midwife observing that client no longer complains.	1. Reassure client that labour will end soon 2.Explained the physiology of labour pains to her. 3. Encourage client to assume a comfortable position 4. Encourage client to perform breathing and relaxation exercises 5. Provide diversional therapy 6. Perform sacral massage for client.	1. Client was reassured that labour would soon end 2. client was told that labour pains is as a result of contractions and stretching of the soft tissues 3. Client assumed the left lateral position. 4.Client was performing the breathing and relaxation exercises 5. Client was stayed with and engaged in a conversation 6. Client's sacral region was massaged by her support person.	04/12/22 5:10pm	Goal fully met as client said she was coping.	IAK

NURSING CARE PLAN TABLE B

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTIONS	DATE/ TIME	EVALUATION	SIGN
04/12/22 3:30pm	Anxiety related to unknown outcome of labour.	Clients' anxiety will resolve within 30 minutes as evidence by client verbalizing that she is no longer anxious.	1. Reassure client. 2. Explain every procedure to be carried to client. 3. Allow her to ask questions and answer her tactfully. 4. Update client with progress of labour. 5. Allow support person to be with her	1. Client was reassured that labour will end safely. 2. Procedures like checking of vital signs, vaginal examination were explained to client. 3. Client was allowed to ask questions and answers were given tactfully. 4. Client was updated about progress of labour using the dilatation board after V/E. 5. Client's husband was allowed to be with her and massage her sacral region during contractions.	04/12/2022 4:00pm.	Goal fully met as client said she was no longer anxious.	IAK

NURSING CARE PLAN TABLE B

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVE	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
04/12/22 7:00pm	Thirst and dry throat related to the process of labour.	Clients' thirst and dry throat will resolve within 10 minutes as evidenced by client verbalizing she is no longer thirsty	1. Reassure client. 2. Explain the process of labour to client. 3. Support client to perform deep breathing exercise. 4. Give client sips of water. 5. Serve client with fluid diet.	1. Client was reassured that measures will be put in place to relieve her off the thirst and dry throat. 2. Process of labour was explained to client. 3. Client was supported to perform deep breathing exercise during contraction. 4. Client was given sips of water and ice to suck. 5. Client was served with cold drinks containing sugar	04/12/22 7:10pm	Goal fully met as evidenced by client verbalizing, she does not feel tiredness.	IAK

NURSING CARE PLAN TABLE B

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES	NURSING ORDERS	NURSING INTERVENTIONS	DATE/ TIME	EVALUATION	SIGN
04/12/22 7:30pm	tiredness related to advanced stage of labour	Client will regain her strength after labour	1. Reassure client. 2. Encourage Client not to scream during contraction. **3.** Advice client to continue with relaxation**.** 4. support client to do deep breathing exercise.	1. Client was reassured that measures will be put in place to help her. 2. She was supported to perform deep breathing exercise. 3. Client was advised to change her sanitary pad when soiled.	04/12/22 @ 9:30pm	Goal fully met as evidenced by client saying the has been reduced.	IAK

CHAPTER FOUR

PUERPERIUM

4.0 INTRODUCTION

This chapter talks about the management of puerperium thus the care rendered to both mother and baby after delivery and the care plans drawn for the management of problems identified during puerperium . It begins immediately after the expulsion of placenta and membranes and control of hemorrhage and ends at the 40th day or six (6) weeks after delivery.

4.1 DAY OF DELIVERY

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

Temperature - 36.5^{0}C

Pulse - 80 beat per minute

Respiration - 20 cycle per minute

Blood pressure - 118/76 mmHg

On palpation the uterus was well contracted and the symphysio-fundal height was 17 cm above the symphysis pubis, lochia was moderate in amount and red in color with no clots. She was advised to change her perineal pads frequently when soiled and to report any abnormal vaginal bleeding to the midwives on duty. Client was encouraged to urinate frequently since full bladder interferes with the contraction of the uterus with subsequent bleeding.

Madam Felicia was encouraged to take in adequate fluid and eat a well-balanced diet to help repair worn out tissues and promote growth. She was served with a cup of beverage. She was

also educated on how to position and attach the baby to breast and observed as she breastfed the

baby. The baby was examined from head to toe and no sign of injury was observed. The baby's weight was 3.2 kg, temperature 36.5 respiration was 44 cpm, and apex beat was 136 bpm.

4.2 SUBSEQUENT CARE OF THE BABY

After ten (10) hours of birth, Madam Felicia was informed about the need for the baby to be bathed andshe responded positively. The baby was then picked to be bathed in the presence of the mother so that education could be given during the procedure.

Requirement for Baby Bath

Top Shelf

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

Bottom Shelf

- Disposable gloves
- Jug of hot water
- Jug of cold water
- A bowl for mixing water

- Kidney dish for used gauze and swab
- A receptacle for used water
- Mackintosh apron

After picking all needed items, the cold and hot water were mixed and the temperature was tested with the elbow. The plastic apron was then worn; hands were washed with soap under running water and dried with clean towel. Gloves were then worn and the baby was placed on a protected flat surface, undressed and covered with the towel living the face. The eyes were cleaned with a sterile cotton, dipped in sterile water from the inner canthus outwards and disposed into a receiver. The face was cleaned with a wet face towel. The nape of the neck was supported by the left palm and the ears were plugged with the thumb and index finger to prevent water from entering the ear. Mother's attention was drawn to this. The baby's head was washed ina circular motion with a soapy sponge after which it was rinsed out and dried with a towel. The baby was placed on a flat surface and the rest of the body was bathed (arms, chest and back), paying particular attention to the skin folds. The whole body was gently immersed in the bath of water with the head supported above the water level. Baby's body was dried with towel paying attention to the skin folds.

Vaseline was smeared all over the body of the baby to provide warmth. Gloves were removed, hands washed and dried. Sterile gloves were then put on. Cord was inspected for bleeding and there was no bleeding. Sterile cotton wool swabs and methylated spirit was used to dress the cord. One was used to hold the clamp and the cord was dressed aseptically with a cotton wool swab soaked in methylated spirit from the base upwards to the cord clamp and left it opened to heal by dry gangrene. The baby was wrapped nicely to maintain the temperature. The baby's head was covered with a cap and dressed warmly to prevent heat loss and the baby was given to

the mother to breastfeed in an effort to support breastfeeding. Mother was asked to fix the baby to breast by ensuring that she sat in a comfortable position, which meant the baby was attached well to breast and is sucking well. The mother was educated that the baby should be fed at least 8 to 12 times a day and exclusively for six months. Mother was educated on breast feeding problems such as cracked or sore nipples, breast engorgement and mastitis. She was asked to report to the clinic especially if the problem was not resolved and also signs of engorgement were noticed.

