HOLY FAMILY NURSING AND MIDWIFERY TRAINING COLLEGE, BEREKUM.

A FAMILY / CENTERED MATERNITY CARE STUDY

ON

MADAM ERNESTINA ATAA BOAKYE

BY

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PREFACE

The practice of midwifery in the past focused mainly on the client in an effort to meet the client's needs. However, all the needs of client could not be met because they lacked family support. Again, Midwifery has undergone a lot of changes globally and nationally. These changes have brought the introduction of client and family centered maternity care concept.

The concept of family centered maternity care is a systematic way by which a comprehensive maternity and nursing care is given to a pregnant woman and her family throughout pregnancy, labour and puerperium by the use of the nursing care process. The confidentiality of the client is ensured, client feels at ease to provide vivid history and discussions on confidential matters. This system gives the student midwife the opportunity to use all the knowledge and skills acquired during his/her training to give quality maternity care to the pregnant woman and her family throughout the period of pregnancy, labour and puerperium.

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

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

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INTRODUCTION

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

This particular care study is about Madam Ataa Boakye Ernestina, a 20-year-old woman gravida 3 para 2, all alive during her period of pregnancy, labour and puerperium. The care study started 9th of May 2022 at Dadiesoaba health center in the Asutifi South District within the Ahafo region of Ghana. The interaction started when Madam Ataa Boakye Ernestina was seen talking too much at the antenatal clinic. She was then approached and ask why she was talking too much and she said they were talking about the difficulty of taking sulfadoxine pyrimethamine. She was then taken through the importance and the need to take sulfadoxine pyrimethamine during pregnancy, which will help to protect her and the baby from malaria. It was her ninth antenatal visit and her gestational age was also 37weeks+5days. After a comprehensive introduction to her, she was informed about the desire to choose her for the client/family centered maternity care study which she happily approved. She was thanked for her assistance and accepting the request.

Madam Ataa Boakye Ernestina was cared for during the antenatal period, visitation to her home was made to know her family, her surroundings and the community in which she lives. The client and her entire family were included in the care. The condition from the beginning till the end of the interaction was good and acceptable. Madam Ataa Boakye Ernestina had a successful pregnancy, delivered spontaneously on 13th June, 2022 to a live baby girl. She had a successful

puerperium and was in good health. She was then handed over to the midwife in-charge at Dadiesoaba health center for continuity of care on the 25th of July 2022.

This care study is in four chapters; chapter one talks about client's particulars such as social, family, obstetric, medical and surgical histories followed by chapter two which talks about the antenatal care rendered to Madam Ataa Boakye Ernestina throughout her pregnancy and chapter three is concerned with management of Madam Ernestina during labour and finally chapter four is also about management of Madam Ernestina during puerperium. The chapter two, three and four has care plan attached to each. In addition is a summary and conclusion, list as well as appendixes.

LITERATURE REVIEW

PREGNANCY

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

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

Ojo and Briggs (2006) also stated that, when pregnancy occurs menstruation ceases and returns some weeks or months after delivery. The hormones, progesterone and oestrogen, are produced in a large quantity. These hormones exert some action on the various systems of the patient. The most outstanding of these changes is the growth which occurs in the uterus. The endometrium is converted into decidua and the uterus itself grows to accommodate the growing embryo. The uterus will have increased so much in size that at the end of pregnancy, it measures approximately 30cm by 22.5cm by 20cm, and weighs 1kilogramme. During pregnancy, the uterus becomes an abdominal organ.

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

Oduro-Kwarteng (2012) again said that, the growth and development of the fetus is affected by many aspects of the mother's health; poor nutritional status, uses of drugs, alcohol and cigarettes, use of unprescribed or some medications, herbal remedies, medical conditions, age at time of pregnancy and prenatal care.

According to Ojo and Briggs (2006), Antenatal care service is the advice, supervision and attention a pregnant woman receives to ensure good health and where applicable, early detection and treatment of abnormalities which may affect her health and that of the baby. Pleasant child bearing experience and adequate pregnancy for labour and lactation. A live and healthy baby at the end of pregnancy.

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

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

According to Konar (2011), the woman experiences the following changes throughout the trimesters. In the first trimester (first 12 weeks) breast becomes bigger/and tighter, there may be frequency of micturition, excessive salivation, morning sickness, fatigue. During the second trimester (13 – 28 weeks) she may have more appetite/will gain weight, abdomen increases in size, presence of linea nigra, quickening, digestion slows down with some constipation and heart burns, chloasma may appear at about 24th weeks. During the third trimester (29 – 40 weeks) she

can feel her baby stronger, she can feel more tightening of her abdomen with slight pain, she may have stretch marks on her abdomen, breast become heavier and contains slightly yellow fluid, may have shortness of breath as abdomen gets bigger, may feel more tired/have sleeping difficulty, may gain more weight and in the last week, the head of baby descends into the pelvis.

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

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

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

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

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

GHS (2008) further stated that, for some time now antenatal care has become routine and ritualistic. It focuses on risk assessment and not detection and management of pregnancy related complication. Findings of evidence based on research on practices of routine care provided

during antenatal care, has been found to be wasteful or misleading. As a result of this there is the need for transition in our antenatal care paradigm.

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

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

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

LABOUR

According to Ojo and Briggs (2006), labour is the process by which the uterus empties its contents after the 28th weeks of pregnancy. It entails the contraction and retraction of the uterine muscle fibers, the dilatation of the cervical os and the expulsion of the baby, liquor amni, placenta and membranes. It further explains that, the causes of onset of labour are unknown but many theories have offered few of these and are stated as, overstretching and over distension of the uterus at term, placental efficiency is diminished toward term, resulting in reductions in the level of estrogen and progesterone. The uterus becomes sensitive to the effect of oxytocin produced by the posterior pituitary gland, there is an increase contractibility of uterus towards term. The Braxton Hicks' contractions increase in amplitude and may bring about the onset of labour. The onset of labour has also been associated with hyperpyrexia, cyanosis and emotional upset.

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

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

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

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

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

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

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

Normal labour according to world health organization (WHO) (2007) is defined as low risk throughout, spontaneous in onset with foetus, starting from the vertex, culminating in the mother

and infant in good condition following birth. With the use of partograph, normal labour should not exceed 15hours.

PUERPERIUM

According to Tiran (2008), puerperium is a period of six to eight weeks following childbirth during which the uterus and other organs and structures are returning to their non- pregnant state.

Marshall and Raynor (2014) also stated that, puerperium starts immediately after delivery of the placenta and membranes and continue to six weeks during which the uterus and other organs which were affected during pregnancy return to their non- pregnant state. Marshall and Raynor further describe puerperium as the education given to mothers on how to care for their babies, good nutrition determination and detection of any abnormality for further treatment and also introduce her to family planning.

Ojo and Briggs (2006) also said puerperium is a period of six to eight weeks postpartum in which the uterus, the genital organs and any other organs which underwent changes during pregnancy return to their pre-gravid state. According to them, this process or readjustment is called involution and that during that period lactation is also established. From the various points of view of the above authors, it maybe deduced that, puerperium is a period of 6weeks which begins as soon as the placenta is expelled. At this stage all the organs and other structures that under gone changes during pregnancy return to their non-pregnant state. The management which the mother and baby required during puerperium are based on three principles; Promoting physical and psychological well-being of mother and baby, encouraging good infant feeding and maternal to child relationship and supporting and strengthening the mother's confidence to enable her to fulfill her mothering role within her family and cultural status. During this period,

organs of reproduction return to their non-pregnant state, lactation is established, and mother recovers from the stress of pregnancy and labour.

WHY CLIENT WAS CHOSEN

On the 1st June 2022, Madam Ernestina, was chosen as the client for the family centered maternity care study because of the opportunity gained to interact with her at 9:30am at Dadiesoaba health center in the Asutifi south District in the Ahafo region.

Familiarity was built with Madam Ernestina at the antenatal clinic when she was seen talking too much with other pregnant women. She was then approached and asked why she was talking too much and she said they were talking about the difficulty with taking sulfadoxine pyrimethamine. She was then taken through the importance and the need to take sulfadoxine pyrimethamine during pregnancy, which will help to protect her and the baby from malaria. It was her ninth antenatal visit and her gestational age was also 37weeks+5days.

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

CHAPTER ONE

CLIENT'S PARTICULARS

1.0 INTRODUCTION

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

1.1 PERSONAL AND SOCIAL HISTORY

Madam Ernestina, gravida 3 para 2, all alive is a 20year old lady who stays at Dadiesoaba Zongo, house number D15, but comes from Dadiesoaba in Ahafo Region. Madam Ernestina is a farmer. She is a Christian and a Bono by tribe. She is married to Mr. Emmanuel Okansi who is a Christian and farmer at Dadiesoaba. Madam Ernestina said that her next of kin is her husband. She completed Junior High school and speaks Twi. She has two male children with Mr. Okansi called Adu Gyamfi and Paul who are five and three years respectively. Madam Ernestina is dark in complexion, weighs 63kg, 155cm tall and neither smokes nor takes in alcohol.

1.2 FAMILY HISTORY

Madam Ernestina is the last child to Mr. and Mrs Boakye. Her father is a farmer who lives at Dadiesoaba but her mother is late. She has three siblings, two males and a female. There is no known history of hypertension, heart disease, sickle cell disease, diabetes mellitus, liver cirrhosis, epilepsy, mental illness and congenital abnormalities in her family. However, she said

there is history of multiple pregnancy. She also stated that herself and the family seek for medical treatment and pray when they are sick and death in the family is by natural means.

1.3 MEDICAL HISTORY

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

1.4 SURGICAL HISTORY

She said she has never undergone any surgical procedure. She also mentioned that she has never sustained any injury or road traffic accident that called for any abdominal or spine surgery or affected her pelvis or subsequent effect on pregnancy and labour. On examination, there was no scar indicating previous laparotomy such as caesarean section or appendectomy.

1.5 MENSTRUAL HISTORY

Madam Ernestina said she had her menarche at the age of 14 years and her menses lasts for 6 days during every month. She has a 26 days cycle. She also said she changes her pads twice daily indicating she has normal menstrual flow. She has never experienced dysmenorrhoea in her life. Her last menstrual period was 2nd September 2021 and her expected day of delivery was calculated as 9th June 2022.

1.6 HOBBIES AND LIFESTYLE

Madam Ernestina is a person who usually sleeps at 10:00pm and wakes up at 5:00am. She sweeps her compound and then prepares her children for school, empties her bin, fetches water into her barrel and takes her bath. She also added that she goes to the market on Tuesday since Tuesdays are their market days. She also goes to the church every Saturday with her husband and children. She mentioned that, she likes singing and dancing very well. She said she prefers banku and okro stew with fried fish to other foods. She goes to the market every Tuesday to sell her food stuffs. She does her laundry on Wednesdays and Sundays after she is done with her general cleaning. She added that she likes watching television and has good relationship with friends and family. She said she eats three times daily, but ever since she became pregnant, she eats on demand. She also said that she prepares lunch at 1pm and supper at 5pm. Her husband now picks the kids from school since she is pregnant. She also stated that she empties her bowel every morning or evening and micturate whenever she has the urge to She said they all sit together and take their supper around 6:00pm and after that she assist children to do their homework, bath them and herself as well and go to bed.

1.7 PAST OBSTETRIC HISTORY

Pregnancy

Madam Ernestina gravida 3 para 2 all alive and healthy went through her pregnancies successfully without any complication. She had her first pregnancy in the year 2017, and had her second pregnancy in 2019 making the interval between that pregnancy and this current one three years. She said during her pregnancy, she only experienced some minor disorders such as waist pain, lower abdominal pain, constipation, frequency of micturition, nausea and vomiting of which she reported to the clinic and they were explained to her as normal physiological changes

in pregnancy which would resolve as pregnancy progresses and after delivery. She also said she has never had any spontaneous or induced abortion and still births in her life. Her pregnancies got to term. She has never suffered any pregnancy induced condition like gestational diabetes and pregnancy induced hypertension (pre-eclampsia). She also visited antenatal for least five (5) times during her pregnancies and received all doses of sulphadoxine pyrimethamine as well as three (3) doses of tetanus toxoid injection.

Labour

Madam Ernestina delivered her children spontaneously at the clinic and were active and healthy at birth. She further stated that the duration for her deliveries did not exceed 10hours. She also said she never had any perineal tear or been given episiotomy during her previous deliveries. She also added that she never experienced post-partum hemorrhage. Her placentas were delivered completely with no retained product of conception. She said her estimated blood loss was small. Her children never had any birth injuries, asphyxia or jaundice. The children were active at birth and healthy with birth weight 3.0kg and 3.2 kg respectively.

