HOLY FAMILY NURSING AND MIDWIFERY TRAINING COLLEGE, BEREKUM

A CLIENT/FAMILY CENTERED MATERNITY CARE STUDY

ON

MADAM ABIGAIL KONAMAH

BY: QUAYSON ERICA

4122210138

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

AUGUST, 2023

TABLE OF CONTENT

TABLE OF CONTENT ii
PREFACE iv
ACKNOWLEDGEMENT v
INTRODUCTION vi
LITERATURE REVIEW vii
PREGNANCY vii
LABOUR ix
PUERPERIUM xiii
WHY CLIENT WAS CHOSEN xvi
CHAPTER ONE 1
CLIENTS PARTICULARS 1
1.1PERSONAL AND SOCIAL HISTORY 1
1.2 FAMILY HISTORY 2
1.3MEDICAL HISTORY 2
1.5 MENSTRUAL HISTORY 3
1.6 CLIENT LIFESTYLE AND HOBBIES 3
1.7 HOME ENVIRONMENT 4
1.8 PAST OBSTETRIC HISTORY 5
1.9 PRESENT OBSTETRIC HISTORY 6
CHAPTER TWO 8
2.0 INTRODUCTION 8
2.1 FIRST CONTACT WITH THE CLIENT 8
2.3 PHYSICAL ENVIRONMENT 13
2.4 PSYCHOSOCIAL ENVIRONMENT 14
2.5 SECOND ANTENATAL HOME VISITS 14
2.6 SUBSEQUENT VISIT TO THE CLINIC 15
2.7 PROBLEMS IDENTIFIED DURING ANTENATAL PERIOD 16
2.8 SHORT TERM OBJECTIVES 16
2.9 LONG TERM OBJECTIVE 16
3.0 NURSING CARE PLAN FOR PREGNANCY 17

NURSING CARE PLAN FOR PREGNANCY 19
CHAPTER THREE 22
3.4 PREPARATION FOR BIRTH..... 27
3.5 MANAGEMENT OF SECOND STAGE OF LABOUR 29
3.6 IMMEDIATE CARE OF THE BABY 31
3.7 MANAGEMENT OF THIRD STAGE OF LABOUR..... 32
3.8 EXAMINATION OF THE PLACENTA AND MEMBRANES..... 33
3.9 PREVENTION OF DISEASES 33
4.0 EXAMINATION OF THE NEW BORN 34
4.1 MANAGEMENT OF THE MOTHER AND BABY 36
4.2 CONDITION OF MOTHER 36
4.3 CONDITION OF BABY 37
4.4 DURATION OF LABOUR 37
4.5 PROBLEMS IDENTIFIED 37
4.6 SHORT TERM OBJECTIVES 38
4.7 LONG TERM OBJECTIVE..... 38
NURSING CARE PLAN ON LABOUR..... 39
CHAPTER FOUR..... 43
SUMMARY AND CONCLUSION 73
BIBLIOGRAPHY..... 74

PREFACE

Family centered maternity care study is a way of providing care for women and their families which integrate pregnancy, childbirth, postpartum and infant care into the continuum of the family life event.

Family care maternity study grants the student midwife the opportunity to use all the knowledge and skills she acquired during the period to meet the demands and challenges throughout the period of pregnancy, labour, and puerperium.

The nursing process is used in the study. It aims at assessing data, planning for future outcome, implementing orders and evaluating the outcome of the problem identified. This aids the student midwife to ensure a unique and standard individualized care to enhance the goal set. Appropriate management of the problems are given to ensure that, quality care is rendered through interpersonal relationship, physical, social, mental, emotional and spiritual needs of the client. Finally, the family centered maternity care study also forms a part of the assessment towards acquiring the Nursing and Midwifery Council of Ghana requirement in awarding certificate to it trained student after the completion of academic course.

ACKNOWLEDGEMENT

My tremendous gratitude goes to the Almighty God for sailing me through my three year course successfully and for endowing me the knowledge to go through this care study.

I wish to express my heartfelt gratitude to Monica Nkrumah, the principal of Holy Family Nursing and Midwifery Training College, Berekum, my supervisors; Ms. Ernestina Mensah and Madam. Owusu Serwaa Diana for their support and motivation during the period of writing this care study.

Special thanks and appreciation also goes to Madam Abigail Konamah and her family for their cooperation by allowing me to use her as my special client for this care study.

I am also grateful to the in charge and staff of Nsoatre Health Center especially staff of both the Ante Natal Care and Maternity Units for their support and encouragement during my health center clinical experience.

Again, I would like to express my sincere gratitude to my parents Mr. Quayson John and Madam Juliana Adomah for their financial and spiritual support.

Lastly, my greatest gratitude will be granted to all authors of the books used and everybody who directly and indirectly contributed in making the writing of this care study a success.

INTRODUCTION

The family centered maternity care is an academic work which gives the student midwife the opportunity to nurse a client throughout pregnancy, labour and puerperium using the knowledge and skills acquired during the 3-year training programme. The study is based on the use of nursing process as guidelines to identify and help the pregnant woman in solving every problem identified during the period of care.

The family centered maternity care was carried out on Madam Abigail Konamah a 25-year-old woman who was Gravida 3 Para 2 at the time of encounter. Madam Abigail Konamah comes from and lives in Nsoatre in the Bono Region with her husband.

Madam Abigail Konama was met on the 16th of November, 2022 during her usual visit at the antenatal clinic at Nsoatre Health Center. She was 36 weeks of gestation.

The family centered maternity care study consist of four chapters. Chapter one talks about the particulars of the client including past and present obstetrical history. Chapter two involves antenatal care rendered to client and also care plan. Chapter three deals with the admission and management of Labour and nursing care plan. Chapter four also consist of management of puerperium and nursing care plan. Finally, this project has a summary of the care study, the conclusion, the bibliography and some appendices.

LITERATURE REVIEW

PREGNANCY

Pregnancy: The state of carrying a developing embryo or fetus within the female body. This condition can be indicated by positive results on an over-the-counter urine test, and confirmed through a blood test, ultrasound, detection of fetal heartbeat, or an X-ray. Pregnancy lasts for about nine months, measured from the date of the woman's last menstrual period (LMP). It is conventionally divided into three trimesters, each roughly three months long (Davis, 2021). The most important tasks of basic fetal cell differentiation occur during the first trimester, so any harm done to the fetus during this period is most likely to result in miscarriage or serious disability. There is little to no chance that a first-trimester fetus can survive outside the womb, even with the best hospital care. Its systems are simply too undeveloped. This stage truly ends with the phenomenon of quickening: the mother's first perception of fetal movement. It is in the first trimester that some women experience "morning sickness," a form of nausea on awaking that usually passes within an hour. The breasts also begin to prepare for nursing, and painful soreness from hardening milk glands may result (Davis, 2021).

As the pregnancy progresses, the mother may experience many physical and emotional changes, ranging from increased moodiness to darkening of the skin in various areas. During the second trimester, the fetus undergoes a remarkable series of developments. Its physical parts become fully distinct and at least somewhat operational. With the best medical care, a second-trimester fetus born prematurely has at least some chance of survival, although developmental delays and other handicaps may emerge later. As the fetus grows in size, the mother's pregnant state will begin to be obvious. In the third trimester, the fetus enters the final stage of preparation for birth.

It increases rapidly in weight, as does the mother (American College of Obstetricians and Gynecologist, 2018).

According to Davis (2021), conception to about the 12th week of pregnancy marks the first trimester. The second trimester is weeks 13 to 27 and the third trimester starts about 28 weeks and lasts until birth. Women gain weight all over their bodies while they are pregnant.

Fetal weight accounts for about 7 1/2 pounds by the end of pregnancy. The placenta, which nourishes the baby, weighs about 1 1/2 pounds. The uterus weighs 2 pounds. A woman gains about 4 pounds due to increased blood volume and an additional 4 pounds due to increased fluid in the body. A woman's breasts gain 2 pounds during pregnancy. Amniotic fluid that surrounds the baby weighs 2 pounds. A woman gains about 7 pounds due to excess storage of protein, fat, and other nutrients. The combined weight from all these sources is about 30 pounds (Davis, 2021).

The World Health Organization (WHO) envisions a world where "every pregnant woman and newborn receives quality care throughout the pregnancy, childbirth and the postnatal period" (Tunçalp, et al., 2019). Antenatal care (ANC) can be defined as the care provided by skilled health-care professionals to pregnant women and adolescent girls in order to ensure the best health conditions for both mother and baby during pregnancy (World Health Organization, 2016). According to the World Health Organization (2016), the components of ANC include: risk identification; prevention and management of pregnancy-related or concurrent diseases; and health education and health promotion.

ANC reduces maternal and perinatal morbidity and mortality both directly, through detection and treatment of pregnancy-related complications, and indirectly, through the identification of

women and girls at increased risk of developing complications during labour and delivery, thus ensuring referral to an appropriate level of care (World Health Organization, 2016). In addition, as indirect causes of maternal morbidity and mortality, such as HIV and malaria infections, contribute to approximately 25% of maternal deaths and near-misses (9), ANC also provides an important opportunity to prevent and manage concurrent diseases through integrated service delivery (World Health Organization, 2016). Through this form of preventive health care, women can learn from skilled health personnel about healthy behaviours during pregnancy, better understand warning signs during pregnancy and childbirth, and receive social, emotional and psychological support at this critical time in their lives. Through antenatal care, pregnant women can also access micronutrient supplementation, treatment for hypertension to prevent eclampsia, as well as immunization against tetanus (United Nations Children's Funnd (UNICEF), 2022).

LABOUR

Labor consists of a series of rhythmic, involuntary or medically induced contractions of the uterus that result in effacement (thinning and shortening) and dilation of the uterine cervix (Artal-Mittelmark, 2022). The World Health Organization (WHO) defined normal birth as "spontaneous in onset, low-risk at the start of labor and remaining so throughout labor and delivery.

The infant is born spontaneously in the vertex position between 37 and 42 completed weeks of pregnancy. After birth, mother and infant are in good condition" (WHO, 2020).

The stimulus for labor is unknown, but digitally manipulating or mechanically stretching the cervix during examination enhances uterine contractile activity, most likely by stimulating release of oxytocin by the posterior pituitary gland (Artal-Mittelmark, 2022). Normal labor usually begins within 2 weeks (before or after) the estimated delivery date. In a first pregnancy, labor usually lasts

12 to 18 hours on average; subsequent labors are often shorter, averaging 6 to 8 hours (Artal-Mittelmark, 2022).

As discussed by Artal-Mittelmark (2022) rupture of the chorioamniotic membranes or bloody show is diagnostic for onset of labor. Labor begins with irregular uterine contractions of varying intensity; they apparently soften (ripen) the cervix, which begins to efface and dilate. As labor progresses, contractions increase in duration, intensity, and frequency. As sepcified by Marshall and Raynor (2014), the onset of labour is a process, not an event; therefore it is very difficult to identify exactly when the painless (sometimes painful) contractions of prelabour develop into the progressive rhythmic contractions of established labour.

Traditionally, three stages of labour are described: the first, second and third stage, but this is a rather pedantic view, as labour is obviously a continuous process. It has also been acknowledged that there are more than three stages of labour, namely the latent, active and transitional phases, and these not only encompass specific physical changes but should also account for the emotional effects observed in women during this time (Marshall & Raynor, 2014).

1. **The 1st stage**—from onset of labor to full dilation of the cervix (about 10 cm). Begins with regular rhythmic uterine contractions to the full dilatation of the cervix and is managed by a partograph. The first stage lasts for about twelve to fourteen hours in primi Gravida and six to twelve hours in multigravida (Artal-Mittelmark, 2022).

   a. The **latent phase of labour** is prior to the active phase stage of labour and may last 6–8 hours in primigravidae when the cervix dilates from 0 cm to 4 cm dilated. The latent phase of labour is so subjective and poorly understood that a normal range is difficult to measure. According to Marshall and Raynor (2014), the cervical canal shortens from

3 cm long to <0.5 cm in length during this time. A woman may believe herself to be laboring, whereas sound midwifery judgement and understanding of the physiology of the first stage of labour may lead the midwife to the diagnosis of the latent phase of labour. Both the woman and midwife being aware of the latent phase of labour, and allowing this time to pass with no intervention, can prevent the medical diagnosis of poor progress or failure to progress later in labour. In a hospital setting, it is good practice not to commence the partogram until active labour has commenced. Assessing the active phase of labour has been highlighted as essential in reducing interventions in normal labour (Marshall & Raynor, 2014).

b. The **active phase** within the first stage of labour is the time when the cervix usually undergoes more rapid dilatation. This begins when the cervix is at least 4 cm dilated and, in the presence of rhythmic contractions, progressively dilates to 10 cm or full dilatation. When in labour, contractions will often be accompanied or preceded by a bloodstained mucoid show: that is, the release of the operculum from the cervical canal as effacement and dilatation progresses. Occasionally, the membranes will rupture, at which stage the midwife may seek assurance that there are no significant changes in the fetal heart rate due to the rare complication of cord prolapse and that meconium is not present in the liquor, indicating fetal compromise (Marshall & Raynor, 2014).

c. The **transitional phase** of the first stage of labour is from when the cervix is around 8 cm dilated until it is fully dilated or until expulsive contractions associated with the second stage of labour are felt by the woman. There is often a brief lull in the intensity of uterine activity at this time. Many women may feel the urge to push during transition. In addition to physiological responses, women can experience a range of experiences

and emotions. The woman may verbalize her distress, direct it at her birth partner(s), alternatively she may be quiet and contemplative (Marshall & Raynor, 2014).

2. The **second stage** of labour has traditionally been regarded as the phase between full dilatation of the cervical os, and the birth of the baby (Marshall & Raynor, 2014). On average, it lasts 2 hours in nulliparous (median 50 minutes) and 1 hour in multiparas (median 20 minutes). It may last another hour or more if conduction (epidural) analgesia or intense opioid sedation is used. For spontaneous delivery, women must supplement uterine contractions by expulsively bearing down. In the 2nd stage, women should be attended constantly, and fetal heart sounds should be checked continuously or after every contraction. Contractions may be monitored by palpation or electronically (ArtalMittelmark, 2022). During the 2nd stage of labor, perineal massage with lubricants and warm compresses may soften and stretch the perineum and thus reduce the rate of 3rd- and 4th-degree perineal tears (Aasheim, et al., 2017).
3. The **third stage** can be defined as the period from the birth of the baby to complete expulsion of the placenta and membranes. It involves the development of the relationship between mother, baby and father, the separation, descent and expulsion of the placenta and membranes, the control of haemorrhage from the placenta site, and sometimes, the initiation of breast-feeding. Although traditionally labour is divided into three distinct component parts to aid comprehension, it should be viewed as one continuous process. With this in mind, it is important to understand that the physiology of the third stage depends, in part, on what has happened during pregnancy as well as during the first and second stage of labour, and on the woman's basic level of health and wellbeing. The midwife's knowledge and evidence-based skills play a crucial role in ensuring that the care received by the woman works with, not against, physiological processes. The placenta may

shear off during the final expulsive contractions accompanying the birth of the baby or remain adherent for some time. The third stage usually lasts between 5 and 15 minutes, but any period up to 1 hour may be considered normal (Marshall & Raynor, 2014).

PUERPERIUM

The words "postpartum" and "postnatal" are sometimes used interchangeably. In this report we use the word "postpartum", except in sections exclusively dealing with the infant. In those sections the word "postnatal" is used. The postpartum period (also called the puerperium) according to Western textbook definitions starts shortly after the birth of the placenta (American College of Obstetricians and Gynecologist, 2018).

Following the birth of a baby, placenta and membranes, the newly birthed mother enters a period of physical and emotional/psychological recuperation. Skin-to-skin contact is advocated immediately following birth and during the postnatal period as there is clear evidence of benefit to the mother and father. The puerperium starts immediately after birth of the placenta and membranes and continues for 6 weeks. In many cultures around the world 40 days for recuperation is a time-honored practice. A general expectation is that by 6 weeks after birth a woman's body will have recovered sufficiently from the effects of pregnancy and the process of parturition. However, there has now been a recognition that the return to a non-pregnant state of health and wellbeing can take much longer (Marshall & Raynor, 2014).

According to Marshall and Raynor (2014), After the birth of a baby and expulsion of the placenta, the mother enters a period of physical and psychological preparation and this period, called the puerperium starts immediately after delivery of the placenta and membranes and continues for a period of 6 to 8 weeks. Puerperium is a period after childbirth where the uterus and other organs

and structures which were affected by pregnancy returns to their non-gravid state. This period is also divided into three;

1. Immediate puerperium: this is the first 24 hours after delivery.
2. Early puerperium: is between the second and the seventh day after delivery.
3. Late puerperium: this is the period from the second week to the sixth week after childbirth. During this time a number of physiological and psychological changes take place which are;

The reproductive organs return to the non-pregnant state.

