HOLY FAMILY NURSING AND MIDWIFERY TRAINING COLLEGE

BEREKUM

A CLIENT/FAMILY CENTERED MATERNITY CARE STUDY ON

MADAM GEORGINA AGYEIWAA BOATENG

BY

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

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PREFACE

Client and Family Centred Maternity Care Study is a holistic obstetric nursing care given to expectant mother and her family so as to improve effective health and client's satisfaction. The care is given from pregnancy through labour to puerperium. This is based on the understanding of the woman as a special individual with physical, spiritual, psychological and socio-economic needs. It also helps to prepare the woman and her family psychologically in their welcoming of a new family member.

This family centred maternity care study also gives a student midwife the necessary opportunity to put into practice her knowledge acquired during lectures which helps in the improvement of her skills and it also helps her to identify and manage effectively client's problems during pregnancy, labour and puerperium.

Finally, it helps the student midwife to gain knowledge in the changes that has brought about new management ideas and practices of audit and quality assurance in the various hospitals, clinics and maternity homes. It is done by every final year student of registered midwifery program to satisfy the Nursing and Midwifery Council of Ghana for the award of licensing professional certificate in midwifery.

ACKNOWLEDGEMENT

My greatest gratitude goes to the Almighty God for the life, understanding, knowledge, wisdom, and strength given throughout the training and especially in the process of writing this care study.

All appreciation also goes to the principal of this college, Monica Nkrumah, and my supervisor Martha Kyeremaa, Teaching and non-Teaching staff of the Holy Family Nursing and Midwifery Training College Berekum for their support and encouragement during the years of study.

Heartfelt gratitude also goes to Madam Georgina Agyeiwaa Boateng and her family members, for granting me the permission to use her for the care study and also providing all the relevant information needed.

The midwives in charges at Goaso Municipal Hospital cannot be forgotten, their hardworking staff and everyone who gave their consent and co-operation throughout the care study.

A salute to all family members and friends for their maximum support. I say may God richly bless their all.

Lastly, a sincere thanks go to the authors of the various books used as references.

INTRODUCTION

Family centered maternity care study is a tool that enable student midwife to put into practice the knowledge and skill acquired in the course of her study or training. This care study is about Madam Georgina a 20-year-old woman, gravida 2 para 1 alive who lives in Goaso in the Ahafo Region with her family. Client was first met on 8th November, 2022 during her 10th attendance to the antenatal clinic at Goaso Municipal Hospital. She was 39weeks of gestation. After an interaction for about 10 minutes, she was told about the intention to use her for a study which she gladly accepted and promised to cooperate. Madam Agyeiwaa was cared for during the antenatal period and minor disorders such as waist pains and anxiety were managed through education, reassurance and support from her family members. This care study also helped in identifying and giving treatment as well as provision of psychological and emotional assistance to the woman. She was again prepared to face the challenges with labour and puerperium. She was also thought how to initiate breastfeeding and how to subsequently care for the baby. Client was cared for 41weeks on wards. She went through pregnancy successfully and delivered a healthy baby girl on 24th November, 2022. Client and baby went home in good condition on 25th November 2022. Her condition right from the beginning till the end of the study was good and she and her baby were handed over to the public health nurses on 1st December, 2022 for continuity of care.

There are four (4) chapters outlined in this script

1. Chapter one talks about the client particulars and various histories.
2. Chapter two outline the care that was given to the client during antenatal period.
3. Chapter three talks about the care given to the client during labour.
4. Chapter four deals with the care during puerperium.

At the end of each chapter is a care plan, a tool that helps identify and solve client problem to avoid complication. This script also includes summary, conclusion, bibliography, appendices, and pharmacology of drug.

LITERATURE REVIEW

PREGNANCY

Weller (2014) defines pregnancy as being with a child, the condition from conception to the expulsion of the fetus. During this period, a lot of physiological and psychological changes take place in the woman. This affects the entire system as a result of hormonal influence, some women suffer minor disorders like vomiting, heart burns, constipation, waist pains, nausea, ptyalism (excessive salivation), food craving and others which most of these changes go away after delivery. Also, if these are not treated early, they can lead to severe complications which could be life threatening, therefore, it is important for the pregnant woman to attend antenatal clinics as soon as she realizes she is pregnant, for supervision, observations, investigations, and examinations for early detection and treatment of any deviation from normal. During this period, the expectant mother needs special education, encouragement and care, in order to cope with these minor disorders. These educations are given at the antenatal clinics by the attending midwife. Antenatal care is a special care to promote a healthy mother and fetus. Focus antenatal is a special care given to a pregnant woman by the attending midwife and an obstetrician, during pregnancy to ensure that, maternal and fetal health are normal. The aim of focus antenatal is to detect early and treat any abnormalities, prevent complications, promote health and educate mothers on complication readiness.

King (2014) pregnancy is a time of profound anatomic and physiologic change in a woman's body. In addition to the reproduction organs all maternal physiologic system makes adaptations needed support the developing fetus and at the same time, maintain maternal homeostasis Pregnancy last approximately two hundred and sixty, six days (266 days) or thirty-eight weeks (38 weeks) from

ovulation. The antenatal period is into trimesters, first trimester is considered to be 1 to 12 weeks because organogenesis is completed at the end of twelve weeks and the risk of spontaneous abortion is significantly reduced at time. Historically, the second trimester was considered to be 13 to 28 weeks was limit of viability. The third trimester extends from 29 to 40 weeks. The term 'post-date' or 'post term' is typically used to describe a pregnancy beyond forty (40) weeks.

Marshall & Raynor, (2014) pregnancy starts from the time conception is confirmed until the beginning of labour and also the midwife facilitates woman-centered care by providing her with accessible and relevant information to help her make an informed choice throughout pregnancy. 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.

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

chemical esophagitis and heart burn. There is diminished gastric secretion and delay emptying time of stomach. Risk of peptic ulcer disease is reduced. A tonicity of the gut leads to constipation while diminished peristalsis facilitates more absorption of food materials.

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

Oduro-Kwarteng (2012) defines pregnancy as having a developing embryo of fetus in the uterus as a result of the union of an ovum and spermatozoa. The normal duration of pregnancy is 280days (40wks or 9months and 7 days) counted from the first day of the last menstrual period.

LABOUR

According to Oduro-Kwarteng (2015), normal labour occurs when the;

Foetus is born at term and alive

Presented by vertex

Process complete spontaneously by natural unaided effort of mother

Time does not exceed 12 hours when the woman enters active phase of labour

Baby is born without complications.

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

Marshall & Raynor, (2014) Labour, purely in the physical sense, may be described as the process by which the fetus, placenta and membranes are expelled through the birth canal. However, labour

is much more than a purely physical event. What happens during labour can affect the relationship between the mother and baby and can influence the likelihood and or experience of future pregnancies. Pregnancy is considered to last approximately 40 weeks, with labour usually occurring between 17 and 42 weeks' gestation. Complex physiological and psychological changes occur during the last few weeks of pregnancy and also during the onset of labour that prepare the woman for the process of labour and birth. Four stages of labour are described, the first, second, third stage and fourth but this is a rather pedantic view, as labour is obviously a continuous process.

Konar (2013) defined labour as series of events that takes place in the genital organs in an effort to expel the viable products of conception out of the womb through the vagina into the outer world. The onset of labour is determined by a complex interaction of maternal and foetal hormones and is not fully understood. It would appear to be multifactorial in origin, being a combination of hormonal and mechanical factors.

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

in the process of labour; that is the pelvis, passenger, powers and psyche. These are known as the four P’s.

PUERPURIUM

Oduro-Kwarteng (2012) defines puerperium as a period that starts immediately after delivery of the placenta up to 6-8 weeks. This period is characterized by a lot of physiological changes some of which may include the following

A) Lactation is well established

B) The reproductive organs return to their non- pregnant state

C) Other physiological changes which occur during pregnancy are reversed.

D) The foundations of the relationship between the infant and its parents are laid.

E) The mother recovers from physical and emotional stresses of pregnancy and delivery and assumes responsibilities for the care and nature of the infant.

According to Marie (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 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 color of the discharge it is named as: Lochia rubra (red) 1 -4 days. Lochia serosa (yellowish or pink or pale brownish) 5-9 days. Lochia Alba (pale white) 10 -15 days. The average amount of discharge, for the first 5-6 days is estimated to be 250 ml.

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

1. Lochia rubra: red, 1-4 days
2. Lochia serosa: 5-9 days the colour is yellowish or pink or pale brownish
3. Lochia alba: 10-15 days, pale white

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

1. Immediate –within 24 hours
2. Early- up to 7 days

3. Remote –up to 6 weeks

4. Immediately following delivery, the uterus becomes firmer and retracted with alternating hardening and softening. At the end of 6 weeks, its measurement is almost similar to that of the non-pregnant state and it weighs 60 grams. The lower uterine segment becomes thin, flabby and collapsed structure. The cervix contracts slowly; the external os admits to fingers for the few days but by the end of the first week, narrows down to admit the tip of a finger only. The external os never revert back to the nulliparous state. During puerperium the number of 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. The vaginal discharge for the first fortnight during puerperium is the lochia. The lochia originates from the uterine body, cervix and vagina. Depending upon the variation of the colour of the discharge it is named as:

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

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

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

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

Marshall & Raynor (2014) puerperium starts immediately after the delivery of the placenta membrane and continues for six (6) weeks. In many cultures around the world, 40 days for recuperation is a time-honored practice. The general expectation is that by six weeks after birth

all the systems in a woman's body will have recovered sufficiently from the effects of the pregnancy and recovered to their non-pregnancy state. The general expectation is that by 6 weeks after the birth, a woman's body will have recovered sufficiently from the effects of pregnancy and the process of parturition.

WHY CLIENT WAS CHOSEN

Madam Agyeiwaa was chosen as a client for the client / family centered maternity care study on 8th November,2022, which happened to be her tenth visit to the antenatal clinic at Goaso Municipal Hospital at 8:30 am. Client was sitting on a bench at the reception room during education on prevention of malaria in pregnancy. Client's facial expression on observation was not good so client was approached. She reported of having severe headache. She was sent to the midwife and the complains was made to her. Immediately, necessary treatment was given to her. After the treatment, she was well, the client was much grateful for the services rendered to her. At the look of things client was cooperative and at a glanced through her ANC card, she was 39 weeks pregnant. She has no bad obstetric history; she is a regular ANC attendant and very cooperative at the antenatal clinic. She was also Gravida 2 Para 1 being spontaneous vaginal delivery.

Client had a normal gait and no deformity was detected. An introduction as a student midwife from Holy Family Nursing and Midwifery Training College, Berekum on practical. She was informed that, she would be taken as a client for the study. She would be monitored during pregnancy, labour and puerperium and she agreed. She was thanked for her understanding and co-operation. The in charge was informed about the selection of Madam Agyeiwaa for the study which she agreed.

CHAPTER ONE

CLIENTS PARTICULARS

INTRODUCTION

This chapter gives the overview of the client's social, family, medical, surgical, menstrual and obstetrical history. It also captures her lifestyle and her hobbies.

1.1 **Personal History/Social History**

Madam Georgina Agyeiwaa Boateng is 20 years old woman. She lives in Goaso in the Ahafo Region with her husband and child. Her house can be located behind Friendship Hotel. She is a Junior High School graduate. She is a trader who sells boiled eggs at the market. Her husband is Mr. Daniel Azule. He is an Operator by profession. He is also a Junior High School graduate. Both patners speak Twi. Her next of kin is Mr. Daniel Azule who is her husband. She is blessed with a male child. She is a Christian as well as her husband. Her height is 161cm and weight is 44kg on booking. She is dark in complexion.

1.2 Family History

Madam Agyeiwaa is the first born of 3 siblings. Two are females and a male. Madam Agyeiwaa said she has lost both parents some years ago. There is no known history of hereditary disease like hypertension, diabetes, sickle cell or mental illness, in both her parents and husband's family. Nobody had ever delivered a child with congenital abnormalities like spinal bifida, cleft lip and cleft palate and among others. There is no history of multiple births in her family as well as her husband's. There is no history of mental illness, epilepsy, jaundice, leprosy. Most of the family members who have passed on, died naturally.

1.3 Medical History

Madam Agyeiwaa said she has never been admitted to the clinic. She had never had any serious illness like heart disease, hypertension, sickle-cell disease, diabetes, jaundice, respiratory disease. She has no history of psychiatric disorder such as epilepsy and mental illness. There is no history of prolonged cough for more than one month. No history of sexually transmitted infections such as gonorrhea and syphilis nor chronic lower abdominal pain. She has no known allergies and has never reacted to any drug, food or environmental hazard.

1.4 Surgical History

Madam Agyeiwaa has never undergone any surgical operation. She has no scar resulting from surgery. She has neither donated blood nor been blood transfused. She has never had any road traffic accident and no injuries that have affected her pelvis or any of the reproductive organ.

1.5 Menstrual History

Madam Agyeiwaa, had her menarche at the age of 15. Her menstrual cycle is regular 28 days. She has a moderate flow for five days. She uses sanitary pad during the flow. She changes it at least two times daily. She has no history of dysmenorrhea. She uses only the natural method of family planning. Her last menstrual period is 8th February 2022. Her expected date of delivery was 15th November, 2022 and her first ultrasound scan confirms it as 18th November, 2022.

1.6 Habits of Daily Living

Madam Agyeiwaa wakes at 5:00am. She begins with her responsibilities for the morning. She sweeps her house and surroundings. She empties her rubbish at the refuse dump which is not

far from her house. She then brushes her teeth with Colgate and bath twice daily. She empties her bowel twice daily and her bladder on demands. She fetches water from a pipe close to her house every morning. She prepares food and sends her kid to school. She goes to the market around 10am. She prepares supper in the evening when she comes back. She usually washes her utensils at 7:00pm. She sleeps at 9:00pm after charting with her co-tenants. According to Madam Agyeiwaa said her favorite foods are banku with okro stew with meat and rice with stew. She also stated that, her hobby is listening to music. She usually goes to church on every Sundays. She does not take in alcohol or smokes cigarette.

1.7 Past Obstetrical History

Pregnancy

Madam Agyeiwaa $G2P1^{A}$ gave birth to her child on 22nd July, 2017. She had no complications or major problem in her pregnancy. She had no anaemia, pregnancy induced hypertension and diabetes in her pregnancy. No danger signs of pregnancy such as antepartum hemorrhage, hyperemesis gravidarium was observed. She experienced minor disorders such as nausea and vomiting, backache and headache in her previous pregnancy. She said analgesics were given to her to relieve the pain and educated on back rest to reduce the backache. She takes in dry foods such as biscuit to reduce the nausea and vomiting. She received a full dose of Sulphadoxine Pyrimethamine as prophylaxis against malaria in her pregnancy. Madam Agyeiwaa said she did not receive any tetanus diphtheria injection during her previous pregnancy. She attended ten antenatal clinic before she delivered.