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

Temperature	36.0ºC
Respiration	38cpm
Heart rate	138bpm

Mother's vital signs checked were recorded as follows:

Temperature	36.3ºC
Pulse	82bpm
Respiration	20 cpm
Blood Pressure	100/60mmHg

All findings were communicated to Madam Felicia and all documentations were done. Madam Felicia and baby were made comfortable in bed and bid good night.

4.3 FIRST DAY POSTNATAL (DAY OF DISCHARGE)

The first day after delivery was 05th December,2022. Madam Felicia and baby slept soundly during the night and their condition remained satisfactory. Madam Felicia woke up looking cheerful and healthy. Her vital signs were checked and recorded as follows;

Morning

Temperature	-	36.3 ^{0}C
Pulse	-	80 beat per minute
Respiration	-	20 cycle per minute
Blood pressure	-	117/70 mmHg

Client was examined from head to toe and no abnormality was detected. The breasts were heavy and colostrum was expressed. The uterus was firm and well contracted. Symphysio-fundalheight was 17 cm above the symphysis pubis. Her vulva was inspected, the lochia was red in color, flow was small and it was not offensive.

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

The importance of good personal hygiene was explained to her, in order to prevent puerperal sepsis and neonatal infections to the mother and her baby respectively. Exclusive breastfeeding was also encouraged and Madam Felicia was advised to top and tail the baby until the cord is off. Hands were washed and dried with dry towel and baby examined from head to toe and no abnormalities were found. The baby was topped and tailed in the presence of the mother and the cord inspected for bleeding or any infection but there was none. Hands were washed and dried, sterile gloves worn and cord dressed with methylated spirit and left it open to dry. Mother was advised not to apply any hot compress or concoction on the cord to prevent infection of the cord. Afterwards, she was served with warm water to bath. Baby's vital signs and weight were checked and recorded as follows;

Morning

Temperature	36.5^0 C
Apex beat	132 beat per minute
Respiration	43 cycle per minute
Weight	3.1kg

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

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

Tablet folic acid	5mg dly x 14 days
Tablet fersolate	200 bd x 14 days
Tablet Metronidazole	400mg tds x 7 days
Tablet paracetamol	1g tds x 5 days
Capsule Amoxicillin	500mg tds x 7 days

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

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

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

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

4.4 FIRST POSTNATAL HOME VISIT (SECOND DAY POST NATAL)

Madam Felicia was visited on 6th December, 2022 at 7:30am and 3:45pm with the aim to assess their general conditions and to detect early conditions that could be harmful to their health so as to give immediate treatment or refer to the hospital for further management. Permission was sought to examine the baby. The baby was placed in her cot and head-to-toe examination was done withoutany problem. The baby was topped and tailed, hands were washed and new sterile gloves were worn, cord was inspected and dressed. The cord was not offensive and was quite dry. According to Madam Felicia, her baby passed meconium and urinated. Baby's vital signs checked. Findings were recorded as follows;

OBSERVATION OF BABY	**MORNING**	**EVENING**
Temperature	36.5ºC	36.7ºC
Apex beat	128 bpm	140 bpm
Respiratory	38 cpm	36 cpm
Weight	3.0kg	3.0kg

Suckling	Good	Good
Stool colour	Yellow	Yellow
Cord condition	Shrinking, clean and dry	Shrinking, clean and dry
Baby Bath	Topped and tailed	Topped and tailed

Madam Felicia was also examined from head to toe for any abnormality but none were present. The breasts were heavy and full with colostrum expressed. The uterus was well contracted and the symphysio-fundal height was 16cm during abdominal palpation. She said she wanted to know more about family planning which she was educated on the various family planning methods. The lochia was red (rubra), small in quantity and not offensive. After the examination, all the findings were communicated to her. Vital signs were also checked. Findings were recorded as follows:

MOTHER	**MORNING**	**EVENING**
Temperature	36.7 ^{o}C	36.3^{o}C
Pulse	72 bpm	74 bpm
Respiration	18 cpm	20cpm
Blood pressure	110/70 mmHg	120/70 mmHg
Symphysio-fundal height	16centimeters	16centimeters
Lochia	Rubra and not Offensive	Rubra and not Offensive
Condition of the uterus	Contracted	Contracted
Breast	Lactating	Lactating

Madam Felicia was supervised to perform the postnatal exercises. She successfully attached the baby to breast and baby was able to suckle well. She was encouraged to make sure the baby empties one breast before giving the other breast to prevent engorgement and to make sure the baby takes adequate breast milk. In the evening to a curtesy call was paid them, findings for all

examination on both mother and baby were within normal ranges. Permission was then sought toleave and promised to visit them the next day.

4.5 SECOND POSTNATAL HOME VISIT (THIRD DAY POSTNATAL)

On the 7th of December, 2022, Madam Felicia and family were visited in the morning and evening to assess their condition of health. Client complained backache and severe abdominal pains when the baby suckles. She was reassured and encouraged to perform the postnatal exercise; for about ten to twenty minutes and also to continue the postnatal exercises to strengthen the pelvic floor muscles and also advised to breast feed the baby on demand as it helps in contraction thus involution of the uterus.

Client permission was sought to perform physical examination and vital signs. The symphysio-fundal height was 14cm on abdominal palpation. On inspection of the vulva it was healthy and the flow of lochia was small and the colour was rubra.

Permission was sought again to examine the baby. The baby was top and tailed and cord examined, it was clean and dry and dressing was done.