1. Lactation is established
2. Bounding between infant and parents is also established

The mother recovers from the stresses of pregnancy and delivery, and assumes responsibility for the care and nurture of her infant. The main aim of management during puerperium is to;

1. Manage minor disorders in both mother and baby.
2. Counsel and teach on nutritional needs of the puerperal mother.
3. Counsel, teach and encourage the mother to breastfeed exclusively for six months and how to properly fix baby to breast.
4. Counsel and teach mother on importance of rest and sleep, ambulation and exercise as well as family planning.

   The transition to parenthood involves major adjustments within a family and some mothers will welcome and actively seek help and support from a midwife during the postnatal period, but some women, for a range of reasons, may not. Women from different cultural backgrounds may have traditions that conflict with the current management of postpartum care consider that they already have sufficient skills and experience. Not being able to

speak or understand English may also prevent a woman from seeking help. Although a visit to the home might have been planned, there will also be times when women are not at home when the midwife visits. It is important to keep in mind individual circumstances and whether these might have any bearing on a no-access visit. For example, parents with a disability such as hearing loss or poor mobility might not hear a doorbell. It is, therefore, important to make arrangements for contact to be made by alternative means (e.g. using a visual alarm or telephone to alert the woman of the visit beforehand). The midwife needs to recognize situations where the mother perceives she has different priorities from those routinely provided by the healthcare services (Marshall & Raynor, 2014)

WHY CLIENT WAS CHOSEN

Madam Abigail was met on 16th November, 2022 at Nsoatre Health Center during the antenatal day when she was 36 weeks pregnant. It was her sixth visit to the hospital. There was a health education on personal hygiene. She looked dull and later opened up saying that she doesn't understand the education and its essence. It was explained to her and on observation, her hair looked unkempt. Her antenatal book was collected and found that she falls within the criteria and has been attending antenatal clinic regularly and have no abnormal condition which can be a threat to her pregnancy. She was chosen as client for the study and after discussion her face brightened up and was glad. Introduction was made as Quayson Erica, a student midwife from Holy Family Nursing and Midwifery Training College, Berekum, sent to Nsoatre Health Center on eight weeks clinical to have a practical experience in midwifery. A short information was given to her about the care study and why she was chosen and she readily accepted it and pledged her full support and co-operation and she was happy.

CHAPTER ONE

CLIENTS PARTICULARS

1.0 INTRODUCTION

Chapter One gives a clear and vivid history about the client used for this study, her family and her community as a whole. It also gives an insight into the general assessment that was performed on the client, her family and the community as well. This Chapter also comprises of the past and present obstetrical, medical, surgical, menstrual, and family histories.

1.1PERSONAL AND SOCIAL HISTORY

Madam Abigail Konamah was born on 13th February 1996 and she is a 26 years old expectant mother who comes from Nsoatre in the Bono Region but lives at Adam's town a suburb of Nsoatre with house number K1-16. She lives with her husband, mother and her two children, thus a lovely boy and girl. She speaks Bono language. Madam Abigail has a nice looking face and displays her white teeth anytime she smiles. She is dark in complexion and is 157cm tall. According to Madam Abigail, she had her primary education at Calvary Methodist Preparatory School. She then had her junior secondary education at R/C J.H.S. Madam Abigail could not further anymore but halted her education after her Basic Education Certificate Examination. Madam Abigail is happily married to Mr. Kwaku Alex for about five years. Mr. Kwaku lives at Berekum but visits his wife and their two kids every weekend and possibly spends some months at certain times. He is 38 years of age and dark in complexion. Mr. Kwaku is a hog farmer.

Madam Abigail is a faithful and a devoted Christian and attends New Apostolic Church at Nsoatre. Mr. Kwaku Alex is a supportive and adorable husband, who is also her next of kin.

1.2 FAMILY HISTORY

Opanin Adomah Jebi and Madam Akosua Akomah are the parents of Madam Abigail Konamah. They are all alive and live at Nsoatre in the Bono Region. Both parent of Madam Abigail are farmers. Madam Abigail is the third born among the four children of her parent. According to her, there are no known hereditary conditions such as diabetes mellitus, sickle cell disease, mental disorder, epilepsy and asthma in her family. She further stated that there is a history of multiple pregnancy in her family that is her elder brother had delivered a set before. Death in her family occurs naturally. There are no congenital abnormalities like cleft palate and lip, imperforate hymen, and etc.

1.3MEDICAL HISTORY

According to Madam Abigail she has never been admitted in a hospital before. Madam Abigail further stated that she sometimes experienced minor illness which was treated at the Out-Patient Department basis.

Madam Abigail further stated she does not have any medical condition like asthma, hypertension, diabetes mellitus and tuberculosis. Madam Abigail has no known allergy to any drug or food and has never been transfused before neither has she donated blood before. She is also not on any medication for any chronic illness.

1.4 SURGICAL HISTORY

Madam Abigail said that she has never had an accident that has affected her pelvis, spine or her reproductive organs neither has she undergone any surgical operation before. There is no episiotomy done on her throughout her deliveries.

1.5 MENSTRUAL HISTORY

According to Madam Abigail, she has a twenty-eight days menstrual cycle and bleeds for seven days with mild lower abdominal pains for the first two days but got relieved the subsequent days without taking any drug to relieve to her pains.

She had her menarche at the age of thirteen and since had a regular menstrual flow. Madam Abigail remembers her last menstrual period to be 23rd February, 2022 but ultra-scan shows her expected date of delivery to be on 8th December, 2022. Estimated date of delivery was calculated and it was 30th November, 2022.

1.6 CLIENT LIFESTYLE AND HOBBIES

Madam Abigail goes to bed around 9:00pm and wakes up around 5:30 am. She washes her face and brushes her teeth with tooth brush and tooth paste. The next thing she does is to sweep her corridor, mop her room and prepares breakfast with the help of her mother. She takes her bath whiles her mother baths her two children and prepares them for school. She is a seamstress. She stays at her working premises with her co-workers and closes around 3:00pm to prepare supper. She eats three times and empty her bowel at least once a day. She neither smokes cigarettes nor take any alcoholic drink. On Fridays, Madam Abigail cleans her room, goes to the market to buy food stuff and shops for the items that she would need in the up keep of the house for a week.

Her dirty clothes as well as that of her two children are washed with the help of her mother and dried in the sun. Madam Abigail's favorite food is banku and groundnut soup with cow meat. She enjoys watching television and listening to music during her leisure times. On Sundays, Madam Abigail goes to church with her kids and mother and closes around 12:00pm. She then comes

home and prepares lunch for herself and her two kids around 1:00pm and makes sure that her kids are served and see to it that they eat.

1.7 HOME ENVIRONMENT

Madam Abigail lives in a house with three room. She occupies one room with her husband. Her two children occupy one and the other one is also occupied by her mother. There is a spacious corridor in which she usually keeps a table there for ironing. Madam Abigail's room has four windows with mosquito proof nets on the trash door and windows. The house was built with cement blocks and is well roofed with Aluminum sheet.

Madam Abigail has a kitchen made with woods and the floor is well cemented. The kitchen items are neatly arranged. Madam Abigail has a clean plastic container with a cover in which she stores her water. The house has one bathroom and one toilet facility neatly built beside the bathroom. Madam Abigail shares the bathroom and the toilet facility with her family. Their source of water is a pipe borne stand which is situated at the back of Madam Abigail's kitchen. The compound is well fenced with small woods. She has a small garden in which cassava and plantain has been planted. Madam Abigail disposes her refuse into a waste bin situated in front of her house that is emptied every morning after sweeping the compound. Madam Abigail's room is well ventilated in which she has a fan and certain times opens the window for cross ventilation to take place naturally. She has a good lightening system. Her source of light is electricity. She sleeps on a latex foam mattress under a treated insecticide net. She also has good interpersonal relationship with everybody.

1.8 PAST OBSTETRIC HISTORY

Pregnancy

Madam, Abigail gravida 3 Para 2, all alive, went through her pregnancy without any ill-health and had term pregnancy. The interval between the first child and the second child is 3years. There were no complications like ante partum hemorrhage or abortion. She had her third doses of tetanus toxoid injections during her pregnancy and all the five doses of Sulphadoxine pyrimethamine as a prophylaxis against malaria. She was a regular attendant to antenatal care till she delivered.

Labour

She had spontaneous vaginal delivery to a live male infant and a live female infant all at Nsoatre Health Center, babies cried as soon as they were delivered with birth weight of 2.8 kilograms and 3.0kg respectively. Her first labour lasted for 7 hours and the second one lasted for 6hours 35min. The perineum was intact. The third stage was actively and properly managed without any complications. In the fourth stage, the condition of the mother and the baby were good. Blood loss was 100mls and 150ml respectively, but she said she had no postpartum hemorrhage with both babies.

Puerperium

Madam Abigail's puerperal period, according to her was also normal. She had no puerperal psychosis. Madam Abigail visited the postnatal clinic frequently. She and her babies were healthy throughout. She practiced exclusive breastfeeding for six months for her babies and combined supplementary feed like corn dough porridge and cerelac while she continued the breastfeeding till he was one year six months old. According to Madam Abigail, her son received the immunization

against childhood preventable diseases. She also said she received support from her husband, her sister and mother during previous delivery. Her son was healthy. Madam Abigail did not use any artificial family planning method but she did only Lactational Amenorrhea Method (LAM).

1.9 PRESENT OBSTETRIC HISTORY

Madam Abigail Gravida 3 Para 2 visited the antenatal clinic when she was 18 weeks pregnant on 15th June, 2022. According to Madam Abigail's antenatal card, her last menstrual period was 23rd February, 2022. Her first ultra-scan shows her expected date of delivery to be 8th December, 2022 whiles her second ultrasound scan estimated date of delivery was 11th December, 2022. And her calculated estimated date of delivery was 30th November, 2022.

On Madam Abigail's first antenatal clinic visit, her history was taken and recorded which included personal, family, medical, surgical and obstetrical histories. Laboratory investigations were also taken and physical assessment was done and recorded. Results of investigations which were carried out were as follows;

Hemoglobin Level - 11.0g / dl

Sickling Test - Negative

Blood group - A

Rhesus factor - Positive

G6PD - No Defect

Syphilis (VDRL) - Non-Reactive

HIV status - Negative
Urine R/E - Trace

Stool R/E - No abnormalities detected

The following observations were made and recorded;

Temperature	-	36.1oc
Pulse	-	82bpm
Respiration	-	22cpm
Blood Pressure	-	90/60mmHg
Hepatitis B Status	-	Non – Reactive

Madam Abigail had her 3rd dose of tetanus toxoid on 3rd July 2022. She had her first dose of Sulphadoxine pyrimethamine on 18th July, 2022 at 19 weeks+4days, second dose on 17th August 2022 at 23weeks+6days, third dose on 19th September, 2022 at 28weeks+4days, fourth dose on 19th October, 2022 at 32weeks+6days and she took her fifth dose on the 10th November 2022 when she was 36 weeks.

Records on Madam Abigail's antenatal card indicated that she was examined from head to toe and no abnormalities were detected. Madam Abigail had no complains during her first visit. Therefore, she was served with the following routine drugs;

Folic acid 5mg (1 daily) for 30 days

Tablet Fersolate 200mg (1daily) for 30 days.

Madam Abigail was scheduled for the next visit, which she followed correctly and carried out all the laboratory investigations requested until she was met on the 16th November, 2022 when she was 36 weeks pregnant. Madam Abigail made five visits to the antenatal clinic before she was met for the first time.

CHAPTER TWO

ANTENATAL CARE

2.0 INTRODUCTION

This chapter gives an accurate information of the care rendered to Madam Abigail during her pregnancy specifically from the 36 weeks. It elaborates more on the first contact with client, various home visits and subsequent visits and also the nursing care plan drawn to solve her problem during pregnancy

2.1 FIRST CONTACT WITH THE CLIENT

Madam Abigail was met on 16th November, 2022 at Nsoatre Health Center during the antenatal day when she was 36 weeks pregnant. It was her sixth visit to the hospital. There was a health education on personal hygiene. She looked dull and later opened up saying that she doesn't understand the education and its essence. It was explained to her and on observation, her hair looked unkempt. Her antenatal book was collected and found that she falls within the criteria and has been attending antenatal clinic regularly and have no abnormal condition which can be a threat to her pregnancy. She was chosen as client for the study and after discussion her face brightened up and was glad. Introduction was made as Quayson Erica, a student midwife from Holy Family Nursing and Midwifery Training College, Berekum, sent to Nsoatre Health Center on eight weeks clinical to have a practical experience in midwifery. A short information was given to her about the care study and why she was chosen and she readily accepted it and pledged her full support and co-operation and she was happy. She was then taken through the general examination when it got to her turn with procedure explained. She was encouraged to ask questions. Her vital signs were checked and recorded as follows;

Temperature - 36.0^{O}C

Pulse - 80bpm

Respiratory rate - 21cpm

Blood pressure - 129/76mmHg

Other observations made were recorded as follows;

Weight - 73kg

Urine tested for protein and glucose were negative.

After the above procedures, education was offered to her on the following; warning signs in pregnancy like bleeding per vaginum, persistent vomiting, increase body temperature, increase or decrease or no movement of the baby, convulsive fits, Budgeting and layette, signs of impending labour, taking of medication as prescribed and avoidance of drug abuse, sleeping under an insecticide net to prevent malaria and good nutrition.

Madam Abigail's permission was sought to perform physical examination from head to toe and the procedure was explained to her. She was asked to empty her bladder, privacy was ensured and was helped to undress, assisted to lie on the examination couch and covered with a clean cloth. Hands were washed with soap under running water and dried with clean dry towel. Madam Abigail was examined from head to toe, under supervision of the midwife in charge; no abnormality was detected.

Madam Abigail's hair was examined and it was unkempt with dandruff. The sclera and conjunctiva were normal with no yellowish discoloration and discharges. There was no discharge

from the nose and ears. The mouth, tongue and teeth were clean. On neck palpation, no lymph nodes were found.

The breast has no lumps, dimples or discharge during palpation. She was taught how to do selfbreast examination and she was educated to examine her breast regularly for early detection and reporting of any abnormalities. The hands and fingers were inspected and the nails were cut and neat. The lower extremities were examined and no abnormalities was detected. The back was also inspected for oedema at the sacral region and the condition of the skin. There was no oedema at the areas inspected and the condition of the skin was good.

On abdominal palpation

Before abdominal examination, palms were rubbed together to provide warmth to prevent induced contractions.

Inspection**:** the abdomen was inspected for scars, linea nigra and striae gravidarum and none of these were detected. The size and shape were globular and medium respectively with some foetal movements.

Measuring of Symphysio-fundal height**:** The zero end of the measuring tape was placed on the symphysis pubis and the tape extended to the fundus of the uterus and the symphysio-fundal height measured 34centimetres and gestational age of 36 weeks.

On fundal palpation: Upon facing the head of the woman on her right hand side, the fundus was palpated with both palms and the foetal buttocks were found.

On lateral palpation: With one hand stabilizing the right side of the maternal uterus, the other hand was moved gently on the left side where rough parts were felt indicating the foetal limbs as

palpated. This was repeated at the right side and a smooth round part was observed indicating the foetal back and this will also help to locate the position of the foetus to help listen to the foetal heart sounds by using the fethoscope.

On pelvic palpation: Upon facing the woman's lower limbs and placing the palms of both hands on either side of the lower abdomen below the umbilicus pointing downwards and in wards, the head was palpated. The lie therefore was longitudinal, presentation was cephalic and the position was right occipito-anterior.

Descent: The anterior shoulder was located and five fingers were admitted between the shoulder and the symphysis pubis indicating $5/5^{th}$ above the pelvic brim.

On Auscultation; A fethoscope was placed at the back of the foetus to listen to the foetal heart sounds whiles comparing it with the maternal pulse; foetal heart beat was 143 beats per minutes.

Permission was sought to examine the vulva and it was granted. Hands were washed under running water with soap and dried with a clean towel and gloves were put on. The mons pubis was well shaved; there were no scars, oedema, varicose veins and genital warts. Also, there was evidence of good vulva hygiene so she was applauded for the good work done and was asked to continue with it. She was however encouraged against the wearing of nylon panties but instead use cotton panties. She was also educated about douching. She was asked to lie laterally and sit up before getting out of the couch. She was congratulated for allowing the procedure to be done on her. Hands were washed and dried and all findings were explained to her and recorded in her antenatal book.

