HOLY FAMILY NURSING AND MIDWIFERY TRAINING COLLEGE,

BEREKUM

A CLIENT/ FAMILY CENTERED MATERNITY CARE STUDY

ON

MADAM GIFTY APAM

BY

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SUBMITTED TO THE NURSING AND MIDWIFERY COUNCIL OF GHANA IN PARTIAL FULFILMENT FOR THE AWARD OF THE LICENSE TO PRACTICE AS A PROFESSIONAL REGISTERED MIDWIFERY

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PREFACE

Midwifery is a branch of health care that basically focuses on pregnant women and their entire families. Family centered maternity care is an individualized care rendered to a pregnant woman with the involvement of her family, bearing in mind that, the woman is unique with specific problems. This enables student midwife with this concept in mind to apply the knowledge and skills acquired during her period of training to care for clients and their families during pregnancy, labour and puerperium.

In addition to the above, the family centered maternity care study helps the student to use partograph which is a managerial tool for monitoring labour to manage client in order to identify complications promptly and intervene. The nursing process is also used and it provides a framework for solving problems and making decisions in the management of the client and family in a systematic manner. The study also enables student midwife to educate the client and family and also promote cordial relationship between the student midwife, the mother and her family.

More so, the study requires the student midwife to put into practice the concept of safe motherhood initiative which has being adapted to render quality maternity care through antenatal, labour and puerperium which will eventually reduce maternal and neonatal mortality. It also modifies the skills of the student midwife with the holistic and individualized care approach to all clients according to their needs.

Finally, the family centered maternity care study is a requirement by the nursing and midwifery council of Ghana towards the awards of the license to practice as professional midwife.

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My profound gratitude first goes to the God Almighty for his grace and mercies upon my life. I am very thankful to him for giving me the wisdom, courage, strength and understanding in carrying out this care study successfully.

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I wish to express my gratitude to the in-charge Mrs. Ruth Afelik and the entire staff of Navrongo Health Centre from where my client was gotten from for their maximum support, time, guidance, and advice throughout this period.

I say a big thank you,to my mum, grandparents (Mr and Mrs Opare) siblings, and all my loved ones for their support spiritually, physically, emotionally and financially throughout my years of education, may almighty God in his many ways bless them all.

Finally, I am thankful to the authors and publishers whose books and literature were used in this study, I very grateful to them.

INTRODUCTION

The client and family centered maternity care study is a report of nursing care rendered to Madam Gifty Apam, a 29year old Gravida 2 Para 1 alive (G2P1) woman and her family during the latter part of her pregnancy, labor and puerperium safely without any complication to both mother and baby. The study involves the interaction between the client and her family, community and the health team.

Madam Gifty was met on, 03 /01/2024 at Navrongo Health Centre she was 36weeks pregnant and in good health. She went through pregnancy successfully and delivered a healthy baby boy on the 28th, January 2024. Madam Gifty and baby were discharged in good health on the 29th January, 2024. Throughout the study Gifty will be used.

The study consists of four chapters;

Chapter one talks about client's particulars such as her various histories and community characteristics and chapter two outlines the care given to her during pregnancy followed by chapter three which gives details of how the various stages of labour were managed and lastly chapter four is also about puerperium which involves care given to mother and baby after delivery.

At the end of each chapter there is a care plan which is used to identify client's problems and how the problems were resolved. It also contains summary and conclusion, bibliography, appendix and signatories.

Information provided in this work are from Madam Gifty, her family, antenatal record book and her community as a whole.

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 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. A variety 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), sulphurdoxine pyrimethamine as malaria prophylaxis 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.

World health organization (WHO 1994) Pregnancy is the carrying of one or more fetuses or embryo in the womb of a woman. Pregnancy can be single or multiple. It usually occurs about 38 weeks after conception in women who menstrual cycle length of four weeks and this is approximately 40 weeks from the last normal menstrual period.

Marie Elizabeth (2013) defines pregnancy as when the woman's egg and a man's sperm cell unit to form zygote. The duration of pregnancy has traditionally been calculated by the

clinicians in terms of 10 lunar months or 9 months and 7 days or 280 days or 40 weeks, calculated from the first day of the last menstrual period. This is called menstrual or gestational age. It is divided into 3 trimesters, 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 i2nterval 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.

Marshal & Raynor (2014) stated that the pregnancy starts from the time conception is confirmed until the beginning of labour and also the midwife facilitates woman-centered care by providing her with accessible and relevant information to help her make an informed choice throughout pregnancy. The aim of antenatal care is to monitor the progress of pregnancy optimize maternal and fetal health. To achieve this, the midwife critically evaluates the physical, psychological, and sociological effects of pregnancy on the woman and her family. The key principles of antenatal care by the midwife are, providing a holistic approach to the woman' care that meets her individual needs, recognizing complications of pregnancy and appropriately referring women to the obstetric team or relevant health professionals or other organizations, facilitating the woman and her family in preparing to meet the demands of birth, and making a birth plan, offering parenthood education within a planned programme or on an individual basis.

Konar (2013) defines pregnancy as the development of growing foetus in uterus. The duration of pregnancy has traditionally been calculated by the clinician in terms of 10 lunar months or 9 calendar months and 7days or 280 days or 40wks calculated from first day of the last 28weeks while the last 3 months is known as the 3rd trimester (29-40 weeks). There is enormous growth

of the fetus during pregnancy. The uterus which in non-pregnant state weighs about 60g with a cavity of 5-10ml and measure about 7.5cm in length, at term, weighs 900-1000gm and measure 35 in length. The capacity is increased by 500-1000 times and changes occur in all part of the uterus. There is increase in growth and enlargement of the body of the uterus. Not only the individual muscle fibers increase in length and breadth but there is limited addition of new muscle fibers. These occur under the influence of the hormones; oestrogen and progesterone limited to the first half pregnancy pronounced up to twelve weeks (12). Three (3) distinct layers of muscle fibers are evidenced; outer longitudinal, inner-circular and intermediate. Normal anteverted position is exaggerated up to eight (8 weeks). Thus, the enlarged uterus may lie on the bladder rendering it incapable of filling, clinically evident by frequent micturition. Afterwards, becomes erect; the long axis of the uterus conforms more or less to the axis of the inlet.

LABOUR

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, however, labour is much more than a purely physical event. What happens during labour can affect the relationship between the mother and the baby and can influence the likelihood and or experiences of future pregnancies. There are three stages of labour, that is; First stage comprising of latent and active phase. The latent stage may take 6-8 hours in first time mothers when the cervix dilates from 1cm to 3cm and the cervix canal shorten from 32cm long to less than 0.5cm long. The active first stage is the time when the cervix undergoes more rapid dilatation. This begins when the cervix is 3- 4cm dilated and in the presence of rhythmic contractions, is complete when the cervix is fully dilated (10cm). The transitional phase is the stage of labour when the cervix is from around 8 centimeters dilated until it is fully dilated. The second stage is that of expulsion of the fetus. It begins when the cervix is fully dilated and

the woman feels the urge to expel the baby. It is complete when the baby is born. The third stage is that of separation and expulsion of placenta and membranes, it also involves the control of bleeding. It lasts from the birth of the baby until the placenta and membranes have been expelled.

National Safe Motherhood Service Protocol (2008) states that normal labour begins with a 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.

Marshal and Raynor (2014) defined labour in the physical sense as the process by which the foetus, placenta and membranes are expelled through the birth canal. Normal labour occurs between 30 to 40 weeks of gestation. Labour begins when there are regular, painful contraction and with cervical dilatation. Signs and symptoms of labour are painful regular contraction, show, progressive dilatation of the cervix, and sometimes rupture of membranes. First stage of labour begins with cervical dilation which begins with regular rhythmic contraction until the cervix is fully dilated. This stage is in two phases, the latent phase which is 0-3 and the active phase starting from 4cm-10cm when the cervix is fully dilated with both phases lasting 8-23hours. Second stage of labour of labour begins with the expulsion of the foetus from the birth

canal. It begins when the cervix is fully dilated and the woman feels the urge to the expel the foetus. It is however complete when the baby is born. This last from 30minutes to 1hour. The third stage is that of the separation and expulsion of the of the placenta and its membranes as well as the arrest of membranes. Labour is a physiological phenomenon which can be managed by the midwife with the use of partograph, aseptic delivery process and active management of the third stage labour (controlled cord traction).

Marie Elizaberth (2013) defines labour as a series of event that takes place in the genital organs in effort to expel the viable products of conception out of the womb through the vagina into the outer world. Labour is called normal if it fulfils the following criteria; spontaneous in onset. With vertex presentation, without undue prolongation. Natural termination with minimal aids, without having any complication affecting the health of the mother and/or the baby. The features of true labour signs are: painful uterine contractions at regular intervals, of show, progressive cervical effacement and dilatation .It further on explained that there are four stages of labour described as follows;

First Stage; This starts from the onset of labour till the cervix fully dilated and it is accompanied with painful rhythmic regular uterine contractions. It last for 6 to 10hours in multigravida and 12 to 14 hours in primigravida. Partograph is used to manage the first stage of labour (during the active).

Second stage; This stage starts from full dilatation of the cervix (10cm) to the expulsion of the baby through the birth canal. It usually last up to 30minutes in multiparous women and 60minutes in primigravida respectively.

Third stage; This stage starts after delivery of the baby and ends with delivery of the placenta and its membranes from the birth canal as well as control of bleeding after the expulsion.

Fourth stage; It is first six hours following the birth of the placenta. It deals with vigilant observation of both mother and baby immediately after the third stage of labour till the first six hours after delivery.

Korna (2013) Defined labour as series that takes place in the woman's genital organs in an effort to expel the viable products of conception out of the womb through the vagina into the outer world. Under rest and ambulation, if the membranes are intact, the woman is allowed to walk around. This attitude prevents vena cava compression and encourages descent of the head. Ambulation can reduce the duration of labour, and need of analgesia and improves maternal comfort. However went on to state that assessment of progress of labour and partograph recoding are also done. Partograph are tools that allow labour progress to be graphically recorded and visually assessed. They aid in the early detection of abnormal labour progress and are credited by some for decreasing rate of prolonged labour, oxytocin, caesarean sections and intrapartum morbidity/mortality as compared to usual care. Use of partograph is initiated during presumed active labour.

PEURPERIUM

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 Comprehensive screening to detect complications in both mother and baby, treatment of complications in mother and baby, assessment and support for infant feeding. Malaria and Anaemia prevention. Some common discomforts of postpartum period in mothers are after pains, perineal pain, bowl and

urinary changes, stretch marks, fatigue, sleeplessness, back ache, breast engorgement, headache, hemorrhoids and mood changes in the first week. Those associated with the newborn are caput succedaneum, tongue tie, milia, diaper rash and vomiting after feeds. The major causes of death in this period are infections, hypertensive complications, hemorrhages and thrombo embolism of which predisposing factors include: conditions or complications during the antenatal period, complicat2ions of labour, related to duration of labour and mode of delivery.

Myles (2008) states that, following the birth of the baby and expulsion of the placenta, the mother enters a period of physical and psychological recuperation. Puerperium starts immediately after the delivery of the placenta and membranes and continues for six weeks. The overall expectation is that by six weeks after the birth of the baby, all the body systems will have recovered from the effects of pregnancy and return to their non-pregnant state. It strikes the difference between exercise and healthy activity verses rest, relaxation and sleep. Exploring each person's level of activity will encourage advice in relation to appropriate exercise and by association, nutritional intake and rest or relaxation and sleep. Undertaking regular pelvic floor exercise is of benefit to the woman's long-term health. The abdominal muscle ar2e flaccid and within a period of six weeks post-partum is 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 the puerperium. 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.

Korna (2011) states that, puerperium is the period following childbirth during which the body tissues, specifically the pelvic organs revert 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, its measurement 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. it has been traditional to associate after pains with multiparity and breastfeeding. However, women experience after pains regardless of whether they have had previous pregnancies and when they are not breastfeeding. Management of after pains is by an appropriate analgesic.

Marie Elizabeth (2013) Puerperium is the period following childbirth during which the body tissues, especially the pelvic organs revert back approximately to the pre-pregnant state both anatomically and physiologically. The period is divided into; Immediate –within 24 hours Early- up to 7 days 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 two 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 muscle fibres is not decreased but there is

substantial reduction in the myometrial cell size. The arteries are constricted by contraction of its wall and thickening of the intima followed by thrombosis. New blood cells grow in the thrombi. Soon after birth it takes a long time (4 to 8 days) for the vagina to involute. Vaginal discharge for the first fortnight during puerperium is the lochia. The lochia originates from the uterine body, cervix and vagina. Depending upon the variation of the colour of the discharge it is named as: Lochia rubra (red) 1 -4 days. Lochia serosa (yellowish or pink or pale brownish) 5- 9 days. Lochia alba (pale white) 10 -15 da2ys. The average amount of discharge, for the first 5-6 days is estimated to be 250 ml.

Marshal & Raynor (2014) states that puerperium starts immediately after the delivery of the placenta membrane and continues for six (6) weeks. In many cultures around the world 40 days for recuperation is a time-honored practice (Hundet et al 2000; Waugh 2011).

The general expectation is that by six weeks after birth all the systems in a woman's body will have recovered sufficiently from the effects of the pregnancy and recovered to their non-pregnancy state. Immediately after delivery, the fundus usually can be located midline at the level of or one to two finger breadths below the umbilicus. The fundus is approximately 1cm below the umbilicus at 12 hours after delivery. After the first postpartum day, the fundus descends or involutes 1 to 2cm each day. Finally, the fundus is non-palpable as it gradually descends into the true pelvis on or about 9 days postpartum. The fundus should be massaged to firmness. Fundal massage provides the opportunity to maintain contraction of the uterine blood vessels where the placenta was once attached, preventing potential hemorrhage and expelling placental fragments and blood clots. Immediately after delivery of the placenta, the fundus should be firm upon palpation. If it is not firm or palpable, the fundus may feel soft or boggy. A boggy uterus may be related to an over distended uterus or structural anomalies. The position of the fundus also should be noted because the broad and round ligaments were greatly stretched during pregnancy and become very lax after the loss of the enlarged uterus after

delivery, the uterus is easily displaced (usually above the umbilicus) by an overfilled bladder. The 8displacement interferes with the uterus ability to contract after delivery resulting in uterine atony and hemorrhage. With lochia, is the usual uterine discharge of blood, mucus and tissue after childbirth Lochia contains the sloughing of decidua's tissues, including erythrocytes, epithelia cells and bacteria. Lochia is assessed according to color, amount and change with activity and time. Lochia rubra is the term given to the discharge on the first 3 days after delivery. Lochia rubra is small to moderate in amount and has a bright-red color. Lochia serosa, which occurs 4 to 10 days after delivery, is a watery, pink or brown tinged color, which is lighter in amount than is lochia rubra. Lochia serosa primarily contains serous fluid, leukocytes, erythrocytes and decidua tissues. Lochia Alba, a whitish yellow creamy discharge on days 10-17. Many women may have minimal discharge by day 14, however, it is not uncommon for lochia alba to last until 6 weeks postpartum. Lochia Alba consists of a mixture of leukocytes, decidua tissue and decreasing fluid content.