Mother and Baby's vital signs were checked and recorded as follows;

MOTHER	**MORNING**	**EVENING**
Temperature	36.6^{o}C	36.2^{o}C
Pulse	90 bpm	80 bpm
Respiration	22 cpm	20 cpm

Blood pressure	110/60 millimeters of mercury	120/70 mmHg
Symphysio-fundal height	14 centimeters	14centimeters
Lochia	Rubra	Rubra
Condition of the uterus	Contracted	Contracted
Breast	Lactating	Lactating

BABY	**MORNING**	**EVENING**
Temperature	36.8^{o}C	36.5^{o}C
Apex beat	134 bpm	140 bpm
Respiratory	38 cpm	36 cpm
Weight	2.9kg	2.9kg
Suckling	Good	Good
Stool colour	Yellow	Yellow
Cord condition	Shrinked with no offensive odour	Shrinked with no offensive odour
Baby	Topped and tailed with warm water	Topped and tailed with warm water

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

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

On the 8th December, 2022, client was visited again during the morning and evening to continue the care of the baby, the mother and the family. Baby was topped and tailed, cord dressed and the cord was dry and shrinking. Baby was well and suckled well on the breast on observation. She said her baby passed stools and urine. Both baby and mother were assessed and findings were recorded. Mother was also well, breast was lactating, uterus was well contracted and symphysio- fundal height was measured

Findings on both mother and baby were recorded as;

MOTHER	**MORNING**	**EVENING**
Temperature	36.7 ºC	36.3ºC
Pulse	72 bpm	74 bpm
Respiration	18 cpm	20cpm
Blood pressure	110/70 mmHg	120/70 mmHg
Symphysio-fundal height	13 centimeters	13 centimeters
Lochia	Rubra and not offensive	Rubra and not offensive
Condition of the uterus	Contracted	Contracted
Breast	Lactating	Lactating

OBSERVATION OF BABY	MORNING	EVENING
Temperature	36.5^{o}C	36.7^{o}C
Apex beat	128 bpm	140 bpm
Respiratory	38 cpm	36 cpm
Weight	2.8kg	2.8kg
Suckling	Good	Good
Stool colour	Yellow	Yellow
Cord condition	Shrinking	Shrinking
Baby Bath	Topped and tailed	Topped and tailed

Madam Felicia complained of sleeping disturbances as a result of night feeding. She was reassured and educated on the various positions she can assume during breastfeeding and also told to feed the baby on demand. They were promised to be visited again and thanked.

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

On the 9th December, 2022, client was visited in the morning to continue the care of client and family. Mother and baby were in good condition when inquired. She added that the backache was resolving. Baby was examined from head to toe and no abnormality was observed. After that baby was topped and tailed, cord dressed and the cord was almost off. Baby was looking healthy and suckles well on the breast on observation. She said her baby passed stools and urine. Findings after assessment were recorded.

Madam Felicia was also assessed after explaining procedure to her and she emptying her bladder. Her breasts were still lactating efficiently, fundal height was 11cm. Lochia was inspected and it was pink in color, odorless and small in flow. The entire were doing very well as they go about their chores. They were promised to be visited again and thanked before leaving the house.

Findings on both mother and baby were recorded as;

MOTHER	**MORNING**
Temperature	36.6 ºC
Pulse	79 bpm
Respiration	19 cpm
Blood pressure	100/60 mmHg
Symphysio-fundal height	12 centimeters

Lochia	Scanty Serosa and not offensive
Condition of the uterus	Contracted
Breast	Lactating

OBSERVATION OF BABY	**MORNING**
Temperature	36.4ºC
Apex beat	120 bpm
Respiratory	40 cpm
Weight	2.9 kg
Suckling	Good
Stool colour	Yellow
Cord condition	Dry and Shrinked with no offensive odour.

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

On the 10th December, 2022, client and family were visited in the morning, hands were washed and dried after explanation of procedure. was examined from head to toe but nothing abnormal was detected. Baby's vital signs was checked after which baby was bathed since the cord fell the previous night. The stump of the umbilical cord was cleaned with methylated spirit and left opened. No sign of infection such as redness was noted. Baby passed yellowish stools and voided in the process of bathing.

Madam Felicia was also examined from head to toe and her breasts were noted to be so heavy and warm when asked, she complained of pains in breast on touching during physical examination. She was reassured and encouraged to put on a firm brassier and continue to breast feed the baby on demand. She was also encouraged to allow one breast to be emptied before the baby is attached to the other breast. No abnormality was detected on the mother and baby during the general examination exce1pt for the mother's breast engorgement. Client's symphysio fundalheight was 10cm and lochia was serosa. Findings after assessing both mother and baby were recorded as follows;

MOTHER	**MORNING**
Temperature	36.2 degree Celsius
Pulse	78 beat per minutes
Respiration	19 cycle per minutes
Blood pressure	110/70 millimeters of mercury
Symphysio-fundal height	11 centimeters
Lochia	Scanty Serosa and not offensive

Condition of the uterus	Contracted
Breast	Lactating

OBSERVATION ON BABY	**MORNING**
Temperature	36.2 degree Celsius
Apex beat	120 beat per minutes
Respiratory	40 cycle per minutes

Weight	2.9kilograms
Suckling	Good
Stool colour	Yellow
Cord condition	Clean and dry, almost off.

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

4.9 SIXTH POST NATAL HOME VISIT

On the 11th December, 2022 client and family were visited in the evening, procedure was explained to client hands were washed and dried after which she went and emptied her bladder. Madam Felicia said the breast felt a bit lighter than the previous day. Client's Symphysio fundal height was10cm. On inspection, the lochia was creamy brown with scanty flow and not offensive. Client was advised to have adequate rest and sleep during the day while her sister cares for the baby. The sister was encouraged to assist her sister. All the findings were communicated to the client and her family. Family planning education was reinforced and they promised to use a method after six weeks.

No abnormality was detected on the baby during the general examination. The baby was bathed in the presence of client and sister. The stump of the umbilical cord was cleaned with methylatedspirit and left opened. The stump was healing nicely. Baby's weight was checked and was recorded as 2.9kg. Baby was then dressed, wrapped in a cot sheet and handed to mother to breastfeed.

