HOLY FAMILY NURSING AND MIDWIFERY TRAINING COLLEGE,

BEREKUM

A CLIENT/FAMILY CENTERED MATERNITY CARE STUDY

ON

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A CLEITN/FAMILY CENTERED MATERNITY CARE STUDY SUBMITTED TO THE NURSING AND MIDWIFERY COUNCIL OF GHANA IN PARTIAL FULFILLMENT FOR THE AWARD OF THE LICENSE TO PRACTICE AS A REGISTERED MIDWIFE.

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PREFACE

The family centered maternity care study is the entire care given to an expectant mother, her family members as well as the community throughout the period of pregnancy, labour and puerperium. Family centered maternity care study gives the student midwife the opportunity to use all the knowledge and skills she acquired during the period of her training to give quality maternity care that will meet the demands and challenges of the expectant mother and her family throughout the period of pregnancy, labour and puerperium. The nursing process is a tool used to help the client and her family to identify and solve her own problems.

The student midwife is able to identify health problems through the collection and analyzing of data which was acquired during interaction with the client and her family. Appropriate management of the problems are done to ensure that, quality care is rendered through interpersonal relationship, physical, social, mental, emotional and spiritual needs of the client.

The report on the care study is compiled into a document which is part of the Nursing and Midwifery Council of Ghana's fulfillment in awarding professional certificate to the student midwife as a registered midwife after three years training.

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My deepest appreciation goes to the entire staff of A and A Royal Medical Center, Abesim-Sunyani in the Bono Region and especially the midwife in-charge, Ms. Comfort Kumi, for her support. I wish to express my profound gratitude to Madam Comfort Afia Yeboah, the client and her family members for their consent, contribution and co-operation throughout the period and to a successful completion of the care study. Furthermore, abundant thanks to all my beloved family members more especially my mother Mrs. Georgina konama who endlessly helped me throughout my training in physical, financial and spiritual well-being. I say “ayekoo”.

Finally, my sincere thanks to the authors of the various books used as references and from which I took inspiration for this care study.

INTRODUCTION

The family centered maternity care study is a study about the nursing care given to the expectant mother, her unborn baby and her family as well. The student midwife puts into practice knowledge acquired in the classroom to care for the pregnant woman and her family and solving any identified problem in the course of the interaction throughout pregnancy, labour and puerperium.

This study was conducted on Madam Comfort Afia Yeboah, a 33 years old gravida 2 para 1 alive. She comes from Ohwim-Amanfrom in the Ashanti Region of Ghana but currently residing at Asufufu in the Bono Region. She was met on the 15th August, 2023 at A and A Royal Medical Center, Abesim-Sunyani with 38weeks plus 2days gestation and had come for her 10th antenatal care.

This study is made up of four chapters namely; Chapter One, Chapter Two, Chapter Three and Chapter Four. Chapter one deals with the client's particulars that's her social and personal history, medical history, surgical history, menstrual history, past and present obstetric histories. The second chapter which is chapter two deals with the detailed narration of how the study was conducted during the period of her pregnancy. Chapter three deals with labour till the end of the first six hours after delivery. Chapter four gives an account on the management of the puerperium with emphasis on care of the mother and baby from day of delivery to the first seven days after delivery and second postnatal clinic visits. Each chapter ends with a care plan drawn for her with the problems which were identified throughout the period, this constitutes the appendices.

LITERATURE REVIEW

PREGNANCY

It is a period of having a developing embryo in the uterus and it is a time when women and their partners are especially open to reflecting on their lifestyles and healthcare options.

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

Fraser & Cooper (2009) define pregnancy as the fusion of the woman's egg and a man's sperm cell unites to form zygote. All changes in the mother's body during pregnancy are due to the effectsof specific hormones. These changes enable her to nurture the foetus, prepare her body for labour and develop her breast and lay down stores of fats to provide calories for production of breast milk during puerperium. Its further states that, the woman's psychological state is also affected by hormonal changes. The gestational period is divided into three trimesters. The first trimester is from the time of conception to the 12^{th} week. The second trimester is from the 13^{th} week to the 24^{th} week whilst the third trimester is from the 25^{th} week to the38^{th}week. During pregnancy, antenatal care is given to the woman throughout the period and should commence from the time pregnancy is diagnosed and continue until the safe delivery of the baby. This is why it is so important that, the midwife has the knowledge and understanding of the common disorders of pregnancy which include; constipation, fatigue, headache, lower abdominal pain, waist pains, leg cramp, backache, insomnia increase vaginal discharge among others in order to advice the woman on strategies that will help her cope with the condition and minimize the effects she experiences.

Marie Elizabeth (2013) defines pregnancy as when the woman's egg and a man's sperm cell unite to form zygote. The duration of pregnancy has traditionally been calculated by the clinicians in terms of 10 lunar months or 9 months and 7 days or 280 days or 40 weeks, calculated from the first day of the last menstrual period. This is called menstrual or gestational age. It is divided into 3 trimesters, a period of three months in each trimester. The first trimester begins from the fertilization of the ovum to 12 weeks of gestation. The second trimester begins from the 13th week to the 24th week of pregnancy. The third trimester starts from the 25th week to the 40th week. General check-up is done at interval of 4 weeks up to 28 weeks; at interval of two weeks up to 36

weeks and thereafter weekly till the expected date of delivery. Ideally this should be more flexible depending on the need, and the convenience of the patient.

Tiran (2008) stated that pregnancy is the condition of having a developing embryo or foetus within the body. It is the state from conception to the delivery of the foetus. The normal duration is about two hundred and eighty (280) days, forty (40) week or nine (9) months seven (7) days counted from the first day of the last normal menstrual period to delivery. During this period, psychological and physiological changes such as relaxation of the cardiac sphincter, relaxation of the smooth muscles of the intestines occur due to the effect of oestrogen and progesterone. These hormones provide nutritive and protective environment for the developing embryo and also prepares the breast for lactation.

King, (2014) pregnancy is a time of profound anatomic and physiologic changes in a woman's body. In addition to the reproductive organs, all maternal physiologic systems make adaptations needed to support the developing foetus and at the same time, maintain maternal homeostasis. Pregnancy last approximately two hundred and sixty-six days (266) or thirty-eight weeks (38) from ovulation. The antenatal period is into trimesters, first trimester is considered to be weeks 1 to 12 (12weeks) because organogenesis is completed at the end of twelve weeks and the risk of spontaneous abortion is significantly reduced at time. Historically, the second trimester was considered to be weeks 13 to 28 weeks were limit of viability. The third trimester extends from 29 to 40 weeks. The term 'post-date' or post term is typically used to describe a pregnancy beyond forty weeks (40).

Weller B.F (2009) states that, pregnancy is a state of being with a foetus from the time of conception to the expulsion of the foetus. The normal period is 280 days or 40 weeks counted from

the last day of the normal menstrual period. Pregnancy is divided into three trimesters, a period of three months in each trimester. The first trimester begins from the fertilization of the ovum to 12 weeks of gestation. The second trimester begins from the 13th week to the 24th week of pregnancy. The third trimester starts from the 25th week to the 40th week. During this period, a lot of physiological changes occur in the body under the influence of hormones which affect all the systems and organs with the greatest change taking place in the uterus as it has to accommodate and nourish the developing foetus, prepare the woman body for labour, develop her breast and lay down stores of fats to provide calories for production of breast milk during puerperium. Any disorder due to the physiological changes is managed to prevent further complications such as anaemia which can endanger the life of both the mother and growing foetus.

Ojo (1992) said that when pregnancy occurs, menstruation seizes and returns some weeks or months after delivery. The hormones progesterone and oestrogen are produced in large quantities which exert some action on the various systems such as the skeletal system, respiratory system, digestive system, and reproductive system etc. of the pregnant woman. The most outstanding of these changes is the growth which occurs in the uterus. The patient is usually the first person to suspect pregnancy. Her suspicion is often based on the fact that she has missed her period, the amenorrhea occurs because, following the implantation of the fertilized ovum.

LABOUR

Konar (2011) states that, labour is a series of event that takes place in the genital organ in an effort to expel the viable products of conception out of the womb through the vagina into the outer world. The date of onset of labour is very much unpredictable to foretell precisely the exact date of onset of labour. It not only varies from case but even in different pregnancies of the same individual. Conventionally events of labour are divided into four stages: First stage starts from the onset of true labour pains and ends with full dilatation of the cervix. It is in other words, the 'cervical stage' of labour. Its average duration is twelve hours (12) in primigravida and six hours (6) in multipara. Second stage starts from the full dilatation of the cervix (not from the rupture of the membranes) and ends with expulsion of the fetus from the birth canal. It has got two (2) phases thus the propulsive phase starts from full dilatation up to the descent of the presenting part to the pelvic floor and the expulsion phase is distinguished by maternal bearing down efforts and ends with delivery of the baby. Its average duration is two hours (2) in primigravida and thirty minutes (30) in multipara. Third stage begins after expulsion of the fetus and ends with expulsion of the placenta and membranes (after-births) and control of haemorrhage. Its average duration is about fifteen minutes (15) in both primigravida and multipara. The duration is, however, reduced to five minutes (5) in active management. Fourth stage is the stage of observation for at least one hour (1) after expulsion of the after-births. During this period, general condition of the patient and the behaviour of the uterus are to be carefully monitored. Under bladder care, patient is encouraged to pass urine by herself as full bladder often inhibits uterine contraction and may lead to infection. If the woman cannot go to the toilet, she is given a bed pan. Privacy must be maintained and comfort must be ensured. If the patient fails to pass urine especially in late first stage, catheterization is to be done with strict aseptic precautions. Under rest and ambulation, if the membranes are intact, the patient

is allowed to walk about. This attitude prevents venacava compression and encourages descent of the head. Ambulation can reduce the duration of labour; analgesia can improve maternal comfort. The transition from the first stage to the second stage is evidenced by the following features:

- Increasing intensity of uterine contractions.
- Urge to defecate with descent of the presenting part.
- Complete dilatation of the cervix on vaginal examination.

Verne's (2014) describes the onset of labour as the occurrence of regular painful contractions that promote dilatation of the cervix. Contractions that occur at regular intervals with increasing frequency, duration, and intensity are hallmark of labour. There are four stages of labour that has being established; the first, second, third and fourth stages. The first stage of labour starts with cervical dilatation which begins with regular rhythmic uterine contractions until the cervix is fully dilated. During this stage, enquiry is to be made about the onset of labour pains or leakage of liquor if any through general and obstetrical examinations including vaginal examination are to be carried out and recorded. Records of antenatal visits, investigation reports and any specific treatment given if available are to be reviewed. There is an assessment of progress of labour and partograph recording. The second stage of labour begins with the expulsion of the foetus from the birth canal; it starts when the cervix is fully dilated and the woman has the urge to expel the foetus and ends when the foetus is born. The third stage of labour is the complete expulsion of the placenta and its membranes as well as the arrest of haemorrhage. The fourth stage of labour is 6 hours after the delivery of the placenta and membranes and continues with close monitoring of the client and baby.

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

The National Safe Motherhood Service Protocol (2008) states that normal labour begins with a regular painful uterine contraction lasting at least twenty (20) seconds (timed by a trained observer) occurring at a frequency of at least two contractions in every ten minutes and with cervical dilatation of at least 3 centimeters. Signs that women may experience prior to labour includes show (pink mucous discharge from the vagina), engagement of the baby's head. The hormone oxytocin is responsible for the strong regular contractions of labour which when released cause the uterus to contract. Labour contractions feel very different from Braxton Hicks contractions that women experience during pregnancy but the most important difference is that labour contractions come regularly. Each one starts gradually, builds up to a peak and then fades away. Typically, when labour begins, contractions are short in length around 20 – 30 seconds long. As labour progresses contractions become gradually longer and stronger which dilates the cervix.

Tiran (2008) is defined as the process by which product of conception are expelled from the uterus through the birth canal. She continued that labour normally occurs spontaneously at term that is between 38 and 42 weeks of pregnancy. The fetus should present with vertex and once started, the contractions should increase in strength and frequency without interruption and artificial stimulation until fetus, and placenta and membranes are expelled by the maternal effort through the vagina. She further explained that, partograph is the graphical recording of labour progress obtained by assessment of visual patterns of cervical dilatation and descent of the presenting part in conjunction with records of maternal and fetal wellbeing.

PUERPUERIUM

National Safe Motherhood Service Protocol (2008) states that the postnatal period is the period that starts from the end of delivery of the placenta and membranes and control of hemorrhage to six weeks after delivery. The purpose of postnatal care is to maintain the physical and psychological wellbeing of the mother and child. Postnatal care includes education of the mother on the care of her baby, detection and treatment or referral of any abnormalities for further management. The essential components of postnatal care are therefore:

1. Comprehensive screening to detect complications in both mother and baby.
2. Treatment of complications in mother and baby.
3. Assessment and support for infant feeding.
4. Malaria and anaemia prevention.

Some common discomforts of postpartum period in mothers are listed as after pains, perinea pain, bowel and urinary changes, stretch marks, fatigue, sleeplessness, breast engorgement backache, headache, hemorrhoids and mood changes in the first week. Those associated with the newborn are caput succedaneum, tongue tie, rashes and vomiting after feeds. The major causes of death in this period are infections, hypertensive complications, hemorrhage and thrombo embolism of which predisposing factors includes:

1. Conditions or complications during the antenatal period.
2. Complications of labour, related to duration of labour and mode of delivery

PUERPERIUM

According to Myles 16th Edition , puerperium starts immediately after birth of placenta and membranes and continues for six weeks .During this period ,bounding between mother and baby established ,the mother recovers from physical and emotional stress of pregnancy and labour assumes responsibility in the care of the baby. The period of postpartum has its own complications such as infections, puerperal psychosis, sore nipple and postpartum hemorrhage.

According to Jacob 2013 ,puerperium is a period following childbirth during which the body tissues especially the pelvic organs revert back approximately to the pre-pregnant state both anatomically and physiologically .He further explained that ,the post-partum is divided in, Immediate puerperium thus, the first 24 hours. Early puerperium from the end of 24 hours up to 7 days. Remote puerperium is from the end of day 7 up to 6 weeks.

The uterus, which developed over a 40 week period during pregnancy has now a much shorter time in which to make regressive changes. These changes are described as involution.

From the various points of view of the above authors, it maybe deduced that, puerperium is a period of 6 weeks which begins soon as the placenta is expelled.

At this stage all the organs and other structures that undergone changes during pregnancy return to their non-pregnant state.

The management which the mother and baby require during puerperium are based on these principles;

1. Promoting physical and psychological well-being of mother and baby.
2. Promoting physical and psychological well-being of mother and baby.
3. Encouraging good infant feeding and maternal to child relationship.

4. Supporting and strengthening the mother's confidence to enable her to fulfill her mothering role within her family and cultural status.

In my own view, puerperium is defined as the period following child birth till six weeks after delivery. My client went through puerperium successfully without any complication to both the mother and baby.