WHY CLIENT WAS CHOSEN

Madam Gifty was met on 3th January 2024, during the district midwifery clinical practical at the Navrongo Health Centre, where she attends her routine ANC. While sitting at the vital signs table checking vital signs, client was heard discussing with other pregnant woman sitting near her that she is having heartburns. Opportunity was giving to create rapport with her. Upon glancing through her ANC, she was qualified to be used for the study, an introduction was done as a student midwife from Holy Family Nursing and midwifery Training College, Berekum and also informed her about family centered maternity care study. Her ANC book was read through and with further interactions, she spoke of how she was consistently having the heartburns. Immediately she was reassured and allayed of fear and anxiety, and she was told her that her condition can be managed. She was encouraged to eat in a bit and sit upright when eating and limit the intake of oily and spicy food and also the need to take her as a client.

After the education, client gave her consent to use her for the case study. She was introduced to the midwife in charge of whom she gave the go ahead to use her as a client for the student

CHAPTER ONE

ASSESSMENT OF CLIENT /FAMILY

1.0 INTRODUCTION

This chapter consists of information about the client, her family, social, medical, surgical, menstrual, past and present obstetrical histories and lifestyle.

1 .21 SOCIAL HISTORY

Madam Gifty gravida 2 para 1 is 29 years. She lives in Navrongo with her family. She is fair in complexion and comes from, Zebila in the upper east region to be precise. Height of 164cm, and 64.5kg in weight. She had her education from basic school to SHS level, she is unemployed, but helps her husband Mr. Aluba Kenneth who is a businessman at his shop to sell building materials. Both of them are Christians by religion and fellowship at Church of Pentecost, she speaks Kusaal, Twi and English. Madam Gifty likes watching television and listening to music at her leisure time. Banku with groundnut soup is her favorite food. She has a child who is alive and healthy. Her next of kin is her husband Mr. Aluba Kenneth. Madam Gifty does not smoke neither does she drink alcohol. Client has decided to deliver at the at Navrongo Health centre where she goes for her routine ANC.

1.2 FAMILY HISTORY

Madam Gifty is the third born of seven children to Mr and Mrs Atampia, out of which Five are females and two males. According to madam Gifty both parents are alive and are farmers According to her, there is no known hereditary disease like Epilepsy, Hypertension, Diabetes Mellitus, Mental illness, Sickle cell, but there is multiple gestation in her family.

1.3 MEDICAL HISTORY

According to Madam Gifty, she has no medical condition like hypertension, heart disease, sickle cell disease, diabetes, mellitus or asthma, but experiences minor disorders like heartburns, fever, etc. which is always managed at the OPD. She has never been hospitalized before. She had no blood transfusion, no daily medication and has no allergy to any food or drug. She has been advised not to take over the counter medication but takes only her routine ANC drugs.

1.4 SURGICAL HISTORY

Madam Gifty said she has never undergone any surgery or accident that has affected the reproductive organs and pelvis. On abdominal examination, there was no scar to indicate a previous C-Section.

1.5 MENSTRUAL HISTORY

Madam Gift, said she had her menarche at 13years. She has a 28 days cycle with normal flow of 7 days without dysmenorrhea. She Changes her pad 2 times daily during the first 2 days and once after wards, she said she has never missed her period before unless she is pregnant and does not bleed in between.

1.6 CLIENT'S LIFESTYLE /HOBBIES

Madam Gifty wakes up early in the morning around 5:30am, then brushes her teeth with close-up and tidy up the environment and disposes off refuse at the refuse damp. She baths herself and her child and then prepares herself and the child for school and then takes her breakfast. According to her, she eats thrice daily and moves her bowel twice a day. She takes her supper around 5:30pm, after that she baths her child and sits in her room to watch television for some time and returns to bed after 9:30pm. She takes nothing before going to bed except cleaning

her mouth. She said every Saturdays she wakes up very early to tidy up her house. She goes to church on Sundays with her family and uses her leisure time to read her bible.

1.7 PAST OBSTETRICAL HISTORY

Pregnancy; Madam Gifty gravida 2 Para 1 alive had, her first delivery at Zebila Hospital, in 2018. She said she carried the pregnancy to term without any complication such as pregnancy induced hypertension or hyperemesis gravidarum and no history of abortion, but she experienced some minor disorders of pregnancy such as backache, frequency of micturition, constipation and waistpains. With her previous records, client attended antennal care (ANC) regularly at Zebila hospital. She had taken 2 doses of tetanus Toxoid immunization and all doses of sulphurdoxine pyrimethamine (I P T) in her pregnancies.

Labour and Delivery; According to her, she had a spontaneous vaginal delivery without any trauma to her and the baby and had no history of retained placenta or postpartum hemorrhage in all her delivery. The baby cried immediately after delivery but she could not remember the birth weight. Duration of labour was 6hours:30minutes and blood loss was moderate. She was discharged after 24 hours.

Puerperium; Madam Gifty said her puerperium was normal and she did not suffer from postpartum hemorrhage or puerperal sepsis. She breastfed her child up to two years and practiced exclusive breastfeeding. Her child was immunized against all the preventable childhood disease. She resumed menstruation after eighteen (18) months. According to Madam Gifty, she practiced family planning after her first born, Depo to be precise for 2 years.

1.8 PRESENT OBSTETRICAL HISTORY

Madam Gifty's antenatal card revealed that, her first antenatal visit was on the 4th October 2023, when she was 23weeks and was confirmed by the midwife on palpation. Her last menstrual period was 22/04/2023 and her expected date of delivery according to scan was 29th/01/2024.

She visited antenatal care seven (4) times before met on the 5th time according to the antenatal card. She weighed 64.5kg with a height of 164cm. Madam Gifty was a regular antenatal attendant which she was encouraged to continue. The following were recorded in her antenatal booklet. Vital Signs; Blood pressure -100/70mmHg**,** Pulse -92bpm, Temperature -36.8^{o}c, Respiration - 18cpm

Laboratory Investigations; Hemoglobin estimation - 13.5 g/dl**,** Urine for protein - Negative**,** Urine for sugar - Negative**,** Sickling -Negative, Blood group - O Rhesus factor - Positive, Syphilis (VDRL) - Negative**,** Malaria parasite - Negative**,** Stool and urine - No abnormalities detected. She was examined abdominally with no complication and on physical examination, no abnormality was detected. The following were the results of the abdominal palpation.

Gestation - 23weeks

Symphysio fundal height -23

Presentation - Nil

Fetal heart rate - +

At the antenatal clinic routine drugs was served was

Tabs Folic Acid - 5mg daily for 30days

Tabs Multivite - 200mg daily for 30days

Tabs Ferrous Sulphate -200mg daily for 30days

She was also educated on the need to take her routine drugs as well as have adequate rest and sleep during the day. She was educated to sleep under insecticide treated bed net to prevent

mosquito. She was encouraged to continue with her regular antenatal visit till we met on the 3rd January 2024.

CHAPTER TWO

ANTENATAL CARE

2.0 INTRODUCTION

This chapter contains information on first contact with client, client's subsequent visit to the clinic, first and second home visits and care plan drawn to solve problems identified during the care.

2.1 FIRST CONTACT WITH CLIENT

Madam Gifty was met at Navrongo Health Centre on the 3rd January 2024 during the domiciliary and that was her firth visit to the clinic. Greetings were exchanged and her antenatal card, was read through and she was 36weeks pregnant. Introduction was done as a student midwife and told her the purpose, and also will be taking care of her throughout the rest of the weeks of her pregnancy. Introduction was made to her and the midwife in charge asked the client for her permission and she accepted wholeheartedly. Vital signs were monitored and recorded as follows: Blood Pressure -120/73mmHg, Temperature -36.6C, Pulse rate - 80bpm, Respiration -20cpm, Weight- 68kg**,** Urinalysis for sugar and protein - negative and Hemoglobin level - 11.9gldl

PHYSICAL EXAMINATION

Head and Neck; Explanation of procedure of physical examination to her and ensured privacy. She was asked to go and empty her bladder. She was help to undress and she was made comfortable in bed and started head to toe examination after seeking permission to wash and dry my hands. The hair was neatly braided; no dandruff or lice found. There were no discharges from the eyes and the ears. Conjunctiva was pink and also there was no yellowish discoloration of the eyes. The client mouth and nose were examined. The lips were applied with lipstick,

tongue and teeth were clean. No bleeding was noticed from the gum on examination of the neck, enlarged lymph, thyroid gland, scar, distended veins were not present.

Breast; On breast examination, her breasts were both inspected. They were of normal size, shaped and well situated with prominent nipples which were not discharging when squeezed. The areola was darkened with visible Montgomery's tubercles. With her left arm placed under her head, the left breast was examined, while the right breast was covered. Palpation of the breast for masses, tenderness, enlarged axillary lymph nodes was done and none were found. The same process was performed on the right breast and Madam Gifty was educated on how to examine her breasts during the pregnancy and after delivery.

Upper Extremities; on examination, there was no edema on the hands and they were of equal size and length. Her fingernails were neatly cut. Her nail bed had a good fast capillary refill when it was pressed.

Lower Extremities; the lower extremities were examined for symmetry and palpated for oedema, varicose veins and tenderness of the calf muscles but were all absent.

Back; Client was assisted to lie on her side and back was inspected for edema at the sacral region, deformity of the spine such as scoliosis and the cost vertebral angle was palpated for tenderness but nothing abnormal was detected.

ABDOMINAL EXAMINATION

Permission was asked to expose the abdomen was asked to expose her abdomen for inspection after assisting her to lie on her back. Before the examination, palms were rubbed together to provide warmth. The abdomen was examined to detect any deviation from normal standing on her right side. Items to be used for the examination were shown to her to allay fear. On inspection, the abdomen was inspected for scars, linear nigra and striae gravidarum and none

were detected. The size and shape were globular and medium respectively with some foetal movements.

Measuring of symphysio fundal height; The zero mark of the tape measure was placed on the upper border of the abdomen and the tape was extended along the contour of the abdomen along the midline to the symphysis pubis. The symphysio fundal height measured 36centimeters whilst the gestational age was 36weeks.

On lateral palpation: Both palms were placed on either side of the uterus, midway between symphysis pubis and fundus. The uterus was stabilized with one hand and examined with the other. It was palpated from the abdominal midline to the lateral side of the abdomen and from the symphysis pubis to the fundus in a rotary manner and the smooth part was located at the left side of the client's abdomen, indicating the back. Stabilizing the other side of the abdomen, the same procedure was repeated and a rough part indicating fetal limbs was also palpated.

On Pelvic palpation: While facing the foot end of the client, she was asked to bend her knees slightly and also breathe through her mouth slowly to relax the abdominal muscles. Palms were placed on either side of the uterus, just below the level of the umbilicus and fingers directed towards the symphysis pubis, thumbs almost meeting, a hard mass was felt indicating that, presentation was cephalic.

Descent: The anterior shoulder was located to determine descent of the head. Two fingers were kept over the anterior shoulder, with the right ulnar border placed just above the symphysis pubis and in between the anterior shoulder and the symphysis pubis, five finger breaths were accommodated and the descent was recorded as 5/5th.

On auscultation, the foetal heart rate was 137bpm with good volume and rhythm. She was placed in the dorsal position with her knees flexed, thighs abducted. No varicose veins were seen and calf muscles were palpated without client having pain, and there was no edema of the

feet. She was assisted to lie on the left lateral in order to examine the back, the curvature of the spine was normal without any pain or edema at the sacral region.

Examination of the vulva: Client's permission was sought for vulva examination and she agreed. Hands were washed with soap and water and dried with clean towel, sterile gloves worn on both hands and the vulva and the perineum were examined for abnormal discharges, rashes, warty growth and ulcers, episiotomy scars and varicose veins but all these were absent. The labia majora were of the same size and shape, there was no redness or swelling Clitoris was inspected and it was intact with no clitoridectomy scar seen. Client was made comfortable in bed. Gloves were discarded into the waste bin and hands were washed and dried.

She was assisted to dress up and got down from the couch, hands were washed. Findings were explained to her and recorded in the antenatal records. Client was asked if she had any complaints and she said she was not ready to practice exclusive breastfeeding. She was educated on the importance of exclusive breastfeeding to both mother and the baby. She was told of her next visit to the clinic but to report back anytime she detects any abnormality.

Promise was made to the client to visit her at home before her next antenatal visit, phone contacts were exchanged and direction to her house was given. She was thanked for her co-operation and bid good bye. She was put on the following routine drugs;

Tab Folic acid one daily for 7 days

Tabs Ferrous Sulphate one daily for 7 days

Tab Multivitamin one daily for 7 days

2.2 FIRST ANTENATAL HOME VISITS

Madam Gifty was visited on 4th January 2024, in her house at 4:00pm The purpose of the visit was to know the environment in which she lives, her source of water and light, check on the

health status of client and her family, and inspect the items for labour and delivery and to educate on birth preparedness and complication readiness plan. The journey was made by a motor bike to client's house using the directions given. The house was about 15minutes, drive from the health centre, and it was located just behind the main wall of the Bosco's college of education. On arrival permission was sought before entering the house. After exchanged greetings she offered a seat. Opportunity was given to create an interpersonal relationship between the family. They were made known of purpose of the visit, that is to know where she stays, how she was fairing and to also assess environment which she lives.