Puerperium

Madam Ernestina also said she started breastfeeding her children within the first hour after birth. She practiced exclusive breastfeeding for 6months and then added complementary feeds after the 6months for two years. She had a safer breastfeeding with no complication. She added that her children did not have any abnormalities like cleft lip, extra digits or webbed digits. Her children were fully immunized against the childhood preventable diseases, such as diphtheria, measles, polio, tetanus, tuberculosis, and whooping cough. Her children never suffered any ill health. She herself did not experience any ill health such as puerperal psychosis, anaemia and malaria. She

also did not experience problems like postpartum hemorrhage, puerperal pyrexia, puerperal sepsis, mastitis among others. In relation to family planning, she had little knowledge on the various family planning methods and was educated on them to help make an informed choice on the type to use following delivery. She also stated that her family supported in taking care of the baby, herself and some of the household chores.

1.8 PRESENT OBSTETRIC HISTORY

Madam Ernestina first visited the clinic on 28th October 2021. Her gestational age was 6 weeks 6 days, her last normal menstrual period was 2nd September 2021 and her expected date of delivery was calculated as 9thJune 2022 but according to her scan, her expected date of delivery was given as 17th June 2022. Her vital signs and laboratory investigations on that day were as follows;

Vital signs

Temperature……... 36.5˚c

Pulse……... 78bpm

Respiration…… 18bpm

Blood pressure ……. 103/59mmHg

Weight ……. 59kg

Height ……...155cm

Lab investigations

Hb …… 14.3g/dl

Sickling ……. Negative (-)

Blood group …… O

Rhesus factor ……... Positive (+)

HIV……. Negative (-)

HEP B……..... Negative (–)

VDRL…… Non-reactive

G6PD……. No Defect

Urine for pregnancy test ……. Positive (+)

Protein in urine ……. Negative (–)

Glucose in urine……. Negative (-)

Stool for ova……No abnormality

On examination (head to toe), no abnormality was found, fundus was not palpable and education on danger signs and anaemia in pregnancy were given. She had no complains so was educated on the need to attend antenatal clinic regularly as scheduled. She was given her forth dose of tetanus diphtheria (TD) injection. She was put on the following drugs;

1. Tab multivitamins 200mg daily x 30
2. Tab folic acid 5mg daily x 30

She made her routine visits regularly, no abnormalities were detected, laboratory investigation ultrasound scan requested were carried out with no abnormalities recorded. She started her SP

when she was 16+3 weeks pregnant and it was repeated at 4 weeks interval. All findings were recorded in her ANC card until she was met and chosen for the study at 37+3 gestation.

CHAPTER TWO

ANTENATAL CARE

2.0 INTRODUCTION

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

2.1 FIRST CONTACT WITH CLIENT

Madam Ernestina was met for the first time on 1st June 2022, when she was 37weeks+5days pregnant which was her ninth visit to the antenatal clinic at Dadiesoaba health center around 9:30am. Introduction was made as a student midwife from Holy Family Nursing and Midwifery Training College, Berekum, who has been stationed at Dadiasoaba for eight weeks clinical and to write a care study on a chosen client. The desire to take her as a client was expressed to her and she agreed. All the procedures to be carried out on her were explained to her understanding and she agreed for them to be done. She was encouraged to ask questions when necessary and was also thanked for her co-operation. Her vital signs together with some lab investigations done on her were recorded below.

Temperature……36.6 degree Celsius

Pulse……82 beats per minute

Respiration…….....20 cycles per minute

Blood pressure……110/60 millimeter of mercury

Weight……63 kilograms

Hemoglobin level……...13.8 grams per deciliters

Urine (protein /sugar) - Negative/Negative

VDRL - Non reactive

HIV status - Negative (280)

urine testing

Client was asked to empty her bladder and procedure was explained to her and sample bottle was given to her to collect midstream urine for the examination which she agreed.

Midstream urine sample was taken from client and mackintosh apron and gloves were worn. The colour, odour and presence of sediments were checked and the colour was amber with no sediments. Strip for checking sugar and protein was dipped in the urine and removed immediately and tapped at the edge of the container. The strip was compared to the colour changes on the container. Findings were negative as recorded above. Urine was discarded and protective clothing removed. Proper hand washing was done. All these findings were recorded in client's antenatal record booklet and findings explained to her.

Permission was sought from her for head to toe examination to be performed and she agreed. All the necessary requirements needed for the examination were gathered and sent to the examination room.

A tray comprising of the following items was set; sterile gallipot with sterile cotton wool swabs with a lid, receiver for used cotton wool swabs, tape measure, fetal stethoscope, a watch with a second hand, a pen and client's folder.

Privacy was provided using a screen and also drawing down the curtains to make her feel comfortable after explaining the procedures. Having emptied her bladder, permission was sought for head to toe examination to be carried out and she granted. She was assisted to undress and wrapped herself with a cloth. She was helped to lie on the examination couch. Hands were

thoroughly washed with soap under running water and dried with clean towel. She was asked to assume a dorsal position. Physical examination from head to toe was carried out under the supervision of the midwife in- change and the aim was to help detect any abnormality or deviation from normal for prompt management.

Examination of her head and face

On examination of the head, her hair was nicely braided. Her hair was inspected for dandruff, cleanliness, alopecia (loss of hair) and lice, among others. The face for signs of oedema and chloasma but none was present and her eyes were also inspected for pallor of the conjunctiva, jaundice of the sclera, sunken eyes and discharges but the conjunctiva was pink in colour, sclera was clear and no sunken eyes or discharges. The nose and ears were inspected for growth, discharges or bleeding but there were none. The mouth was inspected and the lips were moist without cracks, dryness and inflammations. She was engaged in a conversation just for her to open her mouth for quick assessment of the mouth. The gums and tongue where pink without sores, lesions or bleeding. Her teeth were strong, whitish in colour with no odour from the mouth. Neck was also inspected and palpated for enlarged thyroid glands, enlarged lymph nodes and distended neck vein but there was none.

Breast Examination

After explaining procedure, inspection proceeded with initial inspection of breasts. After exposing both breasts, the right breast was a little bigger than the left breast and breasts were normally situated with prominent nipples which were centrally placed. The breast looks hemispherical in shape. Primary and secondary areola was present with Montgomery's tubercle fairly distributed. Breast was inspected for rashes on the skin and nipple whether everted or

inverted. Both breasts were palpated for lumps, enlarged axillary lymph nodes, but none was present. The areola was gently pressed, and colostrum was expressed and it was swabbed with a sterile cotton wool swab and smelt for bad odour, but it was not offensive and was shown to her. She was educated that the colostrum would serve as the first line of immunity and prevents allergies to the child and she was educated to feed the baby with it when delivered. Client was congratulated and educated to support the breast with a firm brassier with broad stripes. She was educated on the need for self- breast examination and encouraged to regularly examine her breast at least once in a month after her menses and if any abnormality is detected, she should report to the midwife or any other staff on duty. She was told she can examine her breast when bathing, lying down or standing in front of a mirror.

Examination of her limbs and back

Her upper limbs were of equal size and length. Client was asked if she had tingling and tightness of the fingers on making a fist and she said no. The palms were inspected for pallor, the nails including the capillary refill of the nail beds were checked and they appeared to be pink in colour. Madam Ernestina's finger nails were trimmed neatly, short and with no extra digit.

On examination of the lower extremities, legs were palpated for oedema, tenderness of the calf muscle and none was present and also inspected for varicose vein which were absent and they were of equal size and length. Her toe nails were neatly trimmed and kept short.

She was assisted to lie on the lateral side for examination of her spine but no abnormality such as oedema of the sacral region, scoliosis, kyphosis was detected and her vertebral column was normal without pain at the costovertebral angle.

Abdominal examination

Permission was asked to expose her abdomen for inspection after assisting her to lie on her back. The abdomen was examined to detect any deviation from normal standing on her right side. Items used for the examination were shown to her to allay fear.

On inspection, shape was ovoid, and the size corresponded with the gestational age, no striae gravidarum and linea nigra was seen from the symphysis pubis to the umbilicus and fetal movements were visible. No scars were seen on the abdomen.

Symphysio-fundal measurement commenced by first rubbing the palms together to generate warm in order to prevent stimulation of contractions. The zero end of the measuring tape was placed on the fundus of the uterus and the tape was extended to the upper border of the symphysis pubis and the symphysio-fundal height was 36 centimeters and her gestational age was 37weeks + 5days.

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

On lateral palpation hands were placed on each side of the uterus, midway between the symphysis pubis and the fundus, the uterus was stabilized with one hand and examined with the other and the entire area from the abdominal midline to the lateral side and from the symphysis pubis to the fundus was palpated in a rotational manner. A smooth curve was felt which indicated the back at the right side of the abdomen, the process was then repeated on the left side of the abdomen and an irregular mass and movement were felt which indicated the limbs. The position was therefore right occipito anterior.

On pelvic palpation Madam Ernestina's feet were faced and she was asked to flex her knees (legs) slightly and to breathe out slowly to relax the abdominal muscles. Palms were placed on either side of the uterus, with one palm just below the level of the umbilicus and fingers directed towards the symphysis pubis with thumbs almost meeting. A hard mass was felt which indicated the head and that the presentation was cephalic.

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

Auscultation was done with fetal stethoscope; it was warmed by rubbing it in the palm and placed on the right side of the abdomen where the back was located. Fetal heart rate was listened to without touching the fetal stethoscope. By the use of a breast watch, fetal heart beat was counted for one full minute while comparing it to the maternal pulse it was 138 beats per minute taking note of the volume and rhythm.

Vulva examination

Permission was sought from client to conduct vulva examination and she approved. She was asked to flex her knees and separate her legs. On inspection, it was realized that she had maintained a good personal hygiene and she was therefore commended. The vulva was clean and well shaved with no varicose veins, warts, oedema and no discharges or blood. She was helped to lie on her side, sit up and got down from the couch and also helped to dress up. She was made relaxed by offering a seat and she was thanked for her co-operation. Hand washing was done with soap under running water and dried with a clean towel.

Afterwards, all findings were communicated to her understanding and she was encouraged to ask questions which she said she had none. However, when asked of her complaints, she complained of constipation. She was reassured and educated to take in more fruits and also eat enough fiber diet such as cereals, whole grains, vegetables and water. She was also educated that she will have loose stools if she follows the advice given her. Madam Ernestina was encouraged to rest in between work, have enough rest and to take her drugs as prescribed. Education was given on birth preparedness and complication readiness she was advised that when she goes home, she should gather all the necessary items she would need during labour in one bag as very soon she may be due for delivery.

She was also encouraged to report any abnormality to the facility very early so that early treatment could be given to prevent further complications even when it was not yet time for her to come to antenatal clinic. She was also reminded about her next visit to the clinic on 8th June 2022.

It was made known to her that a visit would be paid to her house to discuss some important issues pertaining to her pregnancy which would be beneficial to her health and that of the fetus which she willingly accepted and gave her number and directions to her house.

Her medications given were as follows.

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

2.2 FIRST ANTENATAL HOME VISIT

The first visit to Madam Ernestina's house was on 5th June 2022. The aim of the visit was to observe the environment where she lives, her source of water and light, how well ventilated her room is and the number of people she shares her room with, where she attends to natures call, how she disposes her refuse and also how she relates with her family members and her co-tenants in the house. The journey was made by foot and it was about ten minutes' walk from the health center.

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

The room was divided by curtains and part was used as a hall and they slept behind the curtains. The area before the curtains was well kept and the furniture was arranged nicely, it had adequate lightening and ventilation she was congratulated and asked to keep it up. She added that in the night she lays a mat on the floor for the children to sleep and she and her husband share the bed. She was asked whether the children sleep under an insecticide treated bed net but she said no since they sleep on the floor. She was educated on the importance of sleeping under a treated insecticide net and advised to find a carpenter to put some nails on the wall and also get a conical shaped insecticide treated bed net from the health facility so that during the evening she could hang it for the children to sleep under and early the next morning she could remove it which she agreed. The area behind the curtains was not all that neat since there were some dirty clothes

hanged loosely. Also, their clothes were not well packed into their various bags.

However, they had a wooden bed with an insecticide treated net hanging loosely over it. She was advised to fold and pack the clean clothes nicely into their various bags and also not to hang any clothes whether dirty or neat on the cross bar since mosquitoes can hide in them and bite them at night. She was also advised to buy a laundry basket and keep the dirty clothes in.

A walk was taken around the house. It is a nine bed room house built with cement blocks and roofed with aluminum sheets. It has a separate kitchen and wash room. Client together with other tenants cook in the kitchen. The kitchen was neatly kept, she had a kitchen cupboard in which she had neatly arranged her utensils. There were no dirty dishes found in the kitchen. The toilet and bathroom were also well kept because it was scrubbed on daily basis by occupants. A dustbin with a well-fitting lid was seen outside the house which she said they empty every day into the public refuse dump which is some few meters away from their house. They fetch water from a nearby tap in their vicinity.