Labour

She delivered spontaneously per vaginum without any tears or retained placenta and membranes. Her baby also cried after delivery. Placenta was completely delivered 5to 10

minutes. there were no complications such as postpartum hemorrhage. Client said she started breastfeeding immediately after delivery since both mother and bay were in good health. She was delivered at Goaso Municipal Hospital. She said her duration of labour was less than 15 hours. She also mentioned that her baby did not have any abnormalities such as polydactly, syndactly, cleft lip and cleft palate also did not get sick after birth. According to her, her child weighed 3.0kg at birth.

PUERPERIUM

The child was completely immunized against the childhood preventable diseases. She practiced exclusive breastfeeding for the first six months for her child. She added complementary feed up to 2 years. She used Lactating Amenorrhea Method as a method of family planning for the first six month post-delivery. She also said her family supported in the care of her child. She had no puerperal complications or problem.

1.8 Present Obstetrical History

Madam Agyeiwaa had her first antenatal visit at Goaso Municipal Hospital on the 25th April, 2022 where her fundus was not palpable. She was 10weeks+6 days at booking. Her last menstrual period was 8th February 2022. Her expected date of delivery was 15th November, 2022. She had received all five doses of Sulphadoxine pyrimethamine, first dose on 20th June, 2022, second dose on 18th July, 2022, third dose on 15th August, 2022, fourth dose13th September, 2022 and fifth dose on 11th October, 2022. She took her first dose of tetanus diphtheria on 25th April, 2022, second dose on 24th may, 2022 and third dose on 8th November, 2022. Her vital signs were checked and recorded as follows;

Temperature 36.3^{o}c

Blood Pressure	90/50mmhg
Pulse	72bpm
Respiration	21cpm
Height	161cm
Weight	44kg

Laboratory investigations were done and revealed the following;

Hemoglobin	12.0gram per deciliters
Hepatitis B	Negative
VDRL	Negative
G6PD	No defect
HIV Status	Negative
Blood Group	O
Rhesus factor	Positive
Urine for protein and glucose	Negative
Stool	Negative
Malaria parasite	Negative

Physical Examination from head to toe was carried out but no abnormalities were detected. According to Madam Agyeiwaa a general education was done on every time she attended

antenatal clinic of which she participated fully. Client said she was told to come for antenatal visit the next month but if she experienced any unusual feeling, she should report to the hospital for treatment. The education was done on the danger signs of pregnancy, which include bleeding, excessive vomiting and severe headache. The first dose of tetanus diphtheria was administered as well as the routine drugs. The drugs include the following;

- Tablet folic acid 5mg daily for 30days

- Tablet ferrous sulphate 200mg once daily for 30 days
- Tablet multivite 200mg once daily for 30days

CHAPTER TWO

ANTENATAL CARE

2.0 INTRODUCTION

Chapter two is about the antenatal care given to Madam Agyeiwaa from time of conception till labour. This includes the first contact with the client, subsequent visits to the clinic, home visits during antenatal period and care plans drawn to solve any problem faced by the client.

Antenatal care refers to the care that is given to a pregnant woman from the time conception is confirmed until the beginning of labour and the aim of this care rendered to the pregnant woman is to monitor the progress of pregnancy to optimize maternal and foetal health. Myles (2009).

2.1 FIRST CONTACT WITH CLIENT

Madam Agyeiwaa was a regular attendant to the antenatal clinic. She was met through one of these visits. She was met on 8th November, 2022 at 39 weeks of gestation. It was her 10th visit to the clinic. Client was sitting on a bench at the reception room during education on prevention of malaria in pregnancy. Client's facial expression on observation was not good so client was approached. She reported of having severe headache. She was sent to the midwife and the complains was made to her. Immediately, necessary treatment was given to her. After the treatment and she was happy, the client was much grateful for the services rendered to her. At the look of things, client was cooperative. At a glanced through her ANC card, she was 39 weeks pregnant. She has no bad obstetric history; she is a regular ANC attendant and very cooperative at the antenatal clinic. She was also Gravida 2 Para 1 being spontaneous vaginal delivery.

Client had a normal gait and no deformity was detected. An introduction as a student midwife from Holy Family Nursing and Midwifery Training College, Berekum on practical. She was informed that she would be taken as a client for the study. She would be monitored during pregnancy, labour and puerperium and she agreed. She was thanked for her understanding and co-operation. The in charge was informed about the selection of Madam Agyeiwaa for the study which she agreed. She was asked to empty her bladder after a specimen bottle was given to her. It was explained to her the need to obtain midstream urine to check for protein and glucose. The urine reagent strip was used to check the urine and the test results were negative. Her history, vital signs and weight were taken and the findings recorded in her antenatal book as follows;

Temperature	36.5^0C
Pulse	93bpm
Respiration	20cpm
Blood Pressure	92/59mmhg
Weight	57kg
Height	161cm

The results of the various laboratory investigations done were as follows

Hemoglobin	11.5grams per deciliters

Sickling test	Negative
Blood group	O
Rhesus	Positive
Stool (cyst, ova)	No abnormalities detected
BF for MPS	No MPS
Hepatitis B	Negative
Syphilis (VDRL)	Negative
G6PD	Normal
HIV status	280 (negative)
Urine (protein, sugar, acetone)	Negative

Urine Testing

Madam Agyeiwaa was given a specimen bottle to provide a midstream urine to test for protein and glucose in the urine. The urine was amber in colour. The urine reagent strip was dip inside the urine and both results were negative. Both protein and glucose were negative which showed there was no traces of protein and glucose in her urine and that was a good sign, she was therefore encouraged to continue to take in more water to make the result good anytime she visits the hospital. She was later sent to the palpation room for various examination to be conducted on her. Permission was sought from her to perform head to toe examination and

she consented. All the necessary requirements needed for the examination were gathered and sent to the examination room. Privacy was provided by closing the windows and shutting of the door. Client was assisted to undress and asked to empty her bladder if she feels the urge. A piece of cloth was used to cover her. She sat on the couch and lied laterally. Hands were washed under running water with soap and dried with clean towel. Client then assumed a supine position.

Head To Toe Examination

All procedures to be carried out on her were explained to the client. Her permission was sought. Head to toe examination was done to rule out any abnormalities of her physically.

Head and Neck: The client was having a cleaned permed hair, the scalp was inspected for the presence of lice, infections, dandruff but none was found. She was encouraged to continue to keep her hair neat, nice and clean. The eyes were examined for abnormal discharges, pallor and jaundice. The sclera for jaundice, conjunctiva to rule out pallor. Her face was assessed for oedema and chloasma. The nose and ears were checked no aberrations detected. Mouth was inspected for cracked lip, halitosis, and tongue for pallor, there was no problem with the mouth, everything was good. The neck was palpated for distended veins, enlarged lymph nodes but all was in good order.

Breast Examination

Breast examination procedure was explained to Madam Agyeiwaa and permission was granted. Breast was exposed. She had normal nipple, no redness, swelling or rashes on the breast. Left breast was covered. Client was asked to put her right hand under her head for examining the right breast and left hand under her head for examining the left breast. The

breast was palpated starting from the axilla for masses, lumps and armpit for enlarged axillary lymph nodes. The nipple was squeezed, with which colostrum came out. It was cleaned with cotton wool and colour checked. The same procedure was performed on the other side. She was educated on self-breast examination and report any deviation from normal.

Upper extremities

After client was informed about the continuation of examination, Client was asked if she had tingling and tightness in an attempt to make a fist, and she answered negative. Her upper extremities were examined for equality, extra digit, presence of edema, 10 nail beds for pallor and there were no abnormalities. Her nails had also been cut and kept clean. The Client was informed about the next step and client was assisted into a left lateral position.

The lower extremities were checked for varicose veins and oedema especially the feet. The calf was palpated for tenderness. And no was detected. She was encouraged to avoid prolong standing and should rest her legs on a short table or a short chair when sitting down to prevent swelling of the feet. She was congratulated for a good up keep.

The back was examined for the presence of oedema and also the sacral region for rashes or scars. The spine was examined to rule out any abnormality but none was detected.

Abdominal Examination

On Inspection; abdomen was ovoid in shape with a normal size compared with the gestational age. There was the presence of linear nigra, striae gravidarium and foetal movement. Nothing abnormal was found.

Measurement Of The Symphysio -fundal Height

In order to prevent stimulation of contractions, palms were rubbed together to generate warmth. The upper border of the symphysis pubis was located and the zero mark of the tape measure was placed on it. The tape was extended on the contour of the abdomen along the midline of the abdomen to the fundus of the uterus. The symphysio-fundal height was 37 centimeters with gestational age of 39weeks

Fundal Palpation; the fundus was palpated facing the head of the client, with both palms curved inwards to know the lie. A foetal buttock was felt as a soft mass at the upper pole of the uterus.

Lateral Palpation; One hand was used to stabilize the maternal uterus and the other hand used to palpate, a way to determine the back and the limbs. It was noticed that the rough part was the foetal limbs, was at the left side of the abdomen whiles the smooth part was the foetal back, which was at the right side of the abdomen.

Auscultation: the fetoscope was warmed by rubbing it in my palms; it was then placed over the area where the foetal back was located. The ear was in close, firm contact with the fetoscope while comparing it with the maternal pulse, with the hand not touching the fetoscope while listening to prevent production of extraneous sounds. The fetoscope was moved about

until the point of maximum intensity was located where the foetal heart was heard most clearly. The beats were counted for one full minute which read 138 beat per minute.

Pelvic Palpation; the feet of the client was faced. The knee of the client was flexed to help the abdominal muscles to relax. The palms of both hands were placed on either side of the abdomen just below the level of the umbilicus with fingers directed towards the symphysis pubis. A hard mass was felt indicating the presentation was cephalic. Lie was longitudinal. The position was right occipito anterior

Descent; The anterior shoulder of the foetus and the upper border of the symphysis pubis were located. Four fingers were admitted between the anterior shoulder and the symphysis pubis, which indicated that the descent was 4/5th above the pelvic brim.

Examination of the Vulva

Her permission was asked to inspect the genital area. Privacy was provided. She was assisted into the lithotomy position. Mons pubis was nicely shaved. There was no abnormality like trauma, episiotomy scar. There were no discharges and genital warts, ulcer of the vulva, varicose veins and rashes. She was encouraged to continue with the practice of good vulva hygiene. Client was asked to assume lateral position and sit up before getting out of bed. Hand washing was done and dried with a clean dry towel. All findings were recorded in her antenatal care book. All instrument used were disinfected. She complained of leg cramps and she was encouraged to extend her knee and flex foot upwards if the pain is severe. Her routine drugs were served. The routine drugs included:

- Tablet folic acid 5mg daily for 7 days
- Tablet ferrous sulphate 200mg daily for 7 days

- Tablet multivitamin 200mg daily for 7days
- Tablet paracetamol 1g tds for 3days

After all the interactions and care rendered to her, a schedule for a visit to her house on the 9th November, 2022 was discussed. She was thanked for her co-operation.

2.2 FIRST ANTENATAL HOME VISIT

On 09th November, 2022 at 4:30pm, Madam Agyeiwaa was visited in her house as arranged. The main purpose was to check on how she was faring, her physical wellbeing as well as her surroundings. The journey was made by motorbike. Client's house was located using the direction she gave on the day she came for antenatal care. On arrival, a seat was offered and a sip of water was taken. She lives in a compound house with about twelve rooms. Madam Agyeiwaa, her husband and her child were occupying one room. The house is built with cement blocks, but not plastered; it had a very clean environment. The floors of the house were not cemented and its doors and windows have louvers and nettings which prevent mosquitoes from entering the rooms. It is always opened to allow fresh air to enter the room. The source of water is from the community's tap which is near the house. They use this water for domestic purposes and also as a drinking water. She uses her veranda as a kitchen and cooks with a coal pot. There is a bathroom which is built with blocks and is detached from the main building. They use a nearby public toilet. Bathroom was very neat on inspection. The house environment was very neat with no bushes around. Refuse was kept in a plastic container with a lid at the back of the house which is sent to the main refuse damp every morning. The room is very spacious and well ventilated. She sleeps under insecticide treated

net. Her room is divided with a cross bar and curtains forming a bedroom and a hall. The bedroom had a healthy dressed bed with mosquito net and a chair. She complained loss of appetite. She was educated and reassured to eat in bit but regular intervals.

An opportunity was then taken to inspect her layette for labour. She has gotten all the needed items for labour and were well packed. She was also educated on true labour signs such as "show" and painful rhythmic regular contractions. Her husband was encouraged to support her in any way he could to ease stress and pressure. Madam Agyeiwaa and her family were then appreciated for their warm reception and permission was sought to leave. The next visit scheduled and was then seen off by client.

HOME ENVIRONMENT

PHYSICAL

She lives in a compound house with about twelve rooms. Madam Agyeiwaa, her husband and her child were occupying one room. The house is built with cement blocks, but not plastered; it had a very clean environment. The floors of the house were not cemented and its doors and windows have louvers and nettings which prevent mosquitoes from entering the rooms. It is always opened to allow fresh air to enter the room. The source of water is from the community's tap which is near the house. They use this water for domestic purposes and also as a drinking water. She uses her veranda as a kitchen and cooks with a coal pot. There is a bathroom which is built with blocks and is detached from the main building. They use a nearby public toilet. Bathroom was very neat on inspection. The house environment was very neat with no bushes around. Refuse was kept in a plastic container with a lid at the back of the house which is sent to the main refuse damp every morning.

PSYCHOSOCIAL

Madam Agyeiwaa said, she lives with her husband and their 5year old son in a compound house with co-tenant. Her relationship with them was very good. Madam Agyeiwaa said she attends funerals, weddings and outdooring of her family and co-tenants when necessary with her husband. She is in good terms with all her family members and co- tenants from the look of things. Client said anytime there is a problem, they sit with each other to settle things in other to make peace with each other. An introduction was made to them as a student midwife who will be taking care of her through pregnancy, labour and puerperium.

2.3 SECOND ANTENATAL HOME VISIT

The second home visit to Madam Agyeiwaa house was made on the 13th of November 2022 around 4:00pm. Greetings were exchanged as she offered a seat. The aim of the visit was to check up on her wellbeing and to enquire whether the education given was taken. She said she has sleep disturbance due frequent micturition. She was reassured and physiology of frequency micturition was explained to her. She was also assured of the competency of the midwives. She was asked to mention the true labour signs and she was able to recall all of them. She was then reminded to report immediately to the clinic if she experienced any of them. She was asked of the one who would accompany her to the clinic. She said her mother-in-law who lives nearby. She was also reminded to arrange with a taxi driver who would pick her to the Hospital when the need arise. The compound was checked and everything was well kept. Permission was sought to leave and she was reminded of the next visit to the facility.

2.4 Subsequent Visit to Antenatal Clinic

Madam Agyeiwaa came for Antenatal visit on 15th November, 2022 around 8:00am she was humbly welcomed and offered a seat. Her vital signs were checked and recorded as follows:

Blood Pressure	100/60 mmHg
Temperature	36.4^0C
Pulse	79 bpm
Respiration	20 cpm
Weight	58Kg

Client was asked to empty her bladder before palpation. She was sent to the examination room and privacy was provided. Client was asked to undress, sit and lie on her side on the bed. Client was covered with piece of cloth. Hand washing was done and dried with a clean dry towel. Client was asked to assume a supine position for head to toe examination. The head, eyes, ears, nose and mouth were inspected and no abnormalities were seen. The neck, breasts, upper and lower extremities were examined for abnormalities but none was seen. Client foot was examined for oedema and spine for any abnormality but no abnormality detected. Abdominal palpation was done and recorded as:

Gestational age	40weeks
Symphysio-fundal height	38 centimeters
Presentation	Cephalic

Lie	Longitudinal
Position	right occipito anterior
Foetal Heart Rate	142 beats per minute
Descent	$5/5^{th}$

All findings were explained to her and questions were asked. She complained of waist pains and backache. She was educated that it was as a result of the descent of the foetal and exaggerated lumber curvature during pregnancy. It was normal at this stage of pregnancy. She was encouraged to come to the hospital if she experienced any of the true signs of labour as made known to her during the second home visit. She was encouraged to continue taking the routine drugs that were given to her during her previous ANC visit. She was thanked and accompanied to the entrance.

2.5 ANTENATAL CARE PLAN

Nursing care plan is a guideline to nursing action in order to promote individualized care and continues care of the client. It is written to aid in identification of client's problems. Nursing diagnosis is made with the specific objective set regarding the problem. Interventions and evaluations are made at the end to ensure that all the objectives are met. Again, it ensures continuity of care. It paves way for good interpersonal relationship among staff, client and relatives.

PROBLEMS IDENTIFIED DURING ANTENATAL CARE

- Headache (8th November, 2022)
- Loss of appetite (9th November, 2022)
- Sleep disturbance (13th November, 2022)
- Backache (15th November, 2022)
- Waist pains (15th November,2022)

SHORT TERM OBJECTIVES

- Client's will be relieved from headache within 24hours.
- Client will eat at least half plate of food served within 24 hours.
- Client will have at least six (6) hours of sleep daily within 24hours
- Client will have reduced episodes of backache within 24hours
- Client will cope with waist pains by the end of pregnancy

LONG TERM OBJECTIVE

Madam Agyeiwaa will go through pregnancy, labour and puerperium

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES / OUTCOME CRITERIA	NURSING ORDER	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
08/11/22 at 8:30am	Headache related stress in pregnancy	Client headache will reduce within 24 hours as evidenced by client verbalizing that the headache has reduced.	1. Reassure client 2. Educate client on the need to have enough sleep and rest. 3. Serve prescribed analgesics. 4. Encourage client to drink adequate amount of water. 5. Check vital sign	1. Client was reassured. 2. Client was educated to have enough rest and sleep. 3. client was served with prescribed analgesics. 4. Client was encouraged to drink at least 8glasses of water every day. 5. Vital signs were checked to rule out hyperthermia	09/11/22 at 8:30am	Goal fully met as client verbalized that the headache has reduced.	A.E.B

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES/OUT COME CRITERIA	NURSING ORDERS	NURSING INTERVENTIONS	DATE/ TIME	EVALUATION	SIGN
09/11/22 at 5:00pm	Imbalanced nutrition; less than body requirement related to hormonal changes in late pregnancy.	Client will eat at least half plate of food served within 24hours as evidenced by 1.Client verbalizing that she can eat half plate of meal served. 2.Midwife observing client eat her favorite food.	1. Reassure client. 2.Serve client with food of her choice. 3. Serve client's food in bits and at regular intervals. 4. Serve more attractive meals. 5.Educate client on the need to take her routine drugs as prescribed	1. Client was reassured. 2. Client was served with food of her choice. 3.client's meal were served in bits and at regular interval. 4.Client was served with more attractive meals 5. client was educated on the need to take her routine drugs as prescribed to help improve her appetite	10/11/22 at 5:00pm	Goal fully met as client verbalizing that she can eat half plate of every food served.	A.E.B

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES / OUTCOME CRITERIA	NURSING ORDER	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
13/11/22 at 10:10 am	Sleep disturbance related to frequent micturition.	Client will have at least six hours sleep within 24hours as evidenced by 1. Client verbalizing, she slept for at least six hours sleep. 2. Client's husband saying her wife is now able to sleep at night.	1. Reassure client. 2. Educate client on the physiology of frequent micturition 3. Tell client to urinate before going to bed. 4. Educate client to limit the intake of fluids when going to bed. 5. Encourage client to eat as early as possible before going to sleep at night.	1. Client was reassured. 2. Client was educated on the physiology of the frequent. 3. Client was told to urinate before going to bed. 4. Client was also educated to limit the intake of fluids at night 5. Client was encouraged to eat as early as possible before going to sleep.	14/11/22 at 10:10am	Goal was fully met as client reported that she can sleep for six hours.	A.E.B

DATE & TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES / OUTCOME CRITERIA.	NURSING ORDERS	NURSING INTERVENTION	DATE & TIME	EVALUATION	SIGN
13/11/22 9:00am	Backache related to exaggerated lumber curvature during pregnancy.	Client will have reduced episodes of backache within 24hours as evidenced by client verbalizing that her pains has reduced.	1. Reassure her. 2. Educate client on the physiology of backache in pregnancy. 3. Advice client to have enough rest 4. Educate client to support her back with pillow when sleeping or sitting. 5. Serve prescribe analgesics	1. Client was reassured. 2. Client was educated that pain was as a result of effect of the hormone progesterone and relaxin which relaxes the pelvic ligament and muscles. 3. Client was advised to have enough rest. 4. Client was educated to support her back with pillow when sleeping or sitting. 5. Prescribed analgesics were served	14/11/2022 9:00am	Goal fully met as client verbalizing that her backache has reduced.	A.E.B

DATE & TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES / OUTCOME CRITERIA.	NURSING ORDER	NURSING INTERVENTION	DATE & TIME	EVALUATION	SIGN
15/11/22 9:30 am	Altered body comfort (waist pains) related to engagement of the fetal head	Client will cope with waist pain by the end of pregnancy evidenced by client verbalizing that she can now cope with pain	1. Reassure client. 2. Educate client on the physiology of waist pains. 3. Encourage client to ask adequate rest in between activities. 4.Administer prescribed analgesics. 5. Educate client's husband to help her wife with household chores.	1. Client was reassured. 2. Client was educated on the physiology of waist pains. 3. Client was encouraged to take adequate rest in between activities. 4. Prescribed analgesics were served 5 Client's husband was educated to help her wife with household chores.	16/11/2022 9:30am	Goal was fully met as client verbalized that her pain has reduced.	A.E.B

CHAPTER THREE

LABOUR

3.0 INTRODUCTION

This chapter talks about labour and it involves, management of first, second, third and fourth stages of labour. Immediate care of the baby at birth, examination of the baby, examination of the placenta and membranes, labour notes on condition of client and nursing care plan during labour.

3.1 ADMISSION AND MANAGEMENT OF LABOUR

Admission

On 23rd November, 2022 at 5:30pm Madam Agyeiwaa came to the facility with the history of labour pains. She was accompanied by her Husband and mother- in- law. They were warmly welcomed and offered a seat. Madam Agyeiwaa was given a bed. History was taken to confirm the true signs of labour. Madam Agyeiwaa said, she experiences painful uterine contractions and had seen 'show'. Enquiries were made about the foetal movement, vaginal bleeding, any medication taken before coming, ruptured membranes, the time of last meal eaten, the type of food taken and the last bowel action. Madam Agyeiwaa expressed some level of anxiety at 5:35pm as to what the outcome of labour would be. She was assured of the competency of staff present, her safety and a successful outcome. Also, the process of labour was explained to her and she was encouraged to ask any question that might be bothering her mind for clarification. According to Madam Agyeiwaa onset of labour pains started on the 23rd of November around 3:00pm but the pain intensified and she decided to come to the facility. Client complained of severe lower abdominal pains at 5:47pm. She was encouraged to cope with it since true labour had started and would be reduced after delivery. Explanation of every procedure to be carried

on her was given. On admission, Madam Agyeiwaa Haemoglobin level was 12.5g/dl and her vital signs was checked and recorded as follows,

Temperature	36.8^0C
Respiration	20cpm
Pulse	82bpm
Blood pressure	100/80mmHg

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Privacy was provided and explanation was given on procedure for physical examination from head to toe and she agreed. Madam Agyeiwaa was asked to empty her bladder before the examination. Madam Agyeiwaa was served with a bed pan to empty her bladder and a mid-stream specimen of urine were taken for urine testing. The urine was tested for glucose and protein and all were negative. The amount of urine measured was 150mls in straw colour. Madam Agyeiwaa was help to undress and cover with a cloth and was assisted onto the examination bed and a quick head to toe examination was done, her hair was inspected and it was neatly tied. Her conjunctiva was also inspected and it was neither pale nor jaundiced, nose and ears were also checked for discharges and there were none., the mouth was inspected but there were no cracks and sore, it was smooth. The tongue was as well inspected and it was normal without coating around it. The face was a bit tensed due to the painful uterine contractions. The neck was checked, there were no enlarged lymph nodes. The breasts were in good condition. The upper extremities were inspected and no abnormalities were detected with nails cut and short. The lower extremities was inspected and no abnormalities were detected.

Inspection: The abdomen was inspected, the shape was ovoid and big in size, linea nigra was present and foetal movement was seen.

Measuring of the symphisio-fundal height: symphisio -fundal height was 39cm with gestational age of 41weeks +1day.

On fundal palpation: the fundus was palpated and a soft mass was identified as fetal buttock.

Lateral palpation: to find the back and limbs of the fetus.it shows limbs on the right side of the abdomen and smooth fetal back was felt at the left side.
On pelvic palpation: the lie was longitudinal; presentation was cephalic and position was right occipito-anterior.

Descent: was determined by locating the anterior shoulder 2.5cm below the umbilicus and the symphysis pubis which admitted four fingers. Descent was $4/5^{th}$ palpated above the pelvic brim.

On auscultation: a warm fetoscope was place at the left side of the woman's abdomen for one minute to listen to the foetal heart rate and was recorded as 142bpm with a very good rhythm and volume.

Contraction was 3 in10 lasting for 32 seconds, 35seconds and 37seconds respectively.

Vaginal examination: At 6:00pm, consent was sought from the client to perform vaginal examination to help know the dilatation and she agreed. A sterile tray was set containing two gallipots, one containing savlon antiseptic solution, the other containing with sterile cotton wool swabs. A pair of sterile gloves and a receiver for used swabs and all covered with a sterile towel. Privacy was provided. Hands were washed with soap under running water and dried with a clean towel. Sterile gloves were worn and she was asked to flex her knees and thigh apart. The vulva was inspected for oedema, sore, warts, scar, vagina discharge but nothing abnormal was detected with the exception of vagina discharge which was normal with normal odour. The swab was dropped from the right hand into the left hand and used to swab the labia

majora and the minora using a swab in the for each. With the left hand parting the minora, the last swab in the right hand was used to clean the vestibule from anterior to posterior. Permission was again sought from her and the index and middle fingers of the right gloved hand was inserted slowly and gently into the vagina. On vaginal examination, the vagina was warm, roomy moist. The cervix was soft, thin, well applied to the presenting part and cervical dilatation was 4cm, membranes was intact and no moulding. Presenting part was well applied to the cervix. The ischial spines were blunt the sacrum was well curved and the sacral promontory was not reached. The pubic arch was wide, and the rectum was empty. On observation the examining fingers were clear and not offensive. Madam Agyeiwaa was cleaned nicely and a clean perineal pad was applied to the vulva. Hands were dip into a 0.5% chlorine solution and gloves were removed and discarded into a waste bin. Used equipment was decontaminated for 10 minutes. Hands were washed with soap under running water and dried with a clean towel. Madam Agyeiwaa was help to dress and made comfortable in bed. She was asked to lie on left hand side to prevent supine hypotension syndrome. All findings were communicated to her and recorded on the partograph sheet. The dilatation board was used to explain the cervical dilatation and progress of labour to her. She was thanked for her cooperation.

3.2 Preparation for Birth

In preparing for birth, the following were done:

•Identification of a helper: the helpers identified were a skilled helper who was the staff midwife around supervising labour and deliver. She will also help in resuscitation of the baby when the need arises. Also the unskilled helper was the husband, he was told not to be far from the ward because he would be called when needed.

•Emergency plan: was reviewed and it included the taxi driver whose telephone number was taken to assist us in transportation when the need arises. The telephone number of the advance care was already on the walls of the labour ward. Check emergency drugs and packs eg. Post-partum pack, eclampsia pack.

•Preparation of the area for delivery: the area for birth was cleaned. Cleaning of client's abdomen and chest for skin to skin care and the mother was informed that the baby will be delivered onto her abdomen. The room for delivery was kept warm by switching off fans, closing windows and doors. Adequate lightening was available.

• Prevention of infection: hands were washed before and after taking client's vitals and also before arranging the equipment and testing them for the delivery. All procedure to be carried out on client would be done under strict aseptic technique.

•Preparation of area for ventilation and equipment check: Resuscitation area was prepared and equipment for resuscitation were tested. The items included a ventilation bag-mask, suction device, and stethoscope, and head covering, clock and cot sheet.

3.3 MANAGEMENT OF FIRST STAGE OF LABOUR

Contractions, pulse and foetal heart rate were monitored every 30 minutes and dilatation, descent, temperature and blood pressure were monitored every 4 hours. The findings were recorded.

Water was provided for her to drink frequently to prevent thirst and dehydration. A bottle of malt drink was also provided for her. She complained of waist pains and fatigue at 7:20pm. Sacral massage was given whenever there was pain. She was also encouraged to empty her bladder whenever she had the urge. This would help in the descent of the foetal head. She was encouraged to do the deep breathing exercise with contractions as taught during the antenatal period. This prevent rigid and oedematous cervix resulting from pushing with contraction

before second stage. The physiology of the labour pains was explained to her. Education on perinea hygiene; the need to put on a clean pad when the old one was soiled. Also reuse a pad that had fallen was discouraged. Her mother was informed about the progress of labour and was taught to massage the sacral region.

At 10:00pm, vaginal examination was repeated. The vulva was normal, vagina was warm and moist, cervical os was 8cm dilated, cervix thin, soft and elastic, membranes were intact with moulding of 0. The descent of the head was $2/5^{th}$. The findings were recorded on a partograph.

Volume of urine passed was 120mls without protein, glucose or acetone. Vital signs were checked and recorded as follows:

Temperature	$36.4^{o}C$
Pulse	90bpm
Respiration	22cpm
Blood pressure	110/70 mmHg

Contractions were timed for 10 full minutes and it was 3 in 10 minutes lasting for 48, 46, 44seconds respectively, foetal heart rate was 138bpm. Findings were communicated to Madam Agyeiwaa and the progress of labour was explained to her using the dilatation board. She preferred the lithotomy position during delivery when discussed. She was informed that the baby would be delivered onto her abdomen to promote bonding and provide warmth. Resuscitation area was already prepared and the delivery trolley was set as delivery was eminent. She was seen sweating profusely at 10:10pm. She was served with a glass of water and sweat was wiped with damp towel to make her comfortable.

Top shelf

2 sterile artery forceps

Sterile Cord scissors

4 Sterile drape

Sterile towels

Sterile galipot containing sterile cotton wool swabs

Receiver /kidney dish

Lower shelf

Bed pan

Cheatle forceps in a container

Measuring jug

Perineal pads

Antiseptic lotion

Box Examination gloves

Box Sterile gloves

Box Cord clamp

Injection tray containing 10 units of oxytocin and vitamin k

Episiotomy set (unopened) sutures, lidocaine, scissors, syringes and needle

About 12:00am on 24th November, 2022, client had spontaneous rupture of membrane. She complained of bearing down and the urge to defecate. Another vaginal examination was done and the cervix was 10cm dilated. Cord prolapse was not ruled out during the vaginal examination and moulding was present (++). The Midwife in-charge was informed about the progress of labour and she confirmed the findings with another vaginal examination. Client was encouraged to breathe through her mouth, she was then informed that the baby would be delivered onto her abdomen.

3.4 Management of the Second Stage of Labour

Second stage of labour starts from the full dilatation of the cervix to the birth of the baby. It usually lasts 30minutes in multiparous women and 60minutes in primigravida. The second stage of labour starts from full dilation of the cervix (10cm) to the expulsion of the baby. It usually lasts for 30 minutes in multiparous women and 60 minutes in primigravida women.

All procedures to be carried on Madam Agyeiwaa was explained to her and she was also reassured. She was then assisted to assume lithotomy position upon her preference and her head was supported with pillow. Protective clothing such as plastic apron, boot, goggle, face mask, and cap were worn. Hands were washed with soap under running water and dried with a cleaned towel and the assistant was asked to open the delivery pack whiles surgical gloves were worn. Madam Agyeiwaa was draped with a sterile towel. Madam Agyeiwaa's vulva and upper thighs were swabbed with a sterile cotton wool balls soaked in a savlon solution. A clean perineal pad was placed to the anus to prevent faecal contamination of the delivery field. A sterile cot sheet was placed on Madam Agyeiwaa's abdomen and she was reminded that, the baby would be delivered onto her abdomen to provide warmth for the baby and also to initiate bonding, and she agreed. She was encouraged to push with each uterine contraction and rest in between contraction. As the baby's head advanced, the index and middle fingers were gently placed on the fetal head to aid flexion, and to allow the smallest diameter of the foetal head to pass through the pelvic outlet and to prevent the fetal head from popping out of the vagina expulsively which can result in perineal lacerations and intercranial haemorrhage to the baby. Madam Agyeiwaa's vagina was roomy so there was no need for episiotomy. When the fetal head crowned, Madam Agyeiwaa was asked to stop pushing and pant with contractions, the occiput escaped the pubic arch, extension of the head was aided to allow the sinciput, face and the chin to sweep the perineum for the head to be delivered. After the birth of the head, the eyes of the baby were gently wiped immediately with sterile cotton wool from inner canthus

of the eyes outwards using one swab at a time. Hands was passed around the neck to feel for cord around neck but no cord was felt. After restitution and external rotation of the head and the internal rotation of the shoulders had occurred which indicated that the shoulders were in anterior posterior diameter of the pelvic outlet. Hands were placed on the parietal bones of the fetus extending to the shoulders, the client was asked to push slowly and gently. A gentle downward traction was applied to deliver the anterior shoulder and with upward traction towards the mother's abdomen the posterior shoulder was delivered. The trunk and the rest of body of the baby was then delivered unto the mother's abdomen by lateral flexion and time of delivery was noted as 12:25am. The baby cried immediately after birth and the sex of the baby was notice as a female child. The baby was dried thoroughly and was covered with a new sterile cot sheet whiles on the mother's abdomen to promote warmth and bonding as well as skin to skin contact. Madam Agyeiwaa was congratulated and she complained of fatigue after the birth of the baby. The first Apgar score was 8/10 and Madam Agyeiwaa was again congratulated for her co-operation. The second stage lasted for 25minutes. Client was happy to have a baby girl.

3.5 **Immediate Care of the Baby**

Immediately after the delivery of the baby, the eyes were cleaned with sterile cotton wool from inside out. Two artery forceps were used to clamp the cord, one was placed two centimetres from the base of the umbilical cord and the other one was placed three centimetres from the first artery forceps and was cut in between with cord scissors within first 3 minutes. The cord was covered with gauze to avoid splashing of blood. Baby was wiped off liquor. Wet sheet was changed. Mother identified the sex. Baby was covered with a dry cot sheet for skin to skin for an hour. Baby's head was covered with cap to prevent heat loss. First minute Apgar score was 8/10 and the fifth minute Apgar score was 9/10. Identification band with mother's name, sex, date, and time of delivery was placed on baby's wrist. Breastfeeding was initiated.

First minute APGAR	SCORE
Appearance	2
Pulse/ heart rate	2
Grimace/ reflex	1
Activity/muscle tone	1
Respiration	2
Total	8/10

Fifth minute APGAR	SCORE
Appearance/ colour	2
Pulse/heart rate	2
Grimace/reflex	1
Activity/muscle tone	2
Respiration	2
Total	9/10

3.6 MANAGEMENT OF THIRD STAGE OF LABOUR

Third stage of labour starts from the delivery of the baby until expulsion of the placenta and it membranes and control of haemorrhage. It normally lasts 5-30minutes, mostly can last up to an hour.

The procedure was explained to Madam Agyeiwaa. Immediately the baby was delivered the uterus was palpated to exclude a second twin. 10 unit of oxytocin was given to mother intramuscular on the left thigh to help the uterus to contract. The cord was re-clamped closer to the vulva and the hanging end was placed in the receiver in between her thighs to receive the placenta and membranes. The bladder was emptied. Controlled cord traction was used in the delivery of the placenta in order to prevent inversion of the uterus. The left hand was placed on the fundus to feel for contractions and as soon as there was contraction, the left hand was moved onto the lower abdomen in the suprapubic area with the palm facing the mothers to steady the uterus. The clamped cord was held in the right hand. When the uterus was contracted, a very steady and gentle pull was applied on the cord to give a downward traction, still maintaining counter pressure. The downward traction was maintained until the placenta was visible at the vulva. The two hands were used to receive the placenta. Placenta and membranes were expelled completely at 12:30am. The placenta was quickly examined and placed in a receiver. The uterus was massaged to maintain contraction and expel clot.

Sterile gauze was wrapped around the first and second fingers of the two hands to inspect the cervix. The cervix and the vaginal walls were inspected, there were no tears found in the cervix, the vaginal wall, the vulva and the perineum. Blood loss per vaginum was approximately 250mls. She was cleaned up nicely and a clean perinea pad was applied. She was covered with a new sheet and made comfortable in bed. She was encouraged to rest at the labour ward. The client was taught to massage her uterus and she was encouraged to do same to aid in contraction

and involution. Baby was put to breast; she was also encouraged to urinate frequently so that the uterus could contract well to help in involution and to prevent postpartum haemorrhage.

3.7 EXAMINATION OF THE PLACENTA AND MEMBRANES

The placenta was placed in 0.5% chlorine solution before it was examined thoroughly. The placenta was held by the cord with the membranes hanging and the membranes were examined, 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 gap. The edges also forming uniform circle at the maternal surface. This meant there was no missing lobe. There were no white patches on the maternal surface, there was also no blood vessels radiating into the membranes which meant no succenturiate lobe. The cord was situated at the centre of the placenta with one vein. It had two arteries in the cord. No knots were found in the cord. Sulci were marked with complete lobes without any abnormalities. The foetal surface appeared greyish and shiny with blood vessels radiating through. Both placenta and membranes were complete. It was then discarded according to the protocol of the hospital. After this, the items used for delivery were decontaminated in 0.5% chlorine solution for 10 minutes. Items were then washed, rinsed, dried and packed for sterilization. Hands were then washed with antiseptic soap under running water and dried with clean dry towel. Findings were recorded on the partograph. Madam Agyeiwaa was thanked once again for her cooperation

3.8 Management of Fourth Stage of Labour

This is a period of six hours monitoring of the client vigilantly after expulsion of placenta and membranes to avoid postpartum haemorrhage. Madam Agyeiwaa and her baby were assisted to lying in ward and were observed for 6hours to rule out any postpartum complications. Every procedure to be performed on her was explained first. The symphysio-fundal height measured 16centimeters, lochia was rubra and moderate in quantity with no bad odour, the vulva was

cleaned, pad was changed and a clean one was applied. She was made comfortable in bed and vital signs was checked and recorded as;

Temperature	36.4^0C
Pulse	74bpm
Respiration	20cpm
Blood pressure	110/60mmHg

Client's vital signs was checked and recorded every 15 minutes for 2 hours, 30 minutes for 1 hour and hourly for 3 hours. She complained of fatigue but was reassured and encouraged to have some rest. Client was served with milk and malt per her request. Mother was encouraged to breastfeed the baby on demand and exclusively since the source of nutrient for the baby is the breast milk. She was encouraged to urinate frequently.

Examination of the newborn

Curtains were drawn, doors and windows closed fans switched off to prevent hypothermia. The baby was placed on a flat surface for head to toe examination. Baby was alert, cried normal after birth.

Fetal heart rate	134bpm
Respiration	44cpm
Temperature	36.7^0C,
Head circumference	32 cm
Full length	51cm

The Sutures and were normal. The anterior fontanelle was diamond shaped while the posterior fontanelle triangular. There was no discharge from ears. The pinna of the ear was well formed. The eyes were in alignment with the ears. There was no jaundice of the eyes. The nose was well formed with septum dividing it, and also patent with no discharges. There was no cleft in the lip or palate, false teeth or tongue tie in the mouth. Rooting, suckling and swallowing reflexes were present. There was no enlargement of lymph nodes or swellings of the neck. The shape and movement of the chest were normal. The upper extremities were equal with no extra digits. The shape and colour of the nail bed were normal. Grasping and Moro reflexes were present. There was no cord bleeding and the abdomen was not distended. Lower extremities were equal with no extra digits or webbing. There was no talipes detected. Congenital dislocation of the hip was examined using the Ortolani's test and no dislocation detected since a clunk was not felt. Back of baby was inspected for swellings, rashes, spinal bifida but there was none. Baby was weighed and recorded as 3.3 kilogram. Findings were communicated to the mother and recorded. Baby was wrapped in clean dry sheet and given to the mother to breastfeed.

Condition of baby at birth

Condition of baby at birth was good. This was because baby cried immediately after birth and had an APGAR SCORE of 8/10 in the first minute and 9/10 in the five minutes. Head to toe examination done and no abnormalities detected on examination. Breastfeeding initiated.

APGAR SCORE	FIRST MINUTE	FIFTH MINUTE
APPEARANCE	2	2
PULSE	2	2

GRIMACE	1	1
ACTIVITY	1	2
RESPIRATION	2	2

The following findings were obtained and recorded as;

Temperature	36.7 degree Celsius
Apex heart rate	134 beat per minute
Respiration	44 cycles per minute
Baby's weight	3.3 kilograms
Head circumference	32centimetres
Length	51centimetres

Prevention of Diseases

This is a care given to newborn babies usually within first 90 minutes after birth. This includes treating the eyes with eye drops or ointment to prevent eye infections like ophthalmia neonatorum, which is a serious condition and can lead to blindness and is notifiable within 24 hours after delivery. Cord dressing with sterile cotton wool swab soaked in methylated spirit to prevent infections of the cord like tetanus. Vitamin K was administered intramuscularly into the middle third of the vastus lateralis to prevent haemorrhagic diseases of the newborn like cord bleeding and many more.

SUMMARY OF LABOUR

On the 24th November,2022 at 12:25am, Madam Agyeiwaa had spontaneous vaginal delivery to a live female child. At 12:26am, injection oxytocin 10 international units (IU) were given (IM). Apgar score first minute was 8/10, fifth minute 9/10. At 12:30am the placenta and membranes were completely delivered. Sex of baby was a female. Baby weight 3.3kg. Perineum was intact, blood loss was 150millimeters.

3.9 CONDITION OF MOTHER

Blood pressure 120/80 millimetres per mercury. Pulse 81 beat per minute. Respiration 17 cycle per minute. Temperature 36.5 degree Celsius. Fundal height 16centimeters. Uterus Contracted. Lochia Red (rubra) and scanty. Perineum Intact. Condition Satisfactory. Estimated blood loss 150mls.

3.10 CONDITION OF BABY

Apgar score First minute 8/10. Fifth minute 9/10. Sex was female. Temperature of 36.7degrees Celsius. Birth weight 3.3 kilograms. Apex heart rate 134 beats per minute. Respiration 44 cycles per minute. Length of the baby 51 centimetres. Head circumference 32 centimetres. Meconium Passed. Urine Passed. No abnormalities detected. Condition Satisfactory

MANAGEMENT OF THE MOTHER

Madam Agyeiwaa's vitals were monitored as stated below as well as her general wellbeing. Her abdomen was massaged to expel clots. The introitus was inspected for any active bleeding after the third stage. She was reminded to empty her bladder whenever she felt the urge. She was also to change her perineal pad when soaked. Client was given Malt drink and some sips of water per her demand. Her vital signs were monitored again and recorded as follows;

Temperature	36.4^0C
Pulse	88 bpm
Respiration	19cpm
Blood pressure	110/80mmHg

The symphysio fundal height was measured and recorded as 16 centimetres. Her personal hygiene was ensured by assisting her to take her bath. Madam Agyeiwaa was asked to wear her pant to prevent her pad from falling to prevent infection. She complained of after pains and was given 1 gram of Tablet Paracetamol.

3.11 Labour Care Plan

Problems Identified During Labour

On the 23th November, 2022, Madam Agyeiwaa complained given were

- Anxiety (5:35pm)
- lower abdominal pains (5:47pm)
- Waist pain (7:20pm)
- Fatigue (7:20pm)
- Profuse sweating (10:10pm)

Short Term Objectives

- Client will be relieved of anxiety within four hours.
- Client will cope with painful uterine contractions within 30 minutes.
- Client will cope with waist pains within 30minutes
- Client's fatigue will be reduced within 6 hours
- Client will remain well hydrated and comfortable within 1 hour

Long Term Objectives

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

LABOUR CARE PLAN

DATE/TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES/OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTIONS	DATE/ TIME	EVALUATION	SIGN
23/11/22 at 5:35pm	Anxiety related to unknown outcome of labour	Madam Agyeiwaa will be relieved of anxiety within 4 hours as evidenced by: 1. Client verbalizing that she is no more anxious. 2. midwife observing that client was no longer asking questions and facial expressions had changed	1. Reassure Madam Agyeiwaa 2. Explain every procedure to client and companion 3. Educate client on some of the possible outcomes 4. Encourage client to ask questions 5. Answer questions carefully and correctly. 6. Use the dilatation board to explain the progress of labour.	1. Madam Agyeiwaa was reassured. 2. Every procedure was explained to client and companion 3. Client was educated on some of the possible outcomes of labour. 4. Client was encouraged to ask questions. 5. Questions were carefully and correctly answered 6. The dilatation board was used to explain the progress of labour.	23/11/22 at 9:35pm	Goal met as Madam Agyeiwaa verbalized of relieved anxiety. Midwife observed that client was not asking questions and also her facial expressions had changed.	A.E.B

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTIONS	DATE/ TIME	EVALUATION	SIGN
23/11/22 at 5:47pm	Impaired body comfort (lower abdominal pains) related to strong uterine contractions during labour.	Madam Agyeiwaa will cope with painful uterine contractions within 30 minutes as evidence by Madam Agyeiwaa verbalizing that she is coping with the labour pains. Midwife observing client coping with the pain.	1.Reassure client 2. Explain the physiology of lower abdominal pains to client. 3. Engage client in conversation 4. Massage client's sacral region. 5. Encourage client to empty her bladder 6. Educate Madam Agyeiwaa on breathing exercise.	1. Client was reassured. 2. Physiology of lower abdominal pain was explained to client 3. Client was engaged in conversation. 4.Sacral massage was done 5. Client was encouraged to empty her bladder. 6. Madam Agyeiwaa was educated on the breathing exercise	23/11/22 at 6:17pm	Goal met as Madam Agyeiwaa said that she coped well with the pains. Midwife observed client coped with the pain.	A.E.B

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES/OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTIONS	DATE/ TIME	EVALUATION	SIGN
23/11/22 at 7:20pm	Altered body (waist pains) related to labour.	Madam Agyeiwaa will cope with waist pain within 30minutes as evidenced by 1.client verbalizing that she can now cope with pain. 2. Midwife observing that client has been coping better with pain	1. Reassure Madam Agyeiwaa. 2. Educate her on the physiology of waist pain 3.Perform sacral massage 4. Educate her to adopt a comfortable but appropriate position. 5. Engage client in diversional therapy like conversion	1. Madam Agyeiwaa was reassured. 2. She was educated on the physiology of waist pain. 3. Sacral massage was performed on client. 4. She was educated to adopt a comfortable position e.g. lying on her left side 5. Diversional therapy was given(conversion)	23/11/22 at 7:50pm	Goals met as Madam Agyeiwaa said that she coped well with the pain. Midwife observed that the client cope well with the pain	A.E.B

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES/OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTIONS	DATE/ TIME	EVALUATION	SIGN
23/11/22 aty 7:20pm	Activity intolerance (Fatigue) related to physical stresses of labour.	Madam Agyeiwaa fatigue will be reduced within 4 hours as evidenced by client verbalizing that the fatigue has been reduced. Midwife observing that client fatigue has reduced.	1. Reassure client. 2. Educate her to rest and sleep. 3. Ensure quiet environment for rest and sleep 4. Maintain client nutritional needs by serving her with food to replace energy lost. 5. Educate clients relative to support her in caring for the baby.	1. Client was reassured. 2. Client was educated to rest and sleep. 3. A quite environment was ensured for rest and sleep. 4. Client nutritional need was maintained by serving food to replace energy lost. 5. Clients relative was educated to support client to care for baby so that fatigue will be relieved.	23/11/22 at 11:20pm	Goal met as Madam Agyeiwaa verbalized that her fatigue has been reduced. Midwife observed that client fatigue has reduced.	A.E.B

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES/OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTIONS	DATE/ TIME	EVALUATION	SIGN
23/11/22 at 10:10pm	Risk for fluid volume deficit related to excessive sweating.	Client will remain hydrated within 1hour as evidenced by midwife indicating that client has a good muscle tone	1. Reassure client. 2. wipe client's face with wet towel frequently. 3.Give sips of water frequently to client at regular interval. 4.Open nearby windows to allow for good ventilation. 5.Switch on nearby fans. 6.Help client to put on light clothings	1. Client was reassured. 2. Client face was wiped with wet towel Frequently. 3. Sips of water were given to client at regular interval, 4.Nearby windows were opened to allow for good ventilation 5.Nearby fans were switched on. 6.Help was given to client to put on light clothings	23/11/22 at 11:10pm	Goal fully met as midwife evidenced that client had good muscle tone.	A.E.B

CHAPTER FOUR

PUERPERIUM

4.0 INTRODUCTION

This chapter gives brief information about the subsequent care given to the mother and her baby after delivery. Care plan was drawn for the management of problems identified during puerperium.

PUERPERIUM

Puerperium is the period after the delivery of the placenta and membranes and control of haemorrhage and continues for six weeks. During this period all the systems in the woman recuperates from the effect of pregnancy and return to their non-pregnant state. Myles (2009)

4.1 DAY OF DELIVERY

On 24th November, 2022, Madam Agyeiwaa was sent into the lying-in-ward. She was encouraged to empty her bladder frequently to help in the contraction of the uterus. Early ambulation was emphasized to promote effective circulation and drainage of lochia. She was also educated to change her perinea pad frequently to help prevent infections. She was asked to wash hands with soap and water after removing her perinea pad, visiting the toilet and before touching her breast and the baby.

The following were her vital signs:

MOTHER'S VITAL SIGNS

Temperature	36.5 degrees Celsius
Pulse	74beats per minute

Respiration	20 cycles per minute
Blood pressure	110/80 millimetres of mercury

BABYS VITAL SIGNS

Temperature	36.7 degrees Celsius
Pulse	134beats per minute
Respiration	44cycles per minute
Weight	3.3 kilogram

Vital signs were checked every 15 minutes for two hours, 30 minutes for one hour and hourly for the next three hours in the next six hours after delivery. Head to toe examination was performed on her and no abnormalities were detected. The lochia was red (Rubra) in colour, small in quantity with no offensive odour. Symphysio-fundal height was 16cm. Client was encouraged to massage the uterus by rubbing the fundus with the palm to help in the involution of the uterus and arrest haemorrhage. She was taught how to massage the uterus by herself. Client was asked to report any changes or abnormality like bleeding immediately. Baby's diaper was changed because she passed meconium and urine. She was dressed nicely, wrapped in a warm sheet to maintain her temperature and placed beside her mother to suckle. The mother was once again congratulated for a successful delivery.

4.2 SUBSEQUENT CARE OF THE BABY

Baby was examined from head to toe in the fourth stage. There was no abnormality detected. The cord was inspected for bleeding but it was clean and dry. Client was educated on how to care for the baby by providing warmth to the baby, preventing cord infection and also to report

to the clinic immediately if baby's condition change. Baby Yaa was given Bacilli Chalmette Guerin (BCG) and Polio "O" vaccine around 9:00am. Mother was educated not to apply anything to the site in order to ensure effectiveness of the drug. This immunization was aimed at protecting the baby from acquiring Tuberculosis and Poliomyelitis respected. Baby was kept under observation until discharge.

BABY BATHING

REQUIREMENTS

Soap

Sponge

Cream/ powder

Sterile cotton in a galipot or wrapped

Basin

Towels: 1 big towel and 3 small ones

Cot sheets 2

Apron

Gloves

A clean baby dress, cap and socks (if available)

Mackintosh

2 jugs containing hot and cold water each

Two receptacles for used water and dirty linen

A receiver for used swab

Baby was given the first baby bath 6hours after delivery that is around 6:30am on 24th November, 2022. The procedure was explained to mother and a trolley was set. A plastic apron was worn. Hands were washed with soap, water and dried with a clean towel. The water was

mixed and the temperature was tested using the elbow. Sterile gloves were worn and baby was placed on a flat surface. She was undressed and wrapped in a big cot sheet. The eyes were cleaned with gauze soaked in clean water from inner cantus to outer cantus. Her face was cleaned with damp face towel and dried. The baby's neck was supported with one hand using two fingers of the hand to protect the ears and the head was washed with soapy sponge. With the body resting on the forearm and still supporting the neck the baby was place at the edge of the bowl to rinse the soap off the head and dried. She was exposed; arms and front of trunk to the feet were washed paying attention to skin folds. The baby's back was turned with one hand supporting the chest and back was washed down to the feet paying attention to the skin folds. She was immersed in a bath of warm water and rinsed thoroughly with the head above the water. The baby was place on a flat surface covered with clean sheet. The baby was dried by using a clean small towel paying attention to the skin folds. She was oiled and dressed up.

CORD DRESSING:

This procedure was explained to the mother to gain her consent. Hands were washed with soap under running water and dried with clean towel after baby was bathed, sterile gloves were worn, and the clamp of cord was observed for looseness. The cord was dressed with cotton wool swabs soaked in methylated spirit, baby was wrapped in a towel to keep her warm and the mother was asked to protect her whiles on the table. A tray set containing a receiver and galipot with cotton wool swabs soaked in methylated spirit. Procedure was explained to the mother. An apron was worn, nearby windows were closed, Hands were washed thoroughly with soap and water and dried with a clean towel. Sterile gloves were worn and cord was exposed. Cord was inspected for bleeding but no bleeding was observed. A cotton wool swab was used to hold the tip of the cord with one swab soaked in spirit, The skin around the cord was swab 5cm away from the base of the cord, the stem of the cord was swab from base upwards using a swab for each stroke finally the tip of the cord was swab with cotton wool

swab soaked in methylated spirit, cord was then left exposed to facilitate dry gangrene. A diaper was put on the baby folded below the umbilicus, baby dressed and wrapped with clean cot sheet and given to her mother and offers feedback. The waste materials were discarded according to infection prevention protocol the gloved hands were immersed in 0.5% chlorine solution and removed inside out. Hand washing was done with soap and water and dried with a clean towel and findings recorded.

Education Given to Mother on Baby

Mother was educated to wash hands thoroughly with soap and under running water before feeding baby. The mother was educated on proper attachment of the baby to the breast to prevent breast engorgement and its management was given. She was told to allow baby to empty one breast before given the other one. Mother was educated not to add any complementary feed to the breast milk but to do exclusive breastfeeding. She was told the anterior fontanelle closes by itself within one and half years and the posterior within six weeks. Education was also given on how to clean the cord and not to use anything apart from what was given to her to dress the cord. This was to prevent infection of the cord.

4.3 Day of Discharge

The day of discharge was on 24th of November,2022. She woke up looking strong and healthy. She brushed her teeth and was assisted to take her bath. She was served with porridge and bread by her husband. Head to toe examination was done and no abnormalities were detected on both mother and baby. Lochia was rubra. Baby bath was done on baby and cord dressed in the presence of mother. She was taught how to dress the cord with six cotton wool swabs so. She complained of after pain. She was served with tablet paracetamol 1gram start to help relieve the pain. She was reassured and encouraged to perform postnatal exercises to strengthen the pelvic floor muscles and was encouraged to breastfeed the baby on demand, it helps in

contraction thus involution of the uterus and also encouraged to assume proper position when breastfeeding. Client was educated on the need to fix baby properly when breastfeeding. Around 3pm prior to discharge check was done on client and recorded as follows:

Temperature	36.4 degrees Celsius
Pulse	80 beat per minute
Respiration	22 cycles per minute
Blood pressure	120/70 millimetres of mercury
Symphysiofundal height	16 centimetres

Lochia was bright red with small flow and also not offensive. The baby passed meconium and urine. No abnormalities detected on head to toe examination.

Baby's vital signs and assessment were;

Temperature	36.8 degree Celsius
Apex heart beat	135 beat per minute
Respiration	42 cycles per minute
Weight	3.3kilograms

The baby was re-examined head to toe and confirmed by the midwife in charge to exclude any abnormality of the baby before discharge. Baby was dressed nicely in a warm and clean baby sheet. Baby was handed over to her mother to breastfeed. She was encouraged to report on danger signs of the baby such as fever difficulty in breastfeeding and breathing problems. She was told to pack her belongings because she would be discharged home. She was told she will be visited at home to provide care for her and baby. She was also reminded to come for one-

week postnatal care on 2nd December, 2022. She was educated to do exclusive breastfeeding, recognizing and management of common breastfeeding problems like breasts engorgement. She was educated on proper hand washing (washing hand with soap under running water) before and after each feed which is a way of helping to prevent infections. The mother was educated on the need to use methylated spirit in dressing the cord. The mother was educated to complete immunization schedule. She was educated on the need for registration of birth. She was taught to eat well balanced meal, fruits to enhance in the prevention of constipation and also promote growth and development. Her bills were taken care of, by the National Health Insurance scheme. Her husband was encouraged to give support to the mother in the care of the baby and the other child. All documents were signed and recorded. At 3:30 pm, client was discharged and was informed that she would be visited at home the next seven days continuously to ascertain the health of the mother, baby and the entire family. She thanked all the staff and also bid farewell to the other clients at the ward. She was accompanied to the junction for her to board a taxi home.

Postnatal Home Visits

4.4 **First Postnatal Home Visit**

The first day postnatal home visit to Madam Agyeiwaa house was on the 25th of November, 2022 around 8:30am and 4:00pm. She looked healthy and had just finished washing some few clothing of the baby when visited in the morning. She was asked about the after pain and she informed me that it has subsided. Head to toe examination was done and no abnormalities were detected. Perinea pad was inspected and lochia was red with small flow and not offensive. Symphysiofundal height was 15centimetres. Vital signs were checked and recorded as:

	Morning	**Evening**

Temperature	36.6^0c	36.8^0c
Pulse	75 bpm	78 bpm
Respiration	19cpm	18cpm
Blood pressure	110/80 mmHg	120/70 mmHg
Fundal height	15 centimeters	15centimeters

Baby's weight and vital signs checked and recorded as;

Temperature	36.5^0c	36.7^0c
Apex heart rate	136bpm	134bpm
Respiration	42 cpm	43 cpm
Weight	3.2Kg	3.2Kg

Top and tail was done on baby and cord dressed. Cord was clean and dry without any odour. Baby had passed stools and urine. She was given to the mother to be breastfed and client gave no complaints and permission was sought to leave.

4.5 **Second Postnatal Home Visit**

On 26th November, 2022 was the second day postnatal home visit to Madam Agyeiwaa around 8:30 am and 5:30 pm. Husband was present in the morning and was happy that both mother and baby were being taken care of. They were greeted and a seat was offered. She was seen to have engorged breast, which occurred as a result of poor attachment of baby to breast. She was assisted to attach the baby correctly to breast and other breastfeeding positions were reinforced. She was encouraged to express the breast milk and to apply warm and cold compress alternatively. Top and tail was done on baby and cord was dressed with cotton soaked in

methylated spirit, and the cord was clean and dry with no signs of infection. Head to toe examination was done on both mother and baby and no abnormalities were detected and uterus was well contracted. Vital signs including fundal height of client was checked and recorded and permission was sought to leave having informed the client of the next visit the following day.

	Morning	**Evening**
Temperature	36.8 degree Celsius	37.0 degrees Celsius
Pulse	79 beat per minute	78 beat per minute
Respiration	18cycles per minute	19cycles per minute
Blood pressure	100/60 mmHg	110/70 mmHg
fundal height	14 centimeters	14 centimeters
Lochia	Rubra	Rubra
Uterus	Contracted	Contracted
Breast	Lactating	Lactating

Assessment made on the baby recorded the following;

	Morning	Evening
Temperature	36.7 ^{0}C	36.9^{0}C
Apex heart rate	134bpm	132bpm
Respiration	42 cpm	40cpm

Weight	3.1Kg	3.1Kg
Skin colour	Pink	Pink
Cord condition	Clean and dry	Clean and dry
Suckling	Present	Present
Stool colour	Greenish brown	Greenish brown

4.6 **Third Postnatal Home Visit**

Madam Agyeiwaa was visited on 27th November, 2022 at 9:30 am and 4: 30pm. Baby and mother were in good health as well as her son who was very happy of having a sister. Hands were washed and dried. Head to toe examination was done on both mother and baby and no abnormalities were detected. Baby was bathed with warm water and cord was dressed. She was asked how she was coping with the breast engorgement she complained about previously. She said the prominent veins have resolved but the tenderness of the breast still existed. Baby had passed stools and urine. She complained of fatigue and backache. she was encouraged to have enough rest during the day and also during the night and to plan her activities also to use proper body mechanism when breast feeding. She was thanked and informed of my visit the next day. The baby suckled well and also looked healthier. Mother and baby's vital signs were checked and recorded as follows:

Assessment and mother's vital signs recorded

	Morning	Evening
Temperature	36.5^0C	36.7^0C
Pulse	80bpm	82bpm

Respiration	21cpm	20cpm
Blood pressure	100/60mmHg	110/60mmHg
Fundal height	13cm	13cm
Lochia	Rubra	Rubra
Uterus	Contracted	Contracted
Breast	Lactating	Lactating

Assessment of the baby's vital signs recorded;

	Morning	Evening
Temperature	36.5 ^{o}C	36.7 ^{O}C
Apex heart rate	137 bpm	135bpm
Respiration	40 cpm	41 cpm
Weight	3.0Kg	3.0Kg
Skin colour	Pink	Pink
Cord condition	Clean and dry	Clean and dry
Suckling	Present	Present
Stool	Passed	Passed

4.7 FOURTH POSTNATAL HOME VISIT

The fourth day postnatal home visit was on 28th November, 2022 at 7:00am. Greetings were exchanged with client and her family after which a seat was offered in client's room. Mother and baby were both in a healthy condition according to mother and physical observation. Her breasts were now soft and lactating well and was asked how she coping with the fatigue and she said she was okay now. Lochia was red{Rubra} and not offensive. Symphysio – fundal height was 12cm. Head to toe examination was done and no abnormality was detected. Client's vital signs was checked and recorded as follows:

Temperature	36.3degrees Celsius
Pulse	82 beats per minute
Respiration	20 cycles per minute
Blood pressure	110/60 mmHg

Baby was top and tailed and head to toe examination was done; no abnormalities were found. Baby's cord had dried and almost detaching. The cord was dressed with sterile cotton wool swabs and methylated spirit. Vital signs and weight were taken and recorded as follows:

Temperature	37.0 degrees Celsius
Apex heart beat	130 beats per minute
Respiration	42 cycles per minute
Weight	3.0 kilograms

Client was reminded on how to breastfeed the baby well. Permission was sought to leave and return the following day.

4.8 FIFTH POSTNATAL HOME VISIT

On 29th November, 2022 at 8:00am. The condition of mother and baby was very good. Head to toe examination was done after explaining the procedure to her. Permission was sought and perinea pad was inspected. Lochia was pink (serosa). Nothing abnormal was detected. Her symphysio fundal height was 11cm and vital signs were checked and recorded as follows;

Temperature	36.4 degrees Celsius
Pulse	80 beats per minute
Respiration	22cycles per minute
Blood pressure	110/70 millimeter of mercury

Baby Yaa was top and tailed by the mother and cord stump dressed under supervision as the cord had detached the previous evening. Head to toe examination was done and no abnormality was found. Baby's vital signs and weight were checked and recorded as follows;

Temperature	36.8degree Celsius
Apex heart beat	135beat per minute
Respiration	40cycles
Weight	3.1kilogram

Madam Agyeiwaa complains of sleep pattern disturbance as a result of night feeding. She was reassured and educated on the various position to assume when breastfeeding was reminded of the first postnatal visit to the clinic and she said she was very grateful. All the findings were explained to Madam Agyeiwaa, permission was sought to leave and was granted. We bid farewells and left the house.

4.9 SIX DAY POSTNATAL HOME VISIT

The sixth day postnatal home visit was made to Madam Agyeiwaa's house on 30th November, 2022 at 8:00am. Both mother and baby were both in a healthy condition. On head to toe examination, no abnormalities were seen on the mother. Her breast was lactating well. Symphysio Fundal height was 10cm. Inspection of the lochia was done and the colour was pink (serosa). The flow was scanty without any bad odour or itching.

Client's vital signs were checked and recorded as follows:

Temperature	36.7^0C
Pulse	70bpm
Respiration	20cpm
Blood pressure	110/70 mmHg

Baby was already bathed, head to toe examination was done and no abnormality was found on the baby. She was educated to change the baby's cloths and diapers frequently when they get wet or soiled to prevent rashes. The stump was then dressed and the area was cleaned and dried.

Weight 3.2kg

Baby's vital signs were taken and recorded as follows:

Temperature	36.9^0c
Apex heart beat	140 bpm
Respiration	44 cpm
Weight	3.2kg

Madam Agyeiwaa was thanked for her co-operation throughout the postnatal home visits and she was told to come to the facility on 2nd December, 2022.

4.10 SEVENTH DAY POSTNATAL VISIT

On 1st December, 2022 at 9:00am. The condition of mother and baby was very good. Head to toe examination was done after explaining the procedure to her. Permission was sought and perinea pad was inspected. Lochia was pink (serosa). Nothing abnormal was detected. Her symphysio fundal height was 9cm and vital signs were checked and recorded as follows;

Temperature	36.4^0C
Pulse	85bpm
Respiration	20cpm
Blood pressure	110/60mmHg

Baby Yaa was top and tailed by the mother and cord stump dressed under supervision. Head to toe examination was done and no abnormality was found. Baby's vital signs and weight were checked and recorded as follows;

Temperature	36.5degree Celsius
Apex heart beat	139beat per minute
Respiration	48cycles
Weight	3.3kilogram

Madam Agyeiwaa said she has no complains and was reminded of the first postnatal visit to the clinic and she said she was very grateful. All the findings were explained to Madam Agyeiwaa, permission was sought to leave and was granted.

4.11 FIRST POSTNATAL VISIT TO THE CLINIC (ONE WEEK)

Madam Agyeiwaa came to the postnatal clinic on 2nd December, 2022 at 10:10am with her sister for her first postnatal visit. They were welcomed immediately and offered seats. Client was asked about how her family was doing and she said they were all doing well. Every procedure to be done was explained to her to gain her consent and her vital signs were taken and recorded as follows;

Temperature	36.6^0C
Pulse	78bpm
Respiration	21cpm
Blood pressure	110/60 mmHg

She was given a specimen bottle to take midstream specimen as she went to empty her bladder. Her urine was tested for albumin and glucose and both were negative. Haemoglobin level was 11.7 grams per decilitre after blood sample was taken and tested. Privacy was provided, client was helped to undress and a piece of cloth wrapped around her. She was helped onto the examination bed. Head to toe examination was performed. Client's hair looked very tidy. The eyes and nose were inspected and no abnormality was found. The conjunctiva was neither pale nor jaundiced. Breasts were examined but there were no masses present, engorgement or soreness of the nipples and breasts were lactating well. The upper extremities were inspected and no abnormality was present. On abdominal examination, the abdomen was normal, after palpation Symphysio-fundal height was 8cm. The lower extremities were also inspected and no abnormalities like oedema and tenderness in the calf muscle were found. Findings were communicated to her and she was commended for her co-operation. Baby Yaa was also examined from head to toe, no abnormalities detected and fontanelles and sutures present. The eyes, ears and nose were inspected as well as the lips and mouth, but no abnormality was found.

The chest was inspected and there was no in drawing, the cord was inspected for bleeding and none was found, the upper extremities were inspected or equality and capillary refill of the nail bed and no abnormality was detected and no abnormality was detected at the lower extremity and the back of the baby on inspection. The baby's vital signs and weight were checked and recorded as follows;

Temperature	36.8^{o}C
Apex heart beat	134 bpm
Respiration	41 cpm
Weight	3.4Kg

After the examinations, findings were communicated to client that nothing abnormal was detected on the baby. Client was thanked for her cooperation.

TERMINATION OF CARE

Explanation was given to Madam Agyeiwaa on the need to be handed over to the midwife in charge and Public health nurses for continuity of care on 2nd December, 2022, at 11:30am. Explanation was made to her that our program had ended on the 2nd December,2022 but client and her Mother in- Law were seen with unhappy faces but was reassured of midwife in-charge's competency. Client was accompanied to her house and a seat was offered. Client and her mother-in law together with her partner were thanked for their co-operation, information provided throughout the study, they were reminded to register their baby at the birth and death registry. Also, to complete baby's immunization schedule and permission was sought to leave.

4.12 SIX WEEKS POSTNATAL VISIT TO THE CLINIC

According to the midwife-in-charge, on the 5th January 2022, Madam Agyeiwaa visited the clinic with the baby for her sixth week postnatal review and was warmly welcomed by the midwife-in-charge. Both mother and baby were in good condition. She had no complains. Haemoglobin level was 12.0g/dl according to the laboratory investigations done and urine tests for protein and glucose were negative. Her vital signs and weight were recorded as;

Temperature	36.4 degree Celsius
Pulse	79 beats per minute
Respiration	23 cycles per minute
Blood Pressure	110/70mmHg
Weight	46 Kilograms

Baby's vital signs and weight were also checked and recorded as;

Temperature	36.7 degree Celsius
Respiration	42 cycles per minute
Pulse	124 beats per minute
Weight	5.2 Kilograms

Physical examination was carried out on Madam Agyeiwaa and no abnormality was detected. Breasts were lactating well, involution had taken place but menstruation had not commenced. Baby's general condition was good on head to toe examination; baby's posterior fontanelles was closed. Client was handed over to the midwife in charge at the clinic for baby's immunization (against Polio, Diphtheria, Pertussis, Tetanus, Haemophilus influenza type B Hepatitis) 0.5ml given to children at six weeks. The extra vaccines namely pneumococcal

(0.5ml) and rotavirus (1.5ml) for protection against pneumonia and diarrhoea respectively were also given. These were recorded in the child's health record booklet. They were then handed over to the child welfare clinic and family planning unit to ensure continuity of care. She was educated to consult them in case of any problem. All findings were communicated to Madam Agyeiwaa. She was congratulated.

4.13 CARE PLAN DURING PUERPERIUM

PROBLEMS IDENTIFIED DURING PUERPERIUM

1. After pain (24th November,2022)
2. Breast engorgement (26th November, 2022)
3. Fatigue (27th November, 2022)
4. Backache (27th November,2022)
5. Sleep disturbances (29th November,2022)

SHORT TERM OBJECTIVES

Client will be relieved of after pains within 72 hours.

Client`s breast engorgement will reduce within 48 hours

Client will be relieved of fatigue within 24 hours.

Client`s backache will reduce within 24 hours.

Client will be able to sleep 1 hours during the day and 4 hours during the night within 24 hours.

LONG TERM OBJECTIVES

Madam Agyeiwaa and her baby will go through puerperium successfully without any complications.

PUERPERIUM CARE PLAN

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES/OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTIONS	DATE/ TIME	EVALUATION	SIGN
24/11/22 at 9 :00am	Altered body comfort (After pain) related to involution of the uterus.	Client after pains will be relieved within 72 hours as evidence by client verbalizing that she is no more in pain.	1. Reassure her. 2. Explain the physiology of after pains to client. 3. Educate her on early ambulation and postnatal exercises. 4.Encourage client to breastfeed baby continuously on demand 5.Serve prescribed analgesics.	1. Client was reassured. 2. The physiology of after pains was explained to client. 3. Client was educated on early ambulation and postnatal exercises. 4. Client was encouraged to breastfeed continuously on demand. 5. Client was served with tab paracetamol 1g.	27/11/22 at 9:30am	Goal fully met as client verbalizing that she is no more in pain.	A.E.B

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES/OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTIONS	DATE/ TIME	EVALUATION	SIGN
26/11/22 at 9:00am	Pain (Breast engorgement) related to incomplete emptying of the breasts	Client breast engorgement will relieved within 48 hours as evidence by client verbalizing that she is relieved of breast engorgement.	1. Reassure client. 2. Teach client how to apply cold compress after feed and how apply warm compress before feeds. 3. Teach client how to express milk gently. 4. Encourage client to wear well-fitting brazier. 5. Encourage was client to breastfeed baby on demand.	1. Client was reassured. 2. Client was taught how to apply cold and warm compress. 3. Client was taught how to express milk gently. 4. Client was encouraged to wear well-fitting brazier. 5. Client was encouraged to breastfeed baby on demand.	28/11/22 at 8:00am	Goal fully met as client verbalizing that her breast engorgement has relieved.	A.E.B

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTIONS	DATE/ TIME	EVALUATION	SIGN
27/11/22 at 8:00am	Fatigue related to disturbed sleep pattern due to physical demands of caring for the new born.	Client will be relieved of fatigue within 24 hours as evidence by: 1. Client verbalizing that she is relieved of fatigue. 2. Midwife visualizing that client is relieved of fatigue.	1. Reassure client. 2. Encourage client to sleep in the day when baby is asleep. 3. Encourage family support 4. Encourage client to have enough rest 5. Educate client to take nutritious diets.	1. Client was reassured. 2. Client slept in the day when the baby was asleep. 3.Client's mother was encouraged to assist in the caring of the baby 4. Client was encouraged to have at least two hours rest daily during the day and six hours at night. 5. Client was encouraged to take in diet containing all the food nutrients like carbohydrate and protein etc.	10/11/22 at 5:00pm	Goal fully met as client verbalizing that she can eat half plate of every food served.	A.E.B

DATE/TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTIONS	DATE/ TIME	EVALUATION	SIGN
27/11/22 at 8:00am	Backache related to poor feeding and sitting posture	Client`s backache will reduce within 24 hours as evidenced by: 1. client verbalizing a reduction of pain.	1. Reassure client. 2. Encourage client to sleep in the day when baby is asleep. 3. Encourage family support 4. Encourage client to have enough rest 5. Educate client to take nutritious diets.	1. Client was reassured. 2. The causes of backache were explained to client. 3. Client was educated on the proper use of body mechanics and good posturing. 4. Client was educated to be straight with her back supported when feeding the baby. 5. Client was educated to bend from knees during household chores	28/11/22 at 8:00am	Goal fully achieved as evidenced by client verbalizing that her backache has reduced	A.E.B

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES/OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTIONS	DATE/ TIME	EVALUATION	SIGN
29/11/22 at 9:00am	Sleep disturbance related to breastfeed of baby at night	Client will be able to sleep 1hour during the day and 4hours at night within 24 hours as evidenced by: 1.client verbalizing that she can now sleep. 2. client's husband verbalizing that her wife slept well.	1. Reassure client 2. Encourage client to feed baby on demand. 3. Encourage client to ensure that baby is always dry and comfortable. 4. Teach client how to breastfeed whilst lying. 5. Encourage family support	1. Client was reassured 2. Client was encouraged to breastfeed baby two hourly or eight to twelve times. 3. Client was encouraged to ensure that baby is dry and comfortable by changing soiled napkins. 4. Client breastfed whilst lying on one side. 5. Client's mother was encouraged to help her in taking care of the baby	30/11/22 at 9:00am	Goal fully met as client verbalizing that she slept 1 hours during the day and 4hours during the night.	A.E.B

SUMMARY AND CONCLUSION

This family and client centered maternity care study was conducted on Madam Agyeiwaa a 20years old woman, who is gravida 2 para 1 alive. She was met at Goaso Municipal Hospital, in the Ahafo Region. The client was 39 gestation when she was met on 8th of November, 2022. Client hails from Ejusu in the Ashanti Region and also resides at Goaso.

Various observations and examination including laboratory investigations were carried out to aid in the progress of normal pregnancy, labour and puerperium. She went through some minor disorders during pregnancy which were managed successfully. Madam Agyeiwaa's labour and delivery were carefully managed without any complications and she delivered an alive female child on the 24th of December 2022 at Goaso Municipal Hospital. Interactions at the postnatal clinic ended on the 2nd December, 2022. The baby was immunized on the day of delivery.

She went through puerperium successfully both mother and baby were handed over to the public health nurse and midwife in charge for continuity of care.

- This client /family centered maternity care given has helped gain much experience about the importance of proper client management during pregnancy, labour and puerperium.
- It has also helped to improve the skills as a student midwife in planning, interviewing, implementing, setting objectives and evaluating them to solve client's problems identified. Interactions ended after the six weeks postnatal visit to the clinic.

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APPENDIX 1

COMPLETE DIAGNOSTIC INVESTIGATIONS

Date	Specimen	Investigation	Normal value	Findings	Remarks
25/04/2022	Blood	Haemoglobin	11-16g/dl	11.2g/dl	Normal
		Sickling test	Negative/positive	Negative	Normal
		HIV status	Negative/positive	Negative	Normal
		Grouping and cross matching	AB, AB, O	O	Normal
		Rhesus factor	Positive /Negative	Positive	Normal
		G6PD	Positive / Negative	Negative	Normal
20/06/2022	Urine	Sugar and Protein	Positive /Negative	Negative	Normal
		Urine R/E	Positive/ Negative	Negative	Normal
	Blood	Haemoglobin level	11-16g/dl	11.2g/dl	Normal
		HBsAg	Positive/Negative	Negative	Normal
		Syphilis	Positive/Negative	Negative	Normal
	Stool	Stool R/E	Positive/Negative	Negative	Normal

15/08/2022	Urine	Sugar and Protein	Positive/Negative	Negative	Normal
	Blood	Haemoglobin level Malaria Parasites	11-16g/dl Positive/Negative	11.4g/dl Negative	Normal Normal
18/10/2022	Urine Blood	Protein and sugar Hemoglobin level	Positive / Negative 11-16g/dl	Negative 12.0g/dl	Normal Normal
08/11/22	Urine Blood	Protein and sugar Hemoglobin level	Positive / Negative 11-16g/dl	Negative 11.6g/dl	Normal Normal

APPENDIX II

PHARMACOLOGY OF DRUGS FOR THE MOTHER

NAME OF DRUG	CLASSIFICATION	DOSAGE	ROUTE	ACTION AND USES	ACTUAL EFFECT	SIDE EFFECTS	SIDE EFFECT EXPERIENCED
Tablet Multivite	Vitamin Preparation	200 milligram Once daily	Oral	Increase Appetite, helps in the formation of red blood cells	Increased appetite	Gastrointestinal disturbance	None observed
Tablet Ferrous Sulphate	Iron supplement	200 milligram Once daily	Oral	Helps in the formation of hemoglobin and aids in the formation of blood cells.	Increase in hemoglobin level	Black stool, diarrhea and constipation	Non observed

Tablet Folic Acid	Vitamin Preparation	5 milligram Once daily	Oral	Proper formation and function of red blood cell	Hemoglobin level increased	Nausea, vomiting and constipation	None observed
Tablet Sulphadoxine-Pyrimethamine.	Anti- malaria and prophylaxis	3 doses stat from 16 weeks or after quickening and the remaining doses within 4 weeks interval until delivery	Oral	Prevention of malaria	Prevention of malaria in pregnancy	Nausea, itching, headache	None observed
Injection Tetanol	Anti-tetanus	0.5 milligram	Intra-muscular	Prevention of tetanus	Protect client against tetanus	Mild fever and chills	None observed
Paracetamol	Analgesic /Antipyretics	1000 milligram 3 times daily x 3days	Oral	Help in the relieve of pain	Pain was relieved	Prolong use causes damage to the liver.	None observed

PHARMACOLOGY OF DRUGS FOR THE MOTHER CONTIUNE

NAME OF DRUG	CLASSIFICATION	DOSAGE	ROUTE	ACTION AND USES	ACTUAL EFFECT	SIDE EFFECTS	SIDE EFFECT EXPERIENCED
Injection oxytocin	Oxytocin drug	10 units	Intra-muscular	Stimulation of uterine contraction and controls bleeding.	Uterine contraction was effective	Vomiting, uterine spasm and rise in blood pressure	None observed
Capsule vitamin A	Vitamin A supplement	200,000 units for 2 days	Oral	Growth, development, and proper eyesight	Normal vision and healthy skin.	Diarrhea and vomiting	None observed

PHARMACOLOGY OF DRUGS FOR BABY

NAME OF DRUG	CLASSIFICATION	DOSSAGE	ROUTE	ACTION AND USES	ACTUAL EFFECT	SIDE EFFECT	SIDE EFFECT EXPECTED
Vitamin K	Coagulant	1. 0mg	Intramuscular	Aids in clotting	No bleeding	None	None observed
Chloramphenicol eye drops	Antibodies	2 drops	Instillation	To prevent eye infection	Infection of the eye was prevented	Nephrotocity	None observed
polio O vaccine	Antigen	2 drops	Orally	Production of antibodies to prevent poliomyelitis	Still under observation	There may be diarrhoea	None observed
Injection Bacilli Calmette Guerin (BCG)	Antigen	0.05 ml	Intra-dermal	Production of antibodies to prevent tuberculosis	Still under observation	Blister formation at the injection site and slight fever	Blister noticed
Pneumococcal 1	Antigen	0.5mls	Intramuscular right thigh	Vaccinates neonate against pneumonia	Pneumonia prevention	Redness at the side of injection	None observed

						and fever	
Pentavalent 1	Antigen	0.5 mls	Intramuscular left thigh	Vaccinate neonate against diphtheria, pertussis (whooping cough), tetanus, hepatitis B, haemophilus influenza type B	Prevention of childhood preventable diseases	Low grade fever	None
Rotavirus vaccine	Antigen	1.5mls	Orally	Immunity against Rotavirus (diarrhea)	Rotavirus was prevented	Vomiting	None

ANTENATAL RECORDS OF MADAM AGYEIWAA

DATE	WEIGHT (KG)	BLOOD PRESSURE	URINE FOR PROTEIN/ SUGAR	GESTA-TIONAL AGE IN WEEKS	FUNDAL HEIGHT (CM)	PRESENTATION	DESCENT OF FETAL HEAD	FETAL HEART RATE (FH)	TREAT-MENT GIVEN	COMPLAIN	SIGN
25/04/22	44kg	90/50mmHg	Negative/ Negative	10+6weeks	_	_	_	_	Routine drugs, Syrup MMT 15MLS	Abdominal pains and General body weakness	RY
24/05/22	45kg	90/60mmHg	Negative/ Negative	15weeks	_	_	_	_	Routine drugs	No complains	RY
20/06/22	46kg	100/60mmHg	Negative/ Negative	18+6weeks	15cm	_	_	Present	Routine drugs	No complains	RY
18 /07/22	46kg	97/55mmHg	Negative/ Negative	22+6weeks	19cm	_	_	Present	Routine drugs	Heartburns	RY
15/08/22	49kg	92/49mmHg	Negative/ Negative	26+6weeks	23cm	_	_	146bpm	Routine drugs	No complains	RY
13/09/22	50kg	101/60mmHg	Negative/ Negative	31weeks	29cm	_	_	148bpm	Routine drugs	Well	RY

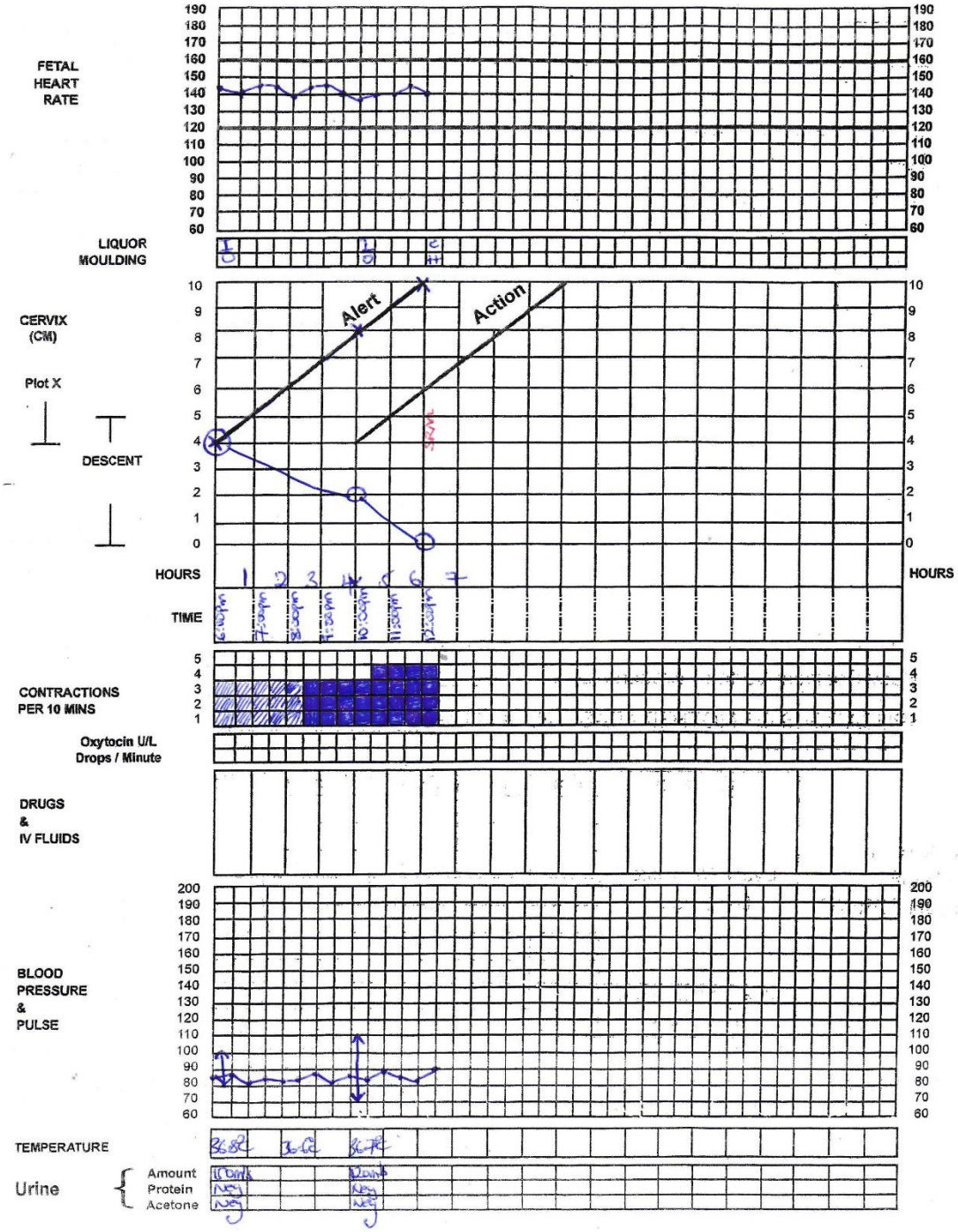
ANTENATAL RECORDS OF MADAM AGYEIWAA CONTINUE

DATE	WEIGHT (KG)	BLOOD PRESSURE	URINE FOR PROTEIN/ SUGAR	GESTATION-AL AGE IN WEEKS	FUNDAL HEIGHT (CM)	PRESENTATION	DESCENT OF FETAL HEAD	FETAL HEART RATE (FH)	TREAT-MENT GIVEN	COMPLAIN	SIGN
27/09/22	52kg	90/50mmHg	Negative/ Negative	33weeks	31cm	_	_	137bpm	Routine drugs	No complains	RY
11/10/22	54kg	101/60mmHg	Negative/ Negative	35weeks	33cm	Cephalic	_	141bpm	Routine drugs	No complains	RY
18/10/22	55kg	96/59mmHg	Negative/ Negative	36weeks	35cm	Cephalic	5/5th	144bpm	Routine drugs	Healthy	RY
01/11/22	57kg	96/58mmHg	Negative/ Negative	38weeks	37cm	Cephalic	5/5th	143bpm	Routine drugs	Well	RY
08/11/22	58kg	92/58mmHg	Negative/ Negative	39weeks	37cm	Cephalic	5/5th	138bpm	Routine drugs	Headache	ABE

15/11/22	59kg	99/56mmHg	Negative/ Negative	40weeks	38cm	Cephalic	5/5th	145bpm	Routine drugs	Backache	ABE
22/11/22	59kg	100/60	Negative/ negative	41weeks	38cm	Cephalic	5/5th	139	Routine drugs	No complains	ABE

WHO Modified Partograph

Registration No. 379/22 Name (Last, First) Agyeiwaa B. Georgina Age 20
Date 23/11/2022 Parity/Gravida 1 / 2 LMP 8/11/22 EDD 15/11/22 Gestation (wks) 41+1
ROM (Time, Date) 12:00 am / 24/11/22 Labour Durable (Hrs) 6hrs 30minutes Facility/Clinic Name Enyan Municipal Hospital



LABOR NOTES

Labour Progressed well and client had SVD at 12:25am on 24/11/2022 of LTC. Birth weight of 3.3kg. Apgar of 8/10, 9/10. Third stage was completed by 10units of Oxytocin under controlled cord traction. Perineum was intact. Blood loss of 250mls, HC - 32cm, FL - 5cm. Client and her baby are doing well and transfered to the lying-in ward under close monitoring.

Please circle or write responses.

DELIVERY

DATE: 24/11/2022 TIME: 12:25am METHOD: Spontaneous / Vacuum Extraction / C/S / Other

PERINEUM: (Intact) / Episiotomy / Laceration

ANESTHESIA: (None) / Local / General

THIRD STAGE

Active Management: (Yes) / No Medication: Time 12:26am Type/Dose Oxytocin 10units

PLACENTA: TIME: 12:30am Complete / Incomplete

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

BABY

Weight: 3.3kg

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	12:35am	110/80	82	Well contracted	Active bleeding	110mls
	12:50am	100/70	80	Well contracted	✓	Nil
	1:05am	100/60	85	Well contracted	✓	Nil
	1:20am	90/70	89	Well contracted	✓	voided
	1:35am	100/60	86	Well contracted	✓	Nil
	1:50am	110/80	88	Well contracted	✓	Nil
	2:05am	100/70	90	Well contracted	✓	voided
	2:20am	90/70	92	Well contracted	✓	Nil
Every 30 minutes For 1 hour	2:50am	100/70	87	Well contracted	✓	Nil
	3:20am	100/60	83	Well contracted	✓	170mls

Birth Attendant Erica Boakye Amankwaa (Student midwife) Date 24/11/2022

Supervised by Ms. Joyce Awuah

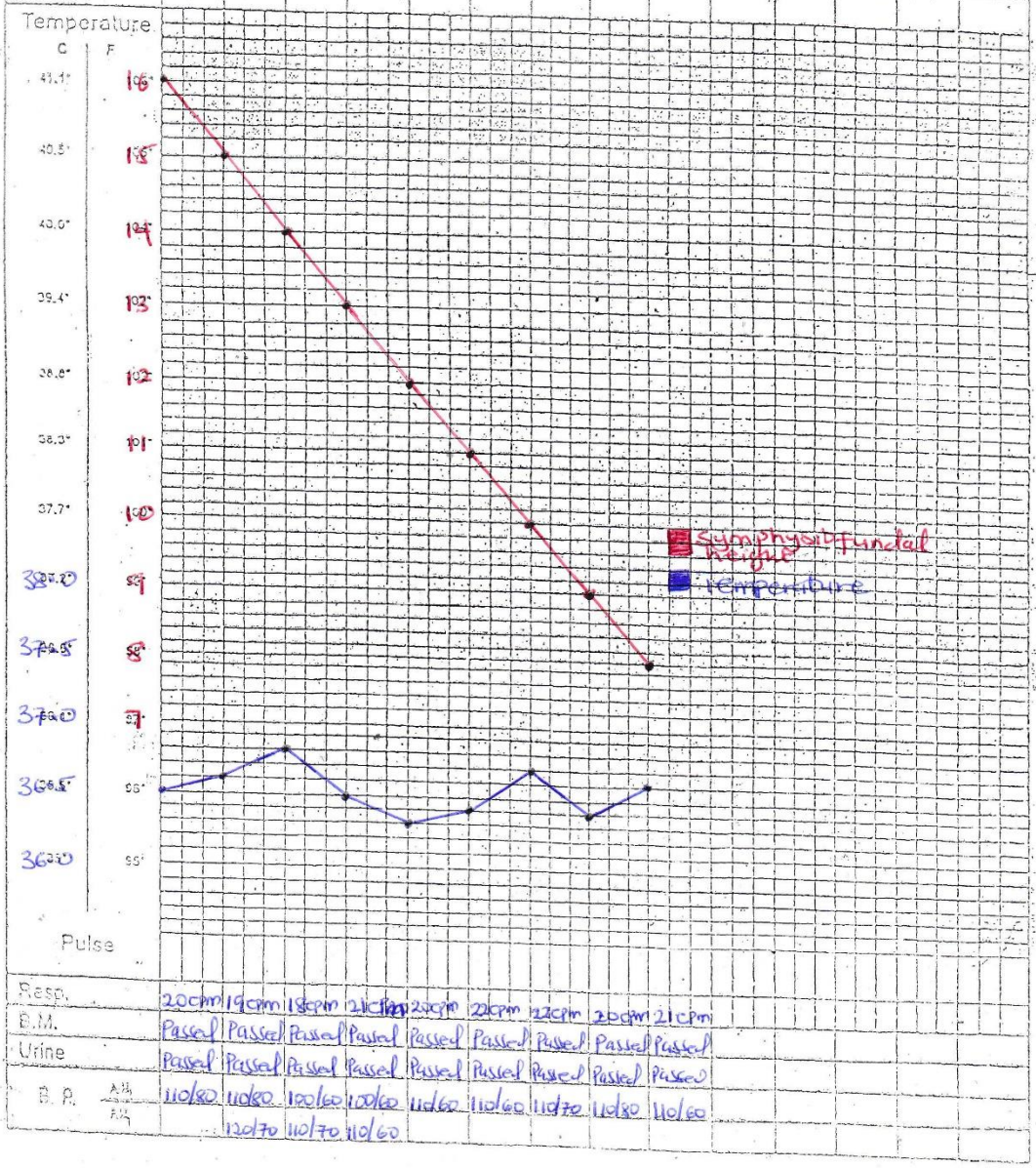
MATERNITY CHART

NAME: Georgina Agyeiwaa Boateng.

AGE: 20years WARD: Lying-in

IP NO.: A01933/22 BED NO.: 2

Date	24/11/22	25/11/22	26/11/22	27/11/22	28/11/22	29/11/22	30/11/22	1/12/22	2/12/22
Days in Hospital	DOD	D1	D2	D3	D4	D5	D6	D7	D8
Days P. O.									
Hour Am	12:35	8:30	8:30	9:30	7:00	8:00	8:30	9:00	10:30
Hour Pm	-	4:00	5:30	4:30					
Temperature C / F									
Pulse									
Resp.	20cpm	19cpm	18cpm	21cpm	20cpm	22cpm	22cpm	20cpm	21cpm
B.M.	Passed	Passed	Passed	Passed	Passed	Passed	Passed	Passed	Passed
Urine	Passed	Passed	Passed	Passed	Passed	Passed	Passed	Passed	Passed
B. P. AM	110/80	110/80	100/60	100/60	110/60	110/60	110/70	110/80	110/60
B. P. PM		120/70	110/70	110/60					



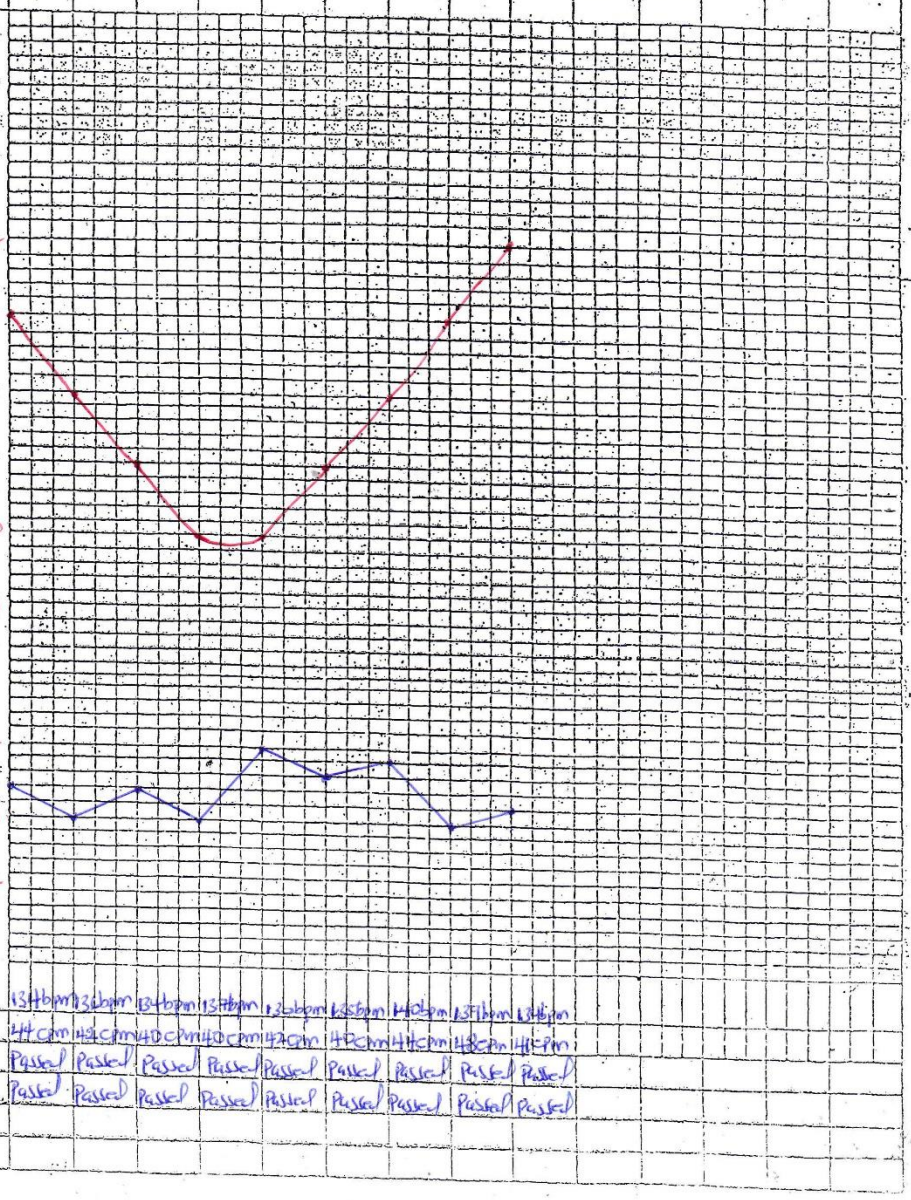
TEMPERATURE CHART

NAME: Baby Yaa Agyeiwaa

AGE: New WARD: Lying-in

IP NO.: AO1933/22 BED NO.: 2

Date	24/11/22	25/11/22	26/11/22	27/11/22	28/11/22	29/11/22	30/11/22	1/12/22	2/12/22
Days in Hospital	DOD	D1	D2	D3	D4	D5	D6	D7	D8
Day's P. O.									
Hour Am	12:45	8:30	8:50	9:30	7:00	8:00	8:30	9:00	10:30
Hour Pm	-	4:00	5:30	4:30					
Temperature C / F									
Pulse	134bpm	136bpm	134bpm	134bpm	136bpm	138bpm	140bpm	136bpm	138bpm
Resp.	44cpm	42cpm	40cpm	40cpm	42cpm	42cpm	44cpm	42cpm	44cpm
B.M.	Passed	Passed	Passed	Passed	Passed	Passed	Passed	Passed	Passed
Urine	Passed	Passed	Passed	Passed	Passed	Passed	Passed	Passed	Passed
B. P. Am									
B. P. Pm									



NEW BORN EXAMINATION FORM

Name: Baby Yaa Agyeiwaa Date of Assessment: 24/11/2022 Time: 3:20pm

Date of Birth: 24/11/2022 Time of Birth: 12:25am Sex: ☐ M ☑ F Age at time of Assessment (days/hrs) 15hours

Astational Age 41 weeks + 2 days Mode of Delivery: ☑ Vaginal Assisted Vaginal C-Section

APGAR: 1min 8/10 5min ☐ 9/10 Birth Weight: ☐ 3.3kg ☐ Length: 51 cm Head Circumference: 32 cm

Temperature at time of Assessment: 36.8 °C Urine passed: Yes (No) Meconium passed: (Yes) No

Name of Assessor (Midwife/Doctor): Erica Boakye Amankwaa

1. Respiration

Rate 42cpm

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

2. Activity/Movemnet

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

3. Tone

- ☑ Normal
- ☐ Floppy *
- ☐ Increased *

4. Colour

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

5. Cord

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

6. Cry

- ☑ Normal
- ☐ Shrill *
- ☐ Absent *

7. Suck

- ☑ Good
- ☐ Weak
- ☐ Absent

8. Head swelling

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

9. Sutures

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

10. Fontanel

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

11. Eyes

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

12. Ears

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

13. Mouth

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

15. Neck

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

16. Clavicle

- ☑ Normal
- ☐ Swelling/Fracture

17. Chest

- ☑ Normal (Shape/movement)
- ☐ Abnormal_____

18. Heart rate

Rate: 135 bpm

- ☑ Normal (100-160)
- ☐ <100 *
- ☐ >160*

19. Femoral pulse

- ☑ Present
- ☐ Not palpable*

20. Abdomen

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

21. Back (spine)

- ☑ Normal
- ☐ Abnormal Swelling *
- ☐ Hairly patch over spine
- ☐ Abnormal dimple
- ☐ Abnormal curvature

22. Limbs

- ☑ Normal
- ☐ Abnormal_____

23. Genitalia

Male Genitalia

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

Female Genitalia

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

24. Anus

- ☑ Patent
- ☐ Imperforate*

25. Resuscitation provided

- ☑ One
- ☐ Suction/stimulation
- ☐ Bag and mask
- ☐ Endotracheal Tube
- ☐ Ventilator/CPAP

26. Services provided

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

*May indicate severe disease that requires urgent referral

Diagnoses (if known) 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

NEW BORN EXAMINATION FORM

Name: Baby Yaa Agyeiwaa Date of Assessment: 24/11/2022 Time: 12:45am
Date of Birth: 24/11/2022 Time of Birth: 12:25am Sex: ☐ M ☑ F Age at time of Assessment (days/hrs) 20mins
Astational Age 41 weeks +2 days Mode of Delivery: ☑ Vaginal Assisted Vaginal C-Section
APGAR: 1min 8/10 5min ☐ 9/10 Birth Weight: ☐ 3.3 kg ☐ Length: ☐ cm Head Circumference: 33 cm
Temperature at time of Assessment: 36.7 °C Urine passed: (Yes) No Meconium passed: (Yes) No
Name of Assessor (Midwife/Doctor): Erica Boakye Amankwaa

1. Respiration
Rate 44cpm
- ☐ 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
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12. Ears
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- ☐ Other: _____

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

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

24. Anus
- ☑ Patent
- ☐ Imperforate*

25. Resuscitation provided
- ☑ None
- ☐ 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) 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

NEW BORN CHART

Name: Baby Yaa Agyeiwaa ..... No: 137/22 ..... Birth Weight: 3.3kg .....

Sex: Female ..... Mother's No: A01933/22 ..... Length: 51cm .....

Nature of Delivery: Spontanous Vaginal Delivery ..... Diagnosis: Term baby .....

Date of Birth: 24/11/2022 ..... Time: 12:25am ..... Date of Discharge: .....

Date	24/11/2022		25/11/2022		26/11/2022		27/11/2022		28/11/2022		29/11/2022		30/11/2022		1/12/2022		2/12/2022					
No. of Days			D1		D2		D3		D4		D5		D6		D7		D8					
Weight	3.3kg		3.2kg		3.1kg		3.0kg		3.0kg		3.1kg		3.2kg		3.3kg		3.4kg					
Temperature	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
	36.7°C		36.5°C	36.7°C	36.7°C	36.9°C	36.5°C	36.7°C	37.0°C		36.8°C		36.9°C		36.5°C		36.8°C					
Stools	Passed		Passed	Passed	Passed	Passed	Passed	Passed	Passed		Passed		Passed		Passed		Passed					
Urine	Passed		Passed	Passed	Passed	Passed	Passed	Passed	Passed		Passed		Passed		Passed		Passed					
Remarks	Head Neck Trunk Genitalia Limbs — NO Abnormality detected.																					

SIGNATORIES

THE STUDENT MIDWIFE:

Name: AMANKWAA ERICA BOAKYE

Signature……

Date…… 7th July, 2023

THE MIDWIFE IN-CHARGE (GOASO MUNICIPAL HOSPITAL)

Name: DANIELLA ADU

Signature: ……

Date…… 14/07/2023

THE SUPERVISOR:

Name: MARTHA KYEREMAA

Signature: ……

Date…… 14/07/2023

THE PRINCIPAL:

Name: MONICA NKRUMAH

Signature……

Date…… 14/07/2023

ACADEMIC CO-ORDINATOR-NURSING & MIDWIFERY