Client and her family lived in a self-contain house which according to her belongs to the husband 's aunty, the house was built with cement blocks, pasted and roofed with aluminum sheets. The outside was painted with a combination of white and purple colour, whlile the rooms were painted cream colour. The windows were large and spacious enough for good ventilation and lightening system were also good enough. The rooms in the house had big doors, with curtains and net covering the windows. According to Madam Gifty, the curtains covering the window were to prevent mosquitoes and sun rays from entering the room. The compound was very neat, all weeds were cleared, and their bathroom and toilet were located in the house which were also clean Their source of water is from a pipe located in the compound of the house which she fetches and usually stores in a big clean drum with a lid, their source of power is electricity, and there was a good drainage system. Client uses part of their porch which was curved with ply wood as her kitchen. She collects her refuse into a plaster bin and goes to empty it at the community site when it's full. She was then asked about exclusive breastfeeding and she said she is willing to practice exclusive breastfeeding after delivery for six months. She was congratulated for the cleanliness and encouraged to continue to keep it up. Client was asked if she had any complaints and she said she was having waist pains. She was educated that it was the weight of the pregnancy and also the head of the fetus was

descending since the presentation was cephalic and she was almost at term and can deliver any moment from then. The waist pain is due to the change in posture and will soon go after delivery. She was again educated on the need to eat a well-balanced diet and take in more fluids. She was also educated on birth preparation and complication readiness and she should continue to take her routine drugs and sleep under mosquito net to prevent mosquitoes and insect bites. Client was asked about transportation when is time for labour and she said there was a taxi driver just behind their house whom they have informed to send her to the Health Center when labour is due. After permission was sought to inspect her layette, they were misarranged, she was encouraged to look for a nice bag and arranged them properly, and health insurance card for easy location. She was thanked and permission was sought to leave, and also promised visiting her again and reminded her of her next antenatal visit to the clinic.

SECOND ANTENATAL HOME VISIT

The second antenatal home visit was on 6th January 2024 at 4:15pm. She was happy and her health and that of her family was enquired and she said she was very fine as well as her family. A quick observation was made again on her surroundings and the cleaning. Upon observation, the surroundings were well kept, her mosquito net was well neatly hanged. There was a neat covered rubbish bin situated outside the house. Everything in the house was in other and she was congratulated. She was asked about her waist pain and she said it has reduced and reminded to keep her antenatal card and layette. She complained of constipation and heartburns. Education was given about the physiological process leading to constipation and heart burns She was also educated on the onset of labour and should report immediately to the facility if she noticed any, and she was taught deep breathing exercise that was going to be useful during labour when the contractions become intensive. She was then bid goodbye and permission was sought to leave.

CLIENTS SUBSEQUENT VISIT TO THE HEALTH CENTRE

On the 10th January, 2024 client came to the clinic for antenatal care once again. Madam Gifty was welcomed and offered a seat. Client was asked about her constipation and heart burns on the previous visit and she said she can now move her bowel once and also, she has limited the intake of oily and spicy foods which can reduce the heart burns. After taken her history and assessment, the following were observed and recorded in her antenatal records; Temperature- 36.5^{o}C**,** Pulse 78bpm**,** Blood pressure -111/69mmHg, Respiration- 20cpm, Weight - 67kg

Madam Gifty was asked to empty her bladder by accompanying her to the wash room. Hand washing was done and she was helped on to the couch for examination as usual. Privacy was ensured and explanation of procedure was done. Under the supervision of the midwife on duty, general and physical examination was conducted on her and found no abnormality or deviations on her. The abdominal examination by inspection and found the shape to be oval and also observed fetal movement and linea nigra were also seen.

On palpation, the maturity was 37, fundal height 37cm, lie was longitudinal, presentation was cephalic, position was right occipito anterior, and descent of fetal head was 5/5th above the pelvic brim.

On auscultation the fetal heart was present with 140beats per minutes with regular rhythm and good volume. All findings were communicated to her and recorded in her antenatal record. She was reminded of the importance of exclusive breastfeeding for the first six months of every child birth. She was given the following routine drugs.

- Tab Folic acid 1 daily for 7 days
- Tab Multivitamin 1daily for 7 days
- Tab ferrous sulphate1 daily for 7 days
- Suspension Mist Magnesium Trisilicate 15mls tid, for 7 days

2.5. NURSING CARE PLAN DURING ANTENATAL CARE

PROBLEMSIDENTIFIED:

1. Lack of willingness in practicing exclusive breastfeeding
2. Waist pain
3. Heart burns
4. Constipation

SHORT TERM OBJECTIVE

1. Client will understand and practice exclusive breastfeeding after delivery.
2. Client waist pain will be reduced, and cope throughout pregnancy.
3. Client heart burns will be reduced, and cope with throughout pregnancy
4. Client will be able to move her bowel once 48hours

LONG TERM OBJECTIVE

To prepare mother (client) physically and psychologically throughout pregnancy, labour and puerperium successfully without any complication to her and the baby

ANTENATAL CARE PLAN

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES /OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTIONS	DATE AND TIME	EVALUATION	SIGN
03/01/24 At 8:00am	Lack of willingness in practicing exclusive breastfeeding related to misinformation by friends	Client will understand and practice exclusive breast feeding after delivery as evidenced by client behavior.	1. Reassure the client. 2. Educate client on composition of breast milk 3. Educate client on importance and benefits of exclusive breastfeeding. 4. Demonstrate to client how to position and fix baby to breast.	1. Client was reassured that the baby will not die out of thirst. 2. Client was educated on composition of breast milk 3. Client was educated on importance and benefits of exclusive breastfeeding. For example, it aids in involution. It also serves as a family planning method. 4. Positioning and fixing baby to breast was demonstrated to client	12/02/2024 at 10:00am	Goal fully met as client verbalizing that she is convinced.	

ANTENATAL CARE PLAN CONT'D

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES/OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTIONS	DATE AND TIME	EVALUATION	SIGN
4/01/24 at 9:00am	Waist pain related to pressure from the foetal head on the pelvic joints.	Client waist pain will be reduced, and cope throughout pregnancy as evidenced by visualizing	1. Reassure client. 2. Encourage client to bend from knee and not from waist. 3. Educate client on the physiology of late pregnancy 4. Educate client to wear low heel sandals 5. Educate client to minimize walking for long 6.Serve prescribed analgesics	1. Client was reassured 2. Client understood education 3. Client was educated on the physiology of late pregnancy. 4. Client understood the effects of wearing high heels. 5. Client minimized walking. 6. Client took her prescribed analgesics.	29/01/24 at 9:00am	Goal fully met as client verbalized a relief in waist pain.	

ANTENATAL CARE PLAN CONT'D

DATE/ TIME	NURSING8 DIAGNOSIS	NURSING OBJECTIVES/OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE AND TIME	EVALUA-TION8	SIGN
03/01/2024 at 10:00am	Heart burns related to reflux of gastric content.	Client heart burns will be reduced, and cope with throughout pregnancy as evidence by client verbalizing	1. Reassure client. 2. Educate client to minimize fatty and spicy foods 3. Educate clients to eat in bits, but at regular intervals 4. Encourage client to desist from sleeping immediately after meals. 5. Serve prescribed Antacid.	1. Client was reassured to allay anxiety 2. Client took less fatty and spicy foods. 3. Client ate in bits, but at regular intervals 4. Client sleeps 3 hours after meals, 5. Client took her prescribed Antacid, magnesium Trisilicate	28/01/2024 at 4:00pm	Goal fully met as evidenced by client verbalizing relief of heart burns. .	

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES/OUTCOME CRITERIA	NURSING ORDERS	NURSI8NG INTERVENTION	DATE AND TIME	EVALUATION	SIGN
6/01/2024 at 4:15pm	Constipation related to slow peristaltic movement.	Client will be able to move her bowel once 48hours as evidenced by client verbalizing.	1. Reassure client 2. Encourage client to take diet rich in fiber 3. Encourage client to drink at least 2ltrs water in a day. 4 Encourage client to walk at least 3 times around her house a day	1. Client was relieved after the reassurance 2. Client took food rich in fibre.eg green leafy vegetable 3.Client drunk 2 liters of water a day 4. Client walked 3 times around her house in a day	8/01/2024 at 10.am	Goal fully met as evidence by client verbalized that she had moved her bowel once a day	

CHAPTER THREE

LABOUR

3.0 INTRODUCTION

This chapter describes the management of labour, the immediate care of the new-born, examination of the new-born and the care plan drawn for the management of the problems encountered during labour and delivery.

3.1 ADMISSION AND INITIAL ASSESSMENT OF THE WOMAN

On the 28th January 2024, Madam Gifty arrived at the ward at 8:40am in the company of her partner with the complains of lower abdominal pain and looked anxious They were welcomed and offered a seat and she was reassured to allay fears and anxiety. Her antenatal card was inspected under the supervision of the midwife on duty and she was admitted. She said the labour pain started and she noticed show about one hour thirty minutes ago. She said she took her bath immediately, but did not take any medication, or local concoction before reporting to the clinic, but had taken tea with bread before coming. Findings were recorded in labour notes, and inspected her items for delivery and everything was intact. She was taken to the first stage room where she emptied her bladder and 150mls of urine was passed. Her parthner was reassured that madam Gifty was in competent hands.

A sample was taken and tested for protein and sugar and results was negative. The urine was clear with no odour. The following were her vital signs taken and recorded. Temperature-36.3^{o}c**,** Pulse-70bpm**,** Respiratoin -20cpm**,** Blood- Pressure -120/70mmHg. She was helped on to the couch, procedure for examination explained to her and privacy taken into consideration. She was assisted to undress and asked to lie in a lithotomy position. Then hands washed and dried. Thorough examination from head to toe did not reveal any abnormality.

On inspection her abdomen looked ovoid in shape, medium in size and fetal movements were observed. Client had not undergone any caesarean section so there was no scar formation on her abdomen. Hands were warmed and abdominal palpation was done.

On fundal palpation; fundal palpation, the upper pole of the uterus was occupied by the buttocks by feeling a soft mass and head occupied the lower pole by feeling a hard mass. On abdominal examination; the abdomen was ovoid in shape with linea nigra and, on palpation, maturity was 40 weeks with the fundal height of 38cm and the presentation of fetal head was cephalic with longitudinal lie and the descent of $4/5^{th}$ above the pelvic brim. The position was right occipito anterior. Uterine contractions were 2 in 10minutes lasting 26Seconds. On lateral palpation; the back of the fetus occupied the left side of the mother's abdomen and the limbs were found on the right side. On pelvic palpation, the presentation was cephalic and the position was left occipito anterior with descent being 4/5 above the symphysis pubis. On auscultation; the fetal heart rate was 148beats per minute. Her consent was sought for vaginal examination

VAGINA EXAMINATION

Client was advised to assume a lithotomy position. An already prepared tray including; examination gloves, surgical gloves gallipot with cotton wool swab, a disinfectant, a sanitary pad and a receiver was set and brought to her bedside. Hands were washed with soap under running water and dried thoroughly with clean dry towel. The sterile cotton wool swabs were soaked in savlon solution. Sterile gloves were put on. Client was asked to separate her legs with knee flexed.

On inspection, there were no sores, rashes or varicose veins, or oedema. Cotton wool swab was picked with the right hand and dip into a gallipot with savlon. The swab was then dropped from the right hand into the left hand and labia majora, labia minora and the vestibule were wiped from anterior to posterior per one stroke each. The labia minora was separated and the right

middle finger was inserted into the vagina and was gently press downwards and index finger was inserted.

On examination, the vagina was warm, moist and roomy. The cervix was soft, thin and well effaced with dilatation of 4cm and membranes intact and no moulding, head descent was $3/5^{th}$, uterine contractions 2 in 10s lasting 35 seconds. On auscultation fetal heart rate was 138bpm with regular rhythm and good volume, presentation was cephalic. Promontory of the sacrum was not reached ischia spines were blunt and pubic arch was wide. Examination fingers were removed and fist was made and fitted into the intertuberous diameter and it was accommodated. Madam Gifty was cleaned up, clean perineal pad applied and made comfortable in bed. Both hands were immersed in 0.5% chlorine solution before disposing off used gloves. Hands were washed with soap and water and dry with clean towel Client was She was informed on the findings and put on partograph. Vital signs were checked and recorded as follows; Temperature-36.5^0C, Pulse-84bpm, Respiration - 22cpm, Blood Pressure- 110/70mmHg

PREPARATION FOR BIRTH

Madam Gifty's Partner served as the unskilled helper and he was told he would be called in case he is needed. The midwife in – charge served as the skilled helper to help assist in caring for the baby and supervise the delivery as well. The emergency plan was reviewed by calling her taxi driver that he will be called in case of any emergency. The telephone number of the taxi driver was ready in the antenatal book in case of referral. Client confirmed that her husband will be her blood donor in case she needed it.

The environment was already clean. Client was assisted to wash her hands before and after handling perineal pad and was informed that her abdomen will be cleaned for skin- to- skin contact with baby after delivery. Chargeable lights when checked were also working. This could be used in an event of lights out to assess the baby and care of the mother. The delivery set and emergency drugs such as oxytocin were also made available.

She was informed that the curtains covering the windows will be drawn down and windows shut to provide a warm environment for the baby during the second stage. Good hand washing helps prevent the spread of infection. Therefore, all those taking part in the delivery process were encouraged to wash their hands thoroughly with soap and clean water before and after caring for the client or baby. Again, gloves would be worn by care givers to protect themselves from infections carried by blood and bodily fluids

A dry, flat and safe area was prepared to receive the baby for ventilation if needed. All equipment such as the Suction device, Ventilation bag-mask, Clean cloth, Timer, Identification band, Sterile gloves, Head covering, Scissors, Radiant heat bulb, Cord clamp Stethoscope were made ready for use and tested for their functions.

3.2 MANAGEMENT OF FIRST STAGE OF LABOUR

Madam Gifty was admitted to the first stage room for monitoring. She was educated on the need to pass urine and also walk around to help in the descent of the fetal head. She was also told to lie on her left lateral side to aid blood supply to the fetus. She was reminded to do deep breathing exercise during strong contractions to prevent exhaustion. She was also reassured and informed of the progress of labour using dilatation board. She was reminded of the effects of anxiety during labour, and assured her of a safe delivery. She was encouraged to eat something which she tried to drink malt. Subsequent fetal heart rates, uterine contractions and maternal pulse were checked every 30minutes while vaginal examination, descent of fetal head, blood pressure, moulding and amniotic fluid were checked every four (4) hours and temperature four hourly.

At 1:00pm head descent was $2/5^{th}$, uterine contractions were 4 in 10minutes lasting 40seconds, on auscultation, fetal heart rate was present with 144bpm with regular rhythm and good volume, vaginal examination revealed 8cm dilated. A new pad was applied to the perineum.