Konar (2011) states that, puerperium is the period following childbirth during which the body tissues, specifically the pelvic organs reverse back approximately to the pre-pregnant state both anatomically and physiologically. This begins as soon as the placenta is expelled and last for approximately six weeks when the uterus becomes regressed to the non-pregnant size called involution, the period is arbitrarily divided into(a) immediate-within 24 hours;(b) early-up to 7 days and remote-up to 6 weeks. In its anatomical consideration, the uterus immediately following delivery becomes firm and retract with alternate hardening and softening. At the end of six weeks, the weight of the uterus is almost similar to that of the non-pregnant state and weighs about sixty (60) grams. The physiological consideration of involution is most marked in the body of the uterus where the changes occur in the muscles, blood vessels and endometrium.

Dutta (2013) puerperium is the period following childbirth during which the body tissues especially the pelvic organs reverses back approximately to the pre- pregnant state. The period is

arbitrarily divided into (a) immediate –within 24 hours; (b) early –up to 7 days and (c) remote- up to 6 weeks. In this book, the principles in management of puerperium are;

1. To restore the health of the mother.
2. To prevent infections.
3. To take care of the breast, including promotion of breast feeding.
4. To motivate mother for contraception

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

1. Immediate –within 24 hours
2. Early- up to 7 days
3. Remote –up to 6 weeks

Immediately following delivery, the uterus becomes firmer and retracted with alternating hardening and softening. At the end of 6 weeks, its measurement is almost similar to that of the non-pregnant state and it weighs 60 grams. The lower uterine segment becomes thin, flabby and collapsed structure. The cervix contracts slowly; the external OS admits to fingers for the few days but by the end of the first week, narrows down to admit the tip of a finger only. The external os never revert back to the nulliparous state. During puerperium the number of muscles fibers is not decreased but there is substantial reduction in the myometrial cell size. The arteries are constricted by contraction of its wall and thickening of the intima followed by thrombosis.

New blood cells grow in the thrombi. Soon after birth it takes a long time (4 to 8) for the vagina to involute. The vaginal discharge for the first fortnight during puerperium is the lochia. The lochia originates fromthe uterine body, cervix and vagina. Depending upon the variation of the colour of the discharge it is named as: lochia rubra (red) 1 -4 days, lochia serosa (yellowish or pink or pale brownish) 5- 9 days, lochia alba (pale white) 10 -15 days. The average amount of discharge, for the first 5-6 days is estimated to be 250 ml. With all definitions and changes it can be deduced that puerperiumis the period from birth to 6 weeks of delivery.

Ojo & Brigg (1982) said at the end of labour, the uterus is still very large and mobile. The genital tract is greatly distended, bruised and perhaps lacerated. The abdominal muscles are flaccid and within a period of six weeks postpartum are called puerperium, and where the bruises are healed, the genital organs and any other organ which underwent changes during pregnancy return to their pregravida state. This process of readjustment is called involution. Lactation is also established during the said period. Lochia is the term used to describe the discharge from the uterus during thepuerperium. During the puerperal period, the woman is educated on what goes on throughout the puerperal period and how to cope with these changes. Also, the puerperal woman needs a lot of rest and sleep, regular exercise, intake of adequate fluids and nutritious diet rich in protein, carbohydrate and vitamins. The mother is educated on how to care for the baby to prevent infections. Among this education include cord dressing, changing of napkins frequently and exclusive breastfeeding. Emphases are also laid on family planning within six weeks after childbirth.

WHY I CHOSE MY CLIENT

On the 15th August, 2023, Madam Comfort Afia Yeboah, G2P1^{A} was picked as a client at A and A Royal Medical Center, Abesim-Sunyani during one of her regular antenatal appointments. She was greeted and provided a seat when she arrived and ensured that she was comfortable. Client was asked if she felt fetal movement and she answered positively. I took her antenatal booklet and saw that her progress records had been written .It was her 10th antenatal visit and she was at 38 weeks plus 2days gestation. I chose her as my client because I realized she looked worried and particularly not interested in what was going on at the clinic. After my interaction with her, she told me she had constipation so I explained the physiology of constipation to her that it was as a result of progesterone relaxing on the smooth muscles causing slow in bowel movement. I reassured her and advised her to add fruits and roughages to her diet as it would help .She thanked me and I expressed my interest in choosing her as my client for my care study to enable me care for her throughout her pregnancy , labour and puerperium. She agreed and promised to cooperate. I introduced her to the ward in-charge as the one I will use for my care study and continued with the routine care.

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CHAPTER ONE

ASSESSMENT OF CLIENT/FAMILY

1.0 INTRODUCTION

This chapter gives information about the client, her family and her community characteristics. This includes client's social, family, lifestyle, medical, surgical, menstrual, past and present obstetrical histories.

1.1 SOCIAL AND PERSONAL HISTORY

Madam Comfort Afia Yeboah is 33 years old and is a gravida 2 para 1 alive. Client was born on 22nd September, 1989, and currently resides in Asufufu with house number PLT 78blk B Adomako, in the Bono Region. She is 163cm tall and weighed 75.5kg with a fair complexion. Client was born in Berekum and attended Akab Educational Complex in Berekum in the Bono Region, for her basic schooling. She speaks Bono Twi, Asante Twi and English. She's a medical doctor. Madam Comfort is a member of the National Health Insurance Scheme. Mr. Amponsah Bempah Emmanuel is Madam Comfort's husband. Client's husband is a medical doctor and they have been married for 5 years and both of them are Christians.

1.2 FAMILY HISTORY

Mr. Richard Yeboah has three children, the third born is Madam Comfort. Both parents, according to Madam Comfort, are still alive and married. She also stated that her family does not have a history of hypertension, diabetes mellitus, sickle cell disease, asthma, tuberculosis, epilepsy, leprosy, or mental illness. They also have no family history of congenital anomalies including cleft lip and cleft palate, spinal bifida, or heart problems. She stated that their family has a history of multiple pregnancies. She said her elderly siblings have given birth to two children each.

1.3 MEDICAL HISTORY

She has no history of medical ailments such as hypertension, diabetes, liver disorders, kidney problems, or pulmonary disorders. According to Madam Comfort Afia Yeboah, she had never been admitted to a hospital. Despite the fact that she occasionally has malaria, she is treated as an outpatient whenever she goes to the hospital for treatment. She has never had an adverse reaction to any drug or food taken in her life. She is currently on no long-term medications other than hematinic and has never been transfused.

1.4 SURGICAL HISTORY

The client said that she has never had any surgical procedures such as hysterectomy, oophorectomy, salpingectomy, myomectomy, or caesarean section. She has never been transfused and has never been involved in an accident of any sort that has harm or compromised the adequacy of her pelvis.

1.5 MENSTRUAL HISTORY

According to Madam Comfort, she attained menarche at the age of 13 and since then she has 29 days menstrual circle with regular moderate flow for 5 days and experienced dysmenorrhea but resolved after her first delivery. She added that she uses two sanitary pads a day and bath twice daily. Madam Comfort said, her last menstrual period occurred on November 17, 2022 and that the expected date of delivery according to the ultrasound scan report was 24th August, 2023.

1.6 CLIENT'S HOBBIES AND LIFESTYLES

Madam Comfort gets up around 5:30 a.m. and goes to bed around 9:00 p.m. She has her morning prayer with her family every day before stepping out of her room to undertake a few domestic duties like cleaning and dusting, as well as preparing breakfast for the family. She then bathes her

child and gets her ready for school. Madam Comfort gets ready for work after ensuring that everything in the house is in order and that her husband has gone to work. She leaves for work at 8:00 a.m. and returns home at 4:00 p.m. to prepare dinner for the family.

All of this is completed between Mondays to Fridays. She goes to church on Sundays, and she cleans the house and washes dirty clothes on weekends. She enjoys watching foreign films and playing ludu. Every morning, she brushes her teeth using Pepsodent toothpaste and toothbrush. Her favorite dish is fufu with light soup and fish. She eats three times a day and drinks plenty of water, as well as emptying her bowels twice a day. During weekends, they watch movies together and have some fun. She does not smoke or consume alcoholic beverages.

1.7 PAST OBSTETRICAL HISTORY

Pregnancy

Madam Comfort is Gravid 2 Para 1 alive had her previous pregnancy carried to term without any complications and has never had a spontaneous or induced abortion. The interval between the first pregnancy and the second pregnancy is 3 years. According to her antenatal data, she never experienced pre-eclampsia, pregnancy-induced hypertension, antepartum hemorrhage, anaemia, or gestational diabetes during her pregnancy. She was a regular at antenatal sessions and had three Tetanus Diphtheria vaccinations as well as a vitamin supplement and also received three doses of malaria prophylactic drugs of Sulfadoxine Pyrimethamine on monthly interval.

Labour

She was also very passionate about her health education. In order to figure out what happened with her earlier delivery, the mode of her first delivery at A and A Royal Medical Center was spontaneous vaginal delivery without any complication such as retained placenta or postpartum hemorrhage.

She went on to say that her previous delivery took no longer than 18 hours. A healthy infant wa was born with a birth weight of 3.4kg, a length of 49 cm, and a head circumference of 34cm. When the baby was born, she started crying right away. Complications after delivery, such as postpartum hemorrhage, retained placenta, and breast engorgement, were not documented. Her placenta was delivered shortly after the delivery of her child, with only a small amount of blood loss.

Puerperium

She was free of infection and psychosis during puerperium. Madam Comfort breastfed her baby for 6 months before starting her on complementary feeding. As directed by the child's health record book, the child was properly immunized against childhood preventable diseases. .

According to her, she had a healthy puerperium without any postpartum infection; postpartum emotional disturbances and her baby did not also suffer from any infection. She said further that she received a lot of support from her beloved husband and family and used condom as her family planning after delivery.

1.8 PRESENT OBSTETRIC HISTORY

Madam Comfort Gravida 2 Para 1 alive had her booking at A and A Royal Medical Center in the Sunyani Municipal District in the Bono Region on 15th February, 2023 with the registration number 31/2, when she was 13 weeks pregnant. Client gave her last normal menstrual period as 17th November, 2022 and her expected date of delivery was calculated to be on 24th August, 2023. However, ultrasound scan was done and it revealed the expected date of delivery to 26th August, 2023. From her antenatal record book, social and personal, medical and surgical, family, present and past obstetrical history were taken and recorded. Vital signs were checked and recorded as follows;

Temperature	36.3ºc
Pulse	79bpm
Respiration	19cpm

Blood pressure	110/75 mmHg

Other observations made were as follows;

Height	163cm
Weight	75.5kg

Laboratory results revealed the following:

Hemoglobin level	11.4g/dl
Sickling	Negative
Blood group	O
Rhesus factor	Positive
Blood film for malaria parasite	Negative
HBsAg	Negative
G6PD	Full defect
VDRL	Negative
Stool R/E	No ova/ cyst
Urine R/E	Negative for both sugar and protein
Acetone	Clear
Appearance	Straw

Bile Pigment Negative

These findings were used as base line recording for subsequent assessment of client's wellbeing. Provider initiated testing and counseling for human immune deficiency virus which was done to rule out mother to child transmission of HIV and client tested negative.

Head to toe examination was done which revealed no abnormality. On abdominal inspection, linea nigra was noticed and on palpation, the uterus was palpable and gestational age was 13 weeks.

A Symphysio-fundal height was 8cm. Tetanus-diphtheria immunization fourth dose was also administered. Intermittent prevention treated bed net was issued to client.

Client was advised to have enough rest and sleep, ensure personal and environmental hygiene to prevent infection and breeding of mosquitoes. Client was also educated on nutrition, danger signs of pregnancy such as swelling of feet, severe headache, vagina bleeding and to report immediately to the clinic anytime she experiences any of them. The date for her next visit was communicated to her and recorded in her antenatal record book. Client prescribed drug served were as follows:

Tablet ferrous Sulphate 200miligram once daily x 30days

Tablet Folic Acid 5miligram once daily x 30 days

Tablet Multivitamin 200miligram once daily x 30 days

CHAPTER TWO

ANTENATAL CARE

2.0 INTRODUCTION

This chapter elaborates the care that was rendered during pregnancy. This care started from the time of conception and continued throughout pregnancy. This include first contact with client, subsequent visit by client to the clinic, home visits during antenatal period and care plan drawn to solve problems encountered by client.

2.1 FIRST INTERACTION WITH THE CLIENT

Madam Comfort was first met when she came to the antenatal clinic at A and A Royal Medical Center on Tuesday 15th August, 2023 for her 10th visit to the clinic and she was also 38weeks plus 2days. She was warmly welcomed and a seat was offered to her and enquiry about her health and that of her family was made. She said they were all fine and that she was coming for antenatal care. After the health education has been given to the clients on that day, which was the importance of exclusive breastfeeding to the mother and baby, her body language communicated that she was not willing to practice exclusive breastfeeding. She was approached and her antenatal book was collected and glanced through and then introduction was made to her as a student midwife from Holy Family Nursing and Midwifery Training College, Berekum who came to have clinical experience and then wish to use her for care study and help her gain more knowledge on exclusive breastfeeding. All details of information and procedures involved in the study were explained to her and she gladly agreed and promised to give all the information needed and the maximum cooperation. Various examinations that would be conducted on her such as checking of vital signs, urine test for protein and sugar and physical examination from head to toe was explained to her.

She was told to empty her bladder to prevent discomfort and to give accurate findings which she accepted to do. Her history and vital signs were taken and the findings recorded in her antenatal book were as follows;

Hemoglobin level	12.4 g/dl
Weight	75.5 kilograms
Temperature	36.3 degree Celsius
Pulse	82 beat per minute
Respiration	20 cycles per minute
Blood Pressure	115/80mmHg

Urine Testing

Client was given a specimen bottle to provide midstream urine, with the aim of testing for protein and glucose. A chemically prepared strip was dipped into the urine sample. There was no change in colour of the strip indicating negative results.

Client was made aware that head to toe examination was to be performed on her. The procedure was explained to her. The necessary equipment for the procedure were gathered and taken to the examination room. Privacy was provided. She was asked to sit on the bed, lie lateral and then assume a supine position. Hands were washed and dried.

Physical Examination

Head and Face: The examination was started on the client from the head. The hair was inspected for cleanliness, lice, ringworm, dandruff, alopecia and infection. Her face was inspected for edema and chloasma and rashes but no abnormality was detected. Her eyes were also inspected for pallor of the conjunctiva, yellowish or jaundice of the sclera but no abnormality was detected. The ears were also inspected for discharges and alignment with the eyes and pain, the nose for any congestion and nothing abnormal was detected. The mouth for halitosis, the lips for pallor and cracks, the tongue for pallor, the teeth for tooth decay and cleanliness. No abnormality was detected. As the procedure was on going, client was congratulated for having taken good care of herself. The neck was examined for any distended neck veins, enlarged lymph nodes and thyroid gland. All these were absent.