Madam Ernestina was educated on the importance of maintaining good personal hygiene and encouraged to continue with her medication. Her layette was inspected and it was complete, however they were in separate polyethene bags. She was encouraged to pack the items in a single bag and identify a birth companion. She complained of heartburns which was explained to her as relaxation of the cardiac sphincter of the stomach with reflux of acidic contents of the stomach into the lower oesophagus which is a normal physiology in pregnancy. She was thanked and Permission was sought to leave. She was informed about the next visit on 11th June, 2022.

HOME ENVIRONMENT

PHYSICAL

Client lives a compound house, the house was built with blocks and roofed with aluminum sheets. There were 9 bedrooms, well arranged kitchen, toilet and bath. The client has fenced her veranda with iron sheets. Outside the house is painted with pink colour whiles inside of her room is painted with blue and white. Client, husband and children lives in the same room. The surroundings were neat and not bushy. She uses plastic container with a lid to collect her refuse and empties her bin when it is full into a container and send it to the refuse dump. The used water from the bathroom drains through a pipe and goes into a gutter that is close by. They have a bole hole from which they fetch water and have electricity as a source of light. They fetch water into bottles as their drinking water. Water used for other purposes such as cooking, bathing, washing is stored in a green colored barrel covered with a lid.

PSYCHOSOCIAL

According to madam Ernestina she lives with her family, her relationship with them was good as well as their co- tenant. She also said that during meal time they all eat together in one pot. Madam Ernestina attend weddings, funerals and festivals when the need arises with husband. Client said in case of any problem they comfort each other because they see themselves as a team therefore, they all come to support.

2.3 SECOND ANTENATAL HOME VISIT

The second home visit to Madam Ernestina’s house was on the 8th June, 2022 at 5:00 pm. She was met chatting with other co-tenants. They were greeted and a warm welcome was given and a seat offered. The wellbeing of the family was inquired and she said they were all doing well by God's grace and that the children have closed from school and her husband has not returned from

the farm. Client said she was coping with the heart burns.

The aim of the visit was to inquire about her health whether some changes have been made on what were discussed the other time about the fixing of insecticide treated net for the children and also keeping and arranging their bedroom well and neat.

On inspection all these things were corrected as taught, her husband was her birth companion and she had packed her delivery items with a purse of money and her insurance card as well as antenatal book in a bag. She was then congratulated and asked to keep it up. Education on rest and sleep as well as true labour signs such as painful rhythmic uterine contractions, appearance of "show" was given to her and told her to report to the clinic anytime she saw any of those signs. She was allowed to ask questions and appropriate answers were given.

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

2.4 SUBSEQUENT VISIT TO THE CLINIC

On the 11th June, 2022, Madam Ernestina visited the clinic. She was warmly welcomed and a seat was offered to her. She was asked how she was faring and she said she was fine and could sleep well. Her weight checked was 65kg whiles her haemoglobin level was 13 grams per deciliter. Her vital signs were checked and recorded as follows;

- Temperature 36.7 degree Celsius
- Pulse 72 beats per minutes
- Respiration 18 cycle per minute

- Blood Pressure 100/60 millimeter of mercury

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

On abdominal examination, the abdomen was seen to be ovoid and medium in size. Palpation was done and the fetal buttocks was located in the upper pole of the uterus whiles the back of the fetus was felt at the right side of the maternal uterus and the fetal limbs felt on the left side of the mother. The lie was longitudinal. The head occupied the lower pole and the descent checked was 5/5th. The symphysio-fundal height was 35cm with a fetal heart beat of 134 beats per minute and gestational age 38 weeks + 5days.

All findings were communicated to her after the procedure and she was thanked for her co-operation. She was asked whether she had any complaint that day and she complained of backache. She was reassured and told that the pain was as a result of the effect of the hormones progesterone and relaxin which relaxes the pelvic ligaments and muscles. She was advised to maintain a straight back when even lifting light objects and also to get a hard board under her mattress for a firm back support. Her fifth dose of SP was given under direct observation therapy (DOT). She asked for permission to leave and she was asked to come to the clinic for next visit on 15th June, 2022.

2.5 NURSING CARE PLAN PROBLEMS IDENTIFIED

1. 01/06/2022 Risk for malaria infection.
2. 01/06/2022Constipation
3. 05/06/2022 Heartburns.
4. 08/06/2022 Sleep disturbance
5. 11/06/2022 Backache

SHORT TERM OBJECTIVES

1. Madam Ernestina's risk of malaria will resolve within 72 hours.
2. Client will have free bowel within 48hours.
3. client will cope with reduced episodes of heartburns within 24 hours.
4. Client will have at least six (6) hours of sleep within 24 hours.
5. Client will have reduced episodes of backache within 24 hours.

LONG TERM OBJCETIVES

Madam Ernestina will go through pregnancy safely without any complications

NURSING CARE PLAN TABLE A

Date /Time	**Nursing Diagnosis**	Nursing **objectives/Outcome criteria**	**Nursing Order**	**Nursing Intervention**	**Date/Time**	**Evaluation**	**Sign**
01/06/2022 9:30am	Risk for malaria infection related to difficulty in taking sulfadoxine pyrimethamine.	Client will have no malaria infection within 72 hours as evidenced by 1.Client showing no signs of malaria infection. 2.Husband observing client to have no high body temperature.	1. Reassure client 2.Explain the need to take sulfadoxine pyrimethamine to client. 3. Explain the risk of malaria in pregnancy to client. 4.Encourage client to ask questions. 5.Serve client's drug on directly observed therapy.	1. Client was reassured that she will be free from malaria infection. 2. The need to take sulfadoxine pyrimethamine was explained to client. 3. The risk of malaria in pregnancy such as premature delivery and low birth weight were explained to client 4.Client was encouraged to ask questions and answers were given appropriately. 5. Client was served with water to take sulfadoxine pyrimethamine on DOT.	04/06/2022 9:30am	Goal met as client showed no signs of malaria infection and was healthy.	ES

NURSING CARE PLAN TABLE A

Date /Time	Nursing Diagnosis	Nursing Objectives/ outcome criteria	Nursing Orders	Nursing Intervention	Date/ Time	Evaluation	Sign
01/06/22 9:30am	Constipation related to increase progesterone level in the blood which causes relaxation of the smooth muscles of the colon there by causing decreased motility of the gut.	Madam Ernestina will have free bowel within 48 hours as evidence by Madam Ernestina verbalizing that she has been able to empty her bowel freely.	1. Reassure client 2. Explain the physiology of constipation to her. 3. Educate client to eat enough roughage like vegetables and fruits. 4. Encourage the intake of fluids. 5. Encourage her to respond to the urge of emptying the bowel to avoid reabsorption of water from the stools.	1. Client was reassured that she will empty her bowels freely. 2. She was told it was due to the effect of progesterone on her GIT. 3. Client was advised to eat enough roughage like fruits and vegetables. 4. Client was encouraged to take at least 2000mls of fluids everyday which is equivalent to four sachets of pure water. 5. She was also encouraged to respond to the urge of emptying her bowel to avoid reabsorption of water from the stools.	03/06/22 9:30am	Goal fully met as client said she moved her bowel freely.	ES

NURSING CARE PLAN TABLE A

Date /Time	Nursing Diagnosis	Nursing Objectives/ outcome criteria	Nursing Orders	Nursing Intervention	Date/ Time	Evaluation	Sign
05/06/22 5:00pm	Heart burns related to the relaxation of the cardiac sphincter of the stomach with reflux of acidic contents of the stomach into the lower esophagus.	Client will cope with reduced episodes of heartburns within 24 hours as evidence by: Client verbalizing that the intensity of heart burns has reduced.	1. Reassure client that the intensity of heartburns will reduce. 2.Educate client on the causes of heart burns. 3. Encourage client not to go to bed immediately after meal. 4.Educate client to elevate the head end of the bed when sleeping. 5.Encourage madam Ernestina to eat less spicy foods.	1. Client was reassured that the intensity of heart burns would reduce. 2. Client was educated that it was due to regurgitation of gastric content due to relaxation of the cardiac sphincter. 3. Client was encouraged to go to bed at least 30 minutes after meals. 4. Client was educated to use more pillows when sleeping to elevate the head end of the bed. 5. Madam Ernestina was encouraged to eat less spicy foods.	06/06/22 5:00pm	Goal fully met as the intensity of heartburns reduced.	ES

NURSING CARE PLAN TABLE A

Date /Time	Nursing Diagnosis	Nursing Objectives/outcome criteria	Nursing Orders	Nursing Intervention	Date/Time	Evaluation	Sign
08/06/22 4:00pm	Sleep disturbance related to frequency of micturition.	Client will have at least six (6) hours sleep within 24 hours as evidence by client verbalizing that she slept for at least six (6) hours.	1. Reassure client that she will have adequate sleep. 2. Educate client on the physiology of frequent micturition. 3. Tell client to urinate before going to bed. 4. Educate client to limit the intake of fluid containing natural diuretics. 5.Encourage client to eat before 5:30pm.	1. Client was reassured of adequat4e sleep if interventions are followed. 2. She was educated that it was due to descent of the presenting part. 3. Client was told to urinate before going to bed. 4. She was also educated to limit the intake of fluids such as tea, water at night. 5.Client was encouraged to eat before 5:30pm.	09/06/22 4;00pm	Goal met as client reported that she slept for six hours.	ES

NURSING CARE PLAN TABLE A

Date /Time	**Nursing Diagnosis**	**Nursing Objectives/outcome criteria**	**Nursing Orders**	**Nursing Intervention**	**Date/Time**	**Evaluation**	**Sign**
11/06/22 10:30am	Backache related to exaggerated of lumbar curvature during pregnancy.	Client will have reduced episodes of backache within 24 hours as evidenced by; Client verbalizing that her pain is reduced.	1. Reassure client that her pain would decrease. 2. Educate client on the physiology of backache in pregnancy. 3. Advice client to have enough rest and sleep. 4. Educate client to support her back with pillow when sleeping or sitting. 5. Serve her prescribed analgesics.	1. Client was reassured that her pain would decrease. 2. Client was educated that pain was as a result of the effect of the hormones progesterone and relaxin which relaxes the pelvic ligaments and muscles. 3. Client was advised to have enough rest and sleep. 4. Client was educated to support her back with pillow when sleeping or sitting. 5. Prescribed paracetamol 1g was served tid.	12/06/22 10:30am	Goal fully met. Madam Ernestina reported to the midwife that her back pains have reduced.	ES

CHAPTER THREE

LABOUR

3.0 INTRODUCTION

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

3.1 ADMISSION AND MANAGEMENT OF FIRST STAGE OF LABOUR

Admission

On 12th June, 2022, Madam Ernestina reported to the labour ward at Dadiesoaba health center around 11:30pm with her husband with the complaints of waist and lower abdominal pain. Rapport was established and they were offered seats. Client was taken to the nurses' station for necessary information to be taken while glancing through her antenatal card. She was asked if she had experienced any danger signs like, bleeding from the vagina, leakage of liquor and persistent vomiting. Madam Ernestina replied that she had not seen any of the signs. She appeared nervous and she was told that she was in competent hands and that she would have a safe delivery. History of her last meal, last bowel action and if she has taken any medication were taken.

Madam Ernestina said lower abdominal and waist pains started at 9:00pm and also noticed the appearance of 'show'. Madam Ernestina's husband was reassured that everything was going to be okay. Madam Ernestina was sent to the examination room and assisted to change her clothing. Permission was sought to examine her and all procedures were explained to her.

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

Her vital signs checked and recorded were as follows:

Temperature	-	36.7℃
Pulse	-	80 beat per minute
Respiration	-	22 cycle per minute
Blood pressure	-	120/80 mmHg

Abdominal examination was then carried out after privacy was provided. On inspection the shape of the abdomen was ovoid and striae gravidarum, linear nigra and fetal movement were noticed. Fundal, lateral and pelvic palpations were performed. The symphysio-fundal height was 35 cm, the lie was longitudinal, and presentation was cephalic. The descent of the head was 4/5th above the pelvic brim and uterine contraction was 2 in 10 minutes lasting 25 seconds. On auscultation fetal heart rate was 140 bpm with good volume and regular rhythm.

A sterile tray for vaginal examination was brought to the bed side and the procedure was explained to her. Hands were washed and dried and sterile gloves worn. The vulva was inspected for rashes, varicose veins, warts, scars and oedema but none was present. The vulva was swabbed with savlon solution, using sterile swabs, the labia majora were swabbed with two sterile cotton wool soaked in savlon solution, the labia minora was also swabbed the same way and a single cotton wool soaked in savlon solution was used to swab the vestibule after which vaginal examination was carried out.

The vagina felt moist, warm and distensible. The cervix was thin, soft, effaced and the presenting part well applied to it. The cervical dilatation was 1cm with membranes intact. No moulding was felt. The sacral promontory was not reached, the sacrum was well curved and the ischial spines were blunt. She was asked to lie on her side and a fist was placed in between the tuberosities and it admitted the fist. Client was cleaned after the examination and a clean perineal pad was applied to the vulva and monitored on observation chart since she was in her latent phase.