Urine passed was 130mls. Findings were communicated to her and recorded on the partograph. She complained of fatigue and she was reminded to be doing deep breathing exercise as directed earlier and should rest when contractions wear off. Her vital signs were checked and recorded as follows: Temperature - 36.0^{o}C, Pulse rate - 89bpm, Blood pressure - 100/70mmHg, Respiration -20cpm. Monitoring continued in the first stage room, client complained of having lower abdominal pain which she was reassured that it was due to the decent of the fetal head. She was given a sacral massage and encouraged her to try and cope.

Around 2:52pm, there was spontaneous rapture of membranes, and Madam Gifty has the edge to bear down, the perineum was bulging and the anus gape, vagina examination was done to rule out cord prolapse and to confirm full dilatation. On examination cervix was fully dilated (10cm), moulding (++), contractions were 4 in 10minutes lasting 51 seconds, descent of fetal head was 0/5th below the pelvic brim, fetal heart rate was 147bpm, urine passed was 130mls, protein and glucose check was negative. Findings were communicated to her and recorded; Blood Pressure -110/60mmHg, Pulse -94bpm, Temperature -36.5^{o}C, Respiration - 24cpm

She was transferred to the second stage room where she was positioned on the delivery bed and the already prepared trolley was brought to the bed side with the necessary equipment such as time. Identification band, sterile gloves, Head cover, Scissors.

The top shelf:

A sterile pack containing, Cord scissors, 2 artery forceps, 2 gallipots (containing cotton wool swabs and gauze), Receiver

Bottom shelf

Cord clamp, 2 cot sheets, Episiotomy set containing ;(Needle holder, Suture needles, episiotomy scissors non-toothed dissecting forceps, sponge holding forceps, stitch scissors),10 units of oxytocin draw into a syringe, Pair of sterile gloves, Sucker in a bowl of water, Bedpan,

Examination gloves, Drum containing sterile gauze, Perineal pad, fetoscope, Antiseptic lotion(savlon)

PREPARATION FOR BIRTH

Madam Gifty's husband served as the unskilled helper and he was told he would be called in case he is needed. The midwife in – charge served as the skilled helper to help assist in caring for the baby and supervise the delivery as well. The emergency plan was reviewed by calling her taxi driver that will be called in case of any emergency. The telephone numbers of the taxi driver were ready in the antenatal book in case of referral. Client confirmed that her husband will be her blood donor in case she needed it. The environment was already clean. Client was assisted to wash her hands before and after handling perineal pad and was informed that her abdomen will be cleaned for skin- to- skin contact with baby after delivery.

Chargeable lights when checked were also working. This could be used in an event of lights out to assess the baby and care of the mother. The delivery set and emergency drugs such as oxytocin were also made available. She was informed that the curtains covering the windows will be drawn down and windows shut to provide a warm environment for the baby during the second stage.

Good hand washing helps prevent the spread of infection. Therefore, all those taking part in the delivery process were encouraged to wash their hands thoroughly with soap and clean water before and after caring for the client or baby. Again, gloves would be worn by care givers to protect themselves from infections carried by blood and bodily fluids. A dry, flat and safe area was prepared to receive the baby for ventilation if needed. All equipment such as the, Suction device Ventilation bag-mask Clean cloth, Timer, Identification band, Sterile gloves Head covering Scissors

The top shelf: A sterile pack containing, Cord scissors, 2 artery forceps ,2gallipots (containing cotton wool swabs and gauze), Receiver

Bottom shelf; Cord clamp, 2 cot sheets, Episiotomy set containing ;(Needle holder, Suture needle, episiotomy scissors non-toothed dissecting forceps, sponge holding forceps, stitch scissors),10 units of oxytocin draw into a syringe, Pair of sterile gloves, Sucker in a bowl of water, Bedpan, Examination gloves, Drum containing sterile gauze, Perineal pad, fetoscope, Antiseptic lotion(savlon)

3.3 MANAGEMENT OF SECOND STAGE OF LABOUR

This stage begins with full dilatation of cervical os to the expulsion of the fetus. She was served a bed pan and she passed about 100mls of urine. She was put in lithotomy position on the delivery bed. She was reassured and the procedure was explained to her. She was encouraged to bear down with each contraction and rest in between contractions. Mackintosh apron and boots were worn, hands washed and dried and sterile gloves were worn. Her thighs, pubis and perineum were cleaned with antiseptic solution (savlon). A clean pad was applied to the anal region to prevent faecal matter from contaminating the delivery field. The blood pressure, maternal pulse, contraction and fetal heart rate were monitored. The anus started gaping and the fetal head was advancing. Flexion of the fetal head was maintained to enable the smallest diameter distend the perineum using my right fingers while the left was supporting the pad on the perineum but client was reluctant and raising her buttocks from the bed. Client was encouraged to bear the pain and allow the aiding of flexion to prevent perineal tear. She was informed that baby will be delivered on to her abdomen so that she will not throw the baby away by becoming startled. The fetal head crowned and client was asked to pant and also not raise her buttocks to prevent forceful delivery which can lead to perineal tears or intracranial injury or bleeding because she was found raising the buttocks. After the widest diameter had come out, the head was extended and delivered. The baby's eyes were cleaned from inside out

with sterile gauze one for each, Restitution took place to confirm internal rotation of the shoulders and the anterior shoulder was delivered by downward traction, followed by upward traction to deliver the posterior shoulder. The rest of the body was delivered by lateral flexion onto the mother's abdomen at 3:17pm, the baby immediately cried within the first minutes and lastly after birth. She was congratulated for her co-operation during the delivery process and baby shown to mother

3.4 IMMEDIATE CARE OF THE BABY

Immediately the head was delivered, the eyes were cleaned from inside out including the face with sterile gauze. The baby was delivered unto the mother's abdomen and dry thoroughly and the first Apgar score was assessed to be 8/10 for the first minute.

FIRST MINUTE APGAR SCORE

Appearance - 2

Pulse - 2

Reflex - 1

Activity - 1

Respiration - 2

Total - 8

. The cord was clamped 3cm from the baby, 2cm from the first clamp and cut in between. The baby was shown to the mother to confirm the sex of her baby which she said he was a male. The fifth minute Apgar was also assessed to be 9/10. Baby was well wrapped in a clean cloth to prevent hypothermia. Baby was put skin to skin on the mother's abdomen. Respiratory pattern was normal when checked. Baby was put on breast to start initiation of breastfeeding

FIFTH MINUTE APGER SCORE

Appearance - 2

Pulse - 2

Grimace - 2

Activity - 1

Respiration - **2**

TOTAL - 9

3.5 MANAGEMENT OF THIRD STAGE OF LABOUR

The third stage of labour is the period of delivery of the baby to the time placenta and membranes are expelled and hemorrhage by controlled cord traction while Madam Gifty remained in the dorsal position. The cut end of the cord was in a receiver in between her thighs to receive the placenta and blood clots. The abdomen was palpated to detect undiagnosed twin and there was none. Oxytocin 10units was administered within one minute on the thigh, when contractions were felt; the left hand was placed on the symphysis pubis to brace the uterus while the right hand was used to hold the forceps and pulled gently down wards with steady traction following the curve of carus. The forceps were removed and cord was reclamped closer to the perineum. When the placenta was visible at the vulva, it was received in my palms and turned it round until the membranes were twisted to prevent the membranes from tearing and then delivered by control cord traction at 3:24pm.

A quick examination was done for completeness of lobes and membranes, presence of cord vessel abnormality, retro placental clots to exclude any retained product of conception before

it was placed into the receiver for thorough examination later. The uterus was massaged to maintain contraction and to expel blood clots. Client was thought how to massage the uterus and was asked to feel for the hardness of the uterus when well contracted. The genital tract was cleaned and gauze wrapped around the index and middle fingers to examine for bleeding, tears of the vaginal wall, lacerations of the cervix and perineum which were all intact. She was congratulated and made comfortable in bed. Client was encouraged to empty the bladder frequently. The baby was put to breast to initiate breastfeeding. Client was encouraged to report any bleeding immediately. All findings were recorded on the partograph. Hands were washed with soap under running water and then dry thoroughly with clean towel

3.6 EXAMINATION OF THE PLACENTA AND MEMBRANES

The placenta was placed in 0.5%chlorine solution and it 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 fit together without any gab and edges also forming uniform circle at the maternal surface, this meant there was no missing lobe, there was also no blood vessels radiating into the membranes which meant there was no succenturiate lobe. The cord was situated at the center of the placenta with one vein and two arteries seen in the cord. There was no abnormality detected. The placenta was discarded after decontaminating it according to the protocol of the facility. The instruments and equipment used were soaked in 0.5%chlorine solution for ten minute and washed, dried and repacked for sterilization. Hands were dipped in chlorine solution before discarding the gloves and hand hygiene performed and documented the delivery summary in the delivery book as well as Madam Gifty's folder.

3.7 MANAGEMENT OF FOURTH STAGE OF LABOUR

The fourth stage of labour starts at the end of third stage up to six hours after delivery, both mother and baby were closely monitored for any change in condition and abnormality. Madam Gifty and her baby were monitored for six (6) hours in the lying-in room for the first two hours. The vital signs were checked every 15munites for first one hour, 30minutes for the next 2 hours and then hourly for 3hours as follows. The mother's first vital signs were as follows; Temperature -36.3^{o}C, Pulse -74 bpm, Respiration-20cpm, Blood pressure -100/60mmHg

On palpation the uterus was firm and well contracted, fundal height was 18cm, lochia was dark red with moderate flow. She was advised to pass urine frequently and also change her pad to prevent infection and it would also help the uterus to contract well to prevent bleeding. The baby's apex beat, respiration, and skin were observed and there was no abnormality, the cord also checked and there was no bleeding. Madam Gifty was served with a beverage made of Milo and thought how to position and attach the baby to breast for successful breastfeeding. She complained of lower abdominal pain due to involution of the uterus so she was reassured and given suppository 100mg to relief the pain.

3.8 PREVENTION OF DISEASES

After an hour of continuous skin- to- skin with mother, procedure was explained to client and her consent was sought for the baby to receive eye and cord care. Hand washing was performed and tetracycline eye ointment was applied on each eye of the baby to prevent any serious eye infection such as ophthalmic neonatorum, a condition that is notifiable which may lead to blindness. The cord was dressed with chlorhexidine gel and left exposed to dry to prevent infection such as tetanus neonatorum. The mother was educated not to apply anything to the cord, liken herbs, animal dung or other substances unless treatment was recommended by the in charge. Injection vitamin K 1mg was given to baby intramuscularly to prevent hemorrhage. Madam Gifty was again informed that, her baby would be given Polio O Vaccine and Bacillus

Calmette Guerin (BCG) 0.05mls intradermal the next day to protect her against tuberculosis. She was educated not to apply anything on the injected site.

3.9 EXAMINATION OF THE BABY

This care helps to identify any abnormality, so that immediate intervention can be carried out to rule out any complication. Head to toe examination were performed on the baby to rule out any abnormality. Under good light and on a flat surface, the procedure was explained and carried out in the presence of the mother. The baby was undressed after gloves have been worn. There was no caput succedaneum or cephalhematoma, sutures and fontanels were normal and well pulsating on examination of the head. The conjunctiva was pink and there were no discharges from the eyes and nose and ears were normally situated. His mouth and tongue were clean with no sore or thrush; it had intact palate, no false teeth and no tongue tie. There was no enlarged thyroid gland on neck and breast tissue was palpated with normal nipples. The extremities were examined for equality with no webbed fingers, extra or missing digits. The abdomen was soft and round, cord was situated at the center of the abdomen without bleeding. The back was examined for spinal bifida, missing vertebra and myelomeningocele but there was none. The urethral and anal orifice was patent since baby had passed urine and meconium. The skin of the baby was pink with small amount of vernix caseosa, Moro, suckling and grasping reflexes were present. Measurements and vital signs were taken and recorded as: Weight -3.6kg Head circumference -35cm, Full length - 50cm, Temperature - 36.5oC, Pulse - 144

3.10 MANAGEMENT OF THE MOTHER

Mother was then assisted to put baby to breast for release of oxytocin to aid in involution of the uterus and bonding between her and the baby. Having asked permission from Madam Gifty, her vital signs were checked frequently for every 15 minutes for 1 hour, 30 minutes for 2 hours

and hourly for 3 hours summing up to 6 hours. The first post- delivery vital signs checked and recorded as follows: Temperature - 36.5^{oc} Pulse - 82bpm, Respiration- 20 bpm, Blood Pressure -108/72 mmHg

She was encouraged to micturate frequently and change perineal pad when soaked. Lochia was red (rubra) in colour with small flow. She was educated on how to massage the uterus to aid in contraction. Mother was advised to show pad for colour, amount, odour, and consistency before discarding it. The husband was allowed into the lying-in to see the baby and asked client what she wanted to eat. The parthner was very happy on seeing the baby. Client and support person were educated on the need for ensuring proper positioning when breastfeeding. Mother and baby were in good condition. Client' husband was allowed to see her.

3.11 SUMMARY OF LABOUR NOTES

Madam Gifty had a spontaneous vaginal delivery to a live baby boy on 28th, January 2024, at 3:17pm with birth weight 3.6kg with Apgar score8/10, 9/10. Placenta and membranes were completely expelled at 3:24pm by controlled cord traction. Estimated blood loss was 250mls on examination of client after delivery, the uterus was well contracted and small bleeding per vaginum the Symphysio fundal height was measured and recorded 18cm. Mother and baby were made comfortable

CONDITION OF MOTHER AFTER DELIVERY

Condition of mother - Satisfactory

Perineum - Intact

Fundal Height - 18centimeters

Blood Pressure - 108/72mmHg

Pulse Rate - 82bpm

Temperature - 36.5^{o}c

BABY

The baby was monitored for cord bleeding and there was none. Respiration, skin colour suckling reflex and activity were also monitored closely. Injection Vitamin K 1mg was given intramuscularly. The baby passed urine and meconium.