Breast Examination: The breast was exposed to check for size, shape, dimpling nipple retraction and condition of the skin. One breast was covered and she was asked to put the hand of the part to be examined under her head. The breast was palpated systematically in a circular manner using the inner aspect of the fingers and client was reminded of self-examination. Nipples were squeezed gently and were examined for odour, blood as it was cleaned with cotton wool swab. The same was done for the other breast and no abnormality was noted. Breastfeeding history was asked and her desire to breastfeed was positive as her previous child was breastfed.

Extremities: She was asked for tingling and tightness of the finger on making a fist, the hands and fingers were inspected for oedema, pallor of palms and nail bed and no abnormality was noted. The legs were inspected for size and equality and palpated for oedema, tenderness in the calf muscles, varicose veins, size and equality and no abnormality was noted.

The back

She was assisted to turn her back for inspection. Her back was examined for deformity of the spine (scoliosis), oedema of the sacral region, pain atthe coast vertebra angle and no abnormality was detected. The condition of the skin was also noted to be normal.

Abdominal Examination

On inspection**,** the abdomen was inspected for scars, size, shape, striae-gravidarium, linear nigra and fetal movement. Linear nigra was present, the shape was ovoid with no scars, the size was average and there was a detection of fetal movement.

Measurement of the Symphysio-fundal height; the measuring tape was placed on the abdomen with zero end at the fundus and the tape extended to the symphysis pubis. The Symphysio-fundal height measured 36cm and the gestational age was 38weeks plus 2days.

Fundal palpation; the hands were rubbed together to make them warm in order not to induce contractions. The palms were placed on either side of the fundus while facing the woman's head. Fingers were curved around the top of the fundus and a soft mass was felt, indicating that the buttocks were occupying the fundus.

Lateral palpation; the palms were placed on both sides of the uterus, midway between the symphysis pubis and the fundus. The uterus was stabilized with one hand and examined by the other hand. The palpation was started from the abdominal midline to the lateral side of the abdomen and from the symphysis pubis to the fundus in a rotational manner. The fetal back (the smooth part) was located at the right side of the woman's abdomen, and the limbs (the rough part) were at the left side.

Pelvic palpation; facing the woman's feet, she was asked to flex her knees slightly and breath in and out slowly to aid in the relaxation of the abdominal muscle. The palms were placed on either side of the uterus just below the level of the umbilicus and fingers directed toward the symphysis pubis, thumbs almost meeting. Presentation was determined to be cephalic as a hard mass was palpated, the lie was longitudinal.

Descent; the anterior shoulder was located to determine descent of the head. Two fingers were kept over the anterior shoulder and the symphysis pubis was located. The right ulna border was placed just above the symphysis pubis and the anterior shoulder. Five finger breadths were accommodated and the descent was recorded as 5/5th.

Auscultation; Fetal stethoscope was warmed by rubbing it in the palm. The fetal heart was auscultated by placing fetal stethoscope on the area where the back was located. The ear was placed against the stethoscope, making sure hands were not touching the stethoscope when the fetal heart beat was being counted. Comparing the rate with the maternal pulse and counting how many beats were heard for one minute, it was 147bpm with regular rhythm.

Vulva examination was performed on client. Permission was sought from Madam Comfort to examine her vulva, which was granted. Her vulva was well shaved with no oedema or varicose vein on palpation. She was then helped to dress up after the examination and all findings were explained to her. She was thanked for her understanding and co-operation. Hands were washed and dried and all findings were recorded in her antenatal book. Permission was sought from her for home visit and it was granted and then directions to her house as well as her contact numbers were asked for. She was informed on the next antenatal visit which was on the 21st August, 2023. Routine drugs were served as follows;

Tablet Folic Acid	5 milligrams daily for 7days
Tablet Fersolate	200 milligrams daily for 7days

She was again reminded on the home visit and said goodbye to her

2.2 FIRST ANTENATAL HOME VISIT

The first home visit to Madam Comfort's house was on the 19th August, 2023 at exactly 2: 40pm.The aim of the visit was to find out how her environment looked like. The second aim was to see whether she was prone to infection and also check on her items for labour (layette). Greetings were exchanged and seat offered. She was in the house with her children enjoying the weekends. After assessing her environment, she was encouraged to maintain the neatness in her compound and also, she was asked to continue with her routine drugs as prescribed. Before leaving, her child's finger nails were inspected and they were nicely trimmed. Her layette was also checked,she had already packed her bag with items like; sanitary pads, cot sheets and toiletries. Client and family were thanked for their hospitality. Her permission was sought to leave and promised to pay her another visit.

PHYSICAL ENVIRONMENT

Madam Comfort lives in a self-contained house with house number: PLT 78blk B Adomako, in the Bono Region. The house is built with blocks and roofed with aluminum sheet. The house is made up of five rooms; each room contains a toilet and bathroom. She lives with her husband and her child and other family member and has a cordial relationship with him. Inside her room was a neatly laid bed with a treated mosquito net hanged around it. The room was well ventilated. There is tap in the house so client fetches pipe borne water for domestic activities. Electricity is the source of power used in the house. She has a kitchen which

is spacious and she keeps the place clean always. She gathers rubbish or waste in a container with a cover which she finally disposes everyday at a refuse dump meant for public use. The compound was very nice because it looked very neat and the surroundings was neatly weeded. There was no stagnant water and no choked gutters.

PSYCHOSOCIAL ENVIRONMENT

The client lives with her husband and her child and other family member and has a cordial relationship with him. Madam Comfort is sociable and is at peace with everyone in the family. She is well related with her neighbors and she also actively participates in most social activities especially in the community. Madam Comfort said she has some few friends of which she usually visits them at her free time. She is well respected in the community because of her attitude and behaviour that she depicts in the community.

2.3 SECOND ANTENATAL HOME VISIT

The second home visit was made on 21st August, 2023 at 4:22pm. The visit was made purposely to check on the health status and educate her on birth preparedness and complication readiness plan. Client was doing well except that she complained of waist pains, backache and could not empty her bowels for the past two days. She was therefore encouraged to take in more fluids, fruits and vegetables rich in fiber such as pineapple, oranges, water melon and pawpaw, lettuce and carrot. which will increase the bulk of the bowel content and increase bowel movement. She was again educated on the true signs of labour such as rhythmic regular uterine contractions and ‘show’, and was told to report immediately to the clinic as soon as she sees any danger signs of pregnancy such as severe frontal headache, severe lower abdominal pains, bleeding per vaginum and excessive vomiting. She was also educated on birth preparedness and complication readiness plan by asking her who would accompany her to the clinic as well as take care of the house during that

same period and she replied by saying her husband and mother would take that responsibility. She was also encouraged to arrange with a taxi driver who would take her to the facility should labour sets in atan odd hour. Madam Comfort was also told to pack items for delivery including her hospital card and (NHIS) so she will not find herself wanting when labour sets in. She was allowed to ask questions and appropriate answers were given. Client was thanked for her cooperation and reminded of her next visit to antenatal clinic on 22nd August, 2023.

SUBSEQUENT ANTENATAL VISIT TO THE HEALTH FACILITY

Madam Comfort visited the clinic on the 22nd August 2023 as she was booked to come in a week time. She was warmly welcomed and a seat was offered to her. Her health and that of her family was asked and she complained of heart burns and lower abdominal pains. Observations were made as follows;

Temperature	36.6C
Pulse	81bpm
Respiration	20cpm
Blood pressure	110/70mmHg
Weight	79.5kg

A container was given to her to empty her bladder and collect midstream urine for examination, which turned negative for both protein and sugar.

2.4 CARE PLAN DURING ANTENATAL PERIOD

Problems Identified during Antenatal

Madam Comfort complained of the

following;

1. Waist pain on 21st August,2023
2. Backache on 21st August, 2023
3. Constipation on 21st August, 2023
4. Heart burns on 22nd August, 2023
5. Lower abdominal pains on 22nd August, 2023

Short Term Objectives

Client will cope with and be relieved of waist pains till the end of pregnancy

Client will cope with and be relieved of backache till the end of pregnancy.

Client's bowel action will be restored to once daily within 48 hours throughout

pregnancy.

Client will cope with and be relieved of heart burns till the end of pregnancy.

Client will cope with and be relieved of abdominal pains till the end of pregnancy.

Long Term Objectives

Madam Comfort will go through pregnancy, labour and puerperium successfully without any complication to herself and the foetus.

CARE PLAN DURING ANTENATAL

DATE/ TIME	NURSING DIGNOSIS	NURSING OBJECTIVES/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
22/08/2023 10:00am	Heartburns related to hormonal changes and the pressure of the growing foetus on the stomach	Client's heart burns will be reduced or she will cope with it within 24 hours as evidenced by; 1. Client verbalizing that she is relieve of heart burns. 2. Midwife observing client's body language.	1. Support client emotionally 2. Explain the physiology of heartburns to the client that 3. Educate client to reduced fatty and spicy foods. 4. Educate client to eat in bits but at a frequent interval. 5. Educate client not to go to bed soon after eating .	1. Client was supported emotionally that she will be relieved of heartburns. 2. Physiology of heartburns was explained to client that it is due to the reflux of gastric content into the esophagus 3. Client was educated to reduce fatty and spicy foods. 4. Client was educated to eat bit at shorter intervals. 5. Client was educated to sit for sometimes before going to bed after eating.	23/08/2023 10:00am	Goal fully met as client verbalize, she has been relieved of heart burns and midwife observing client having a good body language.	

DATE/ TIME	NURSING DIGNOSIS	NURSING OBJECTIVES/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
22/08/2023 10:00am	Lower abdominal pain related to descent of the fetal head.	Client will cope with it within 24 hours as evidenced by; 1. Client verbalizing she has been relieved of lower abdominal pain. 2. Midwife visualizing clients having a cheerful facial expression in bed.	1 Reassure client 2 Explain the physiology of lower abdominal pains to the client 3 Encourage client to rest in between activities 4 Encourage client to wear low heel shoes 5 Encourage clients husband to help client with household chores	1. Client was reassured on the available measures which will decrease her pain 2. The physiology of lower abdominal pain was explained to client 3. Client was encouraged to rest in between activities 4. Client was encouraged to wear low heel shoes 5. Client husband was encouraged to help client with household chores	23/08/2023 8:22pm	Goal fully met as client verbalize that she has been relieved of lower abdominal pain and midwife visualizing that client have cheerful facial expression in bed.	

CARE PLAN DURING ANTENATAL CONTINUED

DATE/ TIME	NURSING DIGNOSIS	NURSING OBJECTIVES/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
21/08/2023 4:22pm	Backache related to physiological changes in late pregnancy.	Client will cope with and be relieved of backache within 48 hours as evidenced by 1.Client verbalizing she is relieved of the backache. 2. Midwife observing client's body language.	1. Reassure client. 2. Explain the physiology of backache to client. 3. Encourage client to stand in between activities(house chores) 4. Encourage client to rest her back on a pillow when sitting. 5. Encourage client's family to help her with household chores. 6. Encourage client to sleep on a firm mattress.	1.Client was reassured she will be relieved of back ache after delivery 2 Explanation of the physiology of backache in late pregnancy was given to client. 3. Client stood up in between activities. 4. Client rested her back on a pillow when sitting 5. Client's family helped with her household chores. 6.Client slept on a firm mattress	23/08/2023 6:30pm	Goal fully met as evidenced by client verbalized that she has been relieved of backache and midwife observing client body language.	

CARE PLAN DURING ANTENATAL CONTINUED

DATE/ TIME	NURSING DIGNOSIS	NURSING OBJECTIVES/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
21/08/2023 4:22pm	Constipation related to activity of progesterone causing decreased peristaltic movement and relaxation of the smooth muscles of the large intestine during late pregnancy.	Client will be able to move her bowels within 24hours as evidenced by Client verbalizing that she passed stool within 24 hours and relieved from discomfort of constipation.	1. Reassure client 2. Explain the physiology of constipation 3. Educate her to take in foods rich in fiber twice daily. 4.Take 3litres of fluids every 24hours 5. Educate the client to do exercise.	1. Client was reassured on the available measures to be implemented on her to facilitate easy pass of stools 2. Explanation of the physiology of constipation was given to client as due to poor peristalsis, inadequate fluid intake and reduced or no fiber consumption. 3. Client took food rich in fiber like fruits and vegetables. 4. She drank 3 liters of fluids per day. 5. Client understood the health benefits of exercises and engaged herself in tolerable exercises. (walking)	22/08/2023 6:33pm	Goal fully met as 1. Client verbalizing that she passed stool within 24 hours and is relieved from discomfort of constipation.	

CARE PLAN DURING ANTENATAL CONTINUED

DATE/ TIME	NURSING DIGNOSIS	NURSING OBJECTIVES/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
21/08/2023 4:22pm	Waist pain related to descent of fetal head putting pressure on sacral nerves	Client will cope with waist pain within 48 hours as evidenced by; 1. Client verbalizing that she is relieved of waist. 2. Midwife visualizing client's body language. .	1. Reassure client 2. Encourage Client to have 2 hours rest during the day. 3. Educate Client to stand in between activities. 4.Educate Client to engage in exercises. 5. Advice client to reduce house hold chores.	1.Client was reassured on the available measures which will decrease her pain 2. Client had 2 hours of rest during the day. 3. Client understood and stood up in between activities 4. Client was educated to engage herself in exercises 5. Client was advised to get a support person to help in house chores.	23/08/2021 7:30pm	Goal fully met as evidenced by client verbalized that she has been relieved of waist pain.	

CHAPTER THREE

LABOUR

3.0 INTRODUCTION

This chapter describes the management of all the four stages of labour, the immediate and subsequent care of the newborn and the care plans drawn for the management of the problems encountered during labour.

3.1 ADMISSION AND MANAGEMENT OF THE FIRST STAGE 0F LABOUR

Admission and initial assessment

Madam Comfort, reported to the facility on the 24th August, 2023 at 9:30am accompanied by her mother and husband with the complains of lower abdominal pains and waist pains. They were offered seats after which greetings and introduction was made. Her ANC card was collected. She really looked anxious and was reassured to allay anxiety and was encouraged to do deep breathing exercise. Her items for delivery were nicely and neatly packed in a bag and it contained all the needed items which were collected and labeled. She was asked of her last meal and bowel action and she said she took banku and okro soup at 8:00am and emptied her bowel 8:45am after taking her bath that morning. She was also, asked if she took any medication to relieve her of the pains before reporting to the clinic but no medication was taken.

She was made comfortable in bed and all procedures such as vital signs,abdominal examination and vagina examination to be carried out were explained to her and her consent was sought. She was encouraged also to ask questions. Her vital signs were checked and recorded as follows;

Temperature	36.4 degrees Celsius
Pulse	89 beats per minute
Respiration	24 cycles per minute

Blood Pressure 110/70 millimeter per mercury

A specimen bottle was given to her for the midstream urine collection for urine examination and a bed pan was also served. The amount of urine produced was 150mls. A urine reagent strip was used to test for glucose, acetone and protein and the result was negative and the colour of urine was amber, clear and not offensive. Hands were washed with soap under clean running water and dried with clean dry towel. Having explained the procedure and her consent sought, general examination was conducted but no abnormality was detected.