Madam Ernestina was cleaned up and encouraged to lie on her left side. All findings were explained to her and reassured that labour was progressing well. All procedures were done under the supervision of the midwife-in-charge and recorded.

Preparation for birth

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

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

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

Management of first stage

The fetal heart rate, maternal pulse and uterine contractions were checked every 30 minutes, temperature, blood pressure, descent as well as vaginal examination was done 4 hourly and the results recorded. (plotted on the partograph.) She complained of tiredness and was reassured and encouraged to avoid screaming and perform deep breathing exercise when there are contractions. Again, malt and biscuit were served. Sacral massage was given and was also supported to breathe through her mouth. Madam Ernestina was reassured that labour was progressing well and was encouraged to pass urine frequently to prevent her bladder from being full, since this could impede descent of the fetus.

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

At 3:30 am, she was due for her next V/E. The procedure was explained to her and was asked to empty her bladder and urine measured was 100mls before doing the next examination. At this time the fetal heart rate recorded was 138beats per minute with good volume and rhythm. Descent of the fetal head was 3\5th and uterine contractions were 3 in 10-minute lasting 37 seconds. On vaginal examination cervical dilatation was 4 cm with intact membranes and moulding was felt.

Her vital signs were checked and recorded as follows.

Temperature	-	36.6 ℃
Pulse	-	82 beats per minute
Respiration	-	20 cycles per minute
Blood pressure	-	110\70 mmHg

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

At 7: 30am next V/E was due procedure explained to client, she was reassured and taken to the labour room to empty her bladder and urine measured 120mls before doing the next examination. Client made comfortable in bed. At this time fetal heat rate was 140beats per minute with good volume and rhythm. Descent of the fetal head was 1\5th and uterine contractions were 4 in 10-minute lasting 45 seconds. On vaginal examination cervical dilatation was 9 cm with intact membranes and moulding was not felt.

Her vital signs were checked and recorded as follows.

Temperature	-	36.5 ℃
Pulse	-	86 beats per minute
Respiration	-	18 cycles per minute
Blood pressure	-	110\60 mmHg

All the findings were communicated to her and recorded on the partograph. She was reassured, encouraged to continue with the relaxation techniques and do deep breathing exercise. She was also given cup of water. She was sweating profusely so a wet towel was used to cleaned her up.

The delivery trolley was set containing the following;

Top shelf

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

Bottom shelf

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

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

At 7:50am Madam Ernestina complained of severe bearing down sensations with the uterine contractions becoming more expulsive and frequent. The anus was gapping with the perineum bulging. Vaginal examination was repeated, cervix was fully dilated with spontaneous rupture of membrane. Liquor was clear and moulding was ++ since the bones were overlapped each other but easily be separated. Foetal heart rate was 139bpm, contractions were 4:10 for 44 seconds, descent was 0/5th. The midwife in-charge confirmed the findings.

3.2 MANAGEMENT OF THE SECOND STAGE OF LABOUR

Madam Ernestina was transferred to the second stage room and positioned on the delivery bed at 7:50am. What is expected of her during the delivery was explained to her. She was asked to empty her bladder and then was assisted to lie in the dorsal position with knees flexed apart. She was reassured and every procedure to be done was explained to her. Protective clothing such as mackintosh apron, rubber boots and goggles were worn. Hands were washed with soap under running water and dried with sterile towel and sterile gloves were worn on both hands. The vulva and the upper thigh were swabbed with savlon solution and client draped with sterile towels. She was reminded that her baby will be delivered unto her abdomen to provide warmth and improve bonding. A clean perineal pad was applied to the anus to keep the delivery area clean. Madam Ernestina was encouraged to push with each contraction and rest in between contractions. The midwife in –charge checked the maternal pulse and fetal heart rate to ascertain the condition of both mother and fetus. This was done following uterine contractions to assess the recovery rate of the fetal heart rate after contractions and was recorded.

As labour progressed, the head advanced gradually and flexion was aided by gently pressing the occiput downwards in other to allow the smallest diameter of the skull to distend the vulva and the perineum. Descent of the fetal head continued till crowning of the head occurred, Madam

Ernestina was asked to stop pushing and pant at this stage to prevent rapid expulsion of the head which could lead to perineal tears and intracranial injury. The sinciput, face and chin swept the perineum and the head was slowly delivered by extension to prevent tear and injury to the baby. The eyes were cleaned with separate sterile swabs from the inner cantus of the eye outwards. The face was cleaned with gauze swabs. The cord was quickly felt for around the baby's neck but there was none.

The head was supported and restitution was allowed to take place and internal rotation of the shoulders as indicated by external rotation of the head through 45 degrees took place. This brought the shoulders into anterior-posterior diameter of the pelvic outlet. Client was asked to push with the next contractions. Both palms were placed on either side of the baby's ear and gently pressed the head downwards to deliver the anterior shoulder which escaped under the symphysis pubis. The posterior shoulder swept the perineum and was delivered. The rest of the body was delivered by lateral flexion unto the mother's abdomen at 8:05am. An alive healthy female baby was delivered who cried soon after delivery. The baby was quickly cleaned from head to toe with a clean cot sheet and wrapped her with another clean cot sheet while on her mother's abdomen after client confirmed the gender as a female. Client was congratulated for her efforts. The baby was moved to the mother's chest for skin-to-skin contact and covered them with a new sheet. Mother was informed that the baby was going to be there for an hour to improve bonding and initiate breastfeeding.

3.3 IMMEDIATE CARE OF THE BABY

The immediate care of the baby started as soon as the head of the baby was born. Different sterile gauze was used to clean the baby's eyes from inner canthus outwards. The face was wiped with gauze. The baby was dried thoroughly to keep the baby warm and stimulate breathing. The

cord was clamped and cut in between two clamps. The baby was shown to mother to confirm the sex of the baby. Identification band was prepared with the mother's name, baby's sex, weight and date of birth and was tied around the baby's wrist. Baby was then cleaned and wrapped in a warm sheet with the head covered with a cap to prevent hypothermia.

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

3.4 ACTIVE MANAGEMENT OF THE THIRD STAGE OF LABOUR

After the cord separation, a sterile receiver was placed near the vulva in between the thighs to receive the end of the cord. Client's abdomen was palpated to rule out any undiagnosed second foetus in utero before 10 units of oxytocin was given intramuscularly by the midwife-in-charge to prevent any bleeding. The client was asked to empty her bladder which she said she had no urge. The left hand was placed on the fundus to feel for contractions. As soon as contractions were felt, the clamp was held with the right hand while the left hand was placed on the lower abdomen in the suprapubic area to push the uterus. The right hand which held the clamped cord, was used to apply gentle downward traction in a downward and backward direction. Counter-traction was maintained with the left hand on the suprapubic area while traction was applied to the cord until the placenta was visible at the vulva. Both hands were used to receive the placenta at the introitus and placed in a bowl at 8:10am.

The uterus was massaged to maintain the contraction. Client was thought to massage her uterus and she was asked to feel the hardness of the uterus which indicated that the uterus was well

contracted. This procedure was done every 15minutes for two hours making sure the uterus was firm, while blood loss was checked.

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

The blood loss was approximately 120mls. Client was cleaned and a new perineal pad was placed at the perineum to make her comfortable in bed. Client was encouraged to change her pad and urinate frequently to prevent postpartum haemorrhage and infections. She was also educated on how it would help in the contractions of the uterus.

Madam Ernestina was congratulated for her cooperation. The delivery bed was cleaned and the equipment used were decontaminated in 1:10 chlorine for 10 minutes and then washed in warm soapy water, rinsed under running water. The equipment were put into the autoclave machine for sterilization and stored.

3.5 EXAMINATION OF PLACENTA AND MEMBRANES

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

The placenta was discarded after decontaminating it. The instruments and equipment used were soaked in 0.5% chlorine solution and were removed after 10 minutes, washed and put in the autoclave after which the instruments were stored. Hands were dipped in 0.5% chlorine solution before discarding the gloves. Amount of blood loss was 120ml. Client was congratulated for the effort made.

3.6 MANAGEGEMENT OF FOUTH STAGE OF LABOUR

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

BABY

Prevention of diseases

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

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

Examination of the new born

The procedure was explained well to Madam Ernestina, examination gloves were worn and the baby was examined head to toe to detect any deviation from normal. Baby was put on a covered flat surface and only the part to be examined was exposed. The head was examined for bulging

and sunken of fontanels, size, shape, laceration and caput succedaneum but no abnormality was detected. Head circumference was measured by encircling the head with tape measure from occipital protuberance to the supra orbital ridges and it measured 34cm and the baby's length was 49cm. The ear was examined for position, size, and patency. Eyes (conjunctiva) were also examined for pallor, sub conjunctiva haemorrhage and abnormal discharges but no abnormality was detected. The nose was also inspected for size, shape and nostrils checked to rule out deviated septum but everything was normal. The mouth was inspected for cleft palate, tongue tie, false teeth and suckling, rooting and swallowing reflexes were checked but everything was normal. The neck was examined for congenital goiter and swollen lymph nodes but there was none. The chest was inspected for shape, size and chest wall movement with respiration and respiration rate was 44 cycles per minute and the apex heart beat was also 148 beats per minute. Breasts were palpated for masses and nipple was checked for position and extra nipple and everything was normal. Examination of the upper extremities was done and hands were inspected for clubbing, extra or missing digits and webbing. Hands and arms were inspected for symmetry, movement and paralysis, and the palm for the number of palmer crease. Shape and colour of nail beds were inspected and reflexes (grasping, Moro) checked but were normal. The abdomen was examined the size and shape were normal. The cord was inspected but no bleeding was seen. The liver and spleen were palpated for enlargement and no abnormalities were detected. With the lower limbs, no webbing, extra toes and club foot were found. The baby was turned prone with the head on one side and the spine was checked for swelling, spinal bifida and for missing vertebrae, but no abnormalities were noticed. On examination of the skin, the skin was pink and no abnormality found. The anus and the rectum were inspected for patency and no

abnormality was detected since the baby had passed meconium and urine. The baby was weighed and it recorded 2.8kg. The temperature was checked and it was recorded as 36.8 degrees Celsius.

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

MOTHER

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

Temperature - 36.6℃

Pulse - 78 beat per minute

Respiration - 20 cycle per minute

Blood pressure - 120/80 mmHg.

Madam Ernestina was asked to urinate frequently in order to help in the contractions of the uterus. She was served with warm drink and also encouraged to establish bonding and to initiate and maintain lactation. She was educated on how breastfeeding enhances the release of oxytocin which would improve uterine contractions, drainage of lochia, control of hemorrhage and also as a form of family planning. Client urinated and it measured 120mls.

Madam Ernestina was examined from head to toe, her conjunctiva was pink and no abnormality detected. Uterus was well contracted and symphysio-fundal height was 17cm, there was no

active bleeding from the vagina. She was asked to report any profuse bleeding. She was asked to change her pad when soiled in order to prevent infection. The findings of all assessments carried out were within the normal range. The baby was also monitored at the same interval to ensure that breathing was normal and the colour of skin was pink.

3.7 SUMMARY OF LABOUR AND DELIVERY

Date of delivery 13th June,2022

Time of delivery - 8:05am

Type of delivery - Spontaneous Vaginal Delivery

Time of placental delivery - 8: 10am

Duration of labour

1st stage - 8 hours 20 minutes.

2nd stage - 15 minutes

3rd stage - 10 minutes

Total - 8 hours 45 minutes

Condition of baby

Apgar score at first minute - 8/10

Apgar score at fifth minute - 9/10

Sex of baby - female

Weight - 2.8 kg

Head circumference - 34 cm

Full length - 49 cm

Meconium - Passed

Urine - Passed

Condition - Good

Condition of mother

Temperature - 36.6 ℃

Pulse - 78 beat per minute

Respiration - 20 cycles per minute

Blood pressure - 110/70 mmHg

Fundus - 17 cm

Lochia - Red (rubra)

Odour of Lochia - Non – offensive

Perineum - Intact

Condition - Good

Condition of placenta and membrane

Lobes and membranes	-	Complete and healthy
Maternal surface	-	Normal
Fetal surface	-	Normal

NURSING CARE PLAN ON LABOUR

PROBLEMS IDENTIFIED

Waist and lower abdominal pain

Anxiety.

Tiredness.

Thirst and dry throat.

Profuse sweating.

SHORT TERM OBJECTIVES

Client will cope with lower abdominal and waist pains within 2 hours.

Client's anxiety will resolve within40 minutes.

Client will regain her strength within 2 hours.

Client's thirst and dry throat will resolve within 10 minutes.

Client will feel comfortable within 2 hours.