She made complains of pains in the lower abdomen which she thought would affect the baby during delivery and puerperium. She was reassured and educated that it was due to the pregnancy since the fetus is engaging into the pelvis thereby exerting pressure on other organs and nerves in the

sacral region. She also complained of waist pain and her waist pain was explained to her that it was due to relaxation of the joints of the pelvic bone by pregnancy hormone and she was reassured to bend from kneel and also rest in between activities. She was thanked for her cooperation. The stages and true signs of labour were explained to her. That was first, second, third and fourth stages also show, painful rhythmic uterine contractions repeatedly. She was educated to report to the clinic if she sees any.

She was served with routine drugs as below;

- Tab Fersolate 200mg daily for 7 days
- Tab Folic acid 5mg daily for 7 days

She gave direction to her house and phone numbers were exchanged. Madam Abigail having agreed to be used for the study, arrangement was made to visit her house on 12th November, 2022. She was thanked and was escorted to the entrance of the Health Center.

2.2 FIRST ANTENATAL HOME VISITS

First home visit to Madam Abigail was on the 17th November, 2022 at 7: 30 am. The main goal was to know where she lived and also talk about birth preparedness and complication readiness plan. The journey was made on foot to the client's house by using the directions given. The house was a little bit far from the clinic. Madam Abigail was very glad for the visit. Seat and a glass of water were offered to me after which interaction with her started. Introduction was made once again to her and the family. Items for delivery were brought for inspection and it was neatly arranged and complete. She was congratulated for purchasing all the items and was encouraged to add her National Health Insurance and keep money that will be needed for somethings.

Madam Abigail was educated on the signs of labour, and the process of labour. She was also educated on the intake of a well-balanced diet, the importance of having enough rest, lifting of light loads and wearing of loose cloths and low heel shoes and the importance of sex during this stage of pregnancy as well as the essence of exercise. She was again educated on her environmental and personal hygiene. Her husband arrived just as the discussion was about to be concluded. He was encouraged to give a helping hand to reduce tiredness and promote adequate rest and sleep. She was informed about the next visit which was on the 20th November, 2022. Permission was sought to leave. She was very grateful. She was thanked for her cooperation and willingness to hear the advice out.

2.3 PHYSICAL ENVIRONMENT

Madam Abigail lives in a house with three room. The house is built with blocks and roofed with aluminum sheets. Outside of the house is painted with pink colour while inside of her room is painted with blue colour. She occupies one room with her husband. Her two children o ccupy one and the other one is also occupied by her mother. There is a spacious corridor in which she usually keeps a table there for ironing. Madam Abigail's room has four windows with mosquito proof nets on the trash door and windows. The house was built with cement blocks and is well roofed with Aluminum sheet.

Madam Abigail has a kitchen made with woods and the floor is well cemented. The kitchen items are neatly arranged. Madam Abigail has a clean plastic container with a cover in which she stores her water. The house has one bathroom and one toilet facility neatly built beside the bathroom. The used water from the bathroom drains through a pipe into a container and is poured out. Madam

Abigail shares the bathroom and the toilet facility with her family. Their source of water is a pipe borne stand which is situated at the back of Madam Abigail's kitchen. The compound is well fenced with small woods. She has a small garden in which cassava and plantain has been planted. Madam Abigail disposes her refuse into a waste bin situated in front of her house that is emptied every morning after sweeping the compound. Madam Abigail's room is well ventilated in which she has a fan and certain times opens the window for cross ventilation to take place naturally. She has a good lightening system. Her source of light is electricity. She sleeps on a latex foam mattress under a treated insecticide net.She has a very neat environment.

2.4 PSYCHOSOCIAL ENVIRONMENT

Madam Abigail is an introvert but has good interpersonal relationship with everybody including her family and her neighbours in the vicinity. She is well praised in her vicinity for her good attitude. She has only one friend who visits her once in a blue moon. She is approachable, respectful, calm and as a matter of fact, many people like her. She is fun to be with and cracks jokes despite the fact that she is an introvert.

2.5 SECOND ANTENATAL HOME VISITS

On the 20th November, 2022, Madam Abigail was paid a visit as she was promised. A cheerful welcome was given by the client. Madam Abigail's sister and her two kids were met; they were all happy. After exchange of greetings, she complained of constipation, vaginal discharge and frequency of micturation but was reassured and the physiological change in pregnancy was explained to her and was told it will disappear soon after delivery.

Madam Abigail was reminded on the true signs of labour and education was given to her to have enough rest and sleep, intake of fluid and nutritious foods. She said her mother was being helpful

in performing the household chores. Permission was sought to leave. She was thanked for her cooperation.

2.6 SUBSEQUENT VISIT TO THE CLINIC

Madam Abigail reported to the antenatal clinic one week after first contact at 8:00am. She was helped through the normal routine procedures and her vital signs were checked and recorded as follows;

Temperature - 36.5ºC

Pulse - 80bpm

Respiration - 24cpm

Blood pressure - 120/64mmHg

Other observations were recorded as follows

Weight - 73 kg

Madam Abigail was asked to empty her bladder; midstream urine sample was tested for protein and glucose which were negative.

She was helped onto the examination couch and privacy was ensured. General examination was carried out under the supervision of the midwife in-charge and no abnormalities were found. On abdominal examination symphysio –fundal height was 35cm and her gestational age 38weeks lie was longitudinal, presentation was cephalic with a descent of 5/5th above the pelvic brim. On lateral palpation, the position was right occipito-anterior. On auscultation; the fetal heart rate was 140bpm. It was regular rhythmic and good volume.

All findings were communicated to her and recorded in her antenatal card. She was asked to continue her routine drugs and report to the health center if she sees any signs of labour because she was almost due.

NURSING CARE PLAN DURING ANTENATAL PERIOD

2.7 PROBLEMS IDENTIFIED DURING ANTENATAL PERIOD

1. On 17th November, 2022 Client complain of lower Abdominal Pain.

2. On 17th November, 2022 Client complain of Waist Pains.

3.On 20th November, 2022 Client complain of Constipation.

4. On 20th November,2022 Client complain of Vaginal Discharge.

5. On 30th November, 2022 Client complain of having frequency of micturition.

2.8 SHORT TERM OBJECTIVES

1. Client will cope with lower abdominal pain within 48hours.
2. Client's waist pain will subside within 48hours.
3. Client will have her normal bowel movement (twice daily) within 24 hours.
4. Client will understand the reason behind the vaginal discharge within 48hours
5. Client will understand the physiology behind the frequency of micturation within 3 hours.

2.9 LONG TERM OBJECTIVE

Client will go through pregnancy successfully without any complication to mother and fetus.

3.0 NURSING CARE PLAN FOR PREGNANCY

DATE / TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES/OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTIONS	DATE / TIME	EVALUATION	SIGN
17/11/2022 at 8:00am	lower abdominal pains related to descent of the fetal head.	Client will cope with lower abdominal pains within 48hours as evidenced by; 1. client saying her pain has reduced. 2.Midwife observing smiling facial expressions.	1. Reassure client that her pain would be subsided after intervention. 2. Explain the cause of lower abdominal pains to client. 3. Encourage client to reduce household activities. 4. Encourage client to wear low heel shoes. 5. Encourage client's mother to help client with household chores.	1. Client was reassured that her pain would be subsided. 2. The cause of lower abdominal pains was explained to client that its due to descent of the foetal head. 3. Client reduced household activities. 4. Client wore low heeled shoes throughout pregnancy. 5. Client's mother helped client with household chores like sweeping and washing.	18/11/2022 at 8.00am.	Goals fully met as evidenced by; 1. client verbalized that her lower abdominal pains have subsided after intervention was given. 2.Midwife observed client was smiling.	**EQ**

DATE / TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVEN-TIONS	DATE / TIME	EVALUA-TION	SIGN
17/11/2022 at 8:00am	Waist pain related to descent of the fetal head putting pressure on the sacral nerve.	Madam Abigail's waist pain will reduce within 48hours as evidenced by: 1.Client verbalizing that she is being familiar with the waist pain, has reduced and coping with it. 2.Midwife visualizing client expressing low pain after performing activities.	1. Reassure client that she will be relieved from waist pain. 2. Encourage her to always bend on the knee and not from waist. 3. Teach husband on how to do sacral massage on Madam Abigail. 4. Encourage her to take enough rest in between activities. 5. Administer prescribed analgesic(paracetamol 1g).	1. Client was reassured that she will be relieved of waist pain. 2. She bent on the knee and not from the waist. 3. Husband was taught how to do sacral massage for client. 4. She took enough rest in between activities. 5. Prescribed analgesics were administered.	16/11/2022 at 8:00am	Goal fully met as evidenced by; 1. client verbalized that waist pain has reduced and she is coping. 2.Midwife observed clients pain has reduced.	**EQ**

NURSING CARE PLAN FOR PREGNANCY

DATE / TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES/OUT COME CRITERIA	NURSING ORDERS	NURSING INTERVENTIONS	DATE / TIME	EVALUA-TION	SIGN
20/11/2022 at 10:00am	Constipation related to activity of progesterone causing decreased peristalsis and relaxation of the smooth muscles of the large bowel during pregnancy.	Client will gain her normal bowel movement within 24 hours as evidenced by; 1. Client verbalizing that she was able to pass stools (once daily). Stating that she is relief of discomfort of constipation. 2. Midwife observing client passing stool.	1.Reassure Madam Abigail that she will have free bowel. 2. Explain the physiology of constipation to the client. 3. Encourage client to take at least 8 glasses of water daily. 4. Educate client on the intake of roughages. 5. Encourage her to perform both active and passive exercises such as dancing and walking.	1. Client was reassured that she will have free bowel. 2.The physiology of constipation was explained to the client. 3. Client took about 8 glasses of water daily. 4.Client took a lot of roughages such as vegetables and fruits. 5. Client performed active and passive exercises such as dancing and walking.	24/11/2022 at 10:00am	Goal fully met as evidence by; 1.client who verbalized that she passed stool once daily and relieved from discomfort of constipation. 2. Midwife observed client passing stool.	**EQ**

DATE / TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES/OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTIONS	DATE / TIME	EVALUA-TION	SIGN
20/11/2022 at 8:00am	Vaginal discharge related to increased vascularity and mucus production of the genital during pregnancy.	Client's vaginal discharge will reduce within 48hours as evidenced by client: Verbalizing that her amount of vaginal discharge has reduced. 2. Midwife observing client free of vaginal infection.	1. Reassure client that the discharge will reduce. 2. Explain the physiology of vaginal discharge to client. 3. Encourage client to wear cotton panties. 4. Encourage client to practice good personal hygiene. 5. Instruct client to change panties frequently. 6. Encourage client to dry panties in the sun if possible or iron them.	1. Client was reassured that the discharge will reduce. 2. Physiology of vaginal discharges was explained to client. 3. Client wore cotton panties. 4. Client practiced good personal hygiene like washing her panties regularly. 5. Client changed panties frequently to prevent infections. 6. Client dried panties in the sun or ironed them to reduce the rate of infections when it was possible.	25/11/2022 at 8:00am	Goal fully met as evidence by; 1. client who verbalized that her amount of vaginal discharge has reduced. 2.Midwife observed the amount of vaginal discharge has reduced and was free from infection	EQ

DATE / TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES/OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTIONS	DATE/TIME	EVALUA-TION	SIGN
30/11/2022 at 10:00am	frequency of micturition related to the growing uterus exerting pressure on the bladder.	Client will understand the reason for the frequency of micturition within 3 hours as evidence by client verbalizing: 1.She is able to cope with the frequency of micturition. 2.Midwife observing that client complains less of the frequent voiding.	1.Reassure client and remind her of the physiology of micturation that is due to the growing uterus exerting pressure on the bladder. 2. Encourage her to lean forward when voiding to help empty her bladder. 3. Encourage her to urinate immediately when she has the urge. 4.Educate her on the use of panty liners. 5.Educate client on how to do tightening the muscles(Kegel exercise) around her vagina and anus.	1. Client was reassured and reminded of the physiology of micturation that is due to the growing uterus exerting pressure on the bladder. 2. She leaned forward when voiding. 3. Client urinated immediately when she has the urge. 4. Client used panty liners. 5. Client understood what was taught on how to tighten the muscles around the vagina and anus.	30/11/2022 at 1:00pm	Goal fully met as evidence by; 1. client verbalizing that she has been relieved of frequency of micturition. 2.Midwife observed client's complains on frequent voiding has reduced.	EQ

CHAPTER THREE

3.1 INTRODUCTION

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

3.2 LABOUR

ADMISSION AND MANAGEMENT OF LABOUR

ADMISSION OF CLIENT

Madam Abigail G3P2 with 39weeks+5days gestation and estimated date of delivery of 30th November,2022, reported to Nsoatre Health Center with her sister on the 12th December, 2022 at 12:00am with complains of waist and lower abdominal pains. They were warmly welcomed and were offered seats. Madam Abigail's antenatal card was collected and quickly glanced through with midwife in- charge, to know whether she was an attendant and to know her maturity. Labour history was taken and according to her, she experienced severe lower abdominal pain and waist pain on 12th December, 2022 at 12:00am. On observation, she looked anxious. She and her sister were reassured of professionalism and items for delivery were collected and labelled. She was reassured and it was explained to her that it was engagement of the fetal head which is putting pressure on the sacral nerves. She was asked about the last meal, bowel action and any drug taken. She was made comfortable in bed and all procedure to be carried out was explained to her and her permission was sought. She was reassured that she was in the hands of competent staffs.

Physiology of the stages of labour was explained to her.

She was encouraged to ask questions. Her vital signs were checked and recorded as follows;

Temperature	-	36.9°C
Pulse	-	80bpm
Respiration	-	22cpm
Blood Pressure	-	110/70mmHg

Other observation recorded as

Hemoglobin	-	10.9g/dl

3.3 MANAGEMENT OF FIRST STAGE OF LABOUR

Procedure for abdominal and vaginal examination was explained to client. She was taken to the labour room and was offered a bedpan to empty her bladder. The quantity of urine was 130 millimeters. The midstream urine was tested for protein and glucose and it was negative for both. Reassurance was given to her and all procedures to be carried out on her were explained to her. She was helped onto the bed and pillow was put under her head. Hands were washed thoroughly with soap under running water and dried with a clean dry towel. Permission was sought to examine her after emptying the bladder. Head to toe examination was done. The conjunctiva was checked for pallor, the skin for rashes, the leg for varicose veins and the feet for edema but no abnormality was detected. Inspection of the breast was done to check for any abnormality which might interfere with breastfeeding of the baby.

On abdominal examination, the abdomen was ovoid in shape and medium in size and there were no scars on it. The procedure was carried out since she had emptied the bladder earlier.

On fundal palpation, on the right hand of the woman whiles facing her head, the two palms were rubbed together and gently the fundus was palpated. The upper pole of the uterus was occupied with the buttocks of the foetus, the back felt at the right side of the mother.

On lateral palpation with limbs on the left side and back at the right side.

Facing the woman's feet and still on the right side pelvic palpation was done and the fetal head occupied the lower pole of the uterus. Descent was 5/5th and monitored every 4 hours. The symphysio-fundal height was measured from the fundus to symphysis pubis and it was 35 cm and the gestational age was 39weeks+5days. The fetal position therefore was right occipito anterior.

On auscultation, the fetoscope was warmed and placed at the back of the fetus and each heart beat was counted for a period of one minute and in all 140 beats per minutes were recorded with regular rhythm and was monitored every 30 minutes.

Contractions were timed for ten minutes and recorded as 1:10 lasting for 30seconds and was monitored every 30 minutes.

Procedure for vaginal examination was explained to Madam Abigail. A mackintosh and towel was placed under her and she was put in a dorsal position with knees flexed. Hands were washed under running water with soap and dried with a clean dry towel and a sterile glove was put on. Client was encouraged to part her legs. The vulva was cleaned with sterile cotton wool swab soaked with savlon with strokes from upwards downwards starting with the labia majora for swabbing. The vulva was normal and clean with no varicose veins or oedema and also it was inspected for episiotomy scars, warts, sores and vaginal discharge. Vagina discharge was present. The discharge was whitish and with normal odour without itching.

On vaginal examination, the vagina was warm and moist. The cervix was soft, thin, effaced and the presenting part well applied to it. The cervical dilatation was 1centimeters and was also monitored 4 hourly. No moulding was noticed, no offensive odour.

The sacrum was well curved. The sacral promontory was not reached; the Ischia spines were blunt and show was present. A fist was made and it fitted into the intertuberous angle. The perineum was cleaned and a clean pad was applied to the vulva. The gloves were immersed in 0.5% chlorine solution. Gloves were removed by turning the inside out and were disposed into a polythene bag placed in a black plastic container. Hands were thoroughly washed with soap and under running water and dried with a clean towel. She was helped to lie on her side. The findings were recorded and progress of labour was explained to client. Client complained of waist pain, was reassured that she would be relieved from waist pain. Client was encouraged not to sit for a very long period but encourage to walk around also sacral massage was given. Madam Abigail was encouraged to lie on her left side to prevent supine hypotension syndrome. She was also encouraged to pass urine frequently and change her perineal pad when soiled to prevent infection. Client was informed about the progress of labour and findings were recorded on the labour chart.