Client's abdomen was inspected, and it was ovoid in shape and medium in size. Straie gravidarum, linear nigra and fetal movement were present but no scar was found. The abdomen was palpated, symphysio fundal height was 37cm, and gestational age was 39weeks plus 4days, the lie was longitudinal, presentation was cephalic and descent was 4/5th palpable abdominally. Contraction was 3 in 10 minutes lasting for 32 seconds. The heart rate was auscultated, and was 140beats per minute with good volume and regular in rhythm. Hands were washed with soap under running water and dried with a clean towel; sterile gloves were worn for vaginal examination at 9:42am. The vulva was then inspected for scars, sores, wart, clitoridectomy, and abnormal discharge but none was present. The vulva was then swabbed with sterile cotton wool swabs soaked in savlon solution. After swabbing the vulva, the vagina was entered with the middle finger and then followed by the index finger.

On vaginal examination, the vagina was warm and moist, the cervix was soft, thin and the presenting part well applied to it. The membranes intact, cervical dilatation was four (4) centimeters, presentation was cephalic, and promontory of sacrum was not reached at 5 centimeters. The sacrum was well curved, ischial spines were blunt and pubic arch was wide. Hands were removed and a fist was made and it fitted into the intertuberous diameter. Madam

Comfort's perineum was cleaned and a perineal pad applied to the vulva. Client was encouraged not to sit for a very long period but encourage to walk around to help manage the pain and aid descent. Madam Comfort was encouraged to lie on her left side when she felt tired. She was also encouraged to pass urine frequently and when she felt the urge as that will aid in the descent of the fetal head and effective contractions and also change her perineal pad when soiled to prevent infection. Client was covered with a cloth and made comfortable in bed and was educated on the progress of labour and findings were recorded on the observation chart. She was told to assume any position comfortable to her and sacral massage was done during contractions to reduce pain. She was cautioned not to push when she felt the pains because that would make the cervix edematous and thereby prolonging labour. She was reminded of the importance of deep breathing exercise and how to do it. She was asked if she felt hungry and she replied she was okay. Client's husband was offered a seat outside and he was reassured of safe delivery.

Preparation for birth

The staff midwife on duty was chosen as the skilled personnel and informed to assist in case help was needed. Her husband was told to stay around in case he will be needed to run errands during the delivery. The emergency plan was reviewed by making numbers of fellow midwives and obstetricians in the receiving hospital in referral cases available. The taxi driver was also available as his service may be needed as a means of transportation to help with advanced care if the need arises. The area of delivery was prepared by drawing curtains for privacy and warmth. Since the baby would be delivered unto the mother's abdomen, it was washed and cleaned with sterile gauze and her hands were also washed. The resuscitation area was prepared by assembling items like bulb syringe, stethoscope, radiant heat bulb, cord clamp, ambubag, face mask, clean cot sheet, syringes etc.

3.2 MANAGEMENT OF FIRST STAGE OF LABOUR

Client was put on partograph because at 4cm on vagina examination at 9:42am, she was in active labour. Sacral massage was done for her during contraction to help relieve her of the pains. She was encouraged to walk around so that with the principle of gravity, the presenting part could easily descend to hasten cervical dilation and subsequently progress of labour. She was educated on perineal care and informed to also wash hands with soap and water to avoid infections.

At 1:42 pm, there was spontaneous rupture of membrane and the liquor was clear with moulding of (++) and vagina examination was done to exclude cord prolapse. Cervical dilatation was 7cm, fetal heart rate was 138 beat per minutes, contractions were 4 in 10 lasting for 45seconds, descent was 1/5th and maternal pulse was 96 beats per minutes, Blood pressure 110/70mmHg. During thistime, she complained of exhaustion and was sweating excessively, client was reassured and encouraged to rest in between contraction and 400mls of soya milk drink was served. Windows were opened to enhance fresh air.

Setting of trolley

The trolley was set with the following instruments and items on top and button shelf;

The top shelf which contain the sterile instrument contain the delivery pack and is made up of

- Two sterile artery forceps
- One sterile cord scissors
- Sterile drape
- Membrane pierce

- Sterile receiver for placenta
- Injection tray containing 10 units of oxytocin
- Sterile episiotomy park containing scissors and suturing forceps

Button shelf also contains;

- Drum containing gauze and cotton wool
- Chattel forceps in its container
- Bulb syringe
- Sterile gloves
- Perineal pads
- Cord clamps
- Savlon
- Measuring jug
- Identification band
- Examination gloves
- Cot sheet

At 3:42pm she complained of the urge to push. The already set delivery trolley was pushed to the delivery bed side. Vaginal examination was repeated to ascertain dilatation of the cervix, and indeed she was 10 cm dilated, moulding was (++), liquor was clear fetal heart rate was 136 beat

per minutes, the contractions were 4 in 10 lasting 47 seconds and descent 0/5th, temperature 36.6 degrees Celsius. The staff midwife on duty confirmed full dilatation as well. So it marked the end of the first stage of labour.

3.3 MANAGEMENT OF THE SECOND STAGE OF LABOUR

Madam Comfort, having successfully passed through the first stage was moved to the second stage room at 3:45pm. Protective clothing such as head gear, goggle, face mask, plastic apron and boots were worn. After hand washing, surgical gloves were put on to complete the sterility of the entire procedure. She was encouraged to assume dorsal position with the knee flexed as agreed earlier. The vulva was swabbed with the sterile cotton and savlon lotion. She was draped with 4 sterile towels; one each on the abdomen, under the buttocks as well as both thighs. Full dilation of the cervix was confirmed. A pad was applied to the perineum to prevent fecal content from entering the baby's face. She was reassured and encouraged to bear down with contractions and to rest in between contraction. Client was sweating profusely, windows were open to ensure proper ventilation and fans were also on to make client comfortable. As the pressure of the head thins out the perineum, the birth of the head was controlled with index and middle fingers placed on the fetal head to aid flexion to prevent perineal laceration. The pad placed on the perineum was equally supported and the head was allowed to crown slowly. After crowning of the head, client was asked to stop bearing down. With extension, the sinciput, the face, and chin swept the perineum for the head to be born. Quickly neck was checked with a finger to rule out cord around it but was not felt then a clean gauze was used to wipe the eyes from the inner contours outwards. The face, mouth and nose were also wiped. There was restitution followed by external rotation of the head (internal rotation of the shoulders occurred spontaneously). With both hands on each side of the baby's head, over the ears, a downward gentle pressure was applied towards the mother's

perineum to deliver the anterior shoulder. The posterior shoulder was also delivered by upward movement towards the mother's abdomen. The trunk and the rest of the body were also delivered by lateral flexion onto the mother's abdomen at 4:22pm. The baby was placed on the chest for skin to skin contact between the mother and baby and to provide warmth to the baby. The delivery time was noted as 4:22pm by the midwife on duty and the sex confirmed as female. Thorough cleaning of the baby was done as quickly as possible to prevent heat loss and possible hypothermia. The baby was not suctioned because the airway was clear and baby cried immediately. The Apgar score at the end of the first minute of birth was quickly assessed as 8/10.

3.4 IMMEDIATE CARE OF THE BABY

Immediately the head was delivered, sterile gauze was used to clean the baby's face, eyes, mouth and nose. The baby was delivered onto the mother's abdomen. The baby was kept warm by wiping off the liquor thoroughly and was covered with a clean dry cot sheet on the mother's chest. First minute APGAR score was recorded as;

First Minute Apgar score:

TIME	APPEARANCE	PULSE	GRIMACE	ACTIVITY	RESPIRATION	TOTAL
1 MINUTE	2	2	2	1	1	8/10
5 MINUTE	2	2	2	1	2	9/10

In 2 minutes, the cord was clamped 2 finger breaths from the baby's abdomen with a cord clamp and 3 finger breath above the first clamp, the cord was cut in between covered with gauze to prevent splashing of blood from the cord. The baby was left on the mother's abdomen for skin-to-skin to prevent heat loss. Identification band was placed at the baby's wrist with the

mother’s

name, sex, date and time of delivery. The condition of the baby was very good as she was actively crying and responding to stimuli, so breastfeeding was initiated.

3.5 MANAGEMENT OF THE THIRD STAGE OF LABOUR

Procedure involve in this stage was explained to client's understanding. Permission was sought before continuing with the third stage management. During the active management of the third stage, Madam Comfort's uterus was palpated through the abdomen to exclude the presence of second twin. At 4:25pm, an oxytocin 10 unit was injected intramuscularly on the upper outer thigh of the client within the first minute by the midwife to stimulate uterine contraction. The cord was re- clamped closer to the perineum with artery forceps. The left hand was put on the fundus to feel for contraction. As soon as contraction was felt, left hand was repositioned and placed on the suprapubic area with the palm facing the mother's abdomen (counter traction). The uterus was pushed upward to prevent inversion of the uterus. The right hand held the forceps and the cord. Gentle downward traction was put on the cord and repeated until the placental tissues were visibleat the vulva. The placenta was cupped in both hands and gently turned in a twisting motion to deliver the membranes. The act prevented the tearing of the membrane.

The placenta was delivered completely at 4:31pm. A quick inspection was made to ensure that the membranes and lobes were intact and it was placed in the receiver. The cord had one big vein and two arteries. Immediately, the fundus of the uterus was massaged through the abdomen until it was well contracted, blood clot was expelled from the uterus and measured 150mls. She was reassured and permission was asked to conduct vaginal examination to exclude any form of trauma to the cervix, vagina and the perineum. Fortunately, there were no cervical, vaginal, or perineal tears. All soiled materials were removed and she was properly cleaned with Dettol solution and made comfortable in a well laid bed. She was encouraged to empty her bladder regularly to ensure

good contraction. She jubilated and glorified the name of the living God. Other family members were allowed to see Madam Comfort and her baby.

Examination of Placenta

The placenta was sent to the sluice room and was examined. The placenta was held by the cord with the membranes hanging and the membranes were examined for completeness and it was intact. The placenta was then laid on a flat surface for further examination. The amnion was peeled from the chorion up to the umbilical cord and was fully viewed, the lobes fitted together without any gab and edges also forming uniform circle at the maternal surface and this meant that there was no missing lobe, there was no white patches on the maternal surface, there was also no blood vessels radiating into the membranes which meant no succenturiate lobe. The cord was situated at the center of the placenta with one vein and two arteries seen. There was no abnormality detected. The placenta was then discarded. The instruments and equipment's used were soaked in 0.5% chlorine solution for ten minutes and washed, rinsed, dried and repacked for sterilization. Hands were dipped in chlorine solution before discarding the gloves.

3.6 MANAGEMENT OF THE FOURTH STAGE OF LABOUR

During the fourth stage, the client and the baby were under close observation for early detection of postpartum complication that arose. Madam Comfort and baby were managed in the labour ward for 1hour 40mins and then transferred to the lying-in ward for the six hours for observation. Mother's vital signs were closely monitored every 15 minutes for 2 hours, every 30 minutes for an hour and every hour for three hours. The uterus was felt for contraction every 15 minutes to make sure it was well contracted. The first 15-minutes vital signs were recorded as follows;

Temperature	36.2 degrees Celsius

Pulse 87bpm

Respiration 20cpm

Blood Pressure 120/70mmhg

Madam Comfort was also educated on how to feel for contraction and also massage her uterus. The symphysio-fundal height was measured and recorded as 15cm. Much attention was paid to the amount of blood loss during the lying-in period as the pad was regularly inspected. The lochia was red in colour, moderate flow and no odour. The client complained of lower abdominal pain which worsened with suckling. The physiology of this was also explained to the client. She took fufu with chicken soup. Family members were also encouraged to visit Madam Comfort and the new bornbaby.

Baby

The baby was observed for colour, breathing, bleeding from the cord and warmth but no abnormality was found. The baby was able to suckle the mother's breast.

Prevention of disease (prophylaxis for the baby)

This was done within the first 90 minute to prevent infections such as ophthalmic neonatorum a condition which is notifiable, neonatal tetanus and hemorrhagic disease of the new born. The baby's eyes were cleaned with sterile cotton wool swab soaked in normal saline from the inner to outer canthus and chloramphenicol eye drop was instilled on them. The umbilical cord was clean with methylated spirit. Vitamin K1 IM with the dose of 1.0 mg was given after the examination and hands were washed before and after every procedure.

Examination of the new born

After washing hands and drying them, the procedure was explained to Madam Comfort. Disposable gloves were worn and the baby was examined in the presence of the mother in a clean, warm environment, with nearby windows closed and light turned on. Baby was placed on a covered flatsurface with only the part being examined exposed systematically. Baby's general condition was stable. A detailed head to toe examination was carried out to determine any abnormality.

The head and face: The head was examined for softness/tension of fontanels, size and shape, lacerations, caput succedaneum as well as intracranial hemorrhage but no abnormality was detected. Head circumference was measured by encircling the head with a tape measure from the occipital protuberance to the supra-orbital ridges and it measured 36cm. The eyes opened spontaneously when the baby was held in an upright position and the conjunctiva was clear. Eyes were also examined for colour, redness, discharge, placement and conjunctiva for hemorrhage but no abnormality was found. The nose was inspected for size and shape and examined for deviated septum but the septum was normal. The nostrils were inspected for patency and discharges and the mucosa for colour and polyps which were all normal. The mouth was examined by pressing the angle of the jaw which opened the mouth and the tongue, gum and palate were inspected and there was no false tooth noticed. The palate was high arched, intact and the uvula centrally placed. There was no cleft palate or cleft lip, tight frenulum or tongue tie. Suckling, rooting and swallowing reflexes were checked and were present. The ears; the upper notch of the pinnae was at the same level with the canthus of the eye. External auditory meatus was patent and the cartilage in the pinnae was checked for it softness. The shape and size was also noted and no abnormality was detected. The neck was inspected and palpated with no swelling such as

congenital goiter, enlarged lymph node, rotation and flexion were good. The chest was examined, the respiratory movement was regular and the respiratory rate was 46cpm. Breasts were palpated for consistency, masses, and the nipples for position and milk. The space between the nipples was noted and the nipples were in alignment. The abdomen was round with no bleeding from the umbilical cord and no signs of infection. The cord was examined and there was one vein and two arteries. The liver and spleen were palpated for size, tenderness and masses but no abnormality was detected. Apex beat was present and was recorded as 136bpm.The limbs and digits were checked for length, movement and paralysis of the upper limbs. The digits were counted to be normal and separate to exclude webbing and the palm for the number of palmer creases. The shape and colour of the nail bed were inspected and reflexes (grasping, moro) checked. Everything was normal. The lower limbs, the leg and feet were inspected for symmetry, extra digits, webbing, movement, fare foot adduction, clubbed feet, knock-knees, bowed leg, tibia torsion and paralysis but no abnormality was found. The hip had no dislocation and the reflexes (knee jerk/ patella, plantar) were present. The feet were examined for disabilities such as talips and popliteal spaces were examined without any abnormality detected. The spine was also examined with baby turned to one side. The back was palpated for swelling, dimpling, hairy patches to exclude spinal bifida and for missing vertebra, meningomyelocele but no abnormality detected. The labia, clitoris, vagina, and urethra were inspected for patency, foreign bodies, adhesions and discharge. 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. Baby's length was measured to be 50 centimeters, weight was 3.1kg and temperature was 36.6^0C.