LONG TERM OBJECTIVES

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

NURSING CARE PLAN TABLE B

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTIONS	DATE/ TIME	EVALUATION	SIGN
12/06/22 11:30pm	Lower abdominal pains related to physiology of labour.	Client will cope with lower abdominal and waist pains within 2 hours as evidenced by client verbalizing that she is coping and midwife observing that client no longer complains.	1. Explain the physiology of labour pains to her. 2. Reassure client that labour will soon end 3. Put client in a comfortable position 4. Encourage client to perform breathing and relaxation exercises 5. Provide diversional therapy 6. Perform sacral massage for client.	1. The physiology of labour pains was explained to her. 2. Client was reassured that labour would soon end 3. Client was put in the left lateral position. 4.Client was encouraged to perform breathing and relaxation exercises 5. Client was stayed with and engaged in a conversation 6. Client's sacral region was massaged by her support person.	12/06/22 1;30am	Goal fully met as client said she was coping.	ES

NURSING CARE PLAN TABLE B

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTIONS	DATE/ TIME	EVALUATION	SIGN
12/06/22 11:30pm.	Anxiety related to unknown outcome of labour.	Clients' anxiety will resolve within 30 minutes as evidence by client verbalizing that she is no longer anxious.	1. Reassure client to allay fear and anxiety. 2. Explain every procedure to be carried to client. 3. Allow her to ask questions and answer her tactfully. 4. Update client with progress of labour. 5. Allow support person to be with her	1. Client was reassured that labour will end safely. 2. Procedures like checking of vital signs, vaginal examination was explained to client. 3. Client was allowed to ask questions and answers were given tactfully. 4. Client was updated about progress of labour using the dilatation board after V/E. 5. Client's husband was allowed to be with her and massage her sacral region during contractions.	12/06/22 12:00am.	Goal fully met as client said she was no longer anxious.	ES

NURSING CARE PLAN TABLE B

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVE/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
13/06/22 1:30am	Fatigue related to advance state of labour.	Client will regain her strength within 2 hours as evidence by the client verbalizing that she is relieved of fatigue.	1. Reassure client. 2. Encourage client not to scream during contractions. 3. Encourage client to continue with the relaxation techniques. 4. Support client to perform deep breathing exercise during contractions. 5. Serve client with light diet.	1. Client was reassured that she will regain her strength. 2. Client was encouraged not to scream during contractions. 3. Client was encouraged to continue with the relaxation techniques. 4. Client was supported to perform deep breathing exercise during contraction. 5. Client was served with milo and biscuit.	13/06/22 3:30am	Goal fully met as client verbalized, she had been relieved of tiredness.	ES

NURSING CARE PLAN TABLE B

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVE	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
13/06/22 2:00am	Thirst and dry throat related to the process of labour.	Clients' thirst and dry throat will resolve within 10 minutes as evidenced by client verbalizing, she is no longer thirsty	1. Reassure client that measures will put in place to relieve her of the thirst dry throat. 2.Explain the process of labour to client. 3.Support client to perform deep breathing exercise. 4. Give client sips of water. 5. Serve client with fluid diet.	1. Client was reassured that measures will be put in place to relieve her off the thirst and dry throat. 2. Process of labour was explained to client. 3. Client was supported to perform deep breathing exercise during contraction. 4. Client was given sips of water and ice to suck. 5. Client was served with cold malt drink.	13/06/22 2:10am	Goal fully met as evidenced by client verbalizing, she does not feel thirsty and dry throat.	ES

NURSING CARE PLAN TABLE B

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES	NURSING ORDERS	NURSING INTERVENTIONS	DATE/ TIME	EVALUATION	SIGN
13/06/22 3:30am	Risk for fluid deficit related to Profuse sweating.	Client body fluid volume will be maintained throughout labour as evidenced by a. client verbalizing that sweating has reduced. b. midwife observing client take in sips of water.	1.Reassure client to allay fear and anxiety. 2.Encourage client to take sips of water. 3.Serve client with lots of fluids such as water and orange juice. 4.Encourage client to wipe herself with wet damped towel to reduce body temperature. 5.Monitor the input and output chart of client. 6.Observe client for signs of dehydration	1.client was reassured to allay fear and anxiety. 2.Client took in sips of water frequently. 3.Client was served with fruits juice and drinks. 4.Client was wiping herself with wet damped towel. 5.Input and output was monitored and recorded. 6.Client had no dehydration throughout labour.	13/06/22 5;30am.	Goal fully met as evidenced by client verbalizing that she no longer sweat profusely.	ES

CHAPTER FOUR

PUERPERIUM

4.O INTRODUCTION

This chapter talks about the management of puerperium thus the care given to both mother and baby after delivery. It begins immediately after the expulsion of placenta and membranes and control of bleeding and ends at the 40th day or six (6) weeks after delivery.

4.1 DAY OF DELIVERY

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

Temperature - 36.7℃

Pulse - 82 beat per minute

Respiration - 19 cycle per minute

Blood pressure - 110/60mmHg

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

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

educated on how to position and attach the baby to breast and observed as she breastfed the baby. The baby was examined from head to toe and no sign of injury was observed. The baby's weight was 2.8 kg, respiration was 44 cpm, and apex beat was 148 bpm.

4.2 SUBSEQUENT CARE OF THE BABY

After six hours of birth, Madam Ernestina was informed about the need for the baby to be bathed which she positively agreed. The baby was then picked to be bathed in the presence of the mother so that education could be given during the procedure.

Requirement for Baby Bath

Top She

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

Bottom Shelf

- Disposable gloves
- Jug of hot water

- Jug of cold water
- A bowl for mixing water
- Kidney dish for used gauze and swab
- A receptacle for used water
- Mackintosh apron

After picking all needed items, the cold and hot water were mixed and the temperature was tested with the elbow. The plastic apron was then worn; hands were washed with soap under running water and dried with clean towel. Gloves were then worn and the baby was placed on a protected flat surface, undressed and covered with the towel living the face. The eyes were cleaned with a sterile cotton, dipped in sterile water from the inner canthus outwards and disposed into a receiver. The face was cleaned with a wet face towel. The nape of the neck was supported by the left palm and the ears were plugged with the thumb and index finger to prevent water from entering the ear. Mother's attention was drawn to this. The baby's head was washed in a circular motion with a soapy sponge after which it was rinsed out and dried with a towel. The baby was placed on a flat surface and the rest of the body was bathed (arms, chest and back), paying particular attention to the skin folds. The whole body was gently immersed in the bath of water with the head supported above the water level. Baby's body was dried with towel paying attention to the skin folds. Vaseline was applied all over the body of the baby to provide warmth. Gloves were removed, hands washed and dried. Sterile gloves were then put on. Cord was inspected for bleeding and there was no bleeding. chlorhexidine was used to dress the cord. One hand was used to hold the clamp and the cord was dressed aseptically with chlorhexidine from top to down and left it opened to heal by dry gangrene. The baby was wrapped nicely to maintain the temperature. The baby's head was covered with a cap and dressed warmly to prevent heat

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

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

Temperature	36.9ºC
Respiration	48cpm
Heart rate	146bpm

Mother's vital signs checked were recorded as follows:

Temperature	36.4ºC
Pulse	76bpm
Respiration	20 cpm
Blood Pressure	100/70mmHg

All findings were communicated to Madam Ernestina and all documentations were done.

4.3 FIRST DAY POSTNATAL (DAY OF DISCHARGE)

The first day after delivery was 13th June, 2022. Madam Ernestina and baby slept soundly after delivery and their condition remained good. Madam Ernestina woke up looking cheerful and

healthy. She was served with warm water to bath. Her vital signs were checked and recorded as follows;

Temperature	-	36.3℃
Pulse	-	78 beat per minute
Respiration	-	22 cycle per minute
Blood pressure	-	100/70 mmHg

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

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

The importance of good personal hygiene was explained to her to prevent puerperal sepsis and neonatal infections to the mother and her baby respectively. Exclusive breastfeeding was also encouraged and Madam Ernestina was advised to top and tail the baby until the cord was off. Hands were washed and dried with dry towel and baby examined from head to toe and no abnormalities were found. The baby was topped and tailed in the presence of the mother and the cord inspected for bleeding or any infection but there was none. Hands were washed and dried, sterile gloves worn and cord dressed with chlorhexidine and left it open to dry.

Mother was advised not to apply any hot compress or concoction on the cord to prevent infection of the cord. Baby's vital signs were checked and recorded as follows;

Temperature - 36.7℃

Apex beat - 144 beat per minute

Respiration - 46 cycle per minute

Weight - 2.8 kg

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

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

Tablet folic acid - 5mg dly x 14 days

Tablet fersolate - 200 bd x 14 days

Capsule amoxicillin - 500mg tds x 7 days

Tablet paracetamol - 1g tds x 5 days

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

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

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

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

4.4 FIRST POSTNATAL HOME VISIT (SECOND DAY POST NATAL)

Madam Ernestina was visited on 13th June, 2022 at 4:30pm with the aim to assess their general conditions and to detect any conditions that could be harmful to their health so as to give immediate treatment or refer to the hospital for further management. Permission was sought to examine the baby. The baby was placed in her cot and head-to-toe examination was done without any problem.

The baby was topped and tailed, hands were washed and new sterile gloves were worn, cord was inspected and dressed. The cord was not offensive and was dry. According to Madam Ernestina

her baby passed meconium and urinated. Baby's vital signs checked. Findings were recorded as follows;

Temperature - 36.8℃

Apex beat - 138 beat per minute

Respiration - 36 cycles per minute

Weight - 2.7kg

Suckling - Good

Cord - Clean and dry

Colour - Pink

Stool - Meconium

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

Temperature - 36.7℃

Pulse - 78 beat per minute

Respiration - 19 cycle per minute

Blood pressure - 110/60 mmHg

Breast - Lactating

Uterus - Contracted

SFH - 16cm

Lochia - Rubra

Madam Ernestina was supervised to perform the postnatal exercises. She successfully attached the baby to breast and baby was able to suckle well. She was encouraged to make sure the baby empties one breast before giving the other breast to prevent engorgement and to make sure the baby takes adequate breast milk. Permission was then sought to leave and promised to visit them the next day.

4.5 SECOND POSTNATAL HOME VISIT (THIRD DAY POSTNATAL)

On the 14th June, 2022, Madam Ernestina and family were visited in the morning and evening to access their condition of health. Client complained of backache and After pains when the baby suckles. She was reassured and encouraged to perform the postnatal exercise; for about ten to twenty minutes and also to continue the postnatal exercises to strengthen the pelvic floor muscles and also advised to breast feed the baby on demand as it helps in contraction and involution of the uterus.

Client permission was sought to perform physical examination and vital signs. The symphysio-fundal height was 13cm on abdominal palpation. On inspection of the vulva it was healthy and the flow of lochia was small and the colour was rubra.

Permission was sought again to examine the baby. The baby was toped and tailed and cord examined, it was clean and dry and dressed.

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

Observations		Morning	**Evening**
Temperature	-	37.2 ℃	36.9℃
Respiration	-	42 cycle per minute	43 cycle per minute
Apex beat	-	140 beat per minute	143 beat per minute
Weight	-	2.6kg	2.6kg
Suckling	-	Good	Good
Cord	-	Clean and dry	Dry and clean
Colour	-	Pink	Pink
Stool	-	Meconium	Meconium

Mother's observations were checked and recorded as follows;

Observations		Morning	Evening
Temperature	-	36.5 ℃	36.6℃
Pulse	-	80 beat per minute	80 beat per minute
Respiration	-	19 cycle per minute	20 cycle per minute
Blood pressure	-	90/70 mmHg	110/70 mmHg

Breast	-	Lactating	Lactating
Uterus	-	Contracted	Contracted
SFH	-	15cm	15cm
Lochia	-	Rubra	Rubra

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

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

On the 15thJune, 2022, client was visited again during the morning and evening to continue the care of the baby, the mother and the family. Baby was topped and tailed, cord dressed and the cord was dry and shrinking. Baby was well and suckled well on the breast on observation. She said her baby passed stools and urine. Both baby and mother were assessed and findings were recorded.

Mother was also well, breast was lactating, uterus was well contracted and symphysio-fundal height was also measured

Findings on both mother and baby were recorded as;

Baby	**Morning**	**Evening**
Temperature	36.6℃	37.1℃
Apex beat	138 beat per minute	136 beat per minute

Respiration	45 cycle per minute	46 cycle per minute
Weight	2.5kg	2.5kg
Suckling	Good	Good
Cord	Clean and dry	Dry and clean
Colour	Pink	pink
Stool	yellowish	yellowish

Mother	**Morning**	**Evening**
Temperature	36.1℃	36.7 ℃
Pulse	70 beat per minute	80 beat per minute
Respiration	20 cycles per minute	20 cycle per minute
Blood pressure	110/70 mmHg	100/60mmHg
Breast	Lactating	Lactating
Uterus	Contracted	Contracted
SFH	14cm	14cm
Lochia	Rubra	Rubra

Madam Ernestina complained of sleeping disturbances as a result of night feeding. She was reassured and educated on the various positions she can assume during breastfeeding and also told to feed the baby on demand and to support the breast with a supportive brassier. They were assured to be visited again and thanked before leaving the house.