Client was kept on observation chart as she came with cervical dilatation of 1cm.

Below is the observation chart;

OBSERVATIONAL CHART

Time	FHR	Amniotic fluid	Moulding	Cervical dilatation	Descent	Contractions	Pulse	B/P	Temperature	Urine Protein Acetone	Remarks
12:00am	135bpm	Intact	0	1cm	5/5th	1:10 lasting 18seconds	84bpm	122/80mmHg	36.3^{0}C	Neg	Good
12:30am	136bpm	-	0	-	-	1:10 lasting 23seconds	88bpm	110/78mmHg	36.5^{0}C	-	Good
1:00am	141bpm	-	0	-	-	1:10 lasting 20seconds	85bpm	121/71mmHg	36.1^{0}C	Neg	Good
1:30am	139bpm	-	0	-	-	2:10 lasting 19seconds	87bpm	125/80mmHg	36.4^{0}C	-	Good
2:00am	140bpm	-	0	-	-	2:10 lasting 21 seconds	84bpm	110/70mmHg	36.9^{0}C	Neg	Good
2:30am	142bpm	-	0	-	-	2:10lasting20, 22seconds	86bpm	119/79mmHg	36.7^{0}C	-	Good
3:00am	145bpm	-	0	-	-	2:10 lasting 21,25secs.	84bpm	120/80mmHg	36.5^{0}C	Neg	Good
3:30am	139bpm	-	0	-	-	2:10 lasting 28,30secs.	88bpm	119/78mmHg	36.4^{0}C	-	Good

PREPARATION FOR BIRTH

A helper was identified both skilled (the ward in-charge) and non-skilled (sister) to assist in labour and delivery when needed. Emergency plan was also reviewed which include; calling of a taxi driver to help in transporting the client to referral center when the need be. Client was reminded that she will be assisted to wash her hands, chest and abdomen when second stage is eminent to prepare for skin-to-skin care to prevent infections to the baby. The room was well lighted and a portable lamp was also in place in case of lights out. Preparation of the area for ventilation and checking of equipment was also done by preparing a dry, flat and safe space for receiving the baby for ventilation when needed and equipment to help the baby breathe were checked for their function. The items include the suction device, ventilation bag and mask, stethoscope, scissors, timer, head covering, clothes and gloves. Delivery set and emergency drugs were available when checked.

At 4:00am, her vital signs and other observations were checked and recorded as;

Temperature - 36.6 degrees Celsius

Pulse - 90 beats per minute

Respiration - 23cycles per minute

Blood pressure - 110/70millimeters per mercury

Fetal heart rate - 140beats per minute

Descent - $3/5^{th}$

Contraction - 2 in 10 lasting for 34 seconds

All findings were communicated and recorded on the partograph.

The trolley was clean and a sterile delivery with other clean items were made available on both top and bottom shelf as below. Upper shelf containing the following packed in the delivery set;

- Delivery pack containing; Four clean towels
- Two artery forceps
- Two dissecting forceps
- Two gallipots with cotton swabs and gauze respectively
- One cord scissors
- Receiver
- Episiotomy scissors

Lower shelf containing;

- Bed pan
- A receiver for placenta
- Container with syringes and needles
- Fethoscope
- A syringe containing oxytocin drug in a covered container
- Extra perineal pad
- Antiseptic lotion. Example savlon
- Sterile gloves
- Small cup containing water and bulb syringe
- Cord clamp
- Two clean cot sheets
- Lidocaine

At 8:00am vital signs and other observations were checked and recorded as

Temperature	-	36.4 degrees Celsius
Pulse	-	84beats per minute
Blood pressure	-	100/60millimetre per mercury
Fetal heart rate	-	140beats per minute
Descent	-	1/5th
Contraction	-	4 in 10 lasting for 46 seconds

At 10:00am, client complained of bearing down with cervical dilatation of 10cm as indicated on the partograph. She was positioned and vaginal examination done which confirmed full dilatation of the cervix, membranes ruptured spontaneously, amniotic fluids was clear, moulding was (+ +) descent was 0/5th and contractions were 4 in 10 lasting 50 seconds, foetal heart rate was 146 beats per minute, blood pressure was 120/90millilitres per mercury, temperature was 36.4, pulse was 81beats per minute and urine output 120mls. Madam Abigail shouted that she feels like pushing. In-charge was informed about the progress of labour and also asked to confirm the findings and she said Madam Abigail was fully dilated after confirming the vaginal examination which marked the beginning of second stage.

The active first stage lasted 6 hours under care from 4:00am to 10:00am.

3.5 MANAGEMENT OF SECOND STAGE OF LABOUR

The second stage of labour starts from full dilatation of the cervix up to when the baby is born. She was positioned in a lithotomy position. A gown, mackintosh apron, masks and boots were worn. After that, hands were washed under running water with soap and water and dried. Sterile

gloves were put on. The midwife in-charge who was supervising, checked the fetal heart rate and maternal pulse after each contraction. Vagina examination was done to confirm full dilatation of the cervix the vulva, perineum, pubis and the inner thighs of the client were swabbed with gauze soaked in savlon solution and client was draped with a clean towel. A clean perineal pad was applied over the anus to prevent fecal matter from contaminating the delivery field. Madam Abigail was tired. She was encouraged to push with each contraction to prevent exhaustion and rest in between contractions, her perineum was overstretching as she was pushing. Client was also given oral fluid and provision of reassurance and encouragement during each contraction was given.
Her perineum was shiny and over stretched, so she was instructed to follow the instructions so that tears would be prevented. Fingers of the right hand were placed on the advancing head to maintain flexion in order to allow the smallest diameter to distend the perineum. Descent of the fetal head continued till it crowned. As soon as the baby's head crowned, she was asked to pant and give only small pushes with contraction to prevent rapid expulsion of the fetal head which could result in perineal tears and intra cranial injury. The sinciput, face and chin swept the perineum and the head was delivered by extension. The mouth and nose were gently cleaned with sterile gauze. The eyes were wiped with sterile cotton wool swab from the inside out as well as the face. The neck was quickly felt for cord. The mother was reminded that the baby would be delivered unto her abdomen whiles waiting for restitution and external rotation of the fetal head.

This was accompanied by internal rotation of the shoulders. With palm on each side of the baby's head, client was asked to push with the next contractions. The anterior shoulder was delivered by pressing the head down gently and the posterior shoulder swept the perineum to be delivered. The rest of the body was delivered by lateral flexion unto the mother's abdomen at 10:30am, baby cried immediately after birth, baby was dried with the sterile cot sheet on mother's abdomen for one

hour and covered with a cot sterile sheet to prevent heat loss, provide warmth and to promote bonding.

3.6 IMMEDIATE CARE OF THE BABY

This commenced as soon as the head of the baby was delivered. The eyes were cleaned with a sterile swab from within outwards. The mouth and nose were also sucked and cleaned with sterile gauze to enhance patent airway. The umbilical cord was clamped about 3 centimeters away from the baby's abdomen and again clamped about 2 centimeters away from the first clamp with artery forceps. The cord was cut in between the two clamps by covering the scissors with gauze to prevent splashing of blood. This was done a minute after the delivery of the baby. The baby was dried and placed on the mother to continue skin to skin and covered both baby and mother with a warm cot sheet to maintain warmth and prevent hypothermia. The baby's Apgar score assessed at the first and fifth minutes were 8/10 and 9/10 respectively. An identification band with mother's name, sex of the baby, date and time of delivery was put around baby's wrist. The baby was breathing quietly and easily. Baby was then shown to mother for identification and she identified the baby as a male.

APGAR SCORE

TIME	COLOUR	BREATH	HEART	TONE	REFLEX	TOTAL
1 MINUTE	2	2	2	1	1	8/10
5 MINUTE	2	2	2	2	1	9/10

3.7 MANAGEMENT OF THIRD STAGE OF LABOUR

Client still in the lithotomy position, the clamped and cut end of the cord was placed in a receiver in between the thighs near the perineum to receive the placenta, membranes and blood loss. A gentle palpation of the abdomen was done by the in-charge to rule out undiagnosed twin. There was no other fetus, so 10 units of oxytocin were given intramuscularly on the thigh of the mother by the midwife in-charge to aid in contraction of the uterus and expulsion of the placenta. Cord was reclamped closer to the perineum and the cord with artery forceps were held with the right hand. The left hand was placed on the fundus to check for contractions. With contractions, the hand was repositioned just above the symphysis pubis with the palm facing the woman's umbilicus. The uterus was pushed in an upward direction to serve as counter traction to prevent inversion of the uterus. The cord and the forceps were also held firmly at the same time and with downward traction, the process was repeated until the placenta became visible at the vulva.

The placenta was cupped by both hands and twisted to remove pressure on the fragile membranes. The placenta and membranes were delivered completely at 10:36am. Quick examination of the placenta was done to make sure that there were no retained products. The placenta was placed in a receiver for a thorough examination to be done. The perineum was cleaned and gauze was used to wrap two fingers of each hand to inspect the vagina and cervix but no tear or laceration was detected. The uterus was massaged to expel clot. Client was taught how to massage the uterus and was asked to feel for the contracted uterus. She was educated to massage the uterus by herself and report any change immediately. Madam Abigail was cleaned off the liquor and blood with a clean pad after the examination. A new perineal pad was applied at the vulva and she was made comfortable. She was asked to cross her legs to keep the perineal pad in position

3.8 EXAMINATION OF THE PLACENTA AND MEMBRANES

The placenta was sent to the sluice room for examination. The cord was situated at the middle of the placenta with two arteries and a big vein in the cord with no knot. The maternal surface of the placenta was intact with no missing lobe and was also checked with no infarcts. The membranes were examined for any blood vessel and it was separated to check whether they were intact. The fetal surface was intact with no abnormality. Blood clots from the maternal surface were added to the blood loss. Blood loss measured was 100 milliliters. After the examination, the instruments were decontaminated in 0.5% chlorine solution for 10 minutes. The instruments were removed, washed, rinsed, dried and made ready for sterilization.

She was asked to urinate when she had the urge for the uterus to contract and was told that if she feels any change, she should not hesitate to report. She expressed gratitude for the patience and care.

3.9 PREVENTION OF DISEASES

Cord was dressed aseptically with chlorhexidine gel. Injection 1mg of vitamin K was given intramuscularly to prevent bleeding disorder.

Tetracycline Hydrochloride 1% ointment was applied on each eye to prevent infection. Hands were washed under running water with soap and cleaned with a clean towel. Mother was also educated to wash hands before and after breastfeeding baby. She was taught how to position herself for breastfeeding. She was further explained to breastfeed baby on demand.

4.0 EXAMINATION OF THE NEW BORN

Hands were washed with soap, water and dried with a clean towel, then the procedure was explained to Madam Abigail. Disposable gloves were worn and the baby was examined in the presence of the mother in a clean, warm environment, where nearby windows were closed. Baby was put on a covered flat surface and only the part to be examined was exposed.

The general condition of baby was checked to be normal.

A detailed head to toe examination was carried out to detect any abnormality. The head was examined for bulging fontanelles, size and shape, edematous swelling that is caput succedaneum and lacerations, but no abnormality was detected. Head circumference was measured by encircling the head with a tape measure from the occipital protuberance to the supra-orbital ridges and it measured 32cm.

The ear was examined for alignment, shape, size and patency and the cartilage in the pinna was checked for its softness. Eyes were also examined for colour, redness and conjunctiva haemorrhage but no abnormality was found.

The nose was inspected for size and shape and examined for deviated septum but the septum was normal. The nostrils were inspected for patency and discharges and the mucosa for colour and polyps. For the mouth, the little finger was used to feel the palate for any sub mucous cleft then the gum was checked for presence of false teeth and the tongue for tongue tie and no cleft lip was observed. No abnormalities were detected. Sucking, rooting and swallowing reflexes were checked and found present.

The neck was examined for congenital goiter, swelling, growth and rigidity of the neck but no abnormality was present. The chest was inspected for shape and the chest wall for movement and expansion. Breasts were palpated for lumps and the nipple was checked for position and witches' milk and everything was normal. Apex beat was present (132 bpm).

Examination of the upper extremities was done and the hands were inspected for clubbing, extra or missing digits, nails over growth and webbing. Hands and arms were inspected for symmetry, movement and paralysis, and the palm for the number of palmer creases. Shape and colour of nail beds were inspected and reflexes (grasping, Moro) checked. Everything was normal.

The abdomen was inspected and the size and shape were normal. The cord was inspected for bleeding and signs of infection and two arteries and a vein were found.

The liver, spleen, and bladder were not palpable, no tenderness and masses but no abnormality was detected. The genitalia were examined, and they were well developed thus the vagina (labia majora, minora, clitoris). The anus was patent on palpation, while the baby also passed meconium and urine. With the lower limbs, the legs and feet were inspected for extra digits, webbing, symmetry, movement, clubbed feet, paralysis, but no abnormality was found. The hip had no dislocation and the reflexes (knee jerk/patella, plantar) were present. The baby was turned on his back with the head turned on one side and the spine was checked for swelling, dimples or hairy patches (spinal bifida), and for missing vertebra, meningomyelocele, but no abnormalities were detected. On examination of the skin, there was no abnormality found. Gloves were removed and disposed off. Hands were washed and dried with clean dried towel. Findings were then communicated to the mother.

4.1 MANAGEMENT OF THE MOTHER AND BABY

Madam Abigail and her baby were transferred into the lying-in room, made comfortable and also congratulated for her co-operation. Uterus was felt for contractions and her vital signs together with bleeding were monitored every 15 minutes for 2 hours, 30 minutes for 1 hour, 1 hourly till the end of the 6 hours. The baby's condition was checked alongside with monitoring of the mother. There was no bleeding from the cord and no other abnormality was detected. The first post-delivery vital signs were checked and recorded as follows; and the rest recorded on the partograph.

Temperature - 36.4 degree Celsius

Pulse - 85 beats per minute

Respiration - 25 cycles per minute

Blood pressure - 100/60 millimeters per mercury

She was encouraged to empty the bladder frequently to prevent postpartum complications such as postpartum haemorrhage. She was advised on personal hygiene and exclusive breastfeeding.

4.2 CONDITION OF MOTHER

Blood pressure - 100/60 millimeters per mercury

Fundal height - 15 centimeters

Uterus - Contracted

Lochia - Red (rubra)

Urine output - 100mls

Mother's condition was good.

4.3 CONDITION OF BABY

Sex - Female

Birth weight - 3.2 kilograms

Length of the baby - 48centimeters

Head circumference - 32 centimeters
Apgar Score

First minute score - 8/10

Fifth minute score - 9/10

Meconium - Passed

Urine - Passed

Baby's condition was very good.

4.4 DURATION OF LABOUR

Duration of first stage - 6hours

Duration of second stage - 30 minutes

Duration of third stage - 5minutes Total duration of labour - 6hours 35minutes

4.5 PROBLEMS IDENTIFIED

0n 12th December, 2022: Client complained of

1. Lower abdominal pain

2. Anxiety

3. Waist pain

4. Fatigue

5. Possible perineal trauma

4.6 SHORT TERM OBJECTIVES

1. Client's lower abdominal pain will resolve within 2hours.
2. Client will be relieved from anxiety after knowing the outcome of labour within 30minutes.
3. Client will be relieved from waist pain at the end of labour within 30minutes.
4. Client's fatigue will be resolved within 30minutes.
5. Client will have intact perineum at the end of delivery.

4.7 LONG TERM OBJECTIVE

Client will go through labour successfully and deliver an alive baby without complications to both mother and baby.