In all, there was no abnormality detected. The baby was classified as normal and routine care of the baby initiated. Gloves were removed and disposed aseptically before washing hands with soap

under running water and dried with clean dry towel. The baby's skin was smeared with baby oil and wrapped. All findings were recorded.

3.7 SUMMARY OF LABOUR AND DELIVERY

DURATION OF LABOUR

1st stage	6 hours
2nd stage	31 minutes
3rd stage	9 minutes
Total	6 hours 40 minutes

CONDITION OF BABY AT BIRTH

Temperature	36.6 degree Celsius
Apex beat	136 beats per minute
Respiration	46 cycles per minute

The following measurements were recorded as;

Weight	3.1 kilograms
Head circumference	36centimetres
Length	50 centimeters

RECORD ON MOTHER

Date and time of delivery	24th August 2023 at 4:22pm

Mode of delivery	Spontaneous vaginal delivery
Temperature	36.2℃
Perineum	Intact
Pulse	87 beat per minute
Blood pressure	120/70 mmHg
Fundus	18 cm
Lochia	Rubra
Odour of Lochia	Non – offensive

CONDITION OF PLACENTA AND MEMBRANES

Placenta delivered	4:31pm
Lobes and membranes	Complete
Maternal surface	Normal
Fetal surface	Normal

CONDITION OF BABY AT BIRTH

Abnormalities	None
Condition of baby	Satisfactory
Apgar score at first minute	8/10

Apgar score at fifth minute	9/10
Sex of baby	female
Meconium	Passed
Urine	Passed

Within few minutes after birth, baby passed urine and meconium.

The general condition of the baby was satisfactory.

3.8 CARE PLAN DURING LABOUR

PROBLEMS IDENTIFIED DURING LABOUR

24/08/23

1. Anxiety
2. Lower abdominal pain
3. Profuse sweating
4. Waist pain
5. Restlessness

3.8 SHORT TERM OBJECTIVES

Client will be relieved of anxiety within 1 hour and throughout her labour.

Client will understand and cope with lower abdominal pains within 1 hour and throughout her labour.

Client will be relieved of restlessness within 2 hours and to the end of labour.

Client will be relieved of waist pain within 1 hour and throughout labour.

3.9 LONG TERM OBJECTIVES

Madam Comfort will go through all the stages of labour successfully without any complications to her and the baby.

CARE PLAN DURING LABOUR

DATE/ TIME	NURSING DIGNOSIS	NURSING OBJECTIVES/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
24/08/23 9:30am	Anxiety related to unknown outcome of labour	Client will be relieved of anxiety within 1 hour and throughout her labour as evidenced by; 1. Client verbalizing she is relieved of anxiety. 2. Midwife observing client facial expression	1. Reassure client that labour will end safely. 2. Explain every procedure to be carried on client. 3. Allow her to ask questions and answer Tactfully 4.Update client with progress of labour 5. Encourage deep breathing exercise.	1. Client was reassured that labour will end safely. 2. Each procedure to be carried out on her was explain to her. 3. Client asked questions and answers were given tactfully. 4.Client was updated about progress of Labour 5. Client was encouraged to do deep breathing exercise.	24/08/23 10:30am	Goal was fully met as client's anxiety was allayed and evidenced by her relaxed facial expression and verbalizing she is relieved of anxiety.	AAA

CARE PLAN DURING LABOUR CONTINUED

DATE/ TIME	NURSING DIGNOSIS	NURSING OBJECTIVES/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
24/08/23 9:30am	Lower abdominal pain related to uterine contractions of labour	Client will understand and cope with lower abdominal pains within 6 hours and throughout her labour as evidenced by; 1. Client verbalizing that the pain is no more. 2. Midwife visualizing client cooperation during labour	1. Reassure client that labour will end safely 2. Explain the physiology of pain that it is due to uterine contractions and cervical dilatation causing the pain. 3. Encourage client to do deep breathing exercise in between contractions. 4. Perform sacral massage. 5. Engage client in conversation.	1.Client was reassured 2. Physiology of pain was explained to client that due to uterine contractions of labour. 3. Deep breathing exercises were performed. 4. Sacral massage was given to client when there were contractions 5. Client was engaged in conversation during labour.	24/08/23 3:30pm	Goals fully met as 1. Midwife observed client cooperated during labour.	AAA

CARE PLAN DURING LABOUR CONTINUED

DATE/ TIME	NURSING DIGNOSIS	NURSING OBJECTIVES/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
24/08/23 10:00am	Waist pain related to descent of the fetal head	Client will be relieved of waist pain within 2 hoursand throughout labour as evidenced by; a. Client verbalizing that she is relieved from waist pain b. Midwife observing client's facial expression.	1. Reassure client that the waist pain is a sign of progress of labour 2.Allow client to assume a comfortable position but harmless. 3. Give sacral massage. 4. Explain the physiology of waist pain. 5. Encourage deep breathing exercise	1. Client was reassured that she would be relieved of waist pain. 2.Client was encouraged to assume harmless position such as left lateral position. 3. Sacral massage was given to client to relieve her of pain. 4. Physiology of waist pain was explained to client. 5. Madam Comfort deepbreathing exercises was encouraged and Performed	24/08/23 12:00pm	Goal fully met as evidenced by client verbalizing that she is relieved from her waist pain and midwife observing client's facial expression.	AAA

CARE PLAN DURING LABOUR CONTINUED

DATE/ TIME	NURSING DIGNOSIS	NURSING OBJECTIVES/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
24/08/23 10:30am	Excessive sweating related to stress of labour.	Client will be relieved of sweating within 2 hours and to the end of labour as evidenced by; a. Client verbalizing that she is no more sweating b. midwife observing that client was not sweating and was comfortable	1. Reassure client that the body is responding naturally to the effort which will help cool down and regulate the body's temperature 2. Encourage client to do deep breathing exercise. 3. Clean face and body of client with wet towel. 4.Provide fresh air to client by putting on fan. 5.Encourage client to take in sips of water	1. Client was reassured of competent care to promote comfort. 2. Client continued deep breathing exercise. 3. Client face and body were cleaned with wet towel. 4. Client was provided with fresh air by putting fans. 5.Client was encouraged to take in sips of water.	24/08/23 12:30pm	Goals met as the 1. Midwife observed that client was not sweating and was comfortable. 2. Client verbalizing that she is no more sweating.	AAA

DATE/ TIME	NURSING DIGNOSIS	NURSING OBJECTIVES/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
24/08/23 10:30pm	Restlessness related to pain due the contractions	Client will be relieved of restlessness within 2 hours and to the end of labour as evidenced by: a. client verbalizing that she is doing all right, she is just breathing through it. b. midwife observing that client was calm and relaxed posture, with minimal tension in the face.	1. Reassure client that labour will end safely. 2. Encourage her to continue copping with contractions. 3. Encourage client to do deep breathing exercise 4. Keep her focused on the positive outcome- meeting her baby 5. Emphasize the support and care she's receiving	1. Client was reassured of competent care to promote comfort 2. Client continued coping with contractions 3. Client continued deep breathing exercise	24/08/23 12:30pm	Goals met as the 1. Midwife observed that client was calm and was comfortable. 2. Client verbalizing thatshe is coping with contractions.	AAA

CHAPTER FOUR

PUERPERIUM

4.0 INTRODUCTION

This chapter consists of the care given to the mother and the baby from the day of delivery till the six weeks postnatal visit.

4.1 DAY OF DELIVERY

Madam Comfort and her baby were sent to the lying-in after 1hour 40mins of close observation when her condition was satisfactory. She and her baby were made comfortable in bed. She was encouraged to put the baby to breast to promote bonding between them and also stimulate uterine contractions to aid involution of the uterus and also promote warmth as that will enhance uterine contraction and prevent hemorrhage. She was also encouraged to empty the bladder.

An opportunity was taken to educate her on exclusive breastfeeding for the first six months, emptying of one breast before the other and the need to feed the baby frequently at least 8 to 12 times a day, as well as how to fix the baby to breast. She was also educated to keep the baby warm to prevent hypothermia, and educated to change the baby's soiled napkins frequently to prevent nappy rash and to make the baby comfortable. She was encouraged to wash her hands with soap and water after visiting the lavatory, changing her perinea pad, removing the baby's soiled napkins and also before and after touching the baby. It was explained to her the need to change her perineal pad frequently. Madam Comfort took rice and light soup for supper. Her vital signs were checkedand recorded as follows;

Temperature	36.4ºC
Pulse rate	87bpm

Respiratory rate	22cpm
Blood pressure	120/60mmHg

The symphysio fundal height was measured to be 18centimeters. Lochia was also inspected and it was red (rubra) in colour and small in amount with no bad odour. The baby was examined from head to toe and no abnormality was detected. The client's relatives were asked to excuse mother and baby so that they could have some rest and possibly sleep.

She was then informed of possible discharge on the next day which is on 25th August, 2023 at 9:00am.

4.2 SUBSEQUENT CARE OF THE BABY

At 10:00pm, (6hours 28minutes) after birth, Madam Comfort was informed about the need for baby bath and general examination of the baby and she responded positively. Head to toe examination was done and no abnormality detected and all findings were communicated to her.

BABY'S FIRST BATH

REQUIREMENTS

1. Soap
2. Sponge
3. Cream / powder
4. Sterile cotton in a gallipot or wrapped
5. Basin
6. Towels: 1 big towel and 3 small ones
7. Cot sheets 2

8. Apron
9. Gloves
10. A clean baby dress, cap and socks (if available)
11. Mackintosh
12. 2 jugs containing hot and cold water each
13. Two receptacles for used water and dirty linen
14. A receiver for used swab

Procedure

All windows and doors were closed, fans switched off and lights switched on to make the room warm. Procedure was explained to Madam Comfort and was thanked for accepting. After gathering all items, the hot and cold water were mixed and temperature was tested with the elbow. Plastic apron was then worn, hands were washed with soap and under running water and dried with a clean towel. Sterile gloves were worn and the baby was positioned on a protected flat surface, she was undressed and covered with the towel leaving the face. The general condition was observed and the baby had a pink skin colour covered with vernix caseosa. Baby's eyes were cleaned with cotton wool swab soaked in clean water from the inner canthus out and then the face was cleaned with damp face towel and dried. The baby's neck was supported with the hand, the ears were plugged with the thumb and middle finger to prevent water from entering the ears. The hair was washed with soap and sponge in a circular manner, rinse, dried and covered with clean cap. The baby was placed back on the working surface and exposed arms and front of the trunk was washed to the feet paying attention to the skin folds then turned to the back and with one arm supporting the chest and the back, it was washed down to the feet paying attention to the skin folds. Baby's body was immersed in a bath of warm water, with the head supported

above the water and the

body rinsed thoroughly. The baby was then placed on a cleaned cot sheet and a small cleaned dried towel was used to dry the body paying attention to the skin folds. Baby oil was applied on the skin and baby was dressed leaving the umbilical cord exposed for dressing and the hair combed neatly. Gloved hands were dipped into 0.5 percent chlorine solution and were removed and discarded, hands were washed dried with clean towel. Mother was encouraged to observe bathing and dressing of the cord. She was educated to clean the cord as well as observed at home.

Cord Dressing

The cord was dressed by wrapping the baby in a towel to keep her warm. Mother was asked to protect her on the table. The tray containing six dry cotton wool swabs in a gallipot containing antiseptic solution which was methylated spirit and a receiver for the used swabs was already set. Hands were thoroughly washed again with soap and under running water and dried in a clean towel. Sterile gloves were worn and cord was exposed. The cord was inspected for bleeding but there was none. The tip of the cord was held with one swab in the non-dominant hand. The base of the cord was cleaned with another cotton wool swab and was discarded. The whole cord was cleaned using five of the cotton wool swabs from the base upwards. One cotton wool swab was used to clean the posterior part of the cord. The tip of the cord was dried with the swab that was used to hold it. The cord was left expose to air dry. Baby was dressed nicely, wrapped and given to mother to breastfeed. Gloves were removed and discarded. Hands were washed with soap and water before handling the baby. Observations were made and the findings were communicated to the mother and documented as follows:

Head circumference - 36centimeters

Length - 50centimeters

Weight - 3.1kilograms

Stool colour - Greenish

Apex beat - 135 beats per minute

Temperature - 36.1 degree Celsius

Respiration - 44 cycles per minute

Baby's condition was good.

At 11:00pm mother and baby were seen to find out how they were faring, they were in good condition. They were both examined and their vitals were checked since they were not going to be discharged;

Temperature - 36.4 degree Celsius

Pulse - 82 beats per minute

Respiration - 22 cycles per minute

Blood pressure - 120/70 millimeters of mercury.

Observations were made on the baby and findings were communicated to her mother as;

Temperature - 36.3 degree Celsius

Respiration - 44 cycles per minute

Pulse - 134 beats per minute

Weight - 3.1kg

4.0 FIRST DAY POST DELIVERY (DAY OF DISCHARGE)

Temperature - 36.6 degree Celsius

Pulse - 82 beats per minute

Respiration - 22 cycles per minute

Blood pressure - 120/70 millimeters of mercury.

Mother was seen touching the fontanels and she was educated not to apply hot compress on baby's head with the intention of closing the fontanels that was explained to her that the fontanels close naturally. Madam Comfort was taught how to position herself when breastfeeding and put thebaby to breast. Baby was also examined with permission from the mother after hand washing wasdone with soap and under running water and dried with clean towel. A thorough head to toe examination was performed on the baby again but no abnormality was detected. The cord was inspected for bleeding, odour and discharge but there was none. The baby was top and tailed with the cord dressed with methylated spirit. The baby was dressed nicely and wrapped in a clean warm sheet. Baby's vital signs and other observations were made and recorded as follows;

Temperature - 36.1 degree Celsius.

Pulse - 132 beats per minute.

Respiration - 40 cycles per minute.

Weight - 3.0 kilograms.

Stool Colour - Greenish.