CONDITION OF BABY AFTER DELIVERY

Apex beat-144bpm, Respiration -40cpm, Skin colour –pink, Activity –normal, Condition of baby-Satisfactory. The baby's breathing pattern, colour and temperature was also checked every 15 minutes by feeling the baby's feet and forehead and all were normal. Other vital signs and condition of the baby were also checked and recorded as follows; Temperature-36.6^{o}C**,** Pulse-144bpm**,** Respiration-40cpm

1ST MINUTE APGAR SCORE - 8/10

Appearance /colour - 2

Pulse/heart rate - 2

Grimace/reflex - 1

Activity/muscle tone - 1

Respiration - 2

5THMINUTE APGAR SCORE - 9/10

Appearance - 2

Pulse/heart rat - 2

Grimace/reflex - 2

Activity/muscle tone - 1

Respiration - 2

Total APGAR **8/10, 9/10**

Abnormalities - None

Condition of baby - Satisfactory

Baby was classified as normal.

Madam Gifty was encouraged to feed baby on demand and wash hands before and after breastfeeding baby and after changing perineal pad.

3.12 LABOUR CARE PLAN

PROBLEMS IDENTIFIED DURING LABOUR

1. Anxiety
2. Severe abdominal Pain
3. Fatigue
4. Vomiting

SHORT TERM OBJECTIVE

1. Client will be relieved of anxiety immediately after delivery.
2. Client will understand and cope with the lower abdominal pain throughout labour
3. Clients will be relieved of fatigue within an hour after labour
4. Client will be relieved of vomiting within 30minutes

LONG TERM OBJECTIVES

Madam Gifty will go through all the stages of labour and puerperium successfully without any complication to both mother and baby

LABOUR CARE PLAN

DATE AND TIME	NURSING DIAGNOSIS	NURSING OBJECTIVE/OUT COME AND CRITERIA	NURSING ORDERS	NURSING INTERVENTIONS	DATE AND TIME	EVALUATION	SIGN
28/01/24 At 8:00am	Anxiety related to unknown outcome of labour.	Client will be relieved of anxiety immediately after delivery as evidence by client verbalizing.	1. Reassure client. 2. Educate client on the effect of anxiety on labour 3. Explain stages of labour to the client. 4. Explain every procedure to be carried out on client to her 5.Update client with progress of labour 6. Educate relatives to be supportive.	1. Client was reassured 2. Client was educated on the effect of anxiety on labour. 3. The stages of labour were explained to the client. 4.Every procedure carried out on client was explained to her 5. Client was updated with progress of labour. 6. 6.Clients relatives were supportive and gave companionship to client	28/01/24 at 4 pm	Goal fully met as client looked less anxious.	

LABOUR CARE PLAN CONT'

DATE/ TIME	NURSING DIAGNOSIS	OBJECTIVES / OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTIONS	DATE / TIME	EVALUATION	SIGN
28/01/24 6:30am	Severe lower abdominal pains related to process of labour.	Client will understand and cope with the lower abdominal pains throughout labour, as evidenced by Client verbalizing	1. Reassure client 2. Explain the process of labour to client. 3. Encourage client to practise deep breathing exercise. 4. Encourage client to adopt a comfortable position but harmless 5. Provide diversional therapy	1. Client was reassured to cope with the lower abdominal pains 2. The process of first and second stage of labour was explained to the client. 3. Client was encouraged to practise deep breathing exercise during contractions. 4. Client was encouraged to lie on her left side or ambulate 5. Client was engaged in a conversation during labour.	28/01/24 4:00pm	Goal was fully met as client looks relieved	

LABOUR CARE PLAN CONT'

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVE/OUT COME CRITERIA	NURSING ORDERS	NURSING INTERVENTIONS	DATE/ TIME	EVALUATI ON	SIGN
28/1/24 8:20am	Fatigue related to physical stress of labour.	Client will be relieved of fatigue within an hour after delivery as evidenced by Client verbalizing.	1. Reassure client. 2. Encourage client to rest when contractions wear off. 3. Encouraged client to avoid premature bearing down. 4. Give client sips of juice 5. Educate client to take in deep breathing exercise.	1. Client was reassured that her condition will subsides after delivery. 2. Client rested in between contractions 3. Client only bear down when contractions becomes severe 4. Client took cold juice to increase energy. 5. Client took in deep breaths	24/05/22 at 4.30pm	Goal fully met as verbalized that she is been relieved of fatigue after delivery.	

LABOUR CARE PLAN CONT'D

DATE /TIME	NURSING DIAGNOSIS	NURSING OBJECTIVE/OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE /TIME	EVALUATION	SIGN
28/01/2024 at 10:00am	vomiting related to hormonal influence on labour	Client will be relieved of vomiting within 30 minutes, as evidenced by client verbalizing.	1. Reassure client. 2. Explain the physiology of vomiting to client. 3. Hydrate client. 4.Give mouth care after each vomiting	1. Client was reassured. 2. The physiology of vomiting was explained to her understanding. 3. Client was rehydrated 4 .Mouth care was given after each vomiting.	28/01/24 at 10:30am	Goal fully met as indicated by nursing record.	

CHAPTER FOUR

PUERPERIUM

4.0 INTRODUCTION

This chapter gives brief information about the subsequent care given to the mother and her baby after the third stage of labour.

It also includes support and guidance in breastfeeding and care of the baby.

4.1 DAY OF DELIVERY

On 28th January, 2022 at 3:30pm, Madam Gifty and her baby, were sent to the lying-in ward. The symphysio fundal height was measured to be 18cm, Client vital signs were checked and recorded every15 minutes for two hours, 30 minutes for one hour and hourly for the next three hours were recorded. Vital signs were checked and recorded as follows:

MOTHER; Temperature - 36.6°C**,** Pulse rate -82bpm**,** Blood pressure -108/72mmHg Respiration -22cpm.

BABY; Temperature -36.6°C**,** Apex beat- 142bpm**,** Respiration-40cpm**,** Weight-3.6kg

The lochia was red in colour, with moderate flow and uterus well contracted, she was encouraged to urinate frequently and change her pad when it is soiled to hasten involution and prevent infection.

Also, she was encouraged to drink enough fluids and eat well-nourished diet to help build worn out tissues and her immunity. She was taught the correct position of fixing baby to breast, so that the baby would be able to feed well. She later complained of lower abdominal pain After pains due to involution of the uterus.

She was reassured and explained the physiology behind the pain. She was encouraged to continue breastfeeding which will help contract the uterus and to apply warm compress to the abdomen to reduce the pain. Explanation was made, for her to understand that there was need of staying at the Health center for at least 6 hours if, no serious complain before discharge.

Both mother and baby had enough rest. Her husband brought her rice with stew and she took and relaxed again.

The baby's colour was pink and cord was not bleeding. He looked healthy and suckled well. Her husband visited her. They expressed happiness and joy for the safe delivery of the newly born baby. They asked whether if she could be discharged since there was no sign of complication. They were told she and the baby would be observed and discharged if both were stable. Her relative was advised to allow her sleep without disturbance.

Madam Gifty was given routine postnatal drugs as follows

- Capsules amoxicillin 500mg tid for 7 days.
- Tablets metronidazole 400mg tid for 7 days.
- Suppository Diclofenac 100mg bd for 3 days
- Capsules (iron iii) polymaltose complex 500mg daily for 14 days

4.2 SUBSEQUENT CARE OF THE BABY

After six hours of birth, a brief physical examination was done to check for obvious signs and the baby was seen healthy and the baby was supposed to be bath but due to the cold weather condition it was postponed to the next day. On the laps of the mother, the baby's skin was assessed the chest was also checked for fast or slow breathing and any wheezing sound from the nostrils but everything was normal. Vital signs of the baby were recorded as follows. Temperature -36.5^{o}c, Apex beat -144 beat per minute, Respiration-44 bpm Weight-3.6 kg, Length-50cm, Head circumference-35 cm

FIRST DAY POST DELIVERY AND DISCHARGE.

On 29th, January 2024, was Madam Gifty's first day post-delivery. Client wake up healthy with cheerful look. All procedure to be carried out on both mother and baby were explained to her. Permission was sought from client and head-to-toe examination was done but no abnormalities were detected. The breast had no abnormality that will interfere with breastfeeding, uterus was well contracted and symphysio fundal height was 16cm, the perineal pad was inspected for the flow of lochia which was small and red (rubra) in colour with no smell. Post-delivery hemoglobin level also recorded 12.4gld. Client vital signs was checked and recorded as follows; Temperature- 36.5Oc, Pulse- 79bpm, Respiration-20cpm, Blood Pressure-100/70mmhg.

Baby Bathing

Requirements; Soap, Sponge, Cream/ powder, Sterile cotton in a gallipot, Chlorhexidine gel for cord dressing, Basin, Towels: 1 big towel and 3 small ones, Cot sheets 2, Apron, Gloves, A clean baby dress, cap and socks, Mackintosh, two jugs containing hot and cold water each, 2 receptacles for used water and dirty linen and a receiver for used swab

Procedure for Baby Bath

Eighteen hours after delivery, procedure was explained to client about the bathing of her baby and cord dressing. She agreed and assembled the baby's items for me. A flat surface was prepared where the baby will be bathed. Protective cloth was used to cover a flat surface on which the baby will be bathed. Baby was brought and lied on the flat protected surface, wore a mackintosh apron after which hands were washed with soap and water and dried them. The water was mixed and tested with my elbow to determine the degree of hotness which was noted to be moderately warm. Surgical gloves were worn, baby was undressed and exposed each part

one at a time baby was bathed. The eyes were cleaned with cotton wool swab soaked in boiled cool water from inner cantus out and face wiped with a clean faced towel and dried.

The baby was supported with one hand by holding the nape of the neck, and ears plugged with two fingers in order to prevent water from entering into the ears, washed the head thoroughly, rinsed and cleaned. The trunk washed down to feet paying attention to skin folds. Baby was turned by letting the chest rest on my hands to wash the back, the anal area and down to the feet. He was then immersed into the water with head above the water to totally rinse him. He was then removed and placed on a flat surface covered with a dry towel and used a small towel to dry him, paying attention to the folds

Dressing of the Cord

A new glove was worn and cord dressed with chlorhexidine gel, holding the cord clamp the cord was cleaned from the base to the tip. Baby was smeared with oil and then wrapped in a new clean cloth to keep baby warm and given to the mother to breast feed. Client was educated that the cord may not fall off early with chlorhexidine but should not worry it. The area was tidied up and items used were decontaminated, washed, and kept for sterilization.

4.3 DAY OF DISCHARGE

Client was discharged on the 29th January, 2024 the midwife in charge came for inspection. On discharge, client was educated on the importance of early ambulation and post-natal exercise. She was encouraged to maintain good personal and environmental hygiene, regular bathing, urinating frequently when she feels the urge to urinate, and changing of the perineal pad to prevent infections.

Madam Gifty was educated on correct positioning and attachment and to breastfeed baby regularly with breast milk only especially at night, and to have enough rest and sleep. Cord was

dressed with chlorhexidine. She was also taught exclusive breast feeding and was encouraged to practice it and sleep under mosquito nets with baby at night to prevent malaria and to take her drugs as ordered. She was given chlorhexidine and reminded to keep cord clean and dry. Client's husband came for her after discharge. Client was promised of visit at home to help in the care of mother and baby. Baby's vital signs taken and recorded as follow; Temperature-36.6oc, Apex beat -144bpm, Respiration-30cpm, weight-3.6kg.

AT DISCHARGE; Temperature-36.5oc, Apex beat-141bpm, Respiration-41cpm**,** weight-3.55kg. **MOTHER**; Temperature-36.6°C, Pulse-84bpm, Respiration-22cpmFundal height-16cm, Blood pressure -100/60mmHg, Lochia-Bright red (Rubra), Breast-lactating, condition of uterus-well contracted. Client was finally discharged on 29th January 2024 at 9:30am. She was helped to pack her belongings after serving medication. Madam Gifty was given the following drugs;

Capsules Amoxycillin- 500mg 3times daily for 7days

Tablet metronidazole - 400mg 3times daily for 7days

Suppository diclofenac- 1g 2times for 5days

Her bills were settled by the National Health insurance Scheme. Client was accompanied home and she was informed that she would be visited for 7days. Client was congratulated.

4.4 FIRST POSTNATAL HOME VISIT

On the 29th /01/2024 in the morning, a follow-up visit was made to client and baby at home. Client was visited as promised and upon arrival greetings were exchanged and seat was offered. Permission was sought to see the baby which was given and carried out a thorough examination and in all the examinations no abnormality was detected. The skin was pink in colour and normal respiration present. The cord was cleaned and dried.

Baby's vital signs; Temperature36.5^{0}C, Apex beat143 bpm, Respiration 40Cpm Weight 3.55Kg, Skin colour pink, Stool meconium, Cord Clean

Mothers Assessment; Temperature36.6^{0}C, Pulse 84bpm, Respiration 22cpm, Blood Pressure 101/60mmHg**,** Lochia Rubra**,** Fundal Height 16cm**,** Uterus Contracted**,** Breast Lactating**.** The baby was top and tailed. Considering the entire skin fold, baby was bathed successfully and pomade was applied on her. Cord was dressed using chlorhexidine gel. The cord was left exposed. Mother was encouraged and taught how to top and tail baby until the cord falls off. The breast was lactating.

The mother's pad was observed and bleeding was normal with red rubra. Uterus well contracted and symphysio fundal measured 16cm. she was educated to change pad twice daily and keep the perineum clean. She complained of having after pains which it was explained to her that is involution of the uterus as it is returning back to its normal place and she should continue breastfeeding. Mother and baby's general condition were assessed and they were looking healthy and active

At around 4 pm a visit was made to Madam Gifty and her baby were doing well and mother was doing her normal house chores. General examination was done and no abnormalities found she was asked about the after pains she said it had subsided. Mother was encouraged to continue postnatal exercise

Mother's vital signs; Temperature36.7°C, Pulse70bpm, Respiration 18cpm, Blood pressure 100/70mmHg, Uterus Contracted, Fundal Height16cm, Breast lactating

Baby's vital signs; Temperature 36.8°C, Pulse 138bpm, Respiration 40cpm. Baby was soundly sleeping under a treated bed net. Mother was reminded to exclusively breastfeed and

to take good nutritious diet and fruits. Baby was put to breast and mother was reminded of next visit,5th/2/ 202. Permission was sought for departure.