Findings were recorded as follows;

MOTHER	**MORNING**
Temperature	36.2 degree Celsius
Pulse /	80 beat per minutes
Respiration	20 cycle per minutes
Blood pressure	110/70 millimeters of mercury
Symphysio-fundal height	10 centimeters
Lochia	Scanty Serosa
Condition of the uterus	Contracted

Breast	Lactating

OBSERVATION OF THE BABY	**MORNING**
Temperature	36.2degreeCelsius
Apex beat	122 beat per minutes
Respiratory	34 cycle per minutes
Weight	3.1 kilograms
Suckling	Good
Stool colour	Yellow
Cord condition	Clean and dry stump

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

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4.10 SEVENTH POST NATAL HOME VISIT

On the 12th December,2022. Madam Felicia and family were visited in the morning to access their condition of health. The assessment could not happen in the morning because there was an outdooring of the baby. A visit was made in the evening to do the assessment. Client's permission was sought to perform physical examination and vital signs. The symphysio-fundal height was non palpable on abdominal palpation. On inspection of the vulva it was healthy and the lochia was creamy brown with scanty flow and not offensive. Permission was sought again to examine the baby. The baby was bathed by the mother under supervision and stump examined, itwas clean and dry and dressing was done. Findings were recorded as follows;

Baby

Temperature	36.8 ^{0}C
Respiration	38 cycle per minute
Apex beat	132 beat per minute
Weight	3.2kg
Suckling	Good

Cord	Off
Colour	Pink
Stool	Yellowish

Mother

Temperature	36.6 ^{0}C
Pulse	80 beat per minute
Respiration	18 cycle per minute
Blood pressure	108/70 mmHg
Breast	Lactating
Uterus	Contracted
SFH	9cm
Lochia	Alba

All the findings were communicated to the client and her family. They were congratulated for their cooperation and told it was the last home visit. Madam Felicia was reminded of her first postnatal visit to the clinic which fell on the 13th December, 2022. The need for registration of the child at the Births and Deaths Registry was emphasized. Client was encouraged not to hesitate tovisit the clinic anytime she has any health problem before the date of appointment. She was advised to continue with exclusive breastfeeding of the baby for six months

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

4.11 FIRST POSTNATAL VISIT TO THE CLINIC

Madam Felicia and her baby arrived at the clinic for postnatal care on the 13th of December, 2022, accompanied by her husband. Client was neatly dressed and looked cheerful. They were welcome and given a comfortable seat. Client was asked about her condition and that of the baby and she said they were doing well. Madam Felicia said her baby was able to feed well and slept well. Madam Felicia also confirmed that baby passed urine and stools regularly.

Permission was sought to examine the baby generally. The baby was taken and undressed and then wrapped with a clean cot sheet and placed on a flat surface for the examination in the presence of the mother. Baby's weight was 3.2kg. There were no discharges from the eyes, nose and ears. No discoloration of the mucus membranes, palms, eyes, conjunctiva and feet, observed during inspection. Baby's abdomen was not distended and the umbilical stump was completely healed.

The baby's vital signs were checked and recorded as follows;

Temperature - 36.6^0 C

Apex beat - 130 beat per minute

Respiration - 30 cycle per minute

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

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

Temperature - $36.6\ ^0$C

Pulse - 82 beat per minute

Respiration - 20 cycle per minute

Blood pressure - 110/70 mmHg

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

On inspection, it was observed that the conjunctiva was not pale, the nose was not discharging. The breasts were soft with no cracks or sore on the nipples. There was also no abdominal tenderness and the uterus was non palpable. There was no drainage of Lochia on inspection. After that findings were communicated to her. Madam Felicia was advised to ensure that the baby completes the immunization schedule. She was reminded of her second postnatal visit to the clinic. Madam Felicia was reminded on the circumcision and the necessary procedure was done under aseptic techniques by the theatre nurse in-charge with no complication observed. She was then educated on the care and management of the incisional site and to practice infection prevention control and report any abnormality as soon as possible .Baby was registered at the Births and Deaths Registry and client was handed over to the midwife in-charge for continuity of care. Madam Felicia and her entire family were thanked for their co-operation and for helping me to achieve my aim.

4.9 SECOND POST-NATAL VISIT TO THE CLINIC

According to the midwife in charge, on the 17th January, 2023 client came to the clinic for six weeks visits. They were warmly welcome and they all looked very healthy. General examination was conducted from head to toe as well as vital signs after her permission was sought. Her vital signs,weight and laboratory investigations were checked recorded were normal values. According to the midwife in-charge, it was same for the baby to and added that, madam Felicia needs to becommended as she has taken good care of the baby. Baby's weight on this said day was 5.8kgs She was finally handed them to the public health nurse for continuity of care especially the immunization and growth monitoring of the baby, but report to the facility anytime she encounters any health-related problem. She was thanked for her co-operation and understanding.

4.10 NURSING CARE PLAN DURING PUERPERIUM

PROBLEMS IDENTIFIED

On 06/12/2022 client has knowledge deficit on

1. family planning methods.

On 07/12/2022 client complained of:

2. Backache.

On 07/12/2022 client complained of:

3. After pains

On 08/12/2022 client complained of:

4. Sleeping disturbances.

   On 10/12/2022 client complained of:

5. Engorgement of breast.

SHORT TERM OBJECTIVES

- Client will gain adequate knowledge on family planning method within 2 hours.
- Client's backache will reduce within 24 hours.
- Client's after pain will reduce within 24 hours.
- Client will have at least six hours sleep with 24 hours.
- Client's breast engorgement will reduce within 24 hours.

LONG TERM OBJECTIVES

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

TABLE C NURSING CARE PLAN

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
06/12/22 08:00am	Knowledge deficit on family planning methods related to inadequate information	Client will gain adequate knowledge on family planning methods within 2 hours as evidenced by client verbalizing that she will make a choice.	1. Reassure client 2. Educate client on family planning method. 3. Introduce client to different types of family planning methods and help her choose one. 4. Encourage client to practice family planning method. 5. Encourage client to ask questions	1. Client was reassured 2. Client was educated on family planning method during the puerperium 3. Client was introduced to the different types of family planning methods and was helped to choose one. 4. Client was encouraged to practice family planning method. 5. Client was encouraged to ask questions	06/12/22 10:00am	Goal was fully met as evidenced by client willingness to choose a method.	IAK

TABLE C NURSING CARE PLAN

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
07/12/22 7:20 am	Backache related to poor feeding and sitting position	Client's backache will reduce within 24 hours as evidenced by client verbalizing a reduction of pain.	1. Reassure client. 2. Explain the causes of the backache to client. 3. Educate client on the proper use of body mechanics and good posture. 4. Educate client to assume correct position during breastfeeding 5. Educate client not to bend down during household chores.	1. Client was reassured that pain will resolve 2. The causes of the backache were explained to client. 3. Client was educated on the proper use of body mechanics and good posturing. 4. Client was educated to straight with back supported when feeding baby. 5. Client was educated to bend from knees during household chores.	08/12/22 7:20 am	Goal was fully met as client verbalized a reduced of backache.	IAK