The baby was given the first immunization Bacilli Calmette Guerine (BCG) 0.05millimeters vaccine intra dermal on the right upper arm for protection against tuberculosis. Client was educated that she should not apply anything on the injection site or massage it. She was told that there could be a tissue reaction over the area, a scar formation later indicating that the child had been immunized against tuberculosis effectively then Polio vaccine 2 drops at the back of the tongue was also given orally to protect the baby against polio myelitis. Vitamin K giving to prevent bleeding. Chloramphenicol eye drop given to prevent infections. Client was educated to continue with baby's immunization schedule at the clinic. This would help prevent baby contracting any of the childhood preventable diseases. Client was also told to register the baby at the birth and death unit and complete all the immunization schedules.

Mother was educated on personal hygiene, postnatal exercise, keeping the baby's cord clean, dry and avoid the application of unprescribed medication on it, change baby's diapers or napkins frequently when soiled and wash and dry in the sun, take in nutritious diet and fruits which are available, provision of warmth to the baby and prevention of infection by changing her perinea pad whenever it was soiled and also she was educated on exclusive breastfeeding and the need to feed on demand and at night which will serve as family planning as well as aiding in involution. Client was informed about her discharge. She was encouraged to sleep under treated mosquito net together with the baby to prevent malaria. Her belongings were packed, and her health insurance card was used to settle her bills. Prescribed drugs were given as below;

Iron III polymaltose complex capsule (daily) for 30 days

Amoxicillin capsule 500mg (three times daily) for 7days

Metronidazole tablet 400mg (three times daily) for 7days

Paracetamol tablet 1g (three times daily) for 5days

The dosage and time for taking the drugs were explained to her. Madam Comfort was also told that she would be visited for one week to check on her condition and that of the baby and continued with their care. She was discharged home at 9:00am and was escorted with her items to the entrance of the clinic. On 1st September, 2023 was scheduled as date for one-week visit. They were reminded of the visit to their house.

4.1 FIRST POST NATAL HOME VISIT (FIRST DAY POST DELIVERY)

Madam Comfort was visited in her home in the evening at 5:00pm as scheduled that is on the 25th August, 2023. On arrival, greetings were exchanged with a warm welcome. She was neatly dressed and had already set the place for the baby to be bath; the baby was then toped and tailed. It was explained to her that physical examination will be done on her and the baby, dress the baby's cord and also check her vitals. The cord was dressed with cotton wool swabs soaked in methylated spirit.

Mother was also examined from head to toe and there were no abnormal changes. Her general condition was good, breast has started lactating but not so well, abdomen was soft, uterus well contracted and the fundal height measured 16cm. The perineum was inspected and was found to be cleaned, lochia was red (rubra) with moderate amount of flow. Her vital signs were taken and recorded as;

Temperature : 36.4 degree Celsius

Pulse : 78beat per minutes

Respiration : 21cycle per minutes

Blood pressure : 110/70 millimeters of mercury

Baby was not jaundiced or pale and was able to suckle well. Baby's vital signs was taken and recorded as follows;

Temperature : 36.6degree Celsius,

Pulse : 134 beats per minute,

Respiration : 42 cycles per minute.

Baby's weight : 3.0 kilograms

Stool Colour : Greenish

Madam Comfort was encouraged to breastfeed the baby on demand. A promise was made to visitthem again the following day and client said good bye and the family were bade farewell.

4.2 SECOND POST-NATAL HOME VISIT.

On 26th August, 2023, the second visit was made to Madam Comfort's house at 7:30am in the morning as scheduled. Madam Comfort said she can now sleep for at least 4hours. Baby was also doing well. The family was pleased. She was reassured and encouraged to adopt a good posture when breastfeeding the baby. Permission was sought fromMadam Comfort to inspect her perinea pad and perinea area was clean and the lochia was red (rubra), not offensive and the flow was moderate. She was asked to empty her bladder before the examination. She emptied her bladder and the head-to-toe examination was carried out and everything was normal. The breasts were firm and well lactating. Uterus was firm and symphysio fundal height measured 14cm.General examination was carried out on the baby from head to toe and no abnormality was revealed. Baby was toped and tailed. The cord was neatly dressed and it

was dry with no sign of infection. The baby passed stools and urine. Observations were made on mother and baby and they were recorded as follows

Observation on Mother

Observation	**Morning**
Temperature	36. 2degree Celsius
Pulse	78 bpm
Respiration	22 cpm
Blood pressure	110/60 mmHg
Lochia	Rubra
Fundal height	14cm
Condition of the uterus	Contracted
Breast	Lactating

Observation on Baby

Observation	Morning
Temperature	36.1 degree Celsius
Apex beat	136 bpm
Respiration	42 cpm
Cord	No bleeding

Skin Colour	Pink
Suckling	Yes
Weight	2.9 kg
Stool Colour	Greenish

Baby was wrapped in warm sheet. She was handed over to the mother to breastfeed. Madam Comfort was thanked for her cooperation and permission was sought to leave, which was granted.

Evening

Family members were in good health on arrival at 5:00pm, greetings were exchanged and a seat was offered. She was asked about her health and that of the baby of which she responded they were fine. The family was very cooperative which created a relaxed and lovely environment. Examination was done on the mother and baby and no abnormality was detected. Baby was wrapped in warm sheet and handed over to the mother to be breastfed. Madam Comfort was thanked for her cooperation and permission was sought to leave, of which she granted and said she was very grateful and appreciated the care that was given to them.

4.3 THIRD POST-NATAL HOME VISIT.

On the 27th August, 2023, the second home visit was made to Madam Comfort house at 7:35am in the morning. Mother and baby were doing well. She also said that she has been relieved of backache. Permission was sought to inspect Madam Comfort perineal pad and the lochia was red (rubra) without offensive odour. Head to toe examination was also done. Madam Comfort complained of fullness in the breast and rushes on baby's skin and she cries a lot. She was

educatedto continue breastfeeding the baby, apply cold compress on the breast to reduce the pain and also

ensure that one breast was empty before the other one was given to the baby. She was reassured and encouraged to change baby's napkin before she sleeps and also educated to dress baby according to weather and use dusting powder on the baby's skin. Symphysio fundal height was measured 12cm. The baby was top and tailed, assessed and general condition was good and no abnormality was present. The cord was neatly dressed and was dry without bad odour. The baby also passed greenish yellow stools and urine. Observations made on mother and baby are as follows;

Observation On Mother

Observation	**Morning**
Temperature	36.6 degree Celsius
Pulse	80 bpm
Respiration	20 cpm
Blood Pressure	100/70 mmHg
Lochia	Rubra
Fundal height	12 cm
Condition of the uterus	Contracted
Breast	Lactating

Observation on Baby

Observation	**Morning**

Temperature	36.5 degree Celsius
Apex beat	140 bpm
Respiration	40 cpm
Skin colour	Pink
Cord	Clean
Suckling	Yes
Weight	2.8 kg
Stool colour	Greenish

Evening

At 5:00pm in the evening, both mother and baby were visited. Nothing abnormal was detected during the examination. She was reminded on exclusive breastfeeding and on demand, maintenance of personal hygiene, eating of fruits and highly nutritious diet and warm saline sit-bath on each visit. Again, permission was sought to leave from Madam Comfort of which it was granted. She was thanked and a bid was made.

4.4 FOURTH DAY POST-NATAL HOME VISIT

Madam Comfort and her baby were visited again on 28th August, 2023 in the morning at 7:00am to continue with the postnatal care. She and her baby were physically examined and nothing abnormal was detected. Lochia was rubra on inspection with no odour. She also added that fullness of breast has reduced so therefore breasts were lactating and baby's skin rashes is gone. Head to toe examination was done and everything was normal. Symphysio fundal height measured 10cm.

Baby had been bathed by client's mother on arrival so the general examination was carried out. No abnormality was found. The cord was neatly dressed and has shrinked with no abnormality detected. The baby passed dark yellow stools and urine. Observations made and recorded as follows;

Observation On Mother

Observation	Morning
Temperature	36.7
Pulse	80 bpm
Respiration	23 cpm
Blood Pressure	110/60mmhg
Lochia	Rubra
Fundal height	10cm
Condition of the uterus	Contracted
Breast	Lactating

Observation on the Baby

Observation	**Morning**
Temperature	36.8^0C
Apex beat	133bpm

Respiration	45cpm
Weight	2.8kg
Cord	Dry
Sucking	Yes
Stool colour	Yellowish

Permission was sought to leave and client was very grateful and appreciated the care that was given to them.

4.3 FIFTH POST-NATAL HOME VISIT.

5th postnatal visit which was on 29th, August 2023 at 7:00am to continue with the post- natal care. Mother and baby were both in a healthy condition. Inspection of the lochia was done and the colour was serosa (pink) with symphysio fundal height measured 8cm. After the head-to-toe examination, no abnormality was detected. Client's vital signs were checked and recorded as follows:

Observation On Mother

Observation	Morning
Temperature	36.5
Pulse	87 bpm
Respiration	22 cpm
Blood pressure	100/70mmHg

Lochia	Serosa
Fundal height	8cm
Condition of the uterus	contracted
Breast	Lactating

Head to toe examination was done and no abnormality was found on the baby. During the examination, it was realized that the cord had fallen off. Baby was bathed. The baby urinated and passed yellowish stool and was cleaned immediately. Vital signs and other observations were taken and recorded as follows:

Observation on Baby

Observation	Morning
Temperature	36.8^{o}C
Apex beat	125 bpm
Respiration	42cpm
Weight	2.9kg
Cord	Off clean
Suckling	Yes
Stool colour	Yellowish

Madam Comfort was reminded of the next visit and she said she was very grateful. Permission wassought and she was thanked for her cooperation.

4.4 SIXTH POST-NATAL HOME VISIT.

The 6th day postnatal home visit was made on 30th August, 2023 at 7:30am. Greetings were exchanged with client and her family and a seat was offered in client's room. Mother and baby were both in a healthy condition. Symphysio fundal height measured 6cm. Inspection of the lochia was done and the colour was serosa (pink) with odour indicating infection due to poor personal hygiene. She was educated to keep her perineum clean and change pad frequently to prevent infection and educated on family planning. After head-to-toe examination, no abnormality was detected.

Vital signs and other observations were made and recorded as follows:

Observation on Mother

Observation	Morning
Temperature	36.8
Respiration	24 cpm
Pulse	90 bpm
Blood pressure	110/70mmHg
Breast	Yes
Lochia	Serosa

Baby was bathed, head to toe examination was done and no abnormality was found on the baby. The stump was then dressed with cotton wool swab and the area was cleaned and kept dry. Stool was yellowish in colour. Baby looked healthy and active. Baby's vital signs and other observations were taken and recorded as follows:

Observation on Baby

Observation	**Morning**
Temperature	36.7
Apex beat	145 bpm
Respiration	40cpm
Weight	3.0 kg
Cord	Off Clean
Stool Colour	Yellowish

Madam Comfort was encouraged to continue exclusive breastfeeding. She was thanked for her cooperation and time. She was remembered on the one-week visit, we interacted for a while and permission was sought to leave.

4.5 SEVENTH POST-NATAL HOME VISIT.

The 7th day postnatal was made on 31st August, 2023, Madam Comfort and baby was visited as usual in the morning at 7:30am. Mother and baby were in a healthy condition and client said the baby's crying had minimized. Inspection of lochia was done and the colour was serosa (pink),

flow was scanty without any bad odour. Symphysio fundal height measured 4cm. After the head-to-toe examination, no abnormality was detected. Mother and baby's vital signs were as follows;

Observation on Mother

Observation	**Morning**
Temperature	36.4℃
Respiration	23 cpm
Pulse	78 bpm
Blood pressure	110/60 mmHg

Baby's Observation	**Morning**
Temperature	36.5℃
Apex beat	130 bpm
Respiration	42cpm
Weight	3.1kg
Cord	clean
Stool Colour	Yellowish

She was encouraged to continue adhering to all the advices and encouragement given to her especially on nutrition, exercise, rest and sleep and maintaining good personal and environmental health. Madam Comfort was also encouraged to take good care of the baby and breastfeed

exclusively. Client was also reminded to register the baby at the birth and death unit and complete all the immunization schedules.

4.6 FIRST POSTNATAL VISIT TO THE CLINIC

Madam Comfort and her baby reported at the clinic on 1st September, 2023 at 9:00am accompanied by her mother. Mother and baby looked healthy and cheerful. They were welcomed to the postnatal site and a seat was offered to them to listen to a health talk on immunization against the preventable childhood disease, exclusive breastfeeding and family planning. After the talk, client and baby were taken to the examination room to be examined. With permission from mother,baby was undressed and wrapped in a clean cot sheet and was put on a flat surface in the presenceof the mother. Procedure was explained to Madam Comfort and hands were washed and dried. The fontanels and sutures were examined for any bulging fontanels or widening sutures but there were none. The eyes, nose and ears were examined and no abnormality was detected. The abdomen wassoft, not distended, and the umbilical cord was completely healed. The extremities and the back were also examined and there was no abnormality.

Baby's weight was 3.3kg and her vital signs checked and recorded were as follows:

Temperature	-	36.7°C
Apex beat	-	134bpm
Respiratory rate	-	42cpm
Stool Colour	-	Yellowish

All findings were communicated to mother and recorded. Mother claimed the baby has good bowel movement and breastfeeds well. Madam Comfort was also examined and was asked to empty her

bladder for physical examination after the procedure has been explained to her. She was assisted onto the examination couch and privacy was provided. Fundus was not palpable. Hands were washed and dried. Her vital signs checked and recorded as;

Temperature	-	36.5°C
Pulse rate	-	84bpm
Respiration	-	24cpm
Blood pressure	-	110/80 mmHg

On inspection, client's hair was clean and nicely plaited her conjunctiva and sclera was without any pallor. The nose, mouth and ears were clean without any discharges. The breast was heavy, soft and lactating well with healthy nipples. The upper and lower extremities were without oedema and her back was normal. The lochia was scanty and creamy white. She was helped out of the examination couch after the examination. Findings were communicated to her and documented. Madam Comfort was advised to maintain good personal and environmental hygiene in the care of herself and the baby. Madam Comfort was again educated on her nutrition and was asked to eat foods that are rich in proteins and vitamins, she was encouraged to continue with exercise and haveadequate rest and sleep. Madam Comfort was encouraged to register her baby at the birth and death registry since there was none at the health center. Client was reminded of the six weeks postnatalvisit to the clinic. Gratitude and thanks were expressed to Madam Comfort and the entire family for their support and co-operation throughout the writing of the care study. She was finally handed over to the public health nurse in-charge to continue with the care.