4.5 SECOND DAY POST NATAL HOME VISITS

On the 30th January 2024 at 8am, Madam Gifty house was visited to assess their general condition. Client was at home with her mother. General health condition of mother and baby was good. Explanation was given to her that she and her baby were going to be examined from head to toe to determine any abnormality for prompt treatment. Client was examined from head to toe and nothing abnormal was detected. Breast was firm and lactating well; lochia was bright red and the flow was small with no offensive odour. On palpation, the uterus was well contracted and the symphysio fundal height was14cm on the after. Enquiry was made on the after pains and she said it has reduced. Vital signs were checked and is as follows

Mother; Temperature-36.7^{0}c, Pulse rate- 81 bpm Respiration-22cpm, Bloodpressure-107/70mmHg, Fundal Height-14cm**,** Uterus- Well contracted

Baby's vital signs; Temperature-37.0oc**,** Pulse- 143bpm**,** Respiration-38cpm**,** Weight-3.50kg. Head to toe examination was performed with no abnormality detected. The cord was drying without discharges. The baby was weighed and wrapped nicely before feeding. The baby was top and tailed paying attention to skin folds around 9:20am due to the condition of the weather which was very cold in the morning. He passed meconium and urine during the top and tail, the cord dressed with chlorhexidine gel.

Client was visited at 5:15pm in the evening. She also complained of insomnia due to the crying of the baby. She was encouraged to breastfeed baby well day and night and also getting an assistant to help her and the baby. Vital signs checked and recorded as follows:

Mother; Temperature -37.0^{0}c, Pulse rate-82 bpm , Respiration-21cpm, Blood pressure -90/60mmHg

Baby's vital signs; Temperature-36.8oc, Pulse-140bpm, Respiration-35cpm. Head to toe examination was performed with no abnormalities detected. The baby was weighed and wrapped nicely before feeding. The baby was top and tailed paying attention to skin folds around 6:00pm. The cord dressed with chlorhexidine gel. Mother was asked if baby showed any reaction and she said she did not see anything of that sort. She was encouraged to keep breastfeeding baby on demand and keep baby's cord clean and dry she also thanked me that she can now move her bowl at least once daily as a result of fluid taking. She was thanked and asked for permission to go home

4.6 THIRD POSTNATAL HOME VISIT

On the 31st January 2024, the third home visit was made to Madam Gifty house at 9:00am, greetings were exchanged. Mother and baby were doing well and she also said they both slept well. Her vital signs were checked and recorded. Permission was then sought to perform head to toe examination, symphysio fundal height measured 12centimeters, and lochia was pink, scanty flow without any offensive smell. General examination was carried out and no abnormality was present on the baby. She was asked about having sleeplessness and she said it has reduced since her mother helped her and the baby. Baby's vital signs were checked and recorded. Topped and tailed bath was done in the presence of mother and attention was paid to the skin folds. The cord was neatly dressed with chlorhexidine gel. No abnormality detected and the child was given to the mother to breastfeed. She was encouraged to take in more fluids especially oranges which contain roughages to prevent constipation and also take in water frequently to prevent constipation. Vital signs were checked and recorded

Mother; Temperature-36.5oc, Pulse-81bpm, Respiration-24cpm, Blood pressure-110/60mmHgFundal Height-14cm

Baby; Temperature-36.7oc**,** Pulse-143bpm**,** Respiration-37cpm**,** Weight-3.45kg. **Evening.** A visit was made to Madam Gifty at around 4:55pm. She was preparing food for the family with her mother and due to that, did not want to disturb her much. She said they were all doing well. She was encouraged to continue eating and feeding the baby well. Baby was examined top and tailed together with the mother and general body were examined. Permission was sought to take her vital signs of the baby which was recorded as follows

Mother; Temperature-36.6^{0}C**,** Pulse rate-83bpm**,** Respiration-23cpm**,** Blood pressure-98/66mmHg

Baby; Temperature-36.9oc, Apex heart beat-130 beat per minute**,** Respiration-44cpm,

4.7 FOURTH POSTNATAL HOME VISIT

A daily visit was made on 1st Febuary, 2024 at 9am to continue with the care. No abnormality was detected on examination of the baby. Explaination to her about the need to maintain good personal hygiene. The cord has shrinked and has become darkened, cord was dressed with chlorhexidine gel and left opened. Baby's weight was 3.4kg. Mother was educated to continue with the dressing the cord with the chlorhexidine gel always. On examination of the mother, breasts were engorged and she complained of backache. Symphysio fundal height 10cm and lochia was scanty and serosa. She was reassured and advised that she should breastfeed the baby more frequently and to empty one breast at a time before giving him the other breast. She. Vital signs were checked and recorded as follows **Baby;** Temperature-36.8^{0}C, Apex beat-14bpm, Respiration-38cpm, weight-3.4kg.

Mother vitals were checked and is as follows; Temperature-36.7oc, Pulse- 84bpm, Respiration-23cpm, Blood Pressure- 102/69mmHg

4.8 FIFTH DAY POST NATAL HOME VISIT

Madam Gifty and her baby looked healthy on the Fifth day 2nd febuary,2024 at 8am. They were visited at home. Enquiry was made from the mother about the feeding pattern and the breast engorgement and she revealed that, baby suckled well, passed stool and urine frequently. The cord was dry and without odour and mother reminded to still continue dressing cord till it fell off. Examination was conducted on the mother and her breast engorgement had reduced. The uterus on this day measured 8cm and well contracted and fundus palpated above the symphysis pubis. Lochia was pink in colour (serosa), scanty and no odour. Mother was looking healthy with baby. Client was asked if she has any complains and she said none. They were congratulated and promised to visit the following day. Vital signs of the mother and baby were checked and recorded.

Baby's vital signs; Temperature-37.2°C, Apex beat- 148bpm Respiration-p- 40cpm, Weight-3.4kg

Mother; Blood pressure- 108/70mmHg, Temperature-36.5oc, Pulse-80bpm, Respiration-21cpm

4.9 SIXTH DAY POSTNATAL VISIT TO THE CLINIC

On the 3rd Febuary 2024 at 8am, Madam Gifty was visited with her baby, rapport was established. Baby was doing well as well as the mother. On examination, the cord was detaching, dry and clean. Client was encouraged to dress the cord till it was completely healed. All examination findings were communicated to mother. On head to toe examination, no abnormalities were detected. Her breasts were lactating well and heavy. Symphysio fundal height measured 6cm. Inspection of the lochia was done and the colour was pink (serosa), and

flow was very scanty without any bad odour. Client was asked about her backache and she said it has reduced and the best engorgement as well. Client was informed that tomorrow will be my last home visit. After all the examination, mother's vital signs were checked and recorded as follows; Temperature-36.4^{o}c, Pulse rate-78bpm, Respiration-23cpm, Blood pressure -100/60mmHg. Baby's vitals were checked and recorded as follows; Temperature -36.8oc, Pulse-142bpm, Respiration-40cpm, Weight-3.45kg

4.10 SEVENTH DAY POSTNATAL HOME VISITS

This was the last home visit 4th Febuary, 2024 Client was visited at 8: 30am and she was met breastfeeding her baby. Baby was able to suckle well Madam Gifty was congratulated for attaching the baby to the breast correctly. Seat was offered and it was enquired about how they were doing and she said they were doing very well. Baby was examined, the cord had fallen off and no abnormality detected. Baby was then bathed and cord stump dressed with chlorhexidine. Mother was told to continue dressing until it heals completely. Baby's vital signs were checked and recorded as follows; Temperature-37.0°C Apex beat-14bpm, Respiration-42cpm, Weight-3.50kg

Madam Gifty was asked if she had any question or complaints and she said none. Mother was educated and demonstration on positioning and fixing baby to breast was done. Client did a return demonstration which was correct. Client was encouraged to report to the facility whenever the baby, she or any other member of the family was not well. She shouldn't always wait till the scheduled time to visit the facility. She expressed her gratitude for the care rendered and also added that she has really learnt a lot from this section of care rendered and she has also felt quite better than her previous pregnancy and labour experiences. She was reminded of the first post-natal visit to the clinic which will be on the 5th January, 2024. Mothers vital signs were checked and recorded as follows; Temperature-36.0, Pulse rate-76bpm, Respiration-

24cpm, Blood pressure -110/80mmHg Fundal height - 4cm. Client her family were thank for their time and cooperation. They were thanked and permission was sought to leave.

4.11 FIRST DAY POSTNATAL VISIT TO THE CLINIC (8th day)

On the 5th January, 2022.at 8:00am. Madam Gifty reported at the clinic with baby for the first day postnatal care to the clinic. Topics for health talks were exclusive breastfeeding, immunization against preventable childhood diseases and family planning. On routine examination she said her baby breastfeeds well, slept well and moves the bowel between 3-4 times in a day. These were the observations that she made about her baby.

The baby was undressed again, wrapped in a cot sheet and examined on a safe flat surface in the presence of the mother after procedure had been explained to her. On examination, the fontanels were normal and sutures were not wide. There was no discharge from the eyes, ears and nose. The skin colour was pink without skin infection. The breast tissue was soft on palpation with normal nipples. The abdomen was not distended but soft and stump of umbilicus completely healed. The upper and lower extremities were equal. The reproductive organ was well developed and well situated. Baby's vital signs were checked and recorded as follows: Temperature - 36.3^{o}c Apex beat -135bpm, Respiration -40cpm, Weight- 3.55kg. After examination of the baby, mother was examined after explaining the procedure to her again and her vitals were taken and recorded before the procedure

Mothers vital signs were checked and recorded as follows; Temperature - 36.0^{o}c**,** Pulse rate - 76bpm, Respiration - 24cpm**,** Blood pressure -111/80mmHg**,** Fundal height -4cm**,** Weight - 66kg

Madam Gifty was asked to empty her bladder and specimen bottle was given to her to collect midstream urine to test for protein and glucose and they tested negative. She was made comfortable and privacy ensured. Client was helped onto the couch for head to toe examination.

The hair was neatly dressed, conjunctiva was pink and the nose, mouth and ears were clean. The neck veins were not distended and no lymph nodes palpated. The breast was soft and lactating well with no abnormality. The abdomen was not tender and fundus not palpable abdominally. The lochia was pale and scanty. Uterus measured 4cm.The extremities were normal and palm and nail beds pink. She was assisted to dress up and that of the baby. She was reminded to avoid overdressing the baby and to maintain personal hygiene that will promote healthy living. She was further advised to rest and have enough sleep. She was also educated on immunization scheduled and various types of family planning methods which would be appropriate for her. Client was thanked for her cooperation throughout the care that led me achieving my aim, and then informed of the termination of the care and that the midwife in charge would continue with her care.

The midwife in charge whole heartedly accepted them and promised to give them the best of care. She also promised to update when they come for their 6 weeks postnatal visit. She was thanked her for all the support and the guidance. She was served with the routine drugs one (1) tab daily. She was very delighted and expressed her gratitude for care rendered to her. She was thanked and seen off at the facility entrance.

4.12 SIX WEEKS POSTNATAL VISIT TO THE CLINIC

On the 12/03/2024 a call was made to the midwife in-charge enquiring from her whether Madam Gifty visited the clinic with the baby and she said yes. Mother and baby were in healthy condition and had no complaints. Hemoglobin level of mother was 11.8g/dl as checked and urine test for protein and sugar were negative. Weight was 66.3 kg. Her vital signs were recorded as; Temperature-37.0oc, Pulse - 78 beats per minute, Respiration- 23 cycles per minute, Blood Pressure- 100/60 mmHg. Baby's weight was 4.8kg and vital signs were also checked and recorded as; Temperature -36.5oc, Respiration-43cpm, Apex heart beat-135 bpm

Physical examination was carried out and no abnormality detected. Breast was lactating well, uterus was well involuted when palpated and menstruation had not yet commenced and no lochia seen. Baby's general condition was good on head to toe examination; baby's posterior fontanels were closed. Client was handed over to the child health care unit for baby's immunization against preventable childhood diseases such as polio, Penta, hepatitis B etc. at six weeks. The extra vaccines namely pneumococcal and rotavirus for protection against pneumonia and diarrhea respectively were reminded to be given. They were then handed over to the child welfare clinic and family planning unit to ensure continuity of care. Client was encouraged to consult them in case of any problem. All findings were communicated to client and she was congratulated.

VACCINE		ROUTE OF ADMINISTRATION		DOSAGE
Polio 1	-	Oral	2 -	2drops
Rotavirus	-	Oral-	1.5ml	
Pneumococcal	-	Intramuscular right thigh	-	0.5ml
DPT-HepB-Hib1	-	intramuscular left thigh	-	0.5ml

Client was reminded on family planning methods and she agreed to continue with implanor. She was also advised to report to any health facility if she encounters any health-related problem. Client was handed over to the public health nurse for continuity of care. The midwife in charge was really appreciated for her cooperation.

4.13 CARE PLAN DURING PUERPERIUM

PROBLEMS IDENTIF2IED

1. After pains

2. Insomnia

3. Breast engorgement

4. Backache

SHORT TERM OBJECTIVES

Client after pains will be resolved within 72hours

Client will sleep for at least 4 hours within 24 hours

Client engorged breast will subside within 72 hours

Client will be relieved from backache within 72hours.

LONG TERM OBJECTIVES

Mother and child will go through puerperium without complication

PUERPERIUM CARE PLAN

DATE& TIME	NURSING DIAGNOSIS	NURSING OBJECTIVE	NURSING ORDERS	NURSING INTERVENTIONS	DATE &TIME	EVALU ATION	SIGN
30/01/ 24 at 4pm	After pains related to involution of the uterus.	Client after pain will be resolved within 72 hours as evidenced by client verbalizing.	1. Reassure client. 2. Encourage client to continue to breastfeed 3 Educate client on early ambulation 4. Encourage client to empty her bladder 5.Teach client how to massage the uterus 6. Serve prescribes analgesic.	1. Client was reassured and understood the cause of the pain 2. Client breastfed baby on demand 3. Client walked around for at least 30minutes 3.Client emptied the bladder 4.Client massaged the uterus after the education 5. Client was served 100mg of tablet Diclofenac.	2/02/24 at 4.pm	Goal fully met as client said pain had resolved	

PUERPERIUM CARE PLAN CONT'D

DATE &TIME	NURSING DIAGNOSIS	NURSING OBJECTIVE/OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTIONS	DATE & TIME	EVALUATION	SIGN
30/01/24 at 10pm	Insomnia related to excessive cry of baby.	Client will sleep for at least 4 hours within 24 hours as evidenced by client verbalizing.	1. Reassure client. 2. Encourage client to breastfeed baby before sleeping. 3.Encourage support person to care for the baby 4. Encourage support person to limit visitors.	1. Client was reassured to allay anxiety. 2. Client breastfed baby well before sleeping. 3. Support person will care for the baby. 4. Support person was able to limit visitors.	31/01/24 at 10:00pm	Goal fully met as client slept at night	

PUERPERIUM CARE PLAN CONT'D

DATE & TIME	NURSING DIAGNOSIS	NURSING OBJECTICVES/OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTIONS	DATE & TIME	EVALUATION	SIGN
1/02/24 at 9:0am	Breast engorgement related to incomplete emptying of the breast during feeding.	Client engorged breast will subside within 72 hours as evidenced by midwife	1. Reassure client. 2. Educate her to feed baby on demand. 3. Teach client proper positioning and attachment of baby to breastfeed. 4.Educate client to express excess breast milk 5. Educate client to apply cold compress to the breast.	1. Client understood the cause of breast heaviness after explaining to her. 2. Client fed baby on demand, ensuring that she empties one breast at a time. 3. Client positioned baby correctly to breast milk. 4. Client expressed 30mls when the breast is too full 5.Client applied cold compress to breast	04/02/24 at 9:00am	Goal fully met, as there is reduction in size of breast.	