TABLE C NURSING CARE PLAN

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
8/12/22 8:00 am	Sleep disturbance related to breastfeeding of baby at night	Client will have at least six hours sleep within 24 hours as evidenced by client verbalizing that she was able to sleep adequately	1. Reassure client. 2. Advice client to change baby's diaper when wet before bed time. 3. Explain the importance of feeding on demand. 4. Explain the need for frequent night feeds. 5. Encourage family support.	1. Client was reassured that adequate measures will be put in place to promote sleep. 2. Client was advised to change baby's diapers whenever wet 3. The importance of feeding baby on demand was explained to her. 4. The needs for frequent feeds at night of baby was explained to mother 5. Husband and sister were encouraged to support client.	09/12/22 @ 8:00 am	Goal was fully met as client said she had adequate sleep.	IAK

TABLE C NURSING CARE PLAN

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
7/12/22 7:30 am	After pains related to uterine contraction	Client's after pain will reduce within 24 hours as evidenced by client verbalizing a reduction in pain	1. Reassure client. 2. Explain the cause of pain to allay anxiety 3. Encourage client to urinate regularly. 4. Encourage client to feed baby on demand. 5. Serve analgesics as prescribed.	1. Client was reassured that pain is temporary 2. She was told it was due to uterine contraction. 3. Client was encouraged to urinate at least every two hours. 4. Client was encouraged to feed baby at least every 2 to 3 hours or frequently as demanded by baby. 5. Client was served with paracetamol as prescribed.	08/12/22 7:30 am	Goal was fully met as client verbalized a reduction in pain.	IAK

TABLE C NURSING CARE PLAN

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
10/12/2022 10:00 am	Engorgement of breast related to poor feeding pattern	Client's breast engorgement will reduce within 24 hours as evidenced by client verbalizing that the pain has reduced	1. Reassure client to allay anxiety 2. Explain the cause of the engorgement of breast to client. 3. Assist client to position and fix baby well to breast. 4. Encourage client to breastfeed baby on demand 5. Ensure client empties one breast completely before offering another one.	1. Client was reassured to ally anxiety 2. The cause of breast engorgement was explained to her. 3. Client was assisted to position and fix baby well to breast. 4. Client was encouraged to breastfeed baby on demand 5. Complete emptying of breast was ensured.	11/12/2022 10:00 am	Goal was fully met as client verbalized a reduction of breast engorgement.	IAK

SUMMARYAND CONCLUSION

This script is a family centered maternity care given to Madam Felicia; a 30-year-old gravid 3 Para 2 alive. Client comes from WA and Nkranketewa. She was first met at the Antenatal clinic on the 14 November, 2022 at Nsoatre health centre, when she was 36+4weeks pregnant. Various observations and examination including laboratory investigations were carried out to aid in the progress of normal pregnancy.

She experienced some minor disorders which were managed successfully. Madam Felicia's labour and delivery were carefully managed without any complications and she delivered an active 3.2kg male infant on the 04th of December, 2022 at 10:00pm, at Nsoatre health Centre.

She went through puerperium successfully where both mother and baby were finally handed over to the Public Health Nurse at Nsoatre health Centre on the 12th of December, 2022, for continuity of care.

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

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TABLE D **PHARMACOLOGY OF DRUGS**

DRUG	CLASSIFICA-TION	DOSAGE OF DRUG	ROUTE	ACTION AND USES	SIDE EFFECTS OF DRUGS	REMARKS
Tablet Fersolate	Vitamin preparation	200 mg daily X 30 days	Oral	1. Helps in the formation of red blood cells. 2. Supplement the iron of the body. 3. Used in the treatment of iron deficiency anaemia.	1. Gastro intestinal upset and black tarry stool. 2.Nausea	1. Haemoglobin level increased. 2. Black tarry stool noticed.
Tablet Folic Acid.	Vitamin preparation	500 mg daily x 30 days	Oral	1. Helps in the formation of red blood cells. 2. Prevents neural tube defect. 3. Treatment for iron deficiency anaemia.	1. Gastro intestinal upset. 2. Nausea.	1. Haemoglobin level increased. 2. No reactions observed.
Tablet Multivitamin	Vitamin preparation	5 mg 2 daily x 14 days	Oral	1. Improvement of appetite. 2. Helps in red blood cell and bone tissue formation.	Nausea and vomiting.	No reaction observed
Capsulate Vitamin A	Vitamin preparation	200,000 iu start and repeated after 24 hours	Oral	1. Prevents night blindness. 2. Helps in bones and teeth formation and enhances its intergrity.	Overdose can cause rough skin, dry hair, enlarged liver and increased erythrocyte sedimentation rate.	No reaction observed.
Tablet Vitamin B Complex	Vitamin prepration	200 mg 3 x daily x 7 days	Oral	Helps in metabolism of carbohydrate, protein and fat.	Abdominal discomfort.	No reaction.
Tablet metronidazole	Antibiotic	400 mg 3 x daily x 5 days.	Oral	Treatment of infection.	Gastrointestinal upset.	No reactions observed.

PHARMACOLOGY OF DRUGS

DRUG	CLASSIFICA-TION	DOSAGE OF DRUG	ROUTE	ACTION AND USES	SIDE EFFECTS OF DRUGS	REMARKS
Tablet paracetamol	Antipyretic and analgesic.	400 mg x 3 daily x 5 days.	Oral	1. Alleviates pain. 2. Reduce body temperature.	Prolong usage may damage the liver.	No reactions observed.
Injection Oxytocin	Oxytocic drug	5 – 10 units	Intramuscular on the thigh.	Stimulates uterine contractions, controls bleeding, used for induction and augmentation of labour.	Uterine rupture if overdose is given. Nausea and vomiting.	None observed.
Polio 0	Vaccine	2 drops	Oral	Stimulate production antibodies against poliomyelitis.	Nausea	No side effect observed.
Injection Baccillus Calmette Guerin (BCG)	Vaccine	0.05 mls	Intramuscular on the right upper arm.	Stimulate production of antibodies against tuberculosis	Small pustule which persist for some weeks and rise in temperature.	Blister observed.
Vitamin K	Antihaemorrh-agic vitamin.	0.5 – 1 mg	Intramuscular	1. Help in clotting of blood. 2.Helps to prevent haemorrhagic disease of newborn	Flashes of the face.	No side effect was observed.
Tablet Sulphadoxine pyramethami-ne	Antimalaria	3 tablets stat at 16 weeks or quickening, repeat every 4 weeks till delivery	Oral	1. Therapeutic and prophylactic actions against malaria. 2.Attacks different stages of development of the malaria parasites 3. Maintains caudal serum	Vomiting, nausea, drowsiness and stomachache	None observed