NURSING CARE PLAN ON LABOUR

DATE /TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES/OUT-COME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE /TIME	EVALUATION	SIGN
12/12/2022 at 10:00 am	Lower abdominal pain related to strong expulsive uterine contractions.	Madam Abigail will cope with lower abdominal pain within 2hours as evidenced by; 1. Client verbalizing she is coping with the pain. 2.Midwife observing a relaxed facial expression.	1. Reassure Madam Abigail and explain physiology of labour to her. 2. Provide diversion therapy by conversing with her. 3. Encourage client to adopt a comfortable position. 4. Encourage and supervise client to practice deep breathing exercise during uterine contraction. 5. Give Madam Abigail a sacral massage to relieve pain.	1. Madam Abigail was reassured and physiology of labour explained to her that it is due to the contractions. 2. Client was engaged in conversation during labour. 3. Client adopted a comfortable position; lying in a left lateral position to reduce pain. 4. Deep breathing exercises were performed and supervised. 5. Sacral massage was given to her when there were contractions.	12/12/2022 at 11:00 am	Goal fully met as; 1. Madam Abigail verbalized that she coped with labour pains. 2. Midwife observed client was relieved from lower abdominal pains with a relaxed face.	**EQ**

DATE /TIME	NURSING DIAGNO-SIS	NURSING OBJECTIVE/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE /TIME	EVALUAT ION	SIG N
12/12/2 022 at 10:00a m	Anxiety related to unknown outcome of labour.	Client will be relieved of anxiety within 2hours as evidenced by; 1.client verbalizing that she is no more anxious of the outcome of labour 2.Midwife observing calm tone in client's speech.	1. Reassure client that she is in the hands of competent staff. 2. Explain the physiology of the stages of labour to client. 3. Allow client to ask questions and answer them tactfully. 4.Communicate findings to client. 5.Introduce client to other staffs	1. Client was reassured that she was in the hands of competent staff. 2. The physiology of the stages of labour was explained to client in simple terms. 3. Client asked questions and appropriate answers were given. 4. Findings were communicated to client about the progress of labour such as cervical dilatation and descent. 5.Client was introduced to other staffs.	12/12/2022 at 11:00pm	Goal fully met as; 1. client expressed relaxed face and verbalized that she is relieved. 2.Midwife observed calm tone in client's speech.	**EQ**

DATE /TME	NURSING DIAGNOSIS	NURSING OBJECTIVE/OUTCOME CRITERIA	ORDERS	NURSING INTERVENTION NURSING	DATE /TIME	EVALUATION	SIGN
12/12/2022 at 10:00am	Fatigue related to pain and stress of labour.	Madam Abigail's tiredness will resolve within 2hour as evidence by: 1.Client verbalizing that she feels less tired. 2.Midwife observing Madam Abigail being active during labour.	1. Reassure client that she would be relieved of fatigue. 2. Encourage client to rest in between uterine contractions. 3. Explain to her why she feels tired and be sure she understands and allow her to ask questions and answer. 4. Encourage client to practice deep breathing exercise. 5. Give client oral fluid to hydrate her.	1. Client was reassured that she would be relieved of fatigue. 2. Client was seen resting in between uterine contractions to prevent further exhaustion. 3. Education on fatigue was given to client, she enquired whether it would be resolved and was reassured so she knew it was normal for her to be tired during labour. 4. Client was seen practicing deep breathing exercise. 5. Oral fluid (fruit juice) was given to client to hydrate her.	12/12/2022 at 11:00am	Goal fully met as evidence by; 1.Madam Abigail verbalizing that she feels less tired. 2.Midwife observed that client was active during labour.	EQ

DATE /TIME	NURSING DIAGNO-SIS	NURSING OBJECTIVE/OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE /TIME	EVALUATION	SIGN
12/12/2022 at 10:00am	Waist pain related to descent of the fetal head.	Client will be able to cope with waist pain within 2hours as evidence by; 1. client verbalizing that she no longer has waist pain. 2.Midwife observing client coping with waist pains.	1. Reassure client that she would be relieved from waist pain. 2. Encourage client to cope with waist pains as she will be relieved after delivery. 3.Give sacral massage to relieve her pain. 4. Explain the physiology of waist pain to client that it is due to descent of the fetal head. 5. Encourage deep breathing exercise along contraction.	1. Client was reassured that she would be relieved from waist pain. 2.Client was encouraged to cope with waist pains. 3. Sacral massage was given to client to relieve her from pain. 4. Physiology of waist pain was explained to client that it was due to descent of fetal head. 5. Deep breathing exercises were encouraged and performed.	12/12/2022 at 11:00am	Goal fully met as evidence by; 1.client verbalizing she she no longer have waist pains. 2.midwife observed client was coping with the pains with smiles.	**EQ**

CHAPTER FOUR

PUERPERIUM

4.9 INTRODUCTION

This chapter consists of the care given to the mother and the baby after delivery till the second postnatal visit.

5.0 DAY OF DELIVERY

Madam Abigail and her baby were sent to the lying-in after six hours of close observation. Vital signs were monitored as expected. She was made comfortable in bed with baby. Both mother and baby were kept warm. She was encouraged to put the baby to breast to promote bonding between them and also stimulate uterine contractions to aid involution of the uterus. She was also encouraged to empty the bladder frequently to help in fast involution of the uterus and also to prevent the occurrence of postpartum hemorrhage.

An opportunity was taken to educate her on exclusive breastfeeding for the first six months, emptying of one breast before the other and the need to feed the baby frequently at least 8 to 12 times a day, as well as how to fix the baby to breast and the correct attachment and positions for breastfeeding and the need to be hygienic. She was also educated to keep the baby warm to prevent hypothermia, and educated to change the baby's soiled napkins frequently to prevent nappy rash and to make the baby comfortable. She was encouraged to wash her hands with soap under running water after visiting the lavatory, changing her perineal pad, and also before and after touching the baby. It was explained to her the need to change her perineal pad frequently.

Madam Abigail took fufu and light soup for supper. Her vital signs were checked and recorded as follows;

Temperature	-	36.4ºC
Pulse rate	-	80bpm
Respiratory rate	-	20cpm
Blood pressure	-	105/60mmHg

The symphysio fundal height was measured to be 15 centimeters. Lochia were also inspected and it was bright red (rubra) in colour and small in amount with no bad odour. The baby was examined from head to toe and no abnormality was detected. The client's relatives were asked to excuse mother and baby so that they could have some rest and sleep. Client was educated to urinate frequently since full bladder could affect uterine contractions and bring about postpartum hemorrhage. Again she was advised to change her sanitary pad frequently since she was at risk of infection. She was educated on the importance of hand washing before and after changing of her sanitary perineal pad.

Madam Abigail was encouraged to eat good nourishing and balanced diet, adequate intake of fluids, more fruits and roughages to enhance bowel movement and to help repair all worn out tissues. She was again encouraged to rest and sleep and exercise especially the abdominal and pelvic floor exercises.

Madam Abigail's sister was advised to help her sister in the care of the baby and also the household chores. He was then informed of possible discharge after several hours of monitoring(6hours)

5.1 SUBSEQUENT CARE OF THE BABY

BABY'S FIRST BATH

The baby had the first bath after six hours of birth. The mother was informed that the baby was going to be bathed, so all items for bathing were gathered, which include sponge, towel, soap, pomade, comb, dress, hat, socks, diapers, a clean dry cot sheet, cotton wool swabs and spirit for dressing cord. The baby was kept in a safe place while water was mixed and temperature tested with the elbow. Plastic apron was put on, hands were washed, dried and sterile gloves worn.

The baby was placed on a flat surface, undressed and wrapped with a cot sheet. The baby's eye and face was cleaned, with damp face towel. The nape of the baby's neck was supported and the ears plugged with two fingers to prevent water from entering the ears.

The head was washed with soapy sponge, rinsed and dry the chest, abdomen and front was bathed with soapy sponge. The baby was further turned and the baby's back with one arm supporting the chest and washed the back down to the feet.

The baby's body was rinsed with warm water thoroughly. The baby was placed in a clean dry towel paying attention to the skin folds.

Baby was smeared with pomade, powdered and dressed up and hair neatly combed. Hands were washed with soap under running water, and dried with clean towel, gloves were worn and exposed the umbilical cord after dressing the baby. The cord clamp was observed if it was loose or bleeding. The tip of the cord clamp was held with a cotton swab and applied chlorhexidine gel from the tip, and thoroughly spread to the stem and then to the base. The cord was exposed to dry. Mother was

encouraged to observe bathing and dressing of the cord. She was educated to clean the cord as observed at home.

Madam Abigail was also taught on good position and attachment of the baby to breast. The baby passed meconium and urine indication that urethra and anus were patent. The baby was dressed nicely and wrapped in a warm dry sheet to maintain body temperature and he was placed beside her mother to breastfeed. The mother was educated not to place cow dung and other items on the cord with the exception of chlorhexidine that will be given to her. She was encouraged to practice exclusive breastfeeding.

Vital signs were also checked and the findings were communicated to the mother and documented as follows:

Head circumference	-	33 centimeters
Length	-	49 centimeters
Weight	-	3.2 kilograms
Apex beat	-	140 beats per minute
Temperature	-	36.0 degree Celsius
Respiration	-	40 cycles per minute

Baby's condition was good.

5.2 FIRST DAY POST DELIVERY (DAY OF DISCHARGE)

The first day post-delivery was 13th December, 2022. Mother and baby were in the lying- in ward and monitoring was ongoing (vital signs and uterus). Madam Abigail was asked about how she and the baby were doing and she said they were both doing well, except that she had lower

abdominal pains (after pains) while breast feeding the baby. She was reassured and educated on the physiology of after pain that is a normal physiology thus the suckling triggers the release of oxytocin which causes uterine contraction and therefore causes lower abdominal pain. She was given paracetamol 1g to reduce the pain. She also complained of less sleep because the baby cries a lot. She was encouraged to attend to the baby whenever it cries in the night and have enough sleep when the baby is asleep. She was urged to change baby diapers when wet. She had already emptied her bladder and taken her bath. A puerperal assessment was then made. The conjunctiva was inspected for sign of anemia but it was absent. The breasts were lactating very well. The uterus had contracted very well and the symphysio fundal height measured 14cm. The perineal pad was inspected and the Lochia was red (rubra), with moderate flow and there was no offensive odour. Madam Abigail's vital signs were checked and recorded as follows;

Temperature - 36.5 degree Celsius

Pulse - 82 beats per minute

Respiration - 22 cycles per minute

Blood pressure - 110/60 millimeters of mercury.

Uterus - Well contracted

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

Temperature - 36.3 degree Celsius.

Pulse - 132 beats per minute.

Respiration - 40 cycles per minute.

Weight - 3.1 kilograms

The baby was given Bacilli CalmetteGuerin (BCG)0.05millimeters on the right upper arm for protection against tuberculosis.

Client was educated that she should not apply anything on the injection site or massage it. She was told that there could be a tissue reaction over the area, a scar formation later indicating that the child had been immunized against tuberculosis effectively. Polio vaccine was also given orally to protect the baby against polio myelitis. Client was educated to continue with baby's immunization schedule very well. This would help prevent baby contracting any of the childhood preventable diseases. Client was also told to register the baby at the birth and death unit and complete all the immunization schedules. Baby was tipped and tailed.

Mother was educated on personal hygiene, good nutrition, provision of warmth to the baby and prevention of infection by changing her perineal pad whenever it was soiled. Mother was also educated not to apply hot compress on baby's head with the intention of closing the fontanels that was explained to her that the fontanels closes naturally. Baby's cord was again checked for bleeding. And education regarding cord dressing was once again hammered.

Prescribed drugs were given as below;

Iron III polymaltose complex capsule (daily) for30 days

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

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

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

The dosage and time for taking the drugs were explained to her and was discharged at exactly 8:30am. Madam Abigail was also told that she would be visited for one week to check on her condition and that of the baby and continued with their care. She was discharged home and was

escorted with her items into a car brought in by her sister. They were reminded of the visit to their house, farewell was bade after escorting them home.

5.3 FIRST DAY POST NATAL HOME VISIT

Madam Abigail was visited in her home on the 13th December, 2022 at 4:00pm. On arrival, greetings were exchanged with a warm welcome. She was neatly dressed and had already set the place for the baby to be bath; the baby was then toped and tailed. It was explained to her that physical examination will be done on her and the baby, dress the baby's cord and also check her vitals. The cord was dressed with chlorhexidine. Mother was also examined from head to toe and there were no abnormal changes. The fundal height measured 14cm. The perineum was inspected and was found to be cleaned, lochia was red (rubra) with moderate amount of flow. Her vital signs were taken and recorded as;

VITAL SIGNS OF THE MOTHER

Temperature : 36.1 degree Celsius

Pulse : 80beat per minutes

Respiration : 20cycle per minutes

Blood pressure: 115/70 millimeters of mercury

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

VITAL SIGNS OF THE BABY

Temperature : 36.2 degree Celsius,

Pulse : 135 beats per minute,

Respiration : 37 cycles per minute.

Baby's weight : 3.1 kilograms

5.4 SECOND DAY POST-DELIVERY HOME VISIT

On the 14th December, 2022 the second visit was made to Madam Abigail's house at 7:30am in the morning and at 4:30pm in the evening as scheduled. She said her condition had improved. Baby was also doing well. The family was pleased. Permission was sought from Madam Abigail to inspect her perineal pad and perineal area was clean and the lochia was red (rubra), not offensive and the flow was moderate. Head to toe examination was also done and everything was normal.

The breasts were firm and well lactating. Uterus was firm and symphysio fundal height measured 13cm.General examination was carried out on the baby from head to toe and no abnormality was revealed. Baby was toped and tailed. The cord was neatly dressed and it was dry with no sign of infection. The baby passed stools and urine. Mother and baby's vital signs and weight were taken and recorded as follows

OBSERVATION CHART FOR THE MOTHER

OBSERVATION	MORNING	EVENING
Temperature	36.2	36.8
Pulse	78 bpm	80 bpm
Respiration	21 cpm	21 cpm
Blood pressure	110/70mmHg	110/60mmHg
Lochia	Rubra	Rubra
Fundal height	13cm	13cm
Condition of the uterus	Contracted	Contracted

Breast	Lactating	Lactating

OBSERVATION ON BABY

OBSERVATIONS	MORNING	EVENING
Temperature	36.5^0C	37.0^0C
Apex beat	134 bpm	137 bpm
Respiration	38 cpm	36cpm
Skin Colour	Pink	Pink
Cord bleeding	No	No
Suckling	Yes	Yes
Weight	3.0kg	3.0 kg

5.5 THIRD DAY POST-DELIVERY HOME VISIT

On the 15th December, 2022 the third home visit was made to Madam Abigail's house at 7:30am in the morning and 4:30pm. Mother and baby were doing well. Permission was sought to inspect her perineal pad and the lochia was red (rubra) without offensive odour. Head to toe examination was also done and everything was normal. Breasts were heavy and breast milk was flowing freely. Symphysio fundal height was measured 12cm.

The baby was top and tailed, assessed and general condition was good and no abnormality was present. The cord was neatly dressed and was dry without bad odour. The baby also passed brownish yellow stools and urine. Mother and baby's vital signs were checked and recorded as follows;

OBSERVATION CHART FOR THE MOTHER

OBSERVATION	MORNING	EVENING
Temperature	36.5	36.9
Pulse	80 bpm	82 bpm
Respiration	20 cpm	22 cpm
Blood pressure	110/60mmHg	100/60mmHg
Lochia	Rubra	Rubra
Fundal height	12cm	12cm
Condition of the uterus	Contracted	Contracted
Breast	Lactating	Lactating

OBSERVATION ON BABY

OBSERVATIONS	MORNING	EVENING
Temperature	36.0^0C	36.5^0C
Apex beat	137 bpm	137 bpm
Respiration	36 cpm	36cpm
Skin Colour	Pink	Pink
Cord bleeding	No	No
Suckling	Yes	Yes
Weight	3.0kg	3.0 kg

5.6 FOURTH DAY POST-DELIVERY HOME VISIT

Madam Abigail and her baby were visited again on 16th December,2022 in the morning at 7:30am and in the evening at 5:00pm to continue with the postnatal care. She and her baby were physically examined and nothing abnormal was detected. Lochia was rubra on inspection, no odour and breasts were lactating. Head to toe examination was done and everything was normal. Symphysio fundal height measured 11cm. Baby had been bathed by client's mother on arrival so the general examination was carried out. No abnormality was found. The cord was neatly dressed and has shrinked with no abnormality detected. The baby passed dark yellow stools and urine. Mother and baby's vital signs were checked and recorded as follows;

OBSERVATION CHART FOR THE MOTHER

OBSERVATION	MORNING	EVENING
Temperature	36.7	36.8
Pulse	80bpm	85 bpm
Respiration	21 cpm	20 cpm
Blood pressure	110/70mmHg	110/60mmHg
Lochia	Rubra	Rubra
Fundal height	11cm	11cm
Condition of the uterus	Contracted	Contracted
Breast	Lactating	Lactating

OBSERVATION ON BABY

OBSERVATIONS	MORNING	EVENING
Temperature	36.8^0C	36.5^0C
Apex beat	133 bpm	135 bpm
Respiration	34 cpm	30cpm
Skin Colour	Pink	Pink
Cord bleeding	No	No
Suckling	Yes	Yes
Weight	3.1kg	3.1 kg

5.7 FIFTH DAY POST-DELIVERY

The fifth day postnatal home visit was on 17th December, 2022 at 7:30am and 4:30pm in the evening to continue with the post- natal care. Mother and baby were both in a healthy condition. Inspection of the lochia was done and the colour was serosa (pink) with symphysio fundal height measured 10cm. After the head to toe examination, no abnormality was detected. Head to toe examination was also done on the baby and no abnormality was found. The cord was dry, was coming off but not completely off so baby was topped and tailed. The baby urinated and passed yellowish stool and was cleaned immediately. Client and baby's vital signs were checked and recorded as follows:

OBSERVATION CHART FOR THE MOTHER

OBSERVATION	MORNING	EVENING
Temperature	36.7	36.7
Pulse	80 bpm	85 bpm
Respiration	20 cpm	20 cpm
Blood pressure	120/70mmHg	110/60mmHg
Lochia	Serosa (pink)	Serosa (pink)
Fundal height	10cm	10cm
Condition of the uterus	Contracted	Contracted
Breast	Lactating	Lactating

OBSERVATION ON BABY

OBSERVATIONS	MORNING	EVENING
Temperature	36.5^0C	36.5^0C
Apex beat	133 bpm	135 bpm
Respiration	34 cpm	30 cpm
Skin Colour	Pink	Pink
Cord bleeding	No	No
Suckling	Yes	Yes
Weight	3.2kg	3.2 kg

5.8 SIXTH DAY POST-DELIVERY HOME VISIT

The sixth day postnatal home visit was made on 18th December, at 7:30am. Greetings were exchanged with client and her family and a seat was offered in client's room. Mother and baby were both in a healthy condition and client said fullness of breast has subsided except that baby cries a lot. She was reassured and encouraged to feed the baby well and change wet diapers before she sleeps. Madam Abigail made complains of constipation and backache. Symphysio fundal height measured 9cm. Inspection of the lochia was done and the colour was serosa(pink) with no odour. She was educated to keep her perineum clean and change pad frequently to prevent infection and educated on family planning. After head to toe examination, no abnormality was detected. Baby was topped and tailed, head to toe examination was done and no abnormality was found on the baby.