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

On the 16th June, 2022, client was visited in the morning to continue the care of client and family. Mother and baby were in good condition when asked, she added that the backache was resolving. Baby was topped and tailed, cord dressed and the cord was almost off. Baby was well and suckled well on the breast on observation. She said her baby passed stools and urine. Findings after assessment were recorded.

Madam Ernestina was also assessed after explaining procedure to her and she emptying her bladder. Her symphysio fundal height was 13cm. Lochia was inspected and it was pink in colour, odourless and small in flow. She was encouraged to do postnatal exercises, eat a well-balanced diet with more fruits and fluids, sleep under insecticide treated mosquito net with the baby to help promote and maintain adequate general health and prevent malaria. They were assured to be visited again and thanked before leaving the house.

Findings on both mother and baby were recorded as;

Baby

Temperature	36.8℃
Apex beat	140 beat per minute
Respiration	40 cycle per minute

Weight	2.5kg
Suckling	Good
Cord	Almost off
Colour	Pink
Stool	yellowish

Mother

Temperature	35.8℃
Pulse	78 beat per minute
Respiration	19 cycles per minute
Blood pressure	110/60 mmHg
Breast	Lactating
Uterus	Contracted
SFH	13cm
Lochia	Serosa

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

On the 17thJune, 2022, client and family were visited, hands were washed and dried after explanation of procedure. The baby was toped and tailed. She was examined from head to toe but nothing abnormal was found. The cord was dressed with chlorhexidine and left opened to

dry. No sign of infection such as redness was noted. Madam Ernestina complained of slight headache she was educated to taken more fluids and also have enough rest and sleep especially during the afternoon when the baby. No abnormality was detected on the mother and baby during the general examination except for the mother's slight headache. Client's symphysio fundal height was 12cm and lochia was serosa.

Findings after assessing both mother and baby were recorded as follows;

Mother

Temperature	36.4℃
Pulse	76 beats per minute
Respiration	29 cycles per minute
Blood pressure	110/70 mmHg
Breast	lactating
Uterus	Contracted
SFH	12cm
Lochia	Serosa

Baby

Temperature	36.6℃

Apex beat	151 beat per minute
Respiration	44 cycle per minute
Weight	2.6kg
Suckling	Good
Cord	clean and dry
Colour	Pink
Stool	Yellowish

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

4.9 SIXTH POST NATAL HOME VISIT (SEVENTH DAY POST NATAL)

On the 18th June, 2022 client and family were visited, hands were washed and dried. Procedure was explained to client after which she went and emptied her bladder. The baby was toped tailed and examined from head to toe but nothing abnormal was detected in the presence of client and husband. The cord was dressed with chlorhexidine and left opened to dry.

Madam Ernestina said the headache was okay. Baby's weight was checked and was recorded as 3.1kg. No abnormality was detected on the mother and baby during the general examination. Client's symphysio fundal height was 11cm. On inspection, the lochia was creamy brown with scanty flow and not offensive. Client was advised to have adequate rest and sleep during the day while her husband cared for the baby. The husband was encouraged to assist her wife. All the findings were communicated to the client and her family. Family planning education was reinforced and they promised to use a method after six weeks.

Findings were recorded as follows;

Mother

Temperature	36.5 C
Pulse	75 beats per minute
Respiration	22 cycles per minute
Blood pressure	110/70 mmHg
Breast	Lactating
Uterus	Contracted
SFH	11cm
Lochia	serosa

Baby

Temperature	36.8℃
Apex beat	139 beat per minute
Respiration	42 cycle per minute
Weight	2.7kg
Suckling	Good
Cord	On and dry

Colour	Pink
Stool	Yellowish

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

4.10 SEVENTH POST NATAL HOME VISIT (EIGHT DAY POST NATAL)

On the 19th of June 2022, Madam Ernestina and family were visited in the morning to access their health. Client permission was sought to perform physical examination and vital signs. The symphysio-fundal height was 8cm on abdominal palpation. On inspection of the vulva it was healthy and the lochia was creamy brown with scanty flow and not offensive. Permission was sought again to examine the baby. The baby was bathed since the cord fell off the previous night and stump examined, it was clean and dry and dressing was done. Findings were recorded as follows;

Baby

Temperature	36.5℃
Respiration	44 cycle per minute
Apex beat	136 beat per minute
Weight	2.8kg
Suckling	Good
Cord	Off
Colour	Pink

Stool	Yellowish
Mother	
Temperature	36.2℃
Pulse	72 beat per minute
Respiration	22 cycle per minute
Blood pressure	100/60 mmHg
Breast	Lactating
Uterus	Contracted
SFH	10cm
Lochia	serosa

All the findings were communicated to the client and her family. They were commended for their cooperation and told it was the last home visit. Madam Ernestina was reminded of her first postnatal visit to the clinic which fell on the 20th of June, 2022. The need for registration of the child at the Births and Deaths Registry was emphasized. Client was encouraged not to hesitate to visit the clinic anytime she has any health problem before the date of appointment. She was advised to continue with exclusive breastfeeding of the baby for six months

Client's husband was encouraged to assist her in the household chores and caring of the baby to ensure adequate rest and sleep. The need for personal and environmental hygiene was given and

Madam Ernestina and family were thanked for their co-operation and support. Permission was sought to leave.

4.11 FIRST POSTNATAL VISIT TO THE CLINIC

Madam Ernestina and her baby arrived at the clinic for postnatal care on the 20th of June, 2022 accompanied by her husband. Client was neatly dressed and looked cheerful. They were welcome and given a comfortable seat. Health educations on nutrition, immunization against preventable childhood diseases and family planning as well as care of the baby were given. Client was asked about her condition and that of the baby and she said they were doing well. Madam Ernestina said her baby was able to feed well and slept well. Madam Ernestina confirmed that baby passed urine and stools regularly.

Permission was sought to examine the baby head to toe. The baby was taken and undressed and then wrapped with a clean cot sheet and placed on a flat surface for the examination in the presence of the mother. Baby's weight was 3.1kg. There were no discharges from the eyes, nose and ears. No discoloration of the mucus membranes, palms, eyes, conjunctiva and feet were observed during inspection. Baby's abdomen was not distended and the umbilical stump was almost healed. The baby's vital signs were checked and recorded as follows;

Temperature - 36.7℃

Weight - 2.8kg

Cord - off

Apex beat - 144 beat per minute

Respiration - 46 cycle per minute

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

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

Temperature - 36.6 ℃

Pulse - 78 beat per minute

Blood pressure - 110/70mmHg

Respiration - 22cycle per minute

Uterus - 10cm

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

On inspection, it was observed that the conjunctiva was not pale, the nose was not discharging. The breasts were soft with no crack or sore on the nipples. There was also no abdominal tenderness and the uterus was 6cm palpable. There was no drainage of Lochia on inspection. After that findings were communicated to her. Madam Ernestina was advised to ensure that the '[;'p[-baby completes the immunization schedule. She was reminded of her second postnatal visit to the clinic. Baby was registered at the Births and Deaths Registry and client was handed over to the midwife in charge for continuity of care.

Client and family were thanked for their co-operation and for helping me to achieve my aim

4.9 SECOND POST-NATAL VISIT TO THE CLINIC

According to the midwife in charge, on the 25th July,2022 client came to the clinic for six weeks visit. They were warmly welcome and they all looked very healthy. General examination was conducted from head to toe as well as vital signs after her permission was given. Her vital signs were checked and recorded as follows:

Temperature	36.6ºC
Pulse	78bpm
Respiration	20cpm
Blood Pressure	110/70mmHg

Madam Ernestina was given a urine sample container to provide midstream urine to be sent to the laboratory for urine analysis to be performed. A sample of blood was also taken to the laboratory for haemoglobin level estimation. The samples were then sent to the laboratory. The results from the Laboratory were as follows;

Haemoglobin	12.8 g/dL
Urine protein	Negative
Glucose	Negative

The results were explained to her and recorded in her card. Head to toe examination was done on her with no abnormalities found. She had not resumed her menses when asked. She was educated on the need to start a family planning method to prevent unwanted pregnancy.

Her baby was also examined from head to toe and no abnormalities were detected. On the head, the anterior fontanelle was palpated for pulsation and it was normal. The posterior fontanelle had closed. Vital signs were checked and recorded as follows:

Temperature	36.9ºC
Respiration	38cpm
Apex heart beat	134bpm
Weight	5.0kg

Madam Ernestina and her baby were handed over to the child welfare clinic and family planning unit for the six weeks immunization against diphtheria, pertussis, tetanus, haemophilus influenza and hepatitis B.

She was encouraged to ask questions but she had none and made no complaints either. She was reminded on exclusive breastfeeding, rest and sleep, exercise and nutritious diet, which would help in lactation. She was finally referred to the public health nurse for continuity of care but report to the facility anytime she encounters any health-related problem. She was thanked for her co-operation and understanding.

4.10 NURSING CARE PLAN DURING PUERPERIUM

PROBLEMS IDENTIFIED

1. 13/06/2022 Lack of knowledge on family planning methods.
2. 14/06/2022 Backache.
3. 14/06/2022 After pains
4. 15/06/2022 Sleeping disturbances.

5. 17/06/2022 slight headache.

SHORT TERM OBJECTIVES

1. Client will gain adequate knowledge on family planning method within 2 hours.
2. Client's backache will reduce within 24 hours.
3. Client's after pain will reduce within 24 hours.
4. Client will have at least six hours sleep within 24 hours.
5. Client's slight headache will reduce within 24 hours.

LONG TERM OBJECTIVES

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

TABLE C NURSING CARE PLAN

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
13/06/22 4:30pm	Knowledge deficit on family planning methods related to inadequate information	Client will gain adequate knowledge on family planning methods within 2 hours as evidenced by client verbalizing that she will make a choice.	1. Reassure client 2. Educate client on family planning methods. 3. Introduce client to different types of family planning methods and help her choose one. 4. Encourage client to practice family planning method. 5. Encourage client to ask questions	1. Client was reassured 2. Client was educated on family planning method during the puerperium 3. Client was introduced to the different types of family planning methods and was helped to choose one. 4. Client was encouraged to practice family planning method. 5. Client was encouraged to ask questions	13/06/22 6:30pm	Goal was fully met as evidenced by client willingness to choose a method.	ES

TABLE C NURSING CARE PLAN

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
14/06/22 7:30am	Backache related to poor feeding and sitting position	Client's backache will reduce within 24 hours as evidenced by client verbalizing a reduction of pain.	1. Reassure client. 2. Explain the causes of the backache to client. 3. Educate client on the proper use of body mechanics and good posture. 4. Educate client to assume correct position during breastfeeding 5. Educate client not to bend down during household chores.	1. Client was reassured that pain will resolve 2. The causes of the backache were explained to client. 3. Client was educated on the proper use of body mechanics and good posturing. 4. Client was educated to straighten with back supported when feeding baby. 5. Client was educated to bend from knees during household chores.	15/06/22 7;30am	Goal was fully met as client verbalized a reduced backache.	ES

TABLE C NURSING CARE PLAN

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES /OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE/TIME	EVALUATION	SIGN
15/06/22 7:30am	Sleep disturbance related to breastfeeding of baby at night	Client will have at least six hours sleep within 24 hours as evidenced by client verbalizing that she was able to sleep adequately	1. Reassure client that adequate measures will put in place to promote sleep. 2. Advice client to change baby's diaper when wet before bed time. 3. Explain the importance of feeding on demand. 4. Explain the need for frequent night feeds. 5. Encourage family support.	1. Client was reassured that adequate measures will be put in place to promote sleep. 2. Client was advised to change baby's diapers whenever wet 3. The importance of feeding baby on demand was explained to her. 4. The needs for frequent feeds at night of baby was explained to mother 5. Husband was encouraged to support client.	16/06/22 7:30 am	Goal was fully met as client said she had adequate sleep.	ES

TABLE C NURSING CARE PLAN

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
14/06/22 7:30am	After pains related to uterine contraction	Client's after pain will reduce within 24 hours as evidenced by client verbalizing a reduction in pain	1. Reassure client. 2. Explain the cause of pain to allay anxiety 3. Encourage client to urinate regularly. 4. Encourage client to feed baby on demand. 5. Serve analgesics as prescribed.	1. Client was reassured that pain is temporary 2. She was told it was due to uterine contraction. 3. Client was encouraged to urinate at least every two hours. 4. Client was encouraged to feed baby at least every 2 to 3 hours or frequently as demanded by baby. 5. Client was served with paracetamol as prescribed.	15/06/22 7:30am	Goal was fully met as client verbalized a reduction in pain.	ES

TABLE C NURSING CARE PLAN

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
17/06/22 8:00am	Slight headache related to inadequate sleep pattern	Client's slight headache will reduce within 24 hours as evidenced by client verbalizing that the pain has reduced	1. Reassure client to allay anxiety 2. Explain the cause of the slight headache to the client. 3. Asked husband to assist client in the care of the baby. 4. Encourage client to have enough rest 5. Ensure client get enough rest and sleep.	1. Client was reassured to ally anxiety 2. The cause of headache was explained to her. 3. husband was asked to assist client in the care of the baby. 4. Client was encouraged to have enough rest 5.Enough rest and sleep was ensured.	18/06/22 8:00 am	Goal was fully met as client verbalized a reduction of her slight headache.	ES

SUMMARY AND CONCLUSION

This script is a family centered maternity care given to Madam Ataa 20-year-old gravid 3 Para 2 alive. Client hails from Dadiesoaba and lives at Dadiesoaba. She was first met at the Antenatal clinic on the 1st June, 2022 at the Dadiesoaba health center, when she was 37weeks+5dayspregnant. Various observations and examination including laboratory investigations were carried out to aid in the progress of normal pregnancy.