PHARMACOLOGY OF DRUGS FOR THE BABY

NAME OF DRUG	CLASSIFICATION	DOSAGE	ROUTE	ACTION AND USES	ACTUAL EFFECT	SIDE EFFECT	SIDE EFFECT EXPERIENCED
Vitamin k	Group K vitamin	1ml	Intramuscular	Production of prothrombin	Prevented bleeding	Bleeding prevented	None observed
Chloramhhenicol eye drop	Antibiotics	2-3drops	Instillation	To prevent eye infection	Eye was not infected	Increase risk of aplastic anaemia	No side effect observed
Injection Bacillus Calmette Guerin	Antigen	0.05 ml	Intradermal	Production of antibodies to prevent tuberculosis	Under observation	Blister formation, slight fever and pain	Blister formation
Polio vaccine	Antigen	2 drops	Oral	Production of antibodies to prevent poliomyelitis	Under observation	There may be diarrhea	None observed
Pnuemoccocal 1	Antigen	0.5 ml	Intramuscular right thigh	Vaccinates neonate against pneumonia	Under observation	Redness at the sight of injection and fever.	None observed
Pentavalent 1 (5 in 1)	Antigen	0.5 ml	Intramuscular left thigh	Vaccinates neonate against diphtheria, pertussis (whooping cough), tetanus, hepatitis B, heamophilus influenza B	Under observation	Low grade fever	None observed
Rotavirus 1	Antigen	1.5 mls	Oral	Prevention of gastroenteritis	Under observation	None	None

APPENDIX II

LABORATORY INVESTIGATION

DATE	SPECIMEN	INVESTIGATION TYPE	FINDINGS	REMARK
10/06/2022	Blood	Groupings	O	Normal
10/06/2022		Rhesus factor	(D) positive	Normal
10/06/2022		Hemoglobin level (HB)	12.1 g/dl	Normal
11/07/2022		Hepatitis B (HBsAg)	Negative	Normal
10/06/2022		Sickling	Negative	Normal
10/10/2022		VDRL	Non-reactive	Normal
11/07/2022		Glucose 6 phosphate dehydrogenase (G6PD)	No defect	Normal
10/06/2022		HIV Status	Negative	Normal
	Urine	Protein	Negative	Normal
		Glucose	Negative	Normal
11/07/2022	Stool	Worm infestation	Negative	Normal
10/06/2022	Urine	Protein/glucose	Negative/negative	Normal
11/07/2022	Urine	Protein/glucose	Negative/negative	Normal
08/08/2022	Urine	Protein/glucose	Negative/negative	Normal
28/11/2022	Urine	Protein/glucose	Negative/negative	Normal
12/09/2022	Blood	Haemoglobin level (HB)	10.3 g/dl	Low
		Hepatitis B (HBsAg)	None reactive	Normal
		PMTCT	None reactive	Normal
	Urine	Protein /glucose	Negative /negative	Normal
	Blood	Haemoglobin level	11.8 g/dl	Normal
14/11/2022	Urine	Protein /glucose	Negative /negative	Normal
	Blood	Haemoglobin level	11.6 g/dl	Normal
28/11/2022	Urine	Protein /glucose	Negative /negative	Normal

ANTENATAL RECORDS BOOK

Date	Temperature (^{o}c)	WT (Kg)	BP. (mmHg)	Urine Protein Glucose	Gestational Age in Weeks	Fundal height (CM)	Presentation	Descent	Fetal Heart Rate (Bpm)	Routine medication	Complain, Treatment and Advise	Name & signature
10/06/22	36.2	59	103/53	Negative Negative	14	14	_	_	_	Routine drugs x30 days	Nausea and vomiting.	AVM
12/07/22	36.2	60	101/60	Negative Negative	16	15	_	_	Fm+	Routine drugs x30 days	No complains.	AOA
08/08/22	36.0	61	108/64	Negative Negative	?20	20	Cephalic	_	+	Routine drugs x30 days	Feels well	GOY
09/09/22	36.4	61	109/68	Negative Negative	27+4	23	Cephalic	_	141bpm	Routine drugs x30 days	No complains	DM
10/10/22	36.6	64	116/62	Negative Negative	31+4	29	Cephalic	-	145	Routine drugs x30 days	Feels well	ABH
31/10/2022	36.4	64	109/62	Negative Negative	34+4	31	Cephalic	5/5	135	Routine drugs x14 days	Waist pain & heart burns	SA

ANTENATAL RECORDS BOOK

Date	Temperature (oc)	WT (Kg)	BP. (mmHg)	Urine	Gestational Age in Weeks	Fundal height (CM)	Presentation	Descent	Fetal Heart Rate (Bpm)	Routine medication	Complain, Treatment and Advise	Name & signature
14/11/2022	36.9	65	108/60	Negative Negative	36+4	33	Cephalic	5/5	152	Routine drugs x7 days	Headache, Constipation Tab Paracetamol 1g x 3days.	IAK
28/11/2022	36.4	66	108/68	Negative Negative	38+4	35	Cephalic	5/5	155	Routine drugs x7days	Backache	IAK