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

OBSERVATION CHART FOR THE MOTHER

OBSERVATION	MORNING
Temperature	36.9
Pulse	82 bpm
Respiration	20 cpm
Blood pressure	120/70mmHg
Lochia	Serosa (pink)
Fundal height	9cm
Condition of the uterus	Contracted
Breast	Lactating

OBSERVATION ON BABY

OBSERVATIONS	MORNING
Temperature	36.0^0C
Apex beat	136 bpm
Respiration	38 cpm
Skin Colour	Pink
Cord bleeding	No
Suckling	Yes
Weight	3.3kg

Client was told the next day was going to be the last day and end of the care rendered. She was woebegone but accepted it.

5.9 SEVENTH DAY POST-DELIVERY HOME VISIT

On the 19th December, 2022 the seventh home visit was made to Madam Abigail's house at 7:30am in the morning. Mother and baby were doing well. Permission was sought to inspect her perineal pad and the lochia was serosa (pink) without offensive odour. Head to toe examination was also done and everything was normal. Breasts were heavy and breast milk was flowing freely. Symphysio fundal height was measured 8cm.The baby was top and tailed, assessed and general condition was good and no abnormality was present. During the examination, it was realized that the cord had fallen off. The stump was then dressed and the area was cleaned and kept dry without any bad odour. The baby also passed brownish yellow stools and urine. Mother and baby's vital signs were checked and recorded as follows;

MOTHER

OBSERVATION	MORNING
Temperature	36.5oc
Pulse	84bpm
Respiration	20cpm
Blood pressure	112/60mmHg

BABY

OBSERVATION	MORNING
Temperature	36.0oc
Pulse	135bpm
Respiration	37cpm
Weight	3.4 kilograms

She was encouraged to continue adhering to all the advices and education

given to her especially on nutrition, exercise, rest and sleep and maintaining good personal and environmental health. Abigail was also encouraged to take good care of the baby and breastfeed exclusively. Client was also reminded to register the baby at the birth and death unit. She was again reminded on the first postnatal visit to the clinic.

6.0 FIRST POSTNATAL VISIT TO THE CLINIC

Madam Abigail and her baby reported at the hospital on 20th December,2022 accompanied by her sister. Mother and baby looked healthy and cheerful. They were welcomed to the postnatal site and a seat was offered to them to listen to a health talk on immunization against the preventable childhood disease, exclusive breastfeeding and family planning.

After the talk client and baby were taken to the examination room to be examined. With permission from mother, baby was undressed and wrapped in a clean cot sheet and was put on a flat surface in the presence of the mother. Procedure was explained to Madam Abigail and hands were washed and dried. The fontanels and sutures were examined for any bulging fontanels or widening sutures but there were none. The eyes, nose and ears were examined and no abnormalities were detected. Baby had no rashes or bruises on the skin. The abdomen was soft, not distended, and the umbilical cord was completely healed. The extremities and the back were also examined and there were no abnormalities. Vital signs checked and recorded were as follows:

Baby's weight - 3.5kg

Temperature - 36.5°C

Pulse rate - 134bpm

Respiratory rate - 42cpm

All findings were communicated to mother and recorded. Mother claimed the baby has good bowel movement and breastfeed well.

Madam Abigail was also examined and was asked to empty her bladder for physical examination after the procedure has been explained to her. She was assisted onto the examination couch and privacy was provided. Hands were washed and dried.

On inspection, client's hair was clean and nicely braided her conjunctiva and sclera were pink without any pallor. The nose, mouth and ears were clean without any discharges. The breast was heavy, soft and lactating well with healthy nipples. Fundal height of the mother was 7cm. The upper and lower extremities were without oedema and her back was normal. The lochia was scanty and creamy white. She was helped out of the examination couch after the examination. Findings were communicated to her and documented.

Madam Abigail was advised to maintain good personal and environmental hygiene in the care of herself and the baby. She was again educated on her nutrition and was asked to eat foods that are rich in proteins and vitamins, she was encouraged to continue with exercise and have adequate rest and sleep. She was then encouraged to register her baby at the birth and death registry since there was none at the Maternity Home. Madam Abigail was reminded of the six weeks postnatal visit to the clinic. Client's vital signs was checked and recorded as;

Temperature: 36.5oc

Pulse : 80bpm

Respiration : 20cpm

Blood Pressure: 110/70mmHg

Gratitude and thanks were expressed to Madam Abigail and the entire family for their support and cooperation throughout the writing of the care study. They looked woebegone as it was mentioned to them of departure and termination of care. She expressed her gratitude for the care rendered to her and her baby. She was finally handed over to the midwife in-charge to continue with the care.

6.1 SECOND POSTNATAL VISIT TO THE CLINIC

According to the midwife in-charge through a phone call, Madam Abigail's second postnatal visit was on 20th January,2023. At 8:00am she came to the facility with her sister. Head to toe examination was done on Madam Abigail and nothing abnormal was present. Her vital signs, including the weight were checked and recorded as follows;

Temperature - 36.5oc

Pulse - 80 bpm

Respiration - 20cpm

Blood pressure - 110/60 mmHg

Weight - 63 kg

Madam Abigail's urine was checked for protein and sugar and it was negative for both, and the haemoglobin was12.0g/dl. Her fundus was not palpable and no lochia observed.

The baby was examined from head to toe and no abnormality was found. The following immunizations were given to the baby;

Vaccine	Dosage	Route of Administration
Polio 1	2 drops	Oral
Rotavirus	2 drops	Oral

Penta 0.5 millimeters intramuscularly on right thigh Baby's vital signs and other observations were checked and recorded as:

Temperature - 36.2degree Celsius

Respiration - 24 cpm

Weight - 5.0kgs

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

6.2 NURSING CARE PLAN DURING PUERPERIUM

6.2 PROBLEMS IDENTIFIED

- On 14th December,2022 client complained of after pain.
- On 16th December, 2022 client complained of interrupted sleeping pattern during the night.
- On 18th December, 2022 client complained of fullness in the breasts.
- On 19th December,2022 client complained of constipation.
- On 19th December,2022 client complained of backache.

6.3 SHORT TERM OBJECTIVES

- Madam Abigail will be relieved of after pain within 48hours.
- Client will have at least 7hours uninterrupted sleep within 24hours.
- Client's breast engorgement will resolve within 48hours.

- Client will have a normal bowel movement within 48hours.
- Client’s backache will subside within 72 hours.

6.4 LONG TERM OBJECTIVE

Mother and baby will pass through puerperium without any complications.

NURSING CARE PLAN ON PUERPERIUM

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVE/OUT COME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
14/12/2022 at 7.30am	After pain related to involution of the uterus.	Madam Abigail's after pain will be resolved within 48hours as evidence by; 1.Client verbalizing the pain has reduced. 2.Relatives observing that client is relieved of pain.	1.Reassure client that she would be relieved of after pain. 2. Explain the physiology of the after pain to client. 3. Encourage client to continue breastfeeding the baby on demand. 4. Encourage client to empty her bladder frequently. 5. Serve her with prescribed analgesics.	1. Client was reassured that she would be relieved of after pain. 2. The physiology of the after pain was explained to client that it is due to the involution of the uterus. 3. Client was encouraged to continue breastfeeding the baby on demand. 4. Client was encouraged to empty her bladder frequently. 5. Client was served with analgesics(Paracetamol 1g).	16/12/2022 at 7:30am	Goal fully met as; 1. Madam Abigail verbalized that her after pain has reduced. 2. Midwife observed client was relieved from after pain with a smiley face.	EQ

NURSING CARE PLAN ON PUERPERIUM

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVE/OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN.
16/12/2022 at 8:00am	Interrupted sleeping pattern related to excessive crying of the baby at night.	Client will be able to sleep at least 8 hours within 24hours as evidenced by; 1. client verbalizing that she was able to sleep for 2 hours during the day and 6 hours during the night. 2.Midwife observing client had a normal sleeping pattern.	1.Reassure the client that she would be able to sleep for at least 2 hours during the day and 5 hours during the night. 2. Encourage client to feed baby well before bed time. 3. Encourage mother to change baby's soiled diapers. 4. Encourage mother to break the wind after breastfeeding. 5. Encourage mother to sleep when baby is sleeping.	1. Client was reassured that she would be able to sleep for at least 2 hours during the day and 6 hours during the night. 2. Client was encouraged to feed baby properly before bed time. 3.Mother was encouraged to change baby's soiled napkins. 4. Mother was encouraged to break wind after breastfeeding. 5. Mother was encouraged to sleep when baby was sleeping.	17/12/2022 at 8:00am	Goal was fully met as client; 1. verbalized that she is able to sleep for 2 hours during the day and 5 hours during the night. 2.Midwife observed client sleeping peacefully during a visit.	EQ

NURSING CARE PLAN ON PUERPERIUM

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVE/OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
18/12/2022 at 10:00am	Breast engorgement related to inadequate emptying of breast.	Client's breast engorgement will resolve within 48 hours as evidenced by 1.Client verbalizing that she is relieved of breast engorgement 2.The midwife observing the absence of breast heaviness and warmth.	1. Reassure client. 2. Teach her on how to fix baby correctly to the breast. 3. Demonstrate to client how to correctly position herself when breastfeeding. 4. Encourage client to empty one breast fully before the other. 5. Encourage client to continue breastfeeding the baby exclusively.	1. Client was reassured that she will be able to cope with breast engorgement. 2. Client was taught how to fix baby correctly to the breast. 3. Demonstration was done to client on how to position baby during breastfeeding. 4. Client was encouraged to empty one breast fully before the other 5. Client was encouraged to continue breastfeeding the baby exclusively.	20/8/19 at 10:00am	Goal fully met as evidenced by 1. Madam Abigail verbalizing that the breast engorgement has been resolved. 2. Midwife reporting that breasts were soft and no longer heavy.	EQ

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVE/OUT COME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
19/12/2022 at 4:00pm	Constipation related to inadequate of food rich in fiber.	Client will have normal bowel movement within 48 hours as evidenced by; 1. client verbalizing that she can empty her bowel once a day. 2.Midwife observing client having a normal bowel movement.	1. Reassure Madam Abigail that she would be able to free her bowel. 2. Encourage client to take in more fluids and foods rich in fiber. 3. Encourage client to undertake postnatal exercise to activate bowel movement. 4. Encourage client to empty her bowel regularly whenever there is the urge.	1. Madam Abigail was reassured that she will be able to have free bowel. 2. She was encouraged to take in more fluids and fiber diets. 3. She was encouraged to undertake postnatal exercises to activate her bowel movement. 4. She was encouraged to empty her bowel regularly whenever there is the urge.	21/12/2022 at 4:00pm	Goal met as; 1. Madam Abigail said that she emptied her bowel once a day. 2. Midwife observed client has moved her bowel.	EQ

NURSING CARE PLAN ON PUERPERIUM

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVE/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN.
19/12/2022 at 7:00am	Backache related to poor feeding techniques.	Client's backache will subside within 48 hours as evidenced by client; 1. verbalizing that her backache has subsided. 2.Midwife observing that client's backache has subside.	1.Reassure client that she would be relieved of backache. 2 Explain the physiology of backache to the client. 3. Encourage client to adopt a good posture when breastfeeding the baby. 4. Teach client other positions in breastfeeding. 5 Encourage client to apply warm compress to her back.	1. Client was reassured that she would be relieved of backache. 2. Physiology behind backache was explained to client. 3. Client was encouraged to adopt a good posture when breastfeeding her baby. 4. Client used other positions in breastfeeding. 5. Client was encouraged to apply warm compress to her back.	21/12/2022 at 7:00am	Goal fully met as evidence by; 1. client verbalized that she is relieved from backache. 2. Midwife observed client is relieved from backache.	EQ

SUMMARY AND CONCLUSION

This script is a Family Centered Maternity Care, given to Madam Abigail Konamah, a 26 years old woman gravida 3 Para 2 all alive. She hails from Nsoatre in the Bono Region. She was met at Nsoatre Health Center, on 16th November,2022 when she was 36weeks pregnant. Various observations, examinations and Laboratory investigations were carried out to aid in her care. Madam Abigail went through pregnancy with some minor disorders which were managed successfully.

Madam Abigail's labour and delivery were managed carefully without any complications. She delivered spontaneously to an alive male infant with birth weight 3.2kg on the 12th December,2022 at 10:35am who cried immediately after birth.

Madam Abigail's puerperium was successful, mother and baby were visited at home and finally handed over to the Community Health Nurse for further management on 20th December,2022.

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

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

In conclusion, the client/family centered maternity care study has exposed the writer to situation where the knowledge received in the classroom has practically been demonstrated on the client and family from pregnancy to puerperium. This has also enhanced the ability to perform them and render them to any pregnant woman in the course of practice wherever to help reduce maternal and infant morbidity.

BIBLIOGRAPHY

American College of Obstetricians and Gynecologist. (2018). Definition of term pregnancy. *Obstet Gynecol, 122*, 1139-1140.

Artal-Mittelmark, R. (2022, September). *Management of normal labor*. Retrieved October 3, 2022, from MSD Manual Professional Version: https://www.msdmanuals.com/professional/gynecology-andobstetrics/normal-labor-and-delivery/management-of-normal-labor

Davis, C. P. (2021, March 29). *Definition of pregnancy*. Retrieved October 3, 2022, from RxList: https://www.rxlist.com/pregnancy/definition.htm

Marshall, J. E., & Raynor, M. D. (2014). *Myles textbook for midwives* (17th ed.). Oxford: Churchill Livingstone.

United Nations Children's Funnd (UNICEF). (2022, July). *Antenatal care*. Retrieved October 3, 2022, from https://data.unicef.org/topic/maternalhealth/antenatal-care/ World Health Organization. (2016). *Maternal, newborn, child and adolescent health.* Geneva: World Health Organization.