PUERPERIUM CARE PLAN CONT'D

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVE/OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERV8ENTION	DATE/ TIME	EVALUATION	SIGN
1/02/24 4pm	Backache related to altered posture during late pregnancy.	Client will be relieved from backache within 72 hours as evidenced by; client verbalizing.	1. Reassure client. 2. Teach client to properly position herself when breast feeding. 3. Educate client to support her back with pillow during breastfeeding. 4. Serve prescribed analgesic (Diclofenac)	1. Client was reassured 2. Client sat upright during breastfeeding. 3.Client supported her back with pillow during breastfeeding 4. Tablet Diclofenac 100mg was served as prescribed.	04/02/24 at 3:30pm	Goal fully met as client said her pain has stopped.	

SUMMARY AND CONCLUSION

This family centered maternity care was written on Madam Gifty a twenty-nine (29) year old gravida 2 Para 1 alive. Madam Gifty was born at Zebila in the upper Region of Ghana, started her antenatal clinic at her 23 weeks of gestation. Client was met at Navrongo health centre on the 3rd January 2024, when she was 36weeks plus 4days pregnant. Various observations and general physical examination and laboratory investigations were carried out with no abnormality detected. During pregnancy, she had some minor disorders which were successfully managed. She went through labour successfully and delivered an alive male infant, on the 28th January 2024, at 3:17pm, who weighed 3.6kg at birth. Her puerperium was managed successfully. Mother and baby were handed over to the midwife in charged at the reproductive and child health unit of the Navrongo health centre for further care and immunizations.

The care for Madam Gifty and her family gave the opportunity to know the various individual needs of pregnant women during pregnancy, labour and puerperium. With this knowledge gained during this care study, it was made known that, it will help give quality and adequate maternity and nursing care to all expectant women and their family throughout the carrier as a midwife, and it has helped in asking questions concerning pregnant women and their family. It helps to understand and practice what has been thought in classroom and have time for the client and her family.

Finally, this care should be given to all mothers since it helps in proper management of pregnant women and their babies till puerperium.

BIBLIOGRAPHY

Myles. (2009) World Health Organization (WHO) Marie Elizabeth (2013) Marshal & Raynor (2014) Konar (2013)

Myles (2014) National Safe Motherhood Service Protocol (2008), Marie (2013) Marsal & Rayno, Konar (2013)

National Safe Motherhood Service Protocol (2008), Myles (2008), Konar (2011), Marie Elizabeth (2013), Marshall &Raynor (2014)

APPENDICES

APPENDIX I: PHARMACOLOGY OF DRUGS

NAME OF DRUG	CLASSIFICTION	DOSAGE	ROUTE	ACTION AND USES	ACTUAL EFFECTS	SIDE EFFECTS	SIDE EFFECT EXPERIENCED
Tablet Multivite	Vitamin preparation	200 Milligram Once daily	Oral	Increases appetite, helps in the formation of red blood cells	Increased appetite	Gastrointestinal disturbance	None
Tablet Ferrous Sulphate	Iron supplement	200 Milligram Once daily	Oral	Helps in the formation of hemoglobin	Haemoglobin increased	Gastrointestinal disturbance and blood stool	Dark stool
Tablet Folic Acid	Vitamin preparation	5 Milligram Once daily	Oral	Proper formation and function of red blood cell	Haemoglobin level increased	Nausea and vomiting	None

TABLE 8 CONT'D: PHARMACOLOGY OF DRUGS FOR THE MOTHER

NAME OF DRUG	CLASSIFICTION	DOSAGE	ROUTE	ACTION AND USES	ACTUAL EFFECTS	SIDE EFFECTS	SIDE EFFECT EXPERIENCED
Paracetamol	Analgesics	1gram tid daily x 3days	Oral	Helps the relieve of pain	Pain was relieved	Prolong use cause damage to the liver	None
Sulphurdoxine Pyriminethame	Anti-malaria	3 Tablet start after quickening or 16 repeated at 4weeks interval till delivery	Oral	Prevention of malaria.	Prevention of malaria in pregnancy.	Nausea, itching, headache	None
Injection oxytocin	Oxytocic drug	10 units	Intramuscular	Stimulation of uterine contraction	Uterine contraction was effective	Vomiting, rise in blood pressure	None

TABLE 1: PHARMACOLOGY OF DRUG FOR THE BABY

NAME OF DRUG	CLASSIFICATION	DOSAGE	ROUTE	ACTION AND USES	ACTUAL EFFECTS	SIDE EFFECTS	SIDE EFFECTS EXPERIENCED
Vitamin K	Group K vitamin	1 mg	Intramuscular	Production of prothrombin to aid in clothing	No bleeding	None	None
Gentamycin eye drops	Antibiotics	2 drops	Instillation	To prevent infection	Infection of eye was prevented	None	None
Oral polio vaccine	Antigen	2 drops	Orally	Production of antibodies to prevent poliomyelitis	Still under observation	There may be diarrhea	None
Injection bacillus Chalmette Guerin	Antigen	0.05 milligram	Intradermal right upper arm	Production of antibodies to prevent tuberculosis	Still under observation	Blister formation and slight fever	None

TABLE 9 CONT'D: PHARMACOLOGY OF DRUG FOR BABY

NAME OF DRUG	CLASSIFICATION	DOSAGE	ROUTE	ACTION AND USES	ACTUAL EFFECTS	SIDE EFFECT	SIDE EFFECTS EXPERIENCED
Diphtheria pertussis tetanus	Antigen	0.5ml	Intramuscular	Immunity against Diphtheria pertussis tetanus	Under observation	Fever	None
Haemophils influenza Hepatitis B	Antigen	0.5mls	Intramuscular	Immunity against Haemophilus influenza Hepatitis B	Under observation	Fever	None
Rotavac	Antigen	5 drops	Orally	Immunity against Rotavirus	Under observation	Vomiting	None

TABLE 9 CONT'D: PHARMACOLOGY OF DRUG FOR BABY

NAME OF DRUG	CLASSIFICATION	DOSAGE	ROUTE	ACTION AND USES	ACTUAL EFFECTS	SIDE EFFECT	SIDE EFFECTS EXPERIENCED
Polio Vaccine (OPV) IPV	Vaccine	2 drops 0.5mls	Orally intramuscular	Given immunity against poliomyelitis	Under observation	Diarrhea and fever may occur	None

APPENDIX II: LABORATORY INVESTIGATION

DATE	SPECIMEN	INVESTIGATION	NORMAL VALUES	FINDINGS	REMARKS
4/10/2023	Blood	Hemoglobin level	13.4g/dl	13.5g/dl	Client hemoglobin level was within the normal range
4/10/2023	Blood	Blood group	A, B, AB, O	O Positive	Investigations were within normal range
4/10/2023	Blood	Rhesus factor	Positive	O positive	Normal
9/10/2023	Blood	Sickling	Negative	Negative	Normal
4/10/2023	Blood	HIV status	Non- reactive	Non-reactive	Client was not infected with HIV
4/10/2023	Blood	VDRL status	Non-reactive	Non-reactive	Client was not infected with syphilis
4/10/2023	Blood	HBs.Ag	Negative	Negative	Client was not infected with Hepatitis B
4/10/2023	Blood	Malaria parasite	No malaria parasites seen	No malaria parasites seen	Normal
4/10/2024	Urine	Protein and sugar	Negative/Negative	Negative	Normal
3/1/2024	Blood	Hemoglobin	13.4g/dl	11.9g/dl	Client hemoglobin was within the normal range
3/1/2024	Urine	Protein and Sugar	Negative	Negative	Normal

APPENDIX III: ANTENATAL RECORDS

Date	**WT**	**BP. (mmHg)**	**Protein** / **Glucose**	**Gestational Age in Weeks**	Fundal **height**	Presentation	**Descent**	**F.H .R**	Routine **Drug**	**Complain,** Treatment	**Name & sign**
04/10/23	64.5	93/69	Negative Negative	23+4	23	_	_	130	1x30 days	Feels well	Ruth
01/11/23	67	103/67	Negative Negative	27+4	25	Cephalic	_	134	1x30 days	No complains.	M A
22/11/23	65	92/60	Negative Negative	30+4	28	Cephalic	_	130	1x30 days	Feels well	M A
20/12/23	68	110/60	Negative Negative	34+4	32	Cephalic	_	136	1x30	No Complains	Mary
03/1/24	68	120/73	Negative Negative	36+4	36	Cephalic	_	137	1x30	Heartburns	Mary

Date	**WT**	**BP. (mmHg)**	**Urine**	**Gestational Age in Weeks**	**Fundal height**	**Presentation**	**Descent**	**Fetal Heart**	**Routine Drug**	**Complain and Treatment**	**Name & signature**
10/1/24	67	111/69	Negative Negative	37+4	37	Cephalic	5/5th	140	30	No complains	P A
17/1/24	68	111/70	Negative Negative	38+4	39	Cephalic	5/5th	130	1x30 days	No complains	Mary
24/1/24	68	107/68	Negative Negative	39+4	38	Cephalic	4/5th	131	1x7 days	Feels fine	Ruth

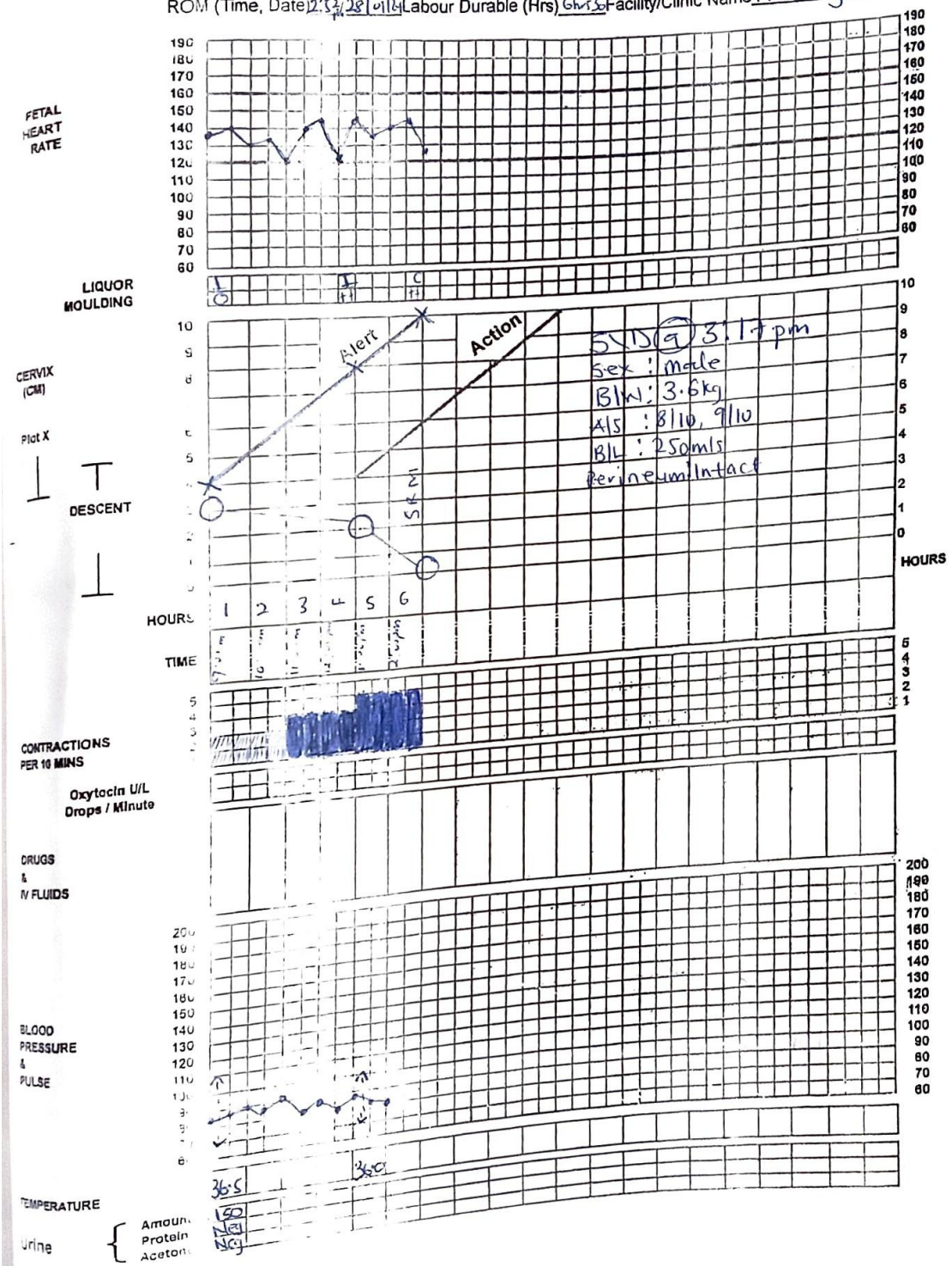
INSECTICIDE TREATED NET (ITN)			DATE SUPPLIED ……4/10/2024			
INTERMITTENT PRVENTIVE TREATMENT (IPT) FOR MALARIA	1ST DOSE SP*3TABS DIRECTELY OBSERVED TERAPY 01/11/2023	GESTATIONAL AGE IN WEEKS 27+4	2ND DOSE (1 MONTH) AFTER 1ST DOSE DIRECTELY OBSERVED TGHERAPY 20/12/2023	GESTATIONAL AGE IN WEEKS 34+4weeks	3RD DOSE (1 MONTH) AFTER 2ND DOSE DIRECTELY OBSERVED TGHERAPY 17/01/2024	GESTATIONAL AGE IN WEEKS 38+4weeks

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

APPENDIX V. PARTOGRAPH

WHO Modified Partograph

Registration No 384/23 Name (Last, First) Apam Gifty Age 23 years.
Date 28/01/24 Parity/Gravida G2 / P1 LMP 22/04/23 EDD 29/01/24 Gestation (wks) 40wks
ROM (Time, Date) 2:53pm 28/01/24 Labour Durable (Hrs) 6hrs 30 Facility/Clinic Name Navrongo Health Centre



LABOR NOTES

Client had a spontaneous vaginal delivery to a live male child @ 3:17pm with Apgar score of 8/10, 9/10 respectively. Head circumference 35cm, Full length 50cm, Birth weight 3.6kg. Active management of third stage done, perineum intact, Blood loss 250mls, Uterus well contracted, breastfeeding initiated. Both mother and baby are in good health and male comfortable in bed monitoring ongoing.