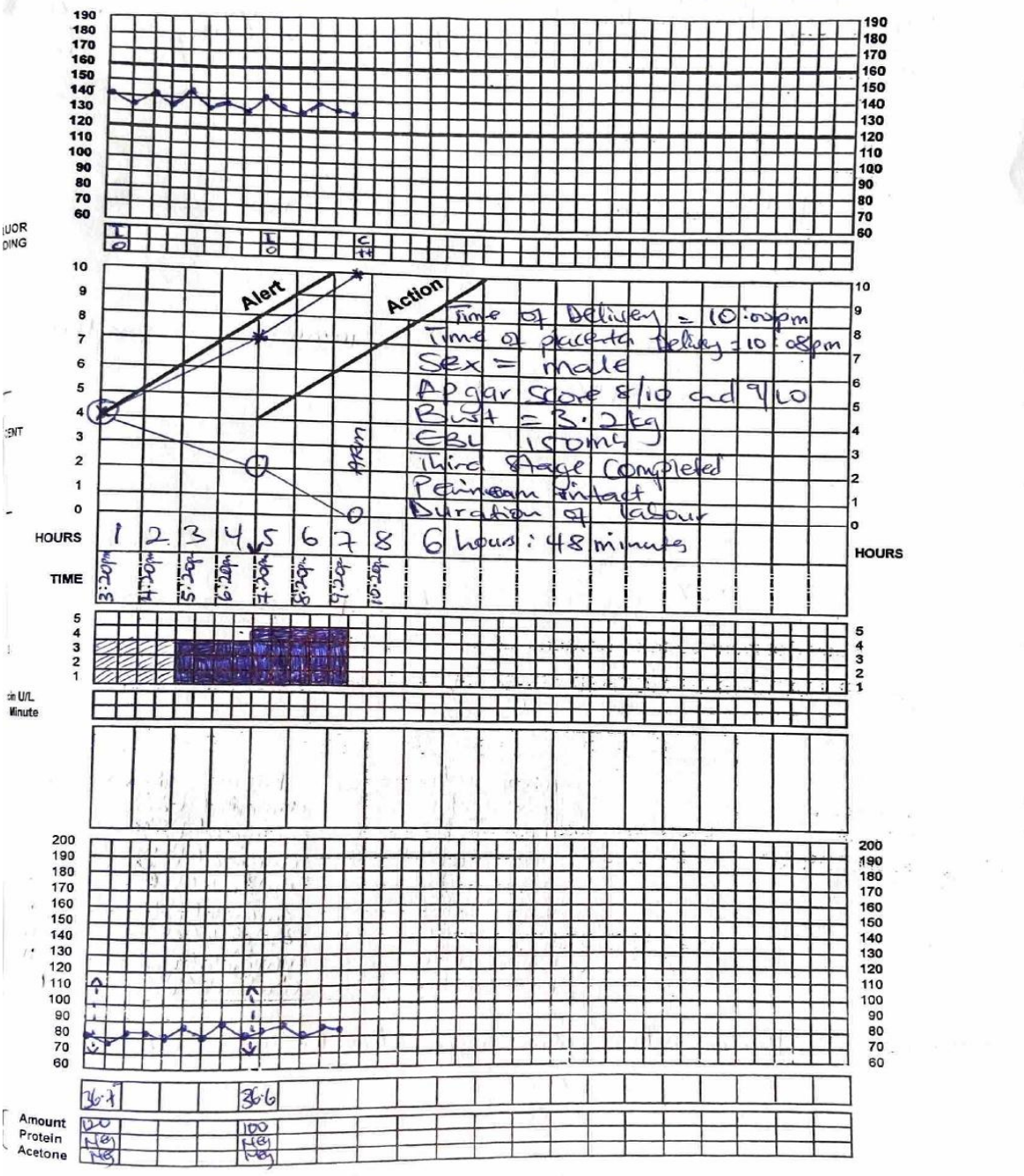
INSECTICIDE TREATED NET (ITN)			DATE SUPPLIED ……10/06/2022……..			
INTERMITTENT PREVENTIVE TREATMENT (IPT) FOR MALARIA	12/9/22 1ST DOSE SP*3TABS DIRECTELY OBSERVED TGHERAPY 12/09/2022	GESTATIONAL AGE IN WEEKS 27+4	10/10/22 2ND DOSE (1 MONTH) AFTER 1ST DOSE DIRECTELY OBSERVED TGHERAPY 10/10/2022	GESTATIONAL AGE IN WEEKS 31+4	14/11/22 3RD DOSE (1 MONTH) AFTER 2ND DOSE DIRECTELY OBSERVED TGHERAPY 14/11/2022	GESTATIONAL AGE IN WEEKS 36+4

TETANUS IMMUNISATION	PREVIOUS TT		CURRENT TT 3	
	Yes	NO	DATE…10/06/2022…….	DATE……

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

WHO Modified Partograph

Registration No. 487/22 Name (Last, First) Dukumuni Felicia Age 30yrs
Date 04/12/22 Parity/Gravida 2 / 3 LMP 8/3/22 EDD 15/12/22 Gestation (wks) 39+3
ROM (Time, Date) 7:45 pm 4/12/22 Labour Durable (Hrs) 5hrs 45 mins Facility/Clinic Name Nsoatre Health Centre



LABOUR NOTES

On 04/12/2022, client G3 P2 had spontaneous vagina delivery of a live male child at 10:00pm. Peri - intact, A/S of 8/10 and 9/10 for the 1st and 5th minute respectively. HC 32cm, Length 49cm EBL 150ml D/L 6 hours : 48 minutes. Cord care done, Skin to skin contact done, eye cared for and baby bathing done.

Please circle or write responses.

DELIVERY

DATE: 4/12/2022 TIME: 10:00pm METHOD: (Spontaneous) / Vaccuum Extraction / C/S / Other

PERINEUM: (Intact) / Episiotomy / Laceration

ANESTHESIA: (None) / Local / General

THIRD STAGE

Active Management: (Yes) / No Medication: Time 10:01pm Type / Dose Oxytocin / 10units

PLACENTA: Time: 10:05pm (Complete) / Incomplete

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

BABY

Weight: 3.2kg

Sex: (Male) / Female

Baby Position: (Vertex) / Breech / Other

APGAR

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

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

FOURTH STAGE MONITORING

Frequency	Time	B/P	Pulse	Fundus	Bleeding	Bladder
Every 15 minutes first 2 hours	10:30pm	100/70	88	17cm	150	100ml
	10:45pm	110/68	88	Contracted	Normal Lochia	Nil
	11 pm	118/72	86	Contracted	Normal Lochia	Nil
	11:15pm	116/70	84	Contracted	Normal Lochia	Nil
	11:30pm	119/74	82	Contracted	Normal Lochia	Nil
	11:45pm	118/72	80	Contracted	Normal Lochia	Nil
	12am	114/68	79	Contracted	Normal Lochia	Nil
Every 30 minutes for 1 hours	12:30	100/72	82	Contracted	Normal Lochia	Nil
	1:00am	110/70	78	Contracted	Normal Lochia	100mls