4.7 SECOND POSTNATAL VISIT TO THE CLINIC

According to the midwife in-charge, Madam Comfort six weeks postnatal visit was on 6th October, 2023 at 9:00am. She came to the facility with her husband. Head to toe examination was done on Madam Comfort and nothing abnormal was present. Her vital signs, including the weight was checked and recorded as follows;

Temperature - 36.5

Pulse - 80 bpm

Respiration - 20cpm

Blood pressure - 110/60 mmHg

Weight - 67kg

Madam Comfort urine was checked for protein and sugar and it was negative for both, and the haemoglobin was 12.0g/dl. Her fundus was not palpable and no lochia observed. The baby was examined from head to toe and no abnormality was found. The following immunizations were given to the baby;

Vaccine	Dosage	Route of Administration
Polio 1	2 drops	Oral
Rotarix	2 drops	Oral
Penta	0.5 millimeters	intramuscularly on right thigh

Baby's vital signs and other observations were checked and recorded as:

Temperature - 36.2degree Celsius

Respiration - 24 cpm

Pulse - 142bpm

Weight - 5.1 kg

Mother was encouraged to practice exclusive breastfeeding for 6 months to inhibit ovulation and prevent infection or any disease to the baby. Client was congratulated for taking good care of the baby as seen in the baby's weight gain. She also expressed her gratitude for all the support offered to them. She was also taken to the family planning unit and the child welfare clinic for immunization and continuity of care.

4.8 NURSING CARE PLAN DURING PUERPERIUM

PROBLEMS IDENTIFIED

24th August, 2023

1. After pain
2. Insomnia

27th August, 2023

3. Breast engorgement
4. Rash on baby's skin
5. Fontanels being touched

SHORT TERM OBJECTIVES

1. Madam Comfort will be relieved of afterpain within 72hours.
2. Client will have at least 4hours sleep within 72 hours.
3. Client breast engorgement will reduce within 72 hours.
4. Baby skin rashes will go within 72 hours

LONG TERM OBJECTIVE

Mother and baby will pass through puerperium without any complications.

NURSING CARE PLAN ON PUERPERIUM

DATE/ TIME	NURSING DIGNOSIS	NURSING OBJECTIVES/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
24/08/2023 At 6:00pm	After pain related to involution of the uterus.	Madam Comfort will be relieved of afterpain within 24hours as evidenced by 1.Client verbalizing she is relieved of the pain.	1. Reassure client. 2. Explain the physiology of pain. 3.Educate client on postnatal exercises. 4. Encourage client to empty bladder frequently. 5. Serve prescribed analgesics.	1. Client was reassured. 2. The physiology of pain was explained to her. 3. Client was educated on postnatal exercises like kegel exercise. 4. Client was encouraged to empty her bladder frequently. 5. Client was served with analgesics (Paracetamol 1g), which will block pain signals to the brain.	25/08/2023 at 7:00am	Goal fully met as 1. Madam Comfort verbalized that she has been relieved of after pain.	AAA

NURSING CARE PLAN ON PUERPERIUM CONTINUED

DATE/ TIME	NURSING DIGNOSIS	NURSING OBJECTIVES/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
24/08/2023 At 11:00pm	Insomnia related to baby's crying and feeding at night.	Client will have at least 4hours sleep within 24 hours as evidenced by 1.client verbalizing that she can sleep.	1. Reassure the client. 2. Encourage client to practice kangaroo mother care. 3. Encourage client to sleep when baby is asleep. 4. Encourage support person to help in household chores. 5. Encourage client to rest- during the day.	1. Client was reassured. 2. Client was encouraged to practice kangaroo mother care. 3. Client was encouraged to sleep when baby sleep. 4. Client's relative was encouraged to help her in the care of the baby for her to sleep during the day 5. Client was encouraged to rested during the day.	25/08/23 at 5:00pm	Goal achieved as client verbalized that she's able to sleep.	AAA

NURSING CARE PLAN ON PUERPERIUM CONTINUED

DATE/ TIME	NURSING DIGNOSIS	NURSING OBJECTIVES/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
27/08/23 at 7:35am	Fear of injury or harm to the baby due to soft spots, as expressed by the mothers concerns and close examination of the fontanels.	Client will come to understand the normal infant development and anatomy within 2hours as evidenced by a decrease in verbalized concerns and worries.	1. offer emotional support 2. Provide accurate and reassuring information about the normal infant development and anatomy. 3. Encourage the mother to express her concerns and worries. 4. Encourage mother to ask questions and seek clarification.	1. client was offered emotional support by listening actively to her concerns 2. client was educated on the normal infant development and anatomy that the fontanels enables the bony plates of the fetal skull to flex during birth, allowing the fetal head to pass through the birth canal. 3. Client was encouraged to express her concerns and worries. 4. Client was asked to ask questions bothering her and she was answered clearly.	27/08/23 at 9:35am	Goal fully met as evidenced by the mother showing decrease in fear and concerns about the fontanels, showing she trusts in the normal development and function.	AAA

NURSING CARE PLAN ON PUERPERIUM CONTINUED

DATE/ TIME	NURSING DIGNOSIS	NURSING OBJECTIVES/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
27/08/23 at 5:00pm	Breast engorgement related to inadequate emptying of the breast.	Client's breast engorgement will be reduced within 72 hours. as evidenced by Client reporting that breast engorgement has reduced.	1. Reassure client. 2. Teach client on how to fix baby correctly to the breast. 3. Encourage client to empty breast when not feeding. 4. Encourage client to continue breastfeeding the baby exclusively. 5. Encourage client to apply cold and warm compress to the breast.	1. Client was reassured. 2. Client was taught how to fix baby correctly to the breast. 3. Client was encouraged to empty the breast. 4. Client was encouraged to continue breastfeeding the baby exclusively. 5. Client was encouraged to apply cold compress to the left -breast.	30/08/23 at 7:30am	Goal fully met as client reported that breast engorgement has reduced	

NURSING CARE PLAN ON PUERPERIUM CONTINUED

DATE/ TIME	NURSING DIGNOSIS	NURSING OBJECTIVES/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
27/08/23 at 7:00am	Skin rashes on baby related to excessive dressing of baby.	Baby skin rashes will go within 72 hours as evidenced by 1. client verbalizing that the baby skin rashes has resolved. 2. Midwife observing that baby- is having no rashes.	1. Reassure client. 2. Educate client on the need to clothe baby according to the weather. 3. Educate client not to scratch the rashes. 4.Educate woman to use dusting powder. 5.Encourage mother to open windows for good ventilation	1. Madam Comfort was reassured. 2. Client dressed baby in warm cotton cloths and according to the weather changes. 3. Mother was educated not to scratch the rashes as it would cause more pain and infection. 4. Client was educated to use prescribed powder for the rashes example dusting Powder. 5.Mother opened windows for good ventilation	30/08/23 7:00am	Goal met as Madam Comfort informed the midwife that baby's skin rashes has resolved. 2. Midwife observed that baby has no skin rashes.	

SUMMARY AND CONCLUSION

This script is a Family Centered Maternity Care, given to Comfort Afia Yeboah, a 33 years old womangravida 2 Para 1^{A}. She hails from Ohwim-Amanfrom in the Ashanti Region. She was met at A and A Royal Medical Center, Abesim-Sunyani on 15th August, 2023 when she was 38weeks plus2days pregnant. Various observations, examinations and laboratory investigations were carried out to aid in her care. Client went through pregnancy with some minor disorders which were managed successfully.

Madam Comfort's labour and delivery were managed carefully without any complications. She delivered spontaneously to an alive female infant with birth weight 3.1 kg on the 24th August, 2023 at 4:22pm who cried immediately after birth. Madam Comfort's puerperium was successful. Breast problem, sub-involution, puerperal psychosis and cord infection were not noticed. Education on good nutrition, personal hygiene, exclusive breastfeeding and family planning weregiven to ensure a comprehensive care to client and her baby as well as her family as a whole. Mother and baby were visited at home and finally handed over to the Community Health Nurse for further management on 6th October, 2023.

The Family Centered Maternity Care has afforded the opportunity to identify the various needs of the expectant woman during pregnancy, labour and puerperium.

The knowledge and experience acquired will be translated to other expectant mothers, their families and the community members during the practice as a midwife.

In conclusion, the client/family centered maternity care study has exposed the writer to situation where the knowledge received in the classroom has practically been demonstrated on the client and family from pregnancy to puerperium. This has also enhanced the ability to perform them and

render them to any pregnant woman in the course of practice wherever to help reduce maternal and infant morbidity.

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APPENDIX I

COMPLETE DIAGNOSTIC INVESTIGATION

DATE	SPECIMEN	INVESTIGATION	NORMAL VALUES	FINDINGS	REMARKS
15/02/2023	Blood	Haemoglobin	11.0-16g/dl	1	
		Blood group	A, B, AB, O	0.	Normal
		Rhesus factor	Positive/Negative	8	Normal
		Sickling	Negative	g/	Normal
		HIV status	Negative	dl	Normal
		HBsAg	Negative	-	Normal
		VDRL	Negative	A	Normal
	Urine	Protein	Negative	Positive	Normal
		Glucose	Negative	Negative	Normal
				Negative	
				Negative	
				Negative	
				Negative	
				Negative	
22/03/2023	Urine	Protein	Negative	Negative	Normal
		Glucose	Negative	Negative	Normal
	Blood	Haemoglobin	11.0-16g/dl	-	
19/04/2023	Blood	Haemoglobin	11.0-16g/dl	-	Normal
	Urine	Protein	Negative	Negative	Normal
		Glucose	Negative	Negative	Normal
17/05/2023	Urine	Protein	Negative	Trace	
		Glucose	Negative	Negative	Normal
	Blood	Hemoglobin	11.0-16g/dl	-	

(COMPLETE DIAGNOSTIC INVESTIGATION)

DATE	SPECIMEN	INVESTIGATION	NORMAL VALUES	FINDINGS	REMARKS
14/06/2023	Urine	Protein	Negative	Trace	Normal
		Glucose	Negative	Negative	Normal
	Blood	Haemoglobin	11.0-16g/dl	11.5g/dl	
14/07/2023	Urine	Protein	Negative	Negative	Normal
		Glucose	Negative	Trace	Normal
	Blood	Haemoglobin	11.0-16g/dl	-	Normal
27/07/2023	Urine	Protein	Negative	Negative	Normal
		Glucose	Negative	Negative	Normal
	Blood	Haemo	11.0-	11.6g/dj	
		globin	16g/dl		
03/08/2023	Urine	Protein	Negative	Negative	Normal
		Glucose	Negative	Negative	Normal
	Blood	HIV Status	Negative	Negative	Normal
11/08/2023	Urine	Protein	Negative	Negative	Normal
		Glucose	Negative	Negative	Normal
17/08/2023	Urine	Protein	Negative	Negative	Normal
		Glucose	Negative	Negative	Normal
24/08/23	Urine	Protein	Negative	Negative	Normal
		Glucose	Negetive	Negative	Normal

APPENDIX11(PHARMACOLOGY OF DRUGS USED)

NAME OF DRUG	CLASSIFI-CATION	DOSAGE	ROUTE	ACTION AND USES	ACTUAL EFFECT	SIDE EFFECT	SIDE EFFECT EXPERI-ENCED
Caps iron (III) Polymaltose Complex	Haematinics	100 milligrams once daily	Orally	Aids in red blood cell formation	Increased haemoglobin level	Dark stools, diarrhoea and constipation	None observed
Folic acid	Vitamin preparation	5 milligram once daily	Orally	Proper formation and function of red blood cell	Haemoglobin level increased	Nausea and vomiting	None observed
Tetanus injection	Vaccine	0.5 milligram stat (3^{rd} dose)	Subcutaneously	Protection against tetanus	Tetanus was prevented	Fever and urticarial rash	None observed
Tablet Paracetamol	Analgesics	1 gram three times daily for three	Orally	Helps to relieve pain	Pain was relieved	Prolong use causes damage to the liver	None observed
Capsule vitamin A	Group A vitamin supplement	200,000 units	Orally	Growth development and proper sight	Normal vision and healthy skin	Vomiting	None observed
Injection oxytocin	Oxytocic drug	10 units	Intramuscularly	Stimulate uterine contractions	Good uterine contraction and control of bleeding	Nausea and vomiting	None observed

Tablet multivitamin	Vitamin preparation	200 milligrams daily	Orally	Increases appetite. Help in the formation of red blood cell	Increases appetite	Gastrointestinal disturbance	Constipation

PHARMACOLOGY OF DRUGS FOR THE BABY

NAME OF DRUG	CLASSIFI-CATION	DOSAGE	ROUTE	ACTION/ USES	ACTUAL EFFECT	SIDE EFFECT	SIDE EFFECT EXPERIENCED
Vitamin K	Coagulant	1milligram	Intramuscular	Production of prothrombin	No bleeding	None	None observed
Gentamycin eye drop	Prophylaxis antibiotic	2-3 drops	Instillation	Prevents eye infection	Infection was prevented	Nephroxicity	None observed
Polio vaccine	Antigen	2 drops	Orally	Production of antibodies against poliomyelitis	Diarrhoea and fever may occur.	None	None observed
Injection Bacillus Chalmette Guerin (BGC)	Antigen	0.05 Milligram	Intradermal	Vaccinates neonates against tuberculosis	Tuberculosis prevention	Blister formation	None observed
Pneumococcal	Antigen	0.5 Milligram	Intramuscularly	Vaccinates neonates against pneumonia	Pneumonia prevention	Redness at the side of injection and fever	None observed
5 in 1 vaccine (Pentavalent)	Antigen	0.5 Milligram	Intramuscularly	Vaccinates neonates against diphtheria, pertussis (whooping` cough), tetanus,	Prevention of childhood preventable diseases	Low grade fever	None observed

				hepatitis B, haemophilus influenza type B			
Rota virus	Antigen	1.5 milligrams (2 drops)	Orally	Prevention of gastroenteritis	Gastroenteritis prevention	None	None observed

APPENDIX III

ANTENATAL CHART

Date	Weight	Blood Pressu-re(mmHg)	Urine (protein and sugar)	Haemo-globin level (g/dl)	Gestati--onal age (weeks)	Fun--dal height (cm)	Presenta-tion	Descent (th)	Foetal heart rate (bpm)	Complains	Treatment and advice
15/02/2023	61.7	92/75	Negative Negative	10.8	13	12	-	-	-	No complains	Tablet folic acid, multivitamin, Fersolate, Advise on good nutrition, insecticide treated net given.
22/03/2023	63.2	105/73	Negative Negative	-	18+3	17	-	-	+	No complains	Tablet folic acid, multivitamin, fersolate. Advice on diet.