Please circle or write responses.

DELIVERY

DATE 28/01/24 TIME 3:17pm METHOD: (Spontaneous) / Vacuum Extraction / C/S / Other

PERINEUM: (Intact) / Episiotomy / Laceration

ANESTHESIA: (None) / Local / General

THIRD STAGE

Active Management: Yes / No Medication: Time 3:17pm Type/Dose Oxytocin 10units

PLACENTA: TIME: Complete / Incomplete

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

BABY

Weight: 3.6kg

Sex: (Male) / Female

Baby Position: (Vertex) / Breech / Other

APGAR

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

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

FOURTH STAGE MONITORING

Frequency	Time	B/P.	Pulse	Fundus	Bleeding	Bladder
Every 15 minutes first 2 hours	4:30pm	108/70	82	18	moderate	Nil
	4:45pm	100/60	84	Uterus well contracted	//	90mls
	5:00pm	101/60	70	//	//	–
	5:15pm	109/70	81	//	//	–
	5:30pm	102/69	80	//	//	50mls
	5:45pm	108/70	83	//	//	Nil
	6:00pm	100/62	76	//	//	–
	6:15pm	111/80	78	//	//	–
Every 30 minutes For 1 hour	6:45pm	100/60	81	//	//	Voided
	7:15pm	110/70	79	//	//	Nil

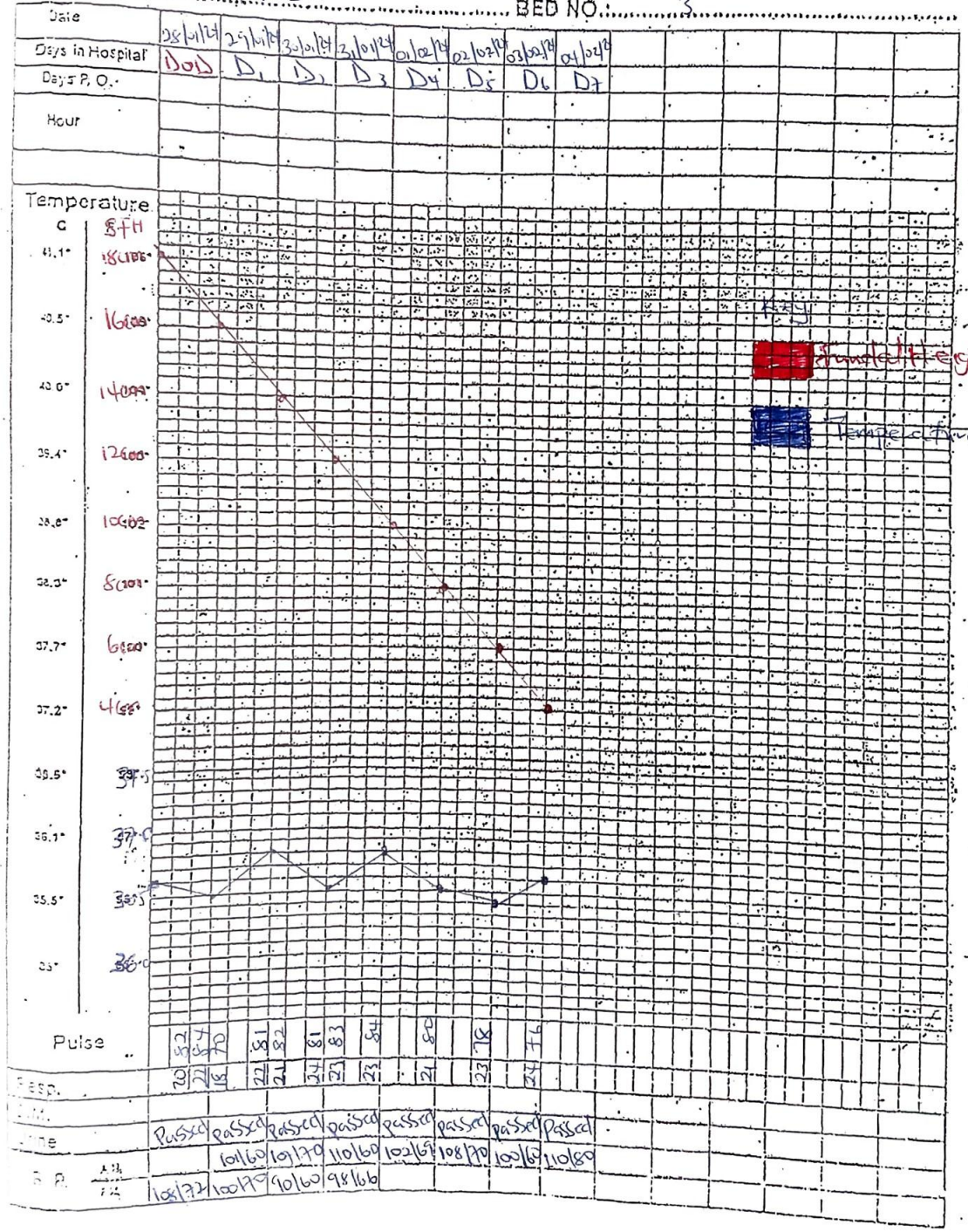
Birth Attendant: Birth Abu Assisted By Ruth Afelik Date 28/01/2024

MATERNITY CHART

NAME: Apam Gifty

AGE: 29 years WARD: Lying - In

IP NO.: 384/23 BED NO.: 3

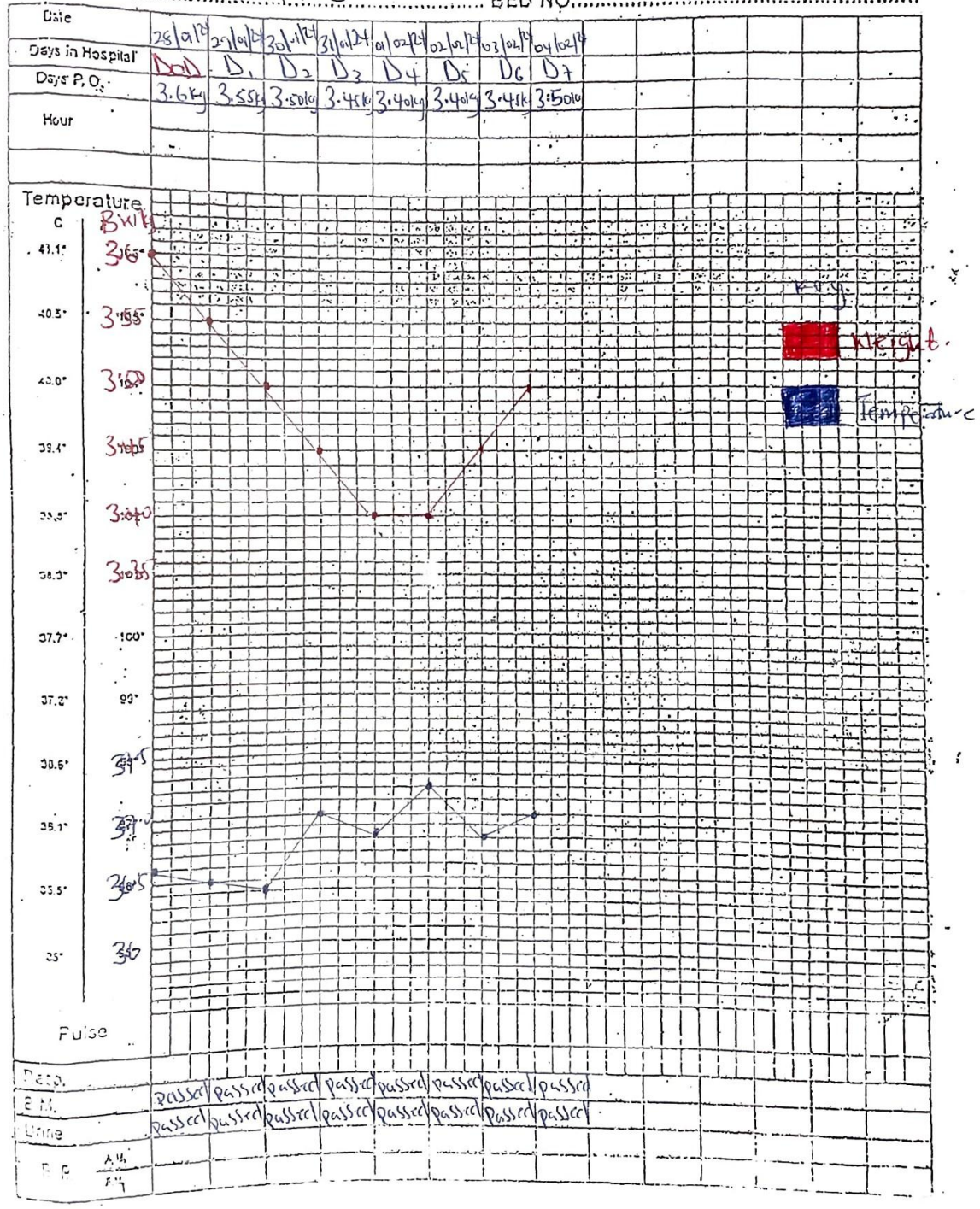


TEMPERATURE CHART

NAME: Baby Gift

AGE: 29 years WARD: Lying-In

IP NO.: 384123 BED NO.: 3



NEW BORN CHART

Name: Baby Gifty ..... No: ..... Birth Weight: 3.6kg .....

Sex: Male ..... Mother's No: 384/23 ..... Length: 50 cm .....

Nature of Delivery: Spontaneouse Vaginal Delivery ..... Diagnosis: Healthy Term Baby .....

Date of Birth: 28/01/2024 ..... Time: 3:17pm ..... Date of Discharge: 29/01/2024 .....

Date	28/01/24		29/01/24		30/01/24		31/01/24		01/02/24		02/02/24		03/02/24		04/02/24							
No. of Days	D 0		D1		D2		D3		D4		D5		D6		D7							
Weight	3.6kg		3.55kg		3.50kg		3.45kg		3.40kg		3.40kg		3.45kg		3.50kg							
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Temperature		36.6°C	36.°C	36.5°C	36.5°C	36.8°C	37.0°C	36.8°C	36.7°C	36.9°C	37.2°C		36.8°C		37.0°C							
Stools		Passed	Passed	Passed	Passed	Passed	Passed	Passed	Passed	Passed	Passed		Passed		Passed							
Urine		Passed	Passed	Passed	Passed	Passed	Passed	Passed	Passed	Passed	Passed		Passed		Passed							
Remarks	Head Neck Trunk Limbs Genitals — No Abnormalities Detected																					

NEW BORN EXAMINATION FORM

Name: Baby Gifty
Date of Birth: 28/01/2024 Time of Birth: 3:17pm
Date of Assessment: 29/01/24 Time: 8:44am
Astational Age 40wks Mode of Delivery: ☑ Vaginal Assisted Vaginal C-Section
Sex: ☑ M ☐ F Age at time of Assessment (days/hrs) 12hrs
APGAR: 1min 8/10 5min 9/10 Birth Weight: ☐ 3.6 kg ☐ Length 50 cm Head Circumference: 35 cm
Temperature at time of Assessment: 36.5 °C Urine passed: (Yes) No Meconium passed: (Yes) No
Name of Assessor (Midwife/Doctor): Bintu Abu (Student midwife)

1. Respiration
Rate 41
☐ 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: 141
☐ 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) Healthy 1cvm Baby

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

NEW BORN EXAMINATION FORM

Name: Baby Gifty Date of Assessment: 28/01/24 Time: 4:17pm
Date of Birth: 28/01/24 Time of Birth: 3:17pm Sex: ☑ M ☐ F Age at time of Assessment (days/hrs) 1hour
Astational Age 40 wks ☐ Mode of Delivery: ☑ Vaginal Assisted Vaginal C-Section
APGAR: 1min 8/10 5min 9/10 Birth Weight: 3.6 kg ☐ Lenght 50 cm Head Circumference: 35 cm
Temperature at time of Assessment: 36.6 °C Urine passed: (Yes) No Meconium passed: (Yes) No
Name of Assessor (Midwife/Doctor): Binta Abu (Student midwife)

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

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

3. Tone
☑ Normal
☐ Floppy *
☐ Increased *

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

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

6. Cry
☑ Normal
☐ Shrill *
☐ Absent *

7. Suck
☑ Good
☐ Weak
☐ Absent

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

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

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

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

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

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

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

16. Clavicle
☑ Normal
☐ Swelling/Fracture

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

18. Heart rate
Rate: 144
☐ 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) Healthy term Baby

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

SIGNATORIES

STUDENT

NAME: MS.ABU BINTU

SIGNATURE .....

DATE...06/06/24.....

MIDWIFE IN-CHARGE NAVRONGO HEALTH CENTRE

NAME: MS AFELIK RUTH

SIGNATURE .....(for)

DATE...06/06/24.....

SUPERVISOR

NAME: MS. MARTHA KYEREMAA

SIGNATURE: .....

DATE: .....06/06/2024.....

PRINCIPAL

NAME: MS. MONICA NKRUMAH

SIGNATURE: .....

DATE: .....06/06/2024.....

STAMP.....

PRINCIPAL
HOLY FAMILY NURSING AND
MIDWIFERY TRAINING COLLEGE
BEREKUM