She experienced some minor disorders which were managed successfully. Madam Ataa labour and delivery were carefully managed without any complications and she delivered an alive 2.8 kg female infant on the 13th of June, 2022, at Dadiesoaba health center.

She went through puerperium successfully where both mother and baby were finally handed over to the Public Health Nurse at Dadiesoaba health center on the 25th of July, 2022, for continuity of care.

This family centered maternity care given to Madam Ernestina has enabled me gain much experience about the importance of proper client management during pregnancy, labour and puerperium. It has also helped me to improve my skills as a student midwife in planning, interviewing,

implementing, setting objectives and evaluating them to solve client's problems identified. As a result, I will be able to give quality care to every woman who comes under my care.

BIBLIOGRAPHY

Dawn, F. & Sian, E.M.P. (2005). *Blackwell's nursing dictionary* (2nd ed.). London: Blackwell publishing limited.

Fraser, D.M. & Cooper, M.A. (2009). *Myles* textbook *for midwives* (15th ed.). London: Churchill Livingstone

Korah, S.B. (2002). *B.I Churchill's Handbook of Midwifery*, Reprinted Ed. B.I Churchill Livingstone Pvt Ltd, New Delhi.

Oduro – Kwarteng, V. (2012*).Obstetric nursing (2nd ed.),* Kumasi: Robee printing press.

Ojo, O.A., & Briggs, E.B. (1982). *A Text book for Midwives in the Trophies* (2nd ed.), London: Edward Arnold

Tiran, D. (2008). *Baillie's Midwives Dictionary* (11th ed.), London: Bailliere's Tindal

APPENDIX I

TABLE G ANTENATAL PROGRESS RECORD

Date	**Temperature (oc)**	**WT (Kg)**	**BP. (mmHg)**	**Urine** **Protein** **Glucose**	**Gestational Age in Weeks**	**Fundal height (CM)**	**Presentation**	**Descent**	**Fetal Heart Rate (Bpm)**	**Routine medication**	**Complain, Treatment and Advise**	**Name & signature**
28/10/21	36.5	59	103/59	Negative / Negative	6+6	NP	_	_	+	Routine drugs x30 days	Nausea and vomiting.	RB
25/11/21	36.7	58	110/68	Negative / Negative	10+6	NP	_	_	+	Routine drugs x30 days	No complains.	JG
28/12/21	36.8	59.5	120/70	Negative / Negative	15+4D	12	_	_	+	Routine drugs x30 days	Feels well	DA
31/01/22	36.5	61.5	100/60	Negative / Negative	20+3	19	Cephalic	_	134	Routine drugs x30 days	Waist pain.	AO
01/03/22	37.0	61	110/60	Negative / Negative	25+3	22	Cephalic	5/5th	136	Routine drugs x30 days	Feels well	AO
16/04/22	36.4	63	100/60	Negative / Negative	32	30	Cephalic	5/5th	138	Routine drugs x30 days	Waist pain & heart burns	CD

Date	Temperature (oc)	WT (Kg)	BP. (mmHg)	Urine	Gestational Age in Weeks	Fundal height (CM)	Presentation	Descent	Fetal Heart Rate (Bpm)	Routine medication	Complain, Treatment and Advise	Name & signature
01/06/22	36.3	63	110/60	Negative Negative	37+5	34	Cephalic	5/5th	136	Routine drugs x7 days	Headache Tab. Paracetamol 1g x 3days.	ES
08/06/22	36.2	65	100/60	Negative Negative	38+5	35	Cephalic	5/5th	134	Routine drugs x7 days	Backache	ES

TABLE D: PHARMACOLOGY OF DRUGS

DRUG	CLASSIFICA -TION	DOSAGE OF DRUG	ROUTE	ACTION AND USES	SIDE EFFECTS OF DRUGS	REMARKS
Tablet Fersolate	Vitamin preparation	200 mg daily X 30 days	Oral	1. Helps in the formation of red blood cells. 2. Supplement the iron of the body. 3. Used in the treatment of iron deficiency anemia.	1. Gastro intestinal upset and black tarry stool. 2.Nausea	1. Hemoglobin level increased. 2. Black tarry stool noticed.
Tablet Folic Acid.	Vitamin preparation	5 mg daily x 30 days	Oral	1. Helps in the formation of red blood cells. 2. Prevents neural tube defect. 3. Treatment for iron deficiency anemia.	1. Gastro intestinal upset. 2. Nausea.	1. Hemoglobin level increased. 2. No reactions observed.
Tablet Multivite	Vitamin preparation	5 mg 2 daily x 14 days	Oral	1. Improvement of appetite. 2. Helps in red blood cell and bone tissue formation.	Nausea and vomiting.	No reaction observed
Tablet Vitamin B Complex	Vitamin preparation	200 mg 3 x daily x 7 days	Oral	Helps in metabolism of carbohydrate, protein and fat.	Abdominal discomfort.	No reaction.

DRUG	CLASSIFICA -TION	DOSAGE OF DRUG	ROUTE	ACTION AND USES	SIDE EFFECTS OF DRUGS	REMARKS
Capsule amoxicillin	Antibiotic	500mg tds x 7 days	Oral	Treatment of infection.	Gastrointestinal upset.	No reactions observed.
Tablet paracetamol	Antipyretic and analgesic.	500 mg x 3 daily x 5 days.	Oral	1. Alleviates pain. 2. Reduce body temperature.	Prolong usage may damage the liver.	No reactions observed.
Injection Oxytocin	Oxytoxic drug	5 – 10 units	Intramuscular on the thigh.	Stimulates uterine contractions, controls bleeding, used for induction and augmentation of labour.	Uterine rupture if overdose is given. Nausea and vomiting.	None observed.
Polio 0	Vaccine	2 drops	Oral	Stimulate production antibodies against poliomyelitis.	Nausea	No side effect observed.
Tablet Sulphadoxine pyrimethamine-ne	Antimalaria	3 tablets stat at 16 weeks or quickening, repeat every 4 weeks till delivery	Oral	1. Therapeutic and prophylactic actions against malaria. 2.Attacks different stages of development of the malaria parasites 3. Maintains cidal serum	Vomiting, nausea, drowsiness and stomachache	None observed

PHARMACOLOGY OF DRUGS FOR THE BABY

NAME OF DRUG	CLASSIFICATION	DOSAGE	ROUTE	ACTION AND USES	ACTUAL EFFECT	SIDE EFFECT	SIDE EFFECT EXPERIENCED
Vitamin k	Group K vitamin	1ml	Intramuscular	Production of prothrombin	Prevented bleeding	Bleeding prevented	None observed
Chloramphenicol eye drop	Antibiotics	2-3drops	Instillation	To prevent eye infection	Eye was not infected	Increase risk of aplastic anaemia	No side effect observed
Injection Bacillus Calmette Guerin	Antigen	0.05 ml	Intradermal	Production of antibodies to prevent tuberculosis	Under observation	Blister formation, slight fever and pain	Blister formation
Polio vaccine	Antigen	2 drops	Oral	Production of antibodies to prevent poliomyelitis	Under observation	There may be diarrhea	None observed

PHARMACOLOGY OF DRUGS FOR THE BABY CONTINUED

NAME OF DRUG	CLASSIFICATION	DOSAGE	ROUTE	ACTION AND USES	ACTUAL EFFECT	SIDE EFFECT	SIDE EFFECT EXPERIENCED
Pneumococcal 1	Antigen	0.5 ml	Intramuscular right thigh	Vaccinates neonate against pneumonia	Under observation	Redness at the sight of injection and fever.	None observed
Pentavalent 1 (5 in 1)	Antigen	0.5 ml	Intramuscular left thigh	Vaccinates neonate against diphtheria, pertussis (whooping cough), tetanus, hepatitis B, heamophilus influenza B	Under observation	Low grade fever	None observed
Rotavac	Antigen	5 drops	Oral	Prevention of gastroenteritis	Under observation	None	None

APPENDIX II

TABLE F

LABORATORY INVESTIGATION

DATE	SPECIMEN	INVESTIGATION TYPE	FINDINGS	REMARK
05/11/21	Blood	Groupings	O	Normal
		Rhesus factor	(D) positive	Normal
		Haemoglobin level (Hb)	14.3 g/dl	Normal
		Hepatitis B (HBsAg)	Negative	Normal
		Sickling	Negative	Normal
		VDRL	Negative	Normal
		Glucose 6 phosphate dehydrogenase (G6PD)	No defect	Normal
		HIV Status	Negative	Normal
	Urine	Protein	Negative	Normal
		Glucose	Negative	Normal
	Stool	Worm infestation	Negative	Normal
13/12/21	Urine	Protein/glucose	Negative/negative	Normal
03/01/22	Urine	Protein/glucose	Negative/negative	Normal
Date	**Specimen**	**Investigation type**	**Findings**	**Remark**
31/01/22	Urine	Protein/glucose	Negative/negative	Normal
01/03/22	Urine	Protein/glucose	Negative/negative	Normal
16/04/22	Blood	Haemoglobin level (HB)	10.6g/dl	Low
		Hepatitis B (HBsAg)	None reactive	Normal
		PMTCT	None reactive	Normal
	Urine	Protein /glucose	Negative /negative	Normal
14/05/22	Blood	Haemoglobin level	10.9 g/dl	Low
	Urine	Protein /glucose	Negative /negative	Normal
01/06/22	Blood	Haemoglobin level	11.5g/dl	Normal
	Urine	Protein /glucose	Negative /negative	Normal