Birth Attendant Ibrahim Adisa Kubra Supervised by Florence (Staff midwife) Date 04/12/2022

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

MATERNITY CHART

NAME: Dukamini Felicia

AGE: 30 years

WARD: lying-in

P NO.: 457/2022

BED NO.: 3

Date	4/12/24	5/12/24	6/12/24	7/12/24	8/12/24	9/12/24	10/12/24	11/12/24
Days in Hospital	ADD	D1	D2	D3	D4	D5	D6	D7
Days P. O.								
Hour AM		8:00 am	9:20	8:30	9:00	8:00		8:20
Hour PM	10:30 pm	4:00	4:00	4:30			4:00 pm	
Temperature C / F								
Pulse	80	72	80	74	79	78	80	80
Resp.	20	20	18	22	20	19	19	20
E.M. Stool	Passed	passed	passed	passed	passed	passed	passed	passed
Urine	Passed	passed	passed	passed	passed	passed	passed	passed
B. P. AM		117/70	110/60	110/70	100/60	110/70		108/70
B. P. PM	118/76	120/70	119/72	118/76			110/70	

Key

+ = SYMPHYSIO FUNDAL HEIGHT

■ = TEMPERATURE

NEW BORN EXAMINATION FORM

Name: Baby Kwasi Felicia Date of Assessment: 04/12/2022 Time: 11pm

Date of Birth: 04/12/2022 Time of Birth: 10:09pm Sex: ☑ M ☐ F Age at time of Assessment (days/hrs) 1hour

Gestational Age 39+3 ☐ Mode of Delivery: ☑ Vaginal Assisted Vaginal C-Section

APGAR: 1min 8/10 5min 9/10 Birth Weight: ☐ 3·2kg ☐ Length: 49 cm Head Circumference: 32 cm

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

Name of Assessor (Midwife/Doctor): Ibrahim Adisa Kubra

Respiration
- ☑ 44cpm
- ☐ Rate < 30 b/m *
- ☐ Rate < 60 b/m *
- ☐ 30-60 b/m
- ☐ Retractions *
- ☐ Grunting *
- ☐ Stridor *

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

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

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

Cord
- ☑ Normal
- ☐ Red, draining pus
- ☐ Bleeding

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

7. Suck
- ☑ Good
- ☐ Weak
- ☐ Absent

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

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

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

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

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

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

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

16. Clavicle
- ☑ Normal
- ☐ Swelling/Fracture

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

18. Heart rate
Rate: 130bpm
- ☑ Normal (100-160)
- ☐ <100 *
- ☐ >160*

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

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

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

22. Limbs
- ☑ Normal
- ☐ Abnormal _____

23. Genitalia

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

Female Genitalia
- ☐ Normal
- ☐ Fistula(meconium/urine through abnormal opening in vagina) *
- ☐ Large 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 Kwasi Felicia Date of Assessment: 05/12/2022 Time: 9:00am

Date of Birth: 04/12/2022 Time of Birth: 10.00pm Sex: ☐M ☐F Age at time of Assessment (days/hrs) 1 day

Astational Age 39+3 ☐ Mode of Delivery: ☑Vaginal Assisted Vaginal C-Section

APGAR: 1min 8/10 5min 9/10 Birth Weight: ☐3.2kg ☐ Length 49 cm Head Circumference: 32 cm

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

Name of Assessor (Midwife/Doctor): Ibrahim Adisa Kubra

1. Respiration
Rate 38cpm
- ☐ 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: 138 bpm
- ☑ 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 Kwasi Felicia

AGE: Newborn WARD: lyin-in

P NO.: 487/2022 BED NO.: 3

Date	4/12/22	5/12/22	6/12/22	7/12/22	8/12/22	9/12/22	10/12/22	11/12/22
Days in Hospital	Born	D1	D2	D3	D4	D5	D6	D7
Day's P, O,								
Hour Am		8:00	9:00	8:30	9:00	8:00		8:00
Pm	10:30	4:00	4:00	4:30			4:00	
Temperature C / F								
Pulse	130	132	134	128	120	120	122	132
	44	43	36	38	40	40	311	38
Stool	Passed	passed	passed	passed	passed	passed	passed	passed
	Passed	passed	passed	passed	passed	passed	passed	passed

KEY
- Baby Weight
- Temperature

NEW BORN CHART

Name: Baby Kwasi Felicia No: Birth Weight: 3.2kg

Sex: Male Mother's No: 487/2022 Length: 49cm

Nature of Delivery: Spontaneous Vagina Delivery Diagnosis:

Date of Birth: 04/12/2022 Time: 10:00pm Date of Discharge: 05/12/2022

Date	04/12/22		05/12/22		06/12/22		07/12/22		08/12/22		09/12/22		10/12/22		11/12/22							
No. of Days	D0D		D1		D2		D3		D4		D5		D6		D7							
Weight	3.2		3.1		3.0		2.9		2.9		3.0		3.1		3.2							
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Temperature		36.0°C	36.5°C	36.7°C	36.8°C	36.5°C	36.5°C	36.7°C	36.4°C		36.2°C			36.2°C	36.8°C							
Stools		Passed	Passed	Passed	Passed	Passed	Passed	Passed	Passed		Passed			Passed	Passed							
Urine		Passed	Passed	Passed	Passed	Passed	Passed	passed	passed		Passed			Passed	Passed							

Remarks: HEAD, NECK, TRUNK, EXTREMITIES, GENITALIA — No Abnormalities Detected

SIGNATORIES

CANDIDATE NAME

NAME: MISS ADISA KUBRA IBRAHIM

SIGNATURE: .....

DATE: 06/07/2023

THE MIDWIFE IN- CHARGE (NSOATRE HEALTH CENTER)

NAME: MS. MERCY DASAA

SIGNATURE: ..... (for)

DATE: 14/07/2023

SUPERVISOR

NAME: MS. MONICA BOAKYE

SIGNATURE: .....

DATE: 6/07/2023

THE PRINCIPAL

MONICA NKRUMAH

SIGNATURE: ..... (h)

DATE: 14/07/2023

ACADEMIC CO-ORDINATOR-NURSING & MIDWIFERY