APPENDIX I

COMPLETE DIAGNOSTIC INVESTIGATION

DATE	SPECIMEN	INVESTIGATION	NORMAL VALUES	FINDINGS	REMARKS
29/06/2022	Blood urine	Haemoglobin Blood group Rhesus factor Sickling HIV status Protein Glucose	11.0-16g/dl A, B, AB, O Positive/Negative Negative Negative Negative Negative	11.0g/dl A Positive Negative Negative Negative Negative	Normal Normal Normal Normal Normal Normal Normal
27/08/2022	Urine Blood	Protein Glucose Hemoglobin	Negative Negative 11.0-16g/dl	Negative Negative 12.1g/dl	Normal Normal Normal
24/10/2022	Blood Urine	Haemoglobin Protein Glucose	11.0-16g/dl Negative Negative	13.1g/dl Negative Negative	Normal Normal
21/11/2022	Urine Blood	Protein Glucose Hemoglobin	Negative Negative 11.0-16g/dl	Negative Negative 13.2g/dl	Normal Normal Normal

APPENDIX I

COMPLETE DIAGNOSTIC INVESTIGATION CONTINUED

DATE	SPECIMEN	INVESTIGATION	NORMAL VALUES	FINDINGS	REMARKS
19/11/2022	Urine	Protein	Negative	Negative	Normal
		Glucose	Negative	Negative	Normal
	Blood	Haemoglobin	11.0-16g/dl	13.1g/dl	Normal
05/12/2022	Urine	Protein	Negative	Negative	Normal
		Glucose	Negative	Negative	Normal
	Blood	Haemoglobin	11.0-16g/dl	13.2g/dl	Normal

APPENDIX II

PHARMACOLOGY OF DRUGS USED

DRUG NAME	CLASSIFI-CATION	DOSAGE	ROUTE	ACTION	SIDE EFFECT	EFFECTS OBSERVED ON CLIENT
Tablet Fersolate	Iron Preparation	200mg three times daily for 30 days	Oral	Helps in the formation of red blood cells. • Supplement Iron requirement of the body to iron deficiency anemia	• Gastro intestinal disturbance • Diarrhoea • Dark stool	1.Dark stool observed 2.Hemoglobin level increased
Tablet Folic Acid	Vitamin preparation	5mg daily for 30 days	Oral	• Helps in the formation of red blood cells. • Treatment of Iron deficiency anaemia	Gastro intestinal disturbance	None observed.
Tablet Multivite	Vitamin preparation	One tablet three times	Oral	• Helps in the prevention and treatment of	• Nausea and vomiting • Abdominal the	None observed

PHARMACOLOGY OF DRUGS USED CONTINUED

DRUG NAME	CLASSIFICA-TION	DOSAGE	ROUTE	ACTION	SIDE EFFECT	EFFECTS OBSERVED ON CLIENT
		daily for 30 days		• Anaemia. • Improves appetite	• Discomfort	
Tablet Vitamin B complex	Vitamin preparation	One tablet daily for 30 days	Oral	Helps in the metabolism of carbohydrate, protein and fat	Over dose can cause rough skin, dry hair, enlarge liver, increase erythrocyte sedimentation rate.	None observed
Capsule Vitamin A	Vitamin preparation	200,000 unit	Oral	• Prevent night blindness. • Help bone and teeth formation and enhance its integrity	• Gastro intestinal upset • Nausea and vomiting • Liver damage will occur as a prolong use	None observed

PHARMACOLOGY OF DRUGS USED CONTINUED

DRUG NAME	CLASSIFICATION	DOSAGE	ROUTE	ACTION	SIDE EFFECT	EFFECTS OBSERVED ON CLIENT
Tablet Paracetamol	Analgesic Antipyretic	1000mg three times daily for 5 days	Oral	• To relieve pain • To reduce body temperature	Prolong use may result in liver damage.	None observed
Tablet Sulphadoxine Pyrimethamine	Anti-Malaria	3 tablet starts 16 weeks /after quickening and other 2 doses 4 weeks interval but not after 36 weeks	Oral	• Prevention of malaria.	• Nausea • Itching • Headache	None

DRUG NAME	CLASSIFICATION	DOSAGE	ROUTE	ACTION	SIDE EFFECT	EFFECTS OBSERVED ON CLIENT
Injection Tetanus toxoid	Vaccine	0.5ml	Intramuscularly or subcutaneous	• Stimulate the formation of antibodies against tetanus organism • Given to prevent women to transfer infection to fetus	• Slight rise in temperature • Pain and tenderness at the injection site	-Rise in temperature -Inflammation occurred at the injection site.
Injection Oxytocin		10 units	Intramuscularly	• Stimulate uterine muscularly contraction and controls bleeding • Use for induction and augmentation of labour	• Uterine rupture if overdose is given	None observed

DRUG NAME	CLASSIFICATION	DOSAGE	ROUTE	ACTION	SIDE EFFECT	EFFECTS OBSERVED ON CLIENT
Injection Vitamin K	Group K vitamins	0.5 - 1 mg	Intramuscularly	• Help in clotting of blood • Help to prevent haemorrhage disease of the new born	Rashes on the face	None observed
Tetracycline Hydrochloride 1% eye ointment	Antibiotics	Applied on both eyes	Instillation	To prevent eye infection	Transient stinging ,increase risk of aplastic anaemia	None
Injection Bacillus Calmette Guerin (BCG)	Vaccine	0.05 m	Intradermal Injection	Stimulate production of anti-bodies against tuberculosis	Small pustules which persist for some weeks	Blister observed
Polio O Vaccine	Vaccine	2-3 drops	Oral	Stimulate production of antibodies against poliomyelitis	Nausea	None observed

APPENDIX III

ANTENATAL CHART

Date	Weight	Blood Pressure(mm Hg)	Urine (protein and sugar)	Haemo-globin level (g/dl)	Gestati--onal age (weeks)	Fun--dal height (cm)	Presentation	Des-cent (th)	Foetal heart rate (bpm)	Complains	Treatment and advice	Rem-arks
29/06/2022	65	116/72	Negative Negative	11.0	?18	18	-	-	-	No complains	Tablet folic acid, multivitamin, Fersolate, Advise on good nutrition, insecticide treated net given.	Healthy
27/07/2022	66	121/92	Trace Negative	12.1	19+4	20	-	-	+	No complains	Tablet folic acid, 1st SP given under DOT.	Well

24/08/2022	69	131/70	Negative Negative	13.1	23+6	24	-	-	+	No complains	Folic Acid, Multivitamin, Fersolate, Iron given 2nd SP given under DOT and educated to take more fluids, fruits and vegetables	Well
21/09/2022	70	137/68	Trace Negative	13.2	28+4	25	-	-	+	No complains	Routine drugs served,3rd dose of SP given under DOT and educated on personal hygiene	Healthy

19/10/2022	74	121/79	Trace Negative	13.1	32+6	33	Cephalic	-	152	No complains	Routine drugs served,4th dose of SP given under DOT, and educated on rest and sleep	Well
16/11/2022	71	129/96	Negative Negative	13.2	36	33	Cephalic	-	143	Lower abdominal pains and waist pains.	Routine drugs served,5th dose of SP given under DOT, paracetamol 1g for 5days was served. Client was educated to minimize frequent bending and also encouraged to wear low	Well

											heeled shoes.	
23/11/2022	73	120/64	Negative Negative	13.0	37	34	Cephalic	5/5	143	Constipation and vaginal discharge	To continue with routine drugs. Education on high fluid intake, roughages, exercise and was asked to use panty liners.	Well
30/11/2022	73	112/87	Negative Negative	13.2	38	35	Cephalic	5/5	131	Frequent micturation	Routine drugs served 6th dose of SP was given under DOT. Client was educated on	Neat

											the need to urinate when she feels the urge and to use panty liners.	
7/12/2022	74	104/82	Negative Negative	13.4	39	35	Cephalic	5/5	148	No Complains	Routine drugs served.	Healthy

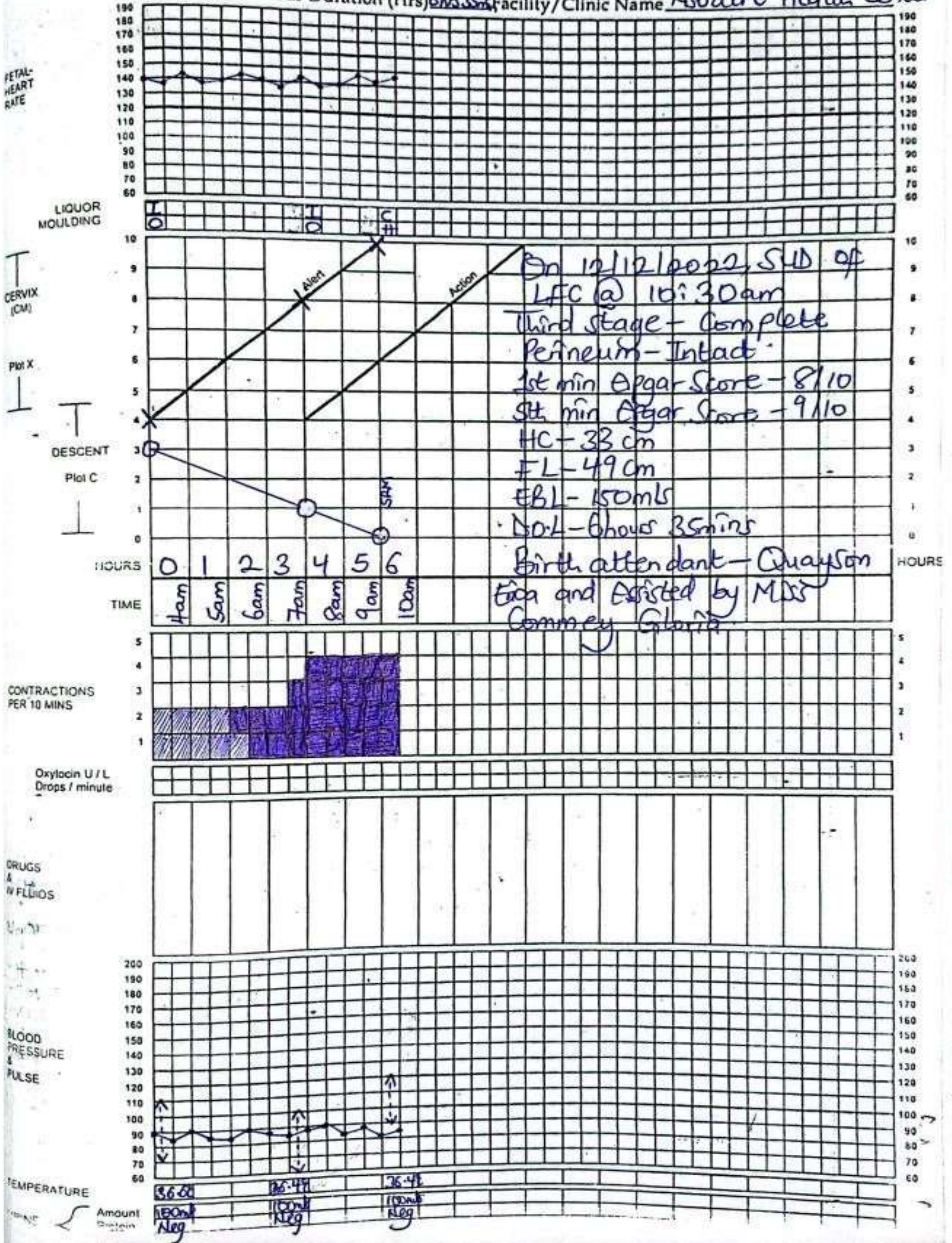
TETANUS AND INTERMITTENT PREVENTIVE TREATMENT TABLE

<table>
<tr><td colspan="3">Insecticide treated (ITN) Given</td><td colspan="4">Date supplied 29/6/2022</td></tr>
<tr><td rowspan="2">INTERMITTENT PREVENTIVE TREATMENT (IPT) FOR MALARIA</td><td rowspan="2">1st dose SP 3 tabs (Directly Observe Therapy)</td><td>Gestation in weeks</td><td rowspan="2">2nd dose (1month after 1st dose) (directly observed therapy)</td><td>Gestation age in weeks</td><td rowspan="2">3rd dose (1month) after 2nd dose(directly observed therapy)</td><td>Gestation age in weeks</td></tr>
<tr><td>19weeks +4days</td><td>23weeks+6days</td><td>28weeks +4days</td></tr>
<tr><td colspan="2" rowspan="3">TETANUS IMMUNISATION</td><td colspan="2">Previous TT
2</td><td colspan="2">Yes ▭</td><td>No ▭</td></tr>
<tr><td colspan="2" rowspan="2">Current TT 3rd</td><td colspan="2">Date 3/07/2022</td><td>Date</td></tr>
<tr><td colspan="2"></td><td></td></tr>
</table>

4th SP Dose	32 weeks	19/10/2022
5th SP Dose	36 weeks	16/11/2022
6th SP Dose	38weeks	30/11/2022

WHO Modified Partograph

Registration No. 281/22 Name(Last, First) Konamah Obigail Age 26
Date 12/12/22 Parity/Gravida G3P2 LMP 23/2/22 EDD 30/11/22 Gestation(wks) 39wks+5days
ROM 10am Labour Duration (Hrs) 6hrs35mins Facility/Clinic Name Nsoatre Health Center



LABOR. NOTES delivered a live female infant at exactly 10:30am
Client G3P2 delivered with an Apgar score of 8/10 and 9/10 respectively. 10 units
spontaneously with an Apgar score of 8/10 and 9/10 respectively. Placenta and it's membranes
of oxytocin injection was given to the mother. Placenta and it's membranes were expelled. The uterus was massaged gently to expel blood clots. Baby
were expelled. The uterus was massaged gently to expel blood clots. Baby
was weighed, cord and eye care were done aseptically for the baby and
vitamin K injection was given to the baby. Mother was tidy up and sent
to the lying in ward. Education on correct attachment of the baby to the
breast and the need to practice personal hygiene was given to the mother
breastfeeding was initiated.

Please circle or write responses.

DELIVERY

DATE: 12/12/22 TIME: 10:30am METHOD: (Spontaneous) / Vacuum Extraction / C/S / Other

PERINEUM: (Intact) / Episiotomy / Laceration

ANESTHESIA: (None) / Local / General

THIRD STAGE

Active Management: (Yes) / No

Medication: Time 10:31am Type/Dose Oxytocin (10 units)

PLACENTA: TIME: 10:35am (Complete) / Incomplete

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

BABY

Weight: 3.2kg

Sex: Male / (Female)

Baby Position: (Vertex) / Breech / Other

APGAR

Time	Color	Breath	Heart	Tone	Reflex	TOTAL
1 min	2	2	2	1	1	8/10
5 min	2	2	2	2	1	9/10

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

FOURTH STAGE MONITORING

Frequency	Time	B/P	Pulse	Fundus	Bleeding	Bladder
Every 15 minutes first 2 hours	11:00am	100/60mmHg	82bpm	Well contracted	No active bleeding	Nil
	11:15am	105/60mmHg	76bpm	Well contracted	No active bleeding	Nil
	11:30am	110/60mmHg	89bpm	Well contracted	No active bleeding	Nil
	11:45am	115/60mmHg	88bpm	Well contracted	No active bleeding	70mls
	12:00pm	107/65mmHg	81bpm	Well contracted	No active bleeding	Nil
	12:15pm	109/64mmHg	85bpm	Well contracted	No active bleeding	Nil
	12:30pm	110/70mmHg	82bpm	Well contracted	No active bleeding	Nil
	12:45pm	112/70mmHg	86bpm	Well contracted	No active bleeding	100mls
Every 30 minutes For 1 hour	1:15pm	107/68mmHg	79bpm	Well contracted	No active bleeding	Nil
	1:45pm	110/65mmHg	84bpm	Well contracted	No active bleeding	50mls