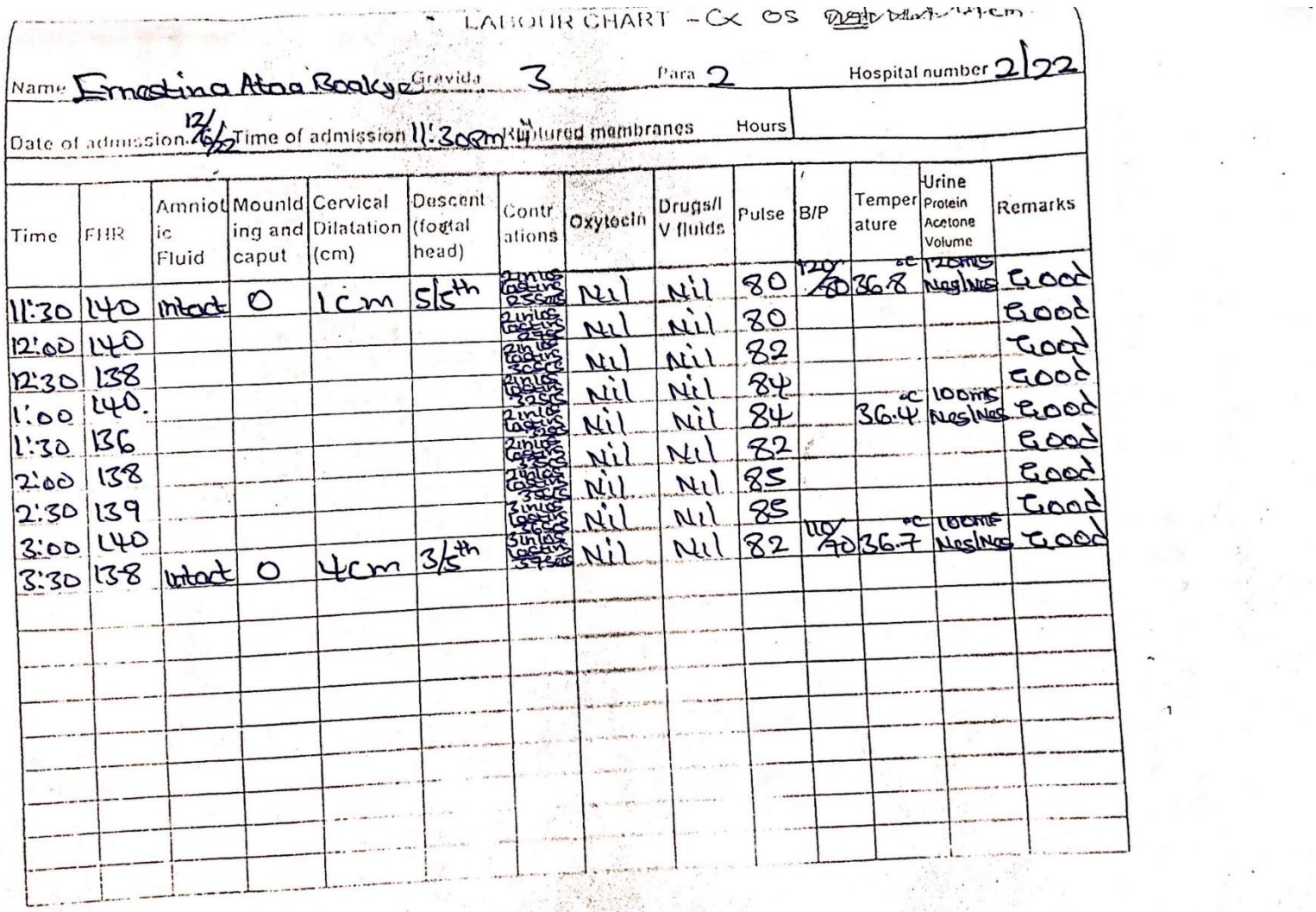
INSECTICIDE TREATED NET (ITN)			DATE SUPPLIED ……...			
INTERMITTENT PREVENTIVE TREATMENT (IPT) FOR MALARIA	1ST DOSE SP*3TABS DIRECTELY OBSERVED TGHERAPY 03/01/22	GESTATIONAL AGE IN WEEKS 16+3	2ND DOSE (1 MONTH) AFTER 1ST DOSE DIRECTELY OBSERVED TGHERAPY 31/01/22	GESTATIONAL AGE IN WEEKS 20+3	3RD DOSE (1 MONTH) AFTER 2ND DOSE DIRECTELY OBSERVED TGHERAPY 01/03/22	GESTATIONAL AGE IN WEEKS 25+3

TETANUS IMMUNISATION	PREVIOUS TT		CURRENT TT	
	☐ Yes	✓ ☐ NO	DATE 13/12/21	DATE……

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

16/04/22 4th dose of SP was taken at 32 weeks

01/06/22 5th dose of SP was taken at 37 weeks+5days



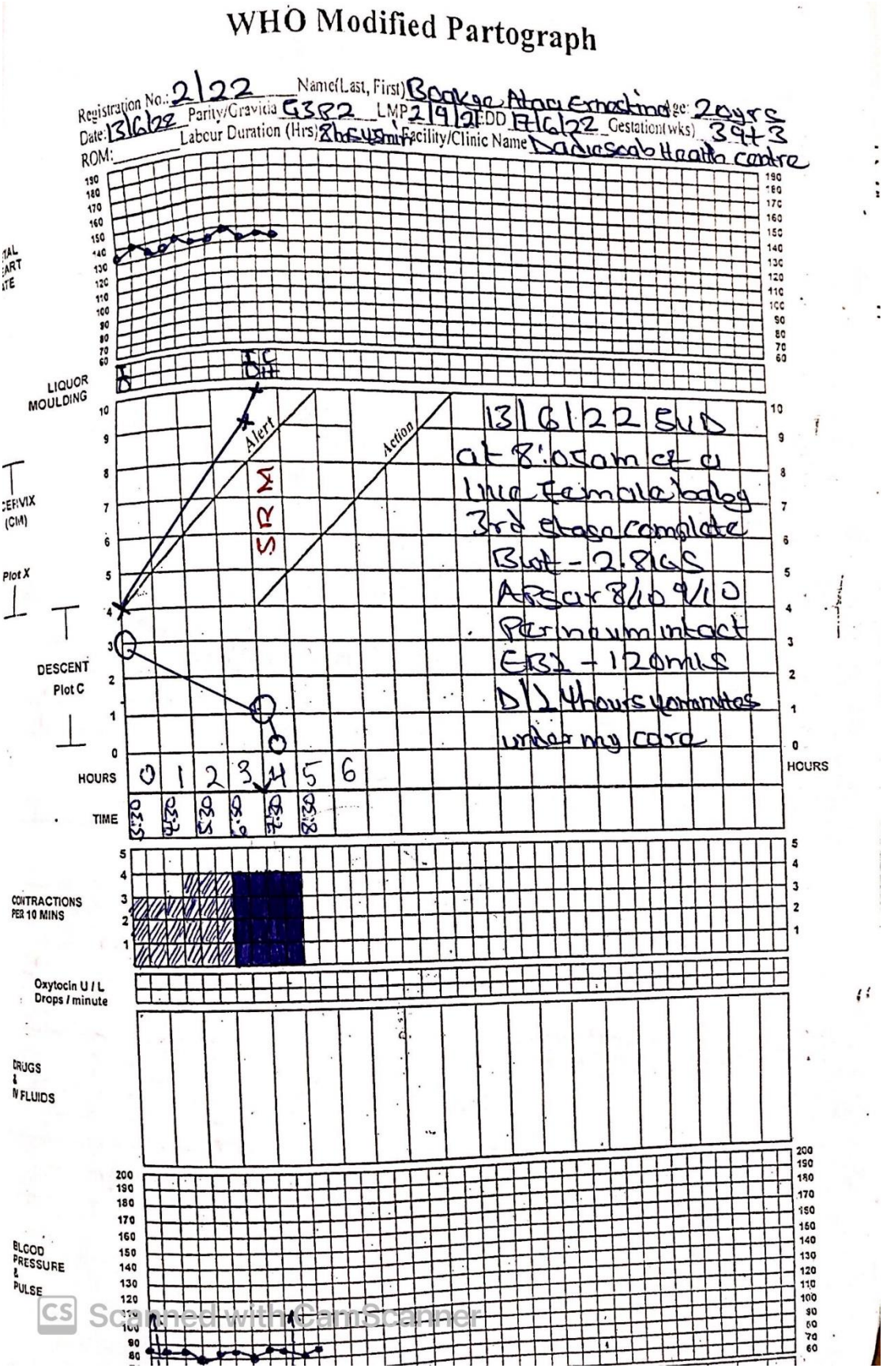
LABOUR CHART – CX OS

Name Ernestina Afua Boakye Gravida 3 Para 2 Hospital number 2122

Date of admission 12/6/22 Time of admission 11:30pm Ruptured membranes Hours

Time	FHR	Amniotic Fluid	Mounlding and caput	Cervical Dilatation (cm)	Descent (foetal head)	Contractions	Oxytocin	Drugs/IV fluids	Pulse	B/P	Temperature	Urine Protein Acetone Volume	Remarks
11:30	140	Intact	0	1cm	5/5th	2in10 20secs	Nil	Nil	80	120/80	36.8 °C	120mls Neg/Neg	Good
12:00	140					2in10 20secs	Nil	Nil	80				Good
12:30	138					2in10 30secs	Nil	Nil	82				Good
1:00	140.					2in10 30secs	Nil	Nil	84		36.4 °C	100mls Neg/Neg	Good
1:30	136					2in10 30secs	Nil	Nil	84				Good
2:00	138					2in10 30secs	Nil	Nil	82				Good
2:30	139					3in10 30secs	Nil	Nil	85				Good
3:00	140					3in10 30secs	Nil	Nil	85				Good
3:30	138	Intact	0	4cm	3/5th	3in10 30secs	Nil	Nil	82	110/90	36.7 °C	100mls Neg/Neg	Good

WHO Modified Partograph



LABOR NOTES

At exactly 8:05am Client had SVD to a live female baby, Apgar 8|10 9|10, uterus palpated to rule out undiagnosed 2nd twin. After which oxytocin 10units given to client. Placenta and membranes delivered complete, uterus massaged to expel clots, EBL - 120mls, HR 84, FDP 49cm, Bld 2.8lbs, perineum intact. Baby and mother made comfortable in bed. Breast feeding initiated.

Please circle or write responses.

DELIVERY

DATE: 13/6/22 TIME: 8:05am METHOD: (Spontaneous) / Vacuum Extraction / C/S / Other

PERINEUM: (Intact) / Episiotomy / Laceration

ANESTHESIA: (None) / Local / General

THIRD STAGE

Active Management: (Yes) / No Medication: Time 8:06am Type/Dose Oxytocin 10units

PLACENTA: TIME: 8:10am (Complete) / Incomplete

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

BABY

Weight: 2.8lbs

Sex: Male / (Female)

Baby Position: (Vertex) / Breech / Other

APGAR

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

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

FOURTH STAGE MONITORING

Frequency	Time	B/P.	Pulse	Fundus	Bleeding	Bladder
Every 15 minutes first 2 hours	8:25	120/80	78bpm	17cm	120mls	
	8:40	120/80	78bpm	17cm		120mls
	8:55	120/80	78bpm	1	1	
	9:10	110/70	82bpm	1	1	1
	9:25	110/70	82bpm	1	1	1
	9:40	110/70	78bpm	1	1	1
	9:55	110/70	86bpm	1	1	1
	10:10	110/70	82bpm	1	1	1
Every 30 minutes For 1 hour	10:40	100/60	82bpm	1	1	1
	11:10	100/60	80bpm	1	1	1

Birth Attendant _____ Date _____

MATERNITY CHART

NAME: Ernestina Ataa Baakye

AGE: 20yrs WARD: Dying

NO.: 2122 BED NO.:

Date	13/6/22	14/6/22	15/6/22	16/6/22	17/6/22	18/6/22	19/6/22	20/6/22
Days in Hospital	DOD	D1	D2	D3	D4	D5	D6	D7
Days P, O,								
Hour AM	8:30	7:30	7:30	7:30	8:00	7:30	7:30	8:00
PM	2:pm							

Temperature

C F

41.1° 106°
40.5° 105°
40.0° 104°
39.4° 103°
38.8° 102°
38.3° 101°
37.5° 100°
37.0° 99°
36.5° 98°
36.0° 97°
35.5° 96°
35.0° 95°

Key
Temperature
Symphysio Fundal height

Scale
1cm: 1unit

Pulse

78	78	76	80	70	78	76	75	78
20	20	20	20	20	20	20	20	20
Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass
110/70	110/70	90/60	110/70	100/60	110/70	110/70	110/70	110/70

NEW BORN EXAMINATION FORM

me: Baby Adwoa Boakye Date of Assessment: 13/6/22 Time: 2:00pm
e of Birth: 13/6/22 Time of Birth: 8:05am Sex: ☐ M ☑ F Age at time of Assessment (days/hrs) 6hours
ational Age: 39+3 ☐ Mode of Delivery: ☑ Vaginal Assisted Vaginal C-Section
APGAR: 1min 8/10 5min ☐ 9/10 Birth Weight: ☐ 2.8kg ☐ Length: 49 cm Head Circumference: 34 cm
mperature at time of Assessment: 36.7 °C Urine passed: Yes No Meconium passed: Yes No
me of Assessor (Midwife/Doctor): Emelia Saim (Student midwife)

Respiration
2:46pm
☐ Rate < 30 b/m *
☐ Rate < 60 b/m *
☐ 30-60 b/m
☐ Retractions *
☐ Grunting *
☐ Stridor *

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

Tone
☐ Normal
☐ Floppy *
☐ Increased *

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

Cord
☐ Normal
☐ Red. draining pus
☐ Bleeding

Cry
☐ Normal
☐ Thrill *
☐ Absent *

7. Suck
☑ Good
☐ Weak
☐ Absent

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

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

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

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

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

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

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

16. Clavicle
☑ Normal
☐ Swelling/Fracture

17. Chest
☑ Normal (Shape/movement)
☐ Abnormal_____

18. Heart rate
Rate: 144bpm
☑ Normal (100-160)
☐ <100 *
☐ >160*

19. Femoral pulse
☑ Present
☐ Not palpable*

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

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

22. Limbs
☑ Normal
☐ Abnormal_____

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

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

24. Anus
☑ Patent
☐ Imperforate*

25. Resuscitation provided
☑ None
☐ Suction/stimulation
☐ Bag and mask
☐ Endotracheal Tube
☐ Ventilator/CPAP

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

ly indicate severe disease that requires urgent referral
ments (if known)
luation: (Overall assessment) [✓] Normal [ ] Baby With Problem [ ] Danger Sign/ <1500g/ severe Jaundice
[ ] Routine Care [ ]Problem. Continue supportive in-patient care [ ] Urgent Referral / Advanced Care [ ] Discharge