Date	Weight	Blood Pressu-re(mmHg)	Urine (protein and sugar)	Haemo-globin level (g/dl)	Gestati--onal age (weeks)	Fun--dal height (cm)	Presenta-tion	Descent (th)	Foetal heart rate (bpm)	Complains	Treatmentand advice
19/04/2023	63.5	107/69	Negative Negative	-	22+3	22	Cephalic	-	144	No complains	Folic Acid, Multivitamin, Fersolate, 3rd dose TD given and educated to take more fluids, fruits and vegetables
17/05/2023	65.1	100/65	Trace Negative	-	26+3	26	Cephalic	-	132	No complains	Routine drugs served,1st dose of SP given under DOT and educated on personal hygiene

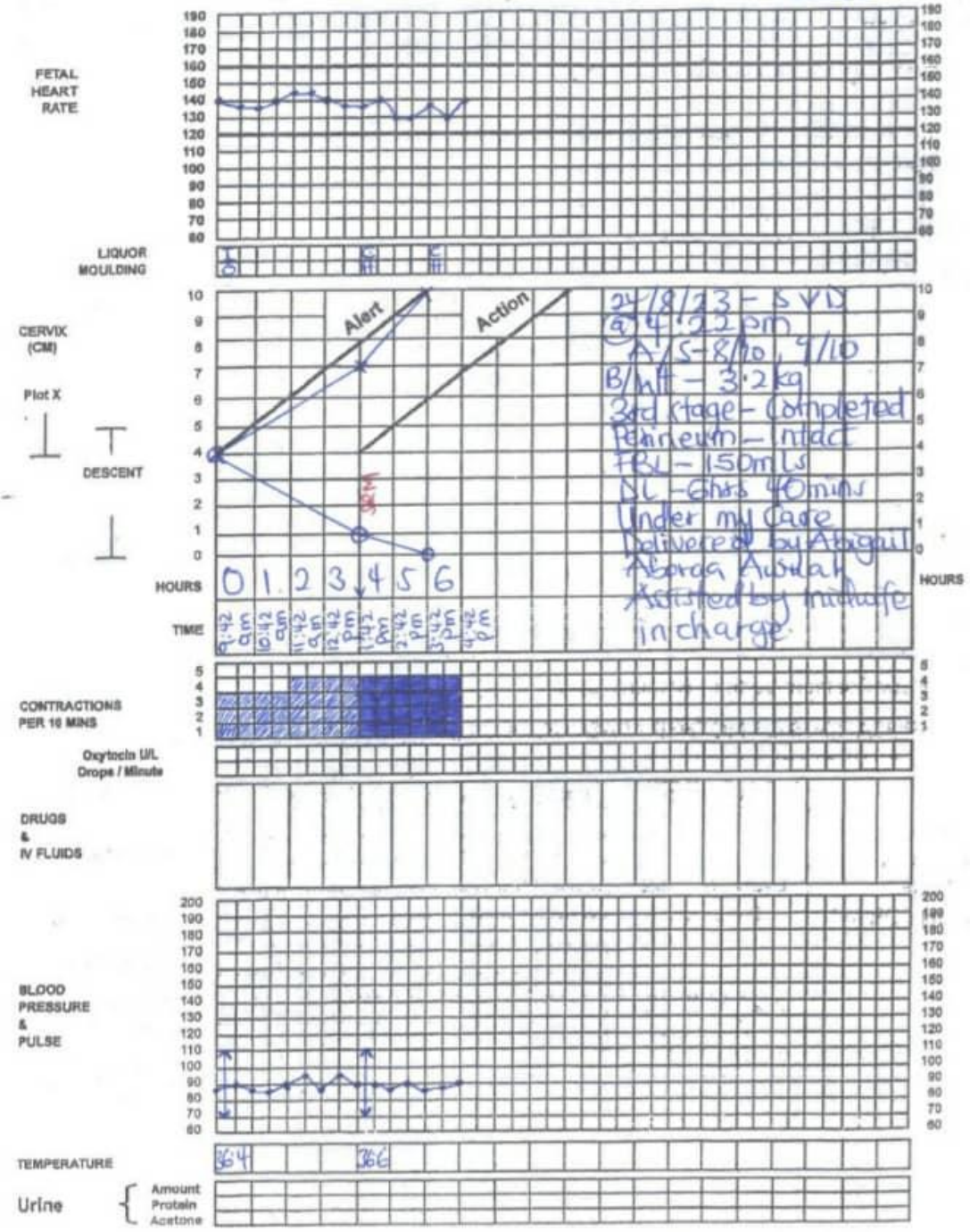
Date	Weight	Blood Pressu-re(mmHg)	Urine (protein and sugar)	Haemo-globin level (g/dl)	Gestati--onal age (weeks)	Fun--dal height (cm)	Presenta-tion	Descent (th)	Foetal heart rate (bpm)	Complains	Treatment and advice
14/06/2023	70.2	110/60	Trace Negative	11.5	30	28	Cephalic	5/5	142	No complains	Routine drugs served,2nd dose of SP given under DOT, paracetamol 1g for 3 days was served and educated on rest and exercise.
14/07/2023	72	100/70	Negative Negative	-	34+5	31	Cephalic	5/5	138	No complains	Routine drugs served,3rd dose, albendazole given and educated on rest and sleep .

Date	Weight	Blood Pressu-re(mmHg)	Urine (protein and sugar)	Haemo-globin level (g/dl)	Gestati--onal age (weeks)	Fun--dal height (cm)	Presenta-tion	Descent (th)	Foetal heart rate (bpm)	Complains	Treatment and advice
27/07/2023	75	100/60	Negative Trace	-	36+4	33	Cephalic	5/5	140	No complains	To continue with routine drugs and educated on birth preparedness and complication readiness
03/08/2023	78	120/60	Negative Trace	-	37+4	35	Cephalic	5/5	139	No complains	Routine drugs served Client was educated labour and delivery
11/08/2023	80	110/70	Negative Trace	-	37+4	36	Cephalic	5/5	144	Insomnia and lower abdominal pain	Continue treatment

Date	Weight	Blood Pressu-re(mmHg)	Urine (protein and sugar)	Haemo-globin level (g/dl)	Gestati--onal age (weeks)	Fun--dal height (cm)	Presenta-tion	Descent (th)	Foetal heart rate (bpm)	Complains	Treatment and advice
17/08/2023	81	100/81	Negative Negative	-	38+4	37	Cephalic	5/5	138	Waist pain, constipation, backache	Routine drugs served. Educated to eat food containing fibres and drink more water
24/08/2023	81	110/79	Negative Negative	-	39+4	37	Cephlic	5/5	144	Wait pain Constipation Lower Abdominal pain	Routine drugs served. Was Educated on Labour and Delivery

WHO Modified Partograph

Registration No. 31/2 Name (Last, First) Tebbah Afia Comfort Age 33 years
Date 24/8/24 Parity/Gravida P1/G2 LMP 17/11/22 EDD 24/8/23 Gestation (wks) 39+4
ROM (Time, Date) SRM Labour Durable (Hrs) 6hrs 40mins Facility/Clinic Name A and A Royal Medical Center



LABOR NOTES

Client reported to the ward on 24th August, 2023 at: 9:30am with complains of lower abdominal pain and waist pain. On examination her gestational age was 39 weeks + 4 days, FHR- 140bpm, descent- 4/5th, cervical dilatation 4cm, BP- 110/70mmHg, respiration 24cpm, temperature 36.4°C, pulse- 86bpm. At 4:22pm, Client had spontaneous vaginal delivery of live female child. APGAR 8/10 and 9/10, birth weight 3.2kg, head circumference 36cm, full length- 49cm. Placenta and membranes were delivered at 4:31pm. Mother and baby were cleaned and made comfortable in bed.

Please circle or write responses.

DELIVERY

DATE: 24/8/23 TIME: 4:22pm METHOD: (Spontaneous) / Vacuum Extraction / C/S / Other

PERINEUM: (Intact) / Episiotomy / Laceration

ANESTHESIA: (None) / Local / General

THIRD STAGE

Active Management: (Yes) / No Medication: Time 4:25pm Type/Dose 10 units of oxytocin

PLACENTA: TIME: 4:31pm (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
1min	2	2	2	1	1	8/10
5min	2	2	2	1	2	9/10

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

FOURTH STAGE MONITORING

Frequency	Time	B/P.	Pulse	Fundus	Bleeding	Bladder
Every 15 minutes first 2 hours	5:30pm	120/70	87	18cm	Small	150mls
	5:45pm	120/60	87	Contracted	Small	
	6:00pm	120/60	88	Contracted	Small	Emptied
	6:15pm	110/70	89	Contracted	Small	
	6:30pm	120/70	88	Contracted	Small	Emptied
	6:45pm	115/70	86	Contracted	Small	
	7:00pm	120/80	88	Contracted	Small	Emptied
	7:15pm	115/75	89	Contracted	Small	
Every 30 minutes For 1 hour	7:45pm	115/75	87	Contracted	Small	Emptied
	8:15pm	120/75	87	Contracted	Small	

Birth Attendant Abigail Abena Awuah Date 24/08/2023

MATERNITY CHART

NAME: Comfort Afia Yeboah

AGE: 33years WARD: Lying-in

IP NO.: 31/2 BED NO.: 1

Date	24/8/23	25/8/23	26/8/23	27/8/23	28/8/23	29/8/23	30/8/23	31/8/23
Days in Hospital	DOD							
Days P. O.		D1	D2	D3	D4	D5	D6	D7
Hour	6:30pm 11:00pm	9:00am 5:00pm	7:30am 5:00pm	7:35am 5:00pm	7:00am 5:00pm	7:00am	7:30am	7:30am
Temperature C / F								
Pulse								
Resp.								
B.M.	—	—	—	—	—	—	—	—
Urine	Passed	Passed	Passed	Passed	Passed	Passed	Passed	Passed
B. P. AM		140/90	110/60	100/70	110/60	110/70	110/60	
B. P. PM	100/70	110/80						

NEW BORN EXAMINATION FORM

Name: Baby Comfort Afia Yeboah Date of Assessment: 24/8/23 Time: 5:22pm
Date of Birth: _____ Time of Birth: 4:22pm Sex: ☐ M ☑ F Age at time of Assessment (days/hrs) 1 day
Astational Age ☐ ☐ Mode of Delivery: ☐ Vaginal Assisted Vaginal C-Section
APGAR: 1min ☐ 5min ☐ Birth Weight: ☐ 3.2kg ☐ Length: 49 cm Head Circumference: 36 cm
Temperature at time of Assessment: 36.6 °C Urine passed: (Yes) No Meconium passed: (Yes) No
Name of Assessor (Midwife/Doctor): Abigail Aborag Awuah

1. Respiration
Rate 42cpm
☐ 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: 134bpm
☐ Normal (100-160)
☐ <100 *
☐ >160*

19. Femoral pulse
☑ Present
☐ Not palpable*

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

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

22. Limbs
☑ Normal
☐ Abnormal _____

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

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

24. Anus
☑ Patent
☐ Imperforate*

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

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

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

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

NEW BORN EXAMINATION FORM

Name: Baby Comfort Afia Yeboah Date of Assessment: 25/8/23 Time: 9:00am
Date of Birth: 24/8/23 Time of Birth: 4:22pm Sex: ☐ M ☑ F Age at time of Assessment (days/hrs) 17hours
Astational Age: ☐ 39+4 ☐ Mode of Delivery: ☑ Vaginal Assisted Vaginal C-Section
APGAR: 1min 8/10 5min ☐ 9/10 Birth Weight: ☐ 3.1 kg ☐ Length: 49 cm Head Circumference: 36 cm
Temperature at time of Assessment: 36.5 °C Urine passed: (Yes) No Meconium passed: (Yes) No
Name of Assessor (Midwife/Doctor): Abigail Aborig Awuah

1. Respiration
Rate 40 cpm
☐ 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: 132
☐ Normal (100-160)
☐ <100 *
☐ >160*

19. Femoral pulse
☑ Present
☐ Not palpable*

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

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

22. Limbs
☑ Normal
☐ Abnormal _____

23. Genitalia
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☐ 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 CHART

Name: Baby Comfort Afia Yeboah No: Birth Weight: 3·2kg

Sex: Female Mother's No: 31/2 Length: 49cm

Nature of Delivery: Spontaneous Vaginal Delivery Diagnosis: Term baby

Date of Birth: 24th August, 2023 Time: 4:22p.m. Date of Discharge: 25th August, 2023

Date	24/8/23		25/8/23		26/8/23		27/8/23		28/8/23		29/8/23		30/8/23		31/8/23							
No. of Days	DOD		D1		D2		D3		D4		D5		D6		D7							
Weight	3·2kg		3·1kg		3·0kg		2·9kg		2·9kg		3·0kg		3·1kg		3·2kg							
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Temperature °C		36·6	36·5	36·6	36·1		36·5		36·8		36·8		36·7		36·5							
Stools		passed	passed	passed	passed	passed	passed	passed	passed		passed		passed		passed							
Urine		passed	passed	passed	passed	passed	passed	passed	passed		passed		passed		passed							
Remarks	Head Neck Trunk Extremeties Genitalia → No Abnormalities Detected.																					

TEMPERATURE CHART

NAME: Baby Comfort Afia Yeboah

AGE: Newborn WARD: Lying-in

IP NO.: 31/2 BED NO.: 1

Date	26/8/23	27/8/23	28/8/23	29/8/23	30/8/23	31/8/23	1/9/23	2/9/23
Days in Hospital	DOD							
Days P.O.		D1	D2	D3	D4	D5	D6	D7
Hour	5:30pm	7:00am	7:30am	7:15am	7:00am	7:00am	7:30am	7:30am
	11:45pm	3:00pm	5:00pm	6:00pm	5:00pm			
Temperature C / Weight	38.2	38.1	38.0	37.9	37.8	37.7	37.6	37.5
	38.1	38.0	37.9	37.8	37.7	37.6	37.5	37.4
	38.0	37.9	37.8	37.7	37.6	37.5	37.4	37.3
	37.9	37.8	37.7	37.6	37.5	37.4	37.3	37.2
	37.8	37.7	37.6	37.5	37.4	37.3	37.2	37.1
	37.7	37.6	37.5	37.4	37.3	37.2	37.1	37.0
	37.6	37.5	37.4	37.3	37.2	37.1	37.0	36.9
	37.5	37.4	37.3	37.2	37.1	37.0	36.9	36.8
	37.4	37.3	37.2	37.1	37.0	36.9	36.8	36.7
	37.3	37.2	37.1	37.0	36.9	36.8	36.7	36.6
	37.2	37.1	37.0	36.9	36.8	36.7	36.6	36.5
	37.1	37.0	36.9	36.8	36.7	36.6	36.5	36.4
Pulse	132	134	136	140	133	125	145	129
Resp.	40	42	42	40	42	42	40	42
B.M.								
Urine	Passed	Passed	Passed	Passed	Passed	Passed	Passed	Passed
B. P.	44/28							

SIGNATORIES

THE STUDENT MIDWIFE

NAME: MS. ABIGAIL ABORAA AWUAH

SIGNATURE: .....

DATE: 7th June, 2024

THE MIDWIFE IN-CHARGE (A AND A ROYAL MEDICAL CENTER)

NAME: MS. ANANE COMFORT

SIGNATURE: ..... (for)

DATE: 07/06/2024

THE SUPERVISOR

NAME: MS. KYEREMAA MARTHA

SIGNATURE: .....

DATE: 07/06/2024

THE PRINCIPAL

NAME: MONICA NKRUMAH

SIGNATURE: .....

DATE: 07/06/2024

PRINCIPAL
HOLY FAMILY NURSING AND MIDWIFERY TRAINING COLLEGE
BEREKUM