Birth Attendant Quayson Erica and Miss Commey Gloria Date 12/12/22

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

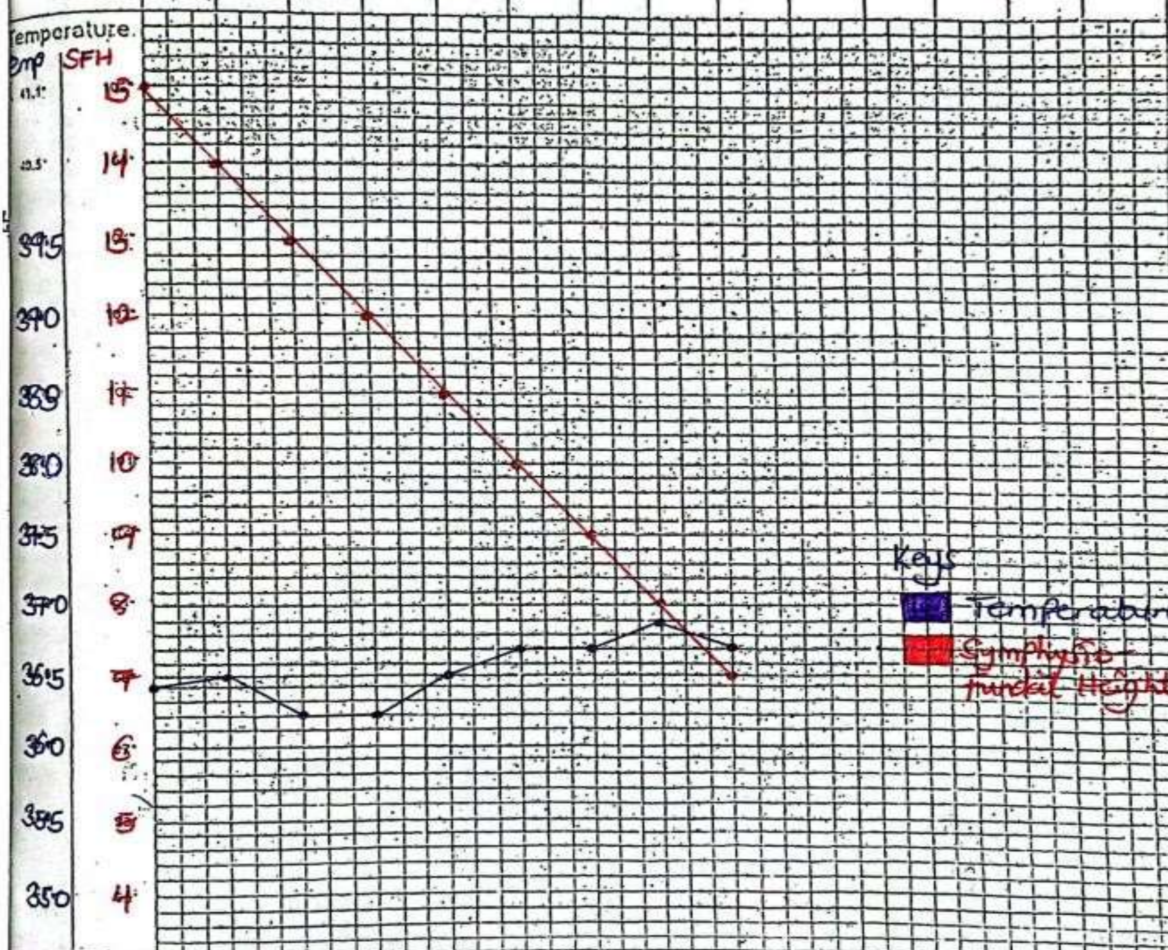
MATERNITY CHART

NAME: KONAMAH ABIGAIL

AGE: 26 YEARS .... WARD: LYING-IN

NO.: 281/22 .... BED NO.: 3

Date	12/12/22	13/12/22	14/12/22	15/12/22	16/12/22	17/12/22	18/12/22	19/12/22	20/12/22
Days in Hospital	DOD	01	02	03	04	05	06	07	08
Days P. O.									
Hour	10:35am 4:00pm	8:00am 4:00pm	7:30am 4:30pm	7:30am 4:30pm	7:30am 5:00pm	7:30am 4:30pm	7:30pm	7:30am	8:00am



Pulse	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Resp.	20	22	21	20	21	20	20	20	20
F.M.									
Urine	Passed	Passed	Passed	Passed	Passed	Passed	Passed		
B. P.	105/60 mmHg	110/60 mmHg	110/70 mmHg	110/60 mmHg	110/70 mmHg	120/70 mmHg	120/70 mmHg	112/60 mmHg	110/70 mmHg

NEW BORN EXAMINATION FORM

e: BABY ADWOA KONAMAH Date of Assessment: 12/12/2022 Time: 11:30am
of Birth: 12/12/2022 Time of Birth: 10:30am Sex: [ ] M [x] F Age at time of Assessment (days/hrs) 1 hour
ional Age 3?wks+5days Mode of Delivery: [x] Vaginal Assisted Vaginal C-Section
AR: 1min [8] 5min [9] Birth Weight: 3.2 kg [ ] Length: 49 cm Head Circumference: 33 cm
perature at time of Assessment: 36.2 °C Urine passed: (Yes) No Meconium passed: (Yes) No
e of Assessor (Midwife/Doctor): Quayson Erica.

espiration
46bpm
ate < 30 b/m *
ate < 60 b/m *
-60 b/m
etractions *
runting *
ridor *

ctivity/Movemnet
pontaneous symmetric movements
educed/Absent Movement in 1 limb *
o Movement

ne
ormal
oppy *
creased *

olour
nk all over
nk body but blue hands/feet
ue all over *
le *
undiced *

rd
ormal
ed. draining pus
leeding

y
ormal
hrill *
bsent *

7. Suck
[x] Good
[ ] Weak
[ ] Absent

8. Head swelling
[ ] Caput succedaneum
[ ] Cephalhaematoma
[ ] Subgaleal hemorrhage
[x] No swelling

9. Sutures
[x] Normal
[ ] Overlapping
[ ] Fused
[ ] Widely Separated *

10. Fontanel
[x] Normal
[ ] Sunken *
[ ] Raised *
[ ] Wide (>5cm)*

11. Eyes
[x] Normal
[ ] Subconjunctival bleed
[ ] White pupil or cornea
[ ] Eye discharge
[ ] Other

12. Ears
[x] Normal (size / shape/position).
[ ] Abnormal:______

13. Mouth
[x] Normal
[ ] Cleft palate
[ ] Cleft Lip
[ ] Other:______

15. Neck
[x] Normal
[ ] Swelling
[ ] Webbed
[ ] Other:______

16. Clavicle
[x] Normal
[ ] Swelling/Fracture

17. Chest
[x] Normal (Shape/movement)
[ ] Abnormal______

18. Heart rate
Rate: 143
[x] Normal (100-160)
[ ] <100 *
[ ] >160*

19. Femoral pulse
[x] Present
[ ] Not palpable*

20. Abdomen
[x] Normal
[ ] Distended*
[ ] Scarphoid*
[ ] Abdominal defect*
[ ] Maases:______
[ ] Other______

21. Back (spine)
[x] Normal
[ ] Abnormal Swelling *
[ ] Hairly patch over spine
[ ] Abnormal dimple
[ ] Abnormal curvature

22. Limbs
[x] Normal
[ ] Abnormal______

23. Genitalia
Male Genitalia (crossed out)
[ ] Normal
[ ] Undescended testes
[ ] Abnormal meatus
[ ] Hernia
[ ] Other:______

Female Genitalia
[x] Normal
[ ] Fistula(meconium/urine through abnormal opening in vagina) *
[ ] Large clitoria *
[ ] Other:______

24. Anus
[x] Patent
[ ] Imperforate*

25. Resuscitation provided
[ ] One
[x] Suction/stimulation
[ ] Bag and mask
[ ] Endotracheal Tube
[ ] Ventilator/CPAP

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

y indicate severe disease that requires urgent referral
noses (if known)______
ification: (Overall assessment) [ ] Normal [ ] Baby with a Problem [ ] Danger Sign/ <1500g/ severe Jaundice
[ ] Routine Care[ ]Problem. Continue supportive in-patient care [ ] Urgent Referral / Advanced Care[ ] Discharge

NEW BORN EXAMINATION FORM

Name: BABY ANWOA KONAMAH Date of Assessment: 12/12/2022 Time: 11:30
Date of Birth: 12/12/2022 Time of Birth: 10:30am Sex: [ ] M [x] F Age at time of Assessment (days/hrs) 1hr
Astational Age 39 weeks + 5 days Mode of Delivery: [x] Vaginal Assisted Vaginal C-Section
APGAR: 1min 8 5min 9 Birth Weight: 3.2 kg [ ] Length 49 cm Head Circumference: 33 cm
Temperature at time of Assessment: 36.2 °C Urine passed: (Yes) No Meconium passed: (Yes)
Name of Assessor (Midwife/Doctor): Quayson Erica.

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

2. Activity/Movemnet
- [x] Spontaneous symmetric movements
- [ ] Reduced/Absent Movement in ≥1 limb *
- [ ] No Movement

3. Tone
- [x] Normal
- [ ] Floppy *
- [ ] Increased *

4. Colour
- [x] Pink all over
- [ ] Pink body but blue hands/feet
- [ ] Blue all over *
- [ ] Pale *
- [ ] Jaundiced *

5. Cord
- [x] Normal
- [ ] Red. draining pus
- [ ] Bleeding

6. Cry
- [x] Normal
- [ ] Shrill *
- [ ] Absent *

7. Suck
- [x] Good
- [ ] Weak
- [ ] Absent

8. Head swelling
- [ ] Caput succedaneum
- [ ] Cephalhaematoma
- [ ] Subgaleal hemorrhage
- [x] No swelling

9. Sutures
- [x] Normal
- [ ] Overlapping
- [ ] Fused
- [ ] Widely Separated *

10. Fontanel
- [x] Normal
- [ ] Sunken *
- [ ] Raised *
- [ ] Wide (>5cm)*

11. Eyes
- [x] Normal
- [ ] Subconjuctival bleed
- [ ] White pupil or cornea
- [ ] Eye discharge
- [ ] Other

12. Ears
- [x] Normal (size / shape/position).
- [ ] Abnormal:

13. Mouth
- [x] Normal
- [ ] Cleft palate
- [ ] Cleft Lip
- [ ] Other:

15. Neck
- [x] Normal
- [ ] Swelling
- [ ] Webbed
- [ ] Other:

16. Clavicle
- [x] Normal
- [ ] Swelling/Fracture

17. Chest
- [x] Normal (Shape/movement)
- [ ] Abnormal

18. Heart rate
Rate: 143 bpm
- [x] Normal (100-160)
- [ ] <100 *
- [ ] >160*

19. Femoral pulse
- [x] Present
- [ ] Not palpable*

20. Abdomen
- [x] Normal
- [ ] Distended*
- [ ] Scarphoid*
- [ ] Abdominal defect*
- [ ] Maases:
- [ ] Other

21. Back (spine)
- [x] Normal
- [ ] Abnormal Swelling *
- [ ] Hairly patch over spine
- [ ] Abnormal dimple
- [ ] Abnormal curvature

22. Limbs
- [x] Normal
- [ ] Abnormal

23. Genitalia

Male Genitalia
- [ ] Normal
- [ ] Undescended testes
- [ ] Abnormal meatus
- [ ] Hernia
- [ ] Other:

Female Genitalia
- [x] Normal
- [ ] Fistula(meconium/urine through abnormal opening in vagina).*
- [ ] Large clitoria *
- [ ] Other:

24. Anus
- [x] Patent
- [ ] Imperforate*

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

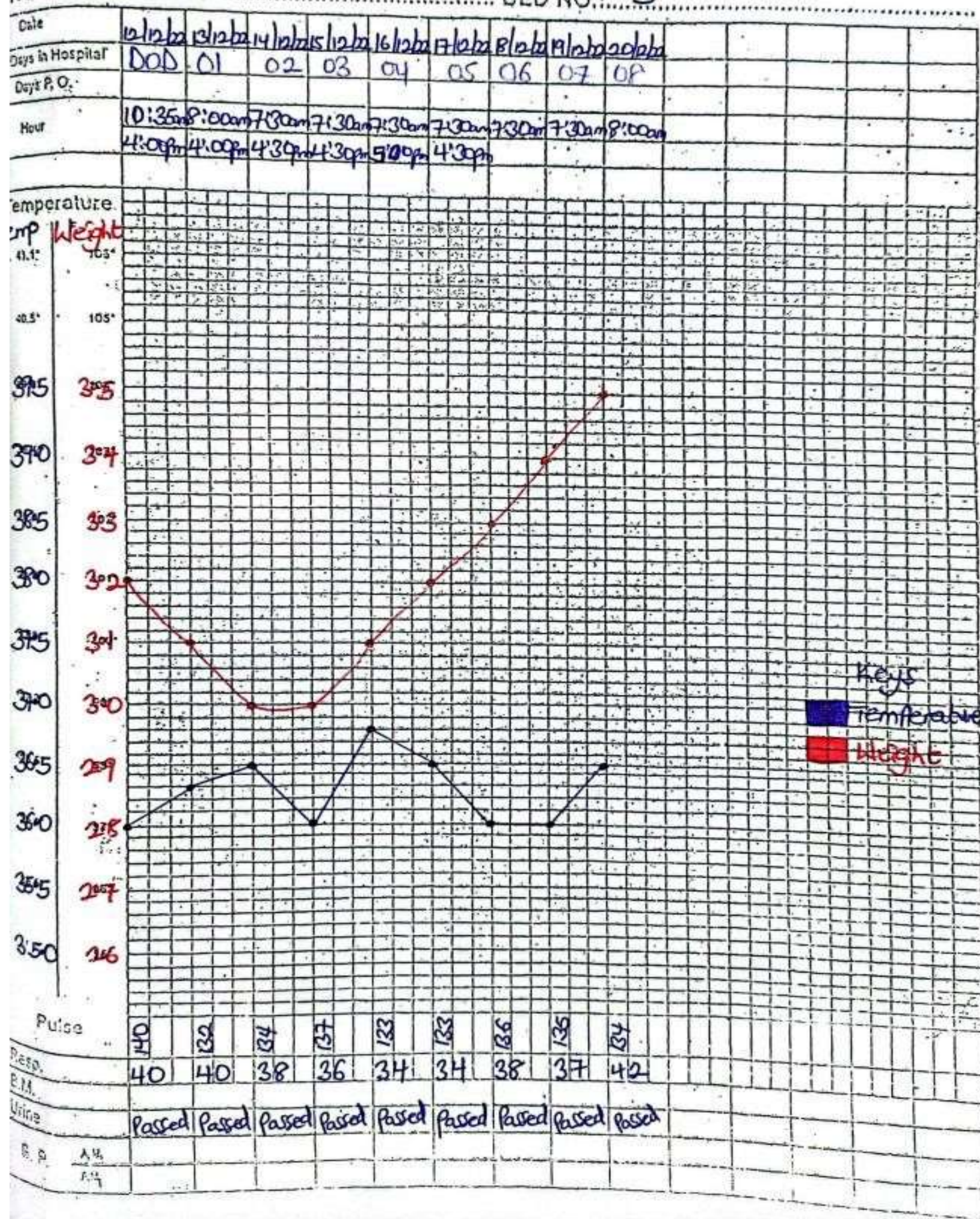
26. Services provided
- [x] Vitamin K1 given
- [x] Eye care provided
- [x] Cord care provided
- [x] Breastfeeding initiated
- [x] Breastfeeding established
- [x] Immunization (BCG/Polio)
- [x] BCG [x] Polio Immunization
- [x] Antibiotics in mother
- [x] Antenatal corticosteroids

*May indicate severe disease that requires urgent referral

Diagnoses (if known)

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

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



TEMPERATURE CHART

NAME: Baby Adwoa Konamah

AGE: Term Baby WARD: LYING-IN

NO.: 281/22 BED NO.: 3

Date	12/12/22	13/12/22	14/12/22	15/12/22	16/12/22	17/12/22	18/12/22	19/12/22	20/12/22
Days in Hospital	DOD	01	02	03	04	05	06	07	08
Days P. O.									
Hour	10:35am 4:00pm	8:00am 4:00pm	7:30am 4:30pm	7:30am 4:30pm	7:30am 5:00pm	7:30am 4:30pm	7:30am	7:30am	8:00am
Pulse	140	132	134	137	133	133	136	135	134
Resp.	40	40	38	36	34	34	38	37	42
B.M.									
Urine	Passed	Passed	Passed	Passed	Passed	Passed	Passed	Passed	Passed
B. P. A.M. / P.M.									

NEW BORN CHART

Name: Baby Adwoa Konamah No: 281/22 Birth Weight: 3.2kg

Sex: Female Mother's No: 281/22 Length: 49 cm

Nature of Delivery: Spontaneous Vaginal Delivery Diagnosis: Term baby

Date of Birth: 12/12/2022 Time: 10:30 am Date of Discharge: 13/12/2022

Date	12/12/22		13/12/22		14/12/22		15/12/22		16/12/22		17/12/22		18/12/22		19/12/22		20/12/22					
No. of Days	DOD		01		02		03		04		05		06		07		08					
Weight	3.2kg		3.1kg		3.0kg		3.0kg		3.1kg		3.2kg		3.3kg		3.4kg		3.5kg					
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Temperature	36.0℃	36.2℃	36.3℃	36.2℃	36.6℃	36.2℃	36.0℃	36.5℃	36.8℃	36.5℃	36.5℃	36.6℃	36.0℃		36.0℃		36.5℃					
Stools	Passed	Passed	Passed	Passed	Passed	Passed	Passed	Passed	Passed	Passed	Passed	Passed	Passed		Passed		Passed					
Urine	Passed	Passed	Passed	Passed	Passed	Passed	Passed	Passed	Passed	Passed	Passed	Passed	Passed		Passed		Passed					

Remarks: Head, Neck, Trunk, Limbs — No abnormality detected.

SIGNATORIES

THE STUDENT MIDWIFE

NAME: QUAYSON ERICA

SIGNATURE:

DATE: 21st June, 2023

THE MIDWIFE IN-CHARGE (NSOATRE HEALTH CENTER)

NAME: MISS DASAA MERCY

SIGNATURE:

DATE: 14/07/2023

SUPERVISOR

NAME: Ms. ERNESTINA MENSAH

SIGNATURE:

DATE: 22 – 06 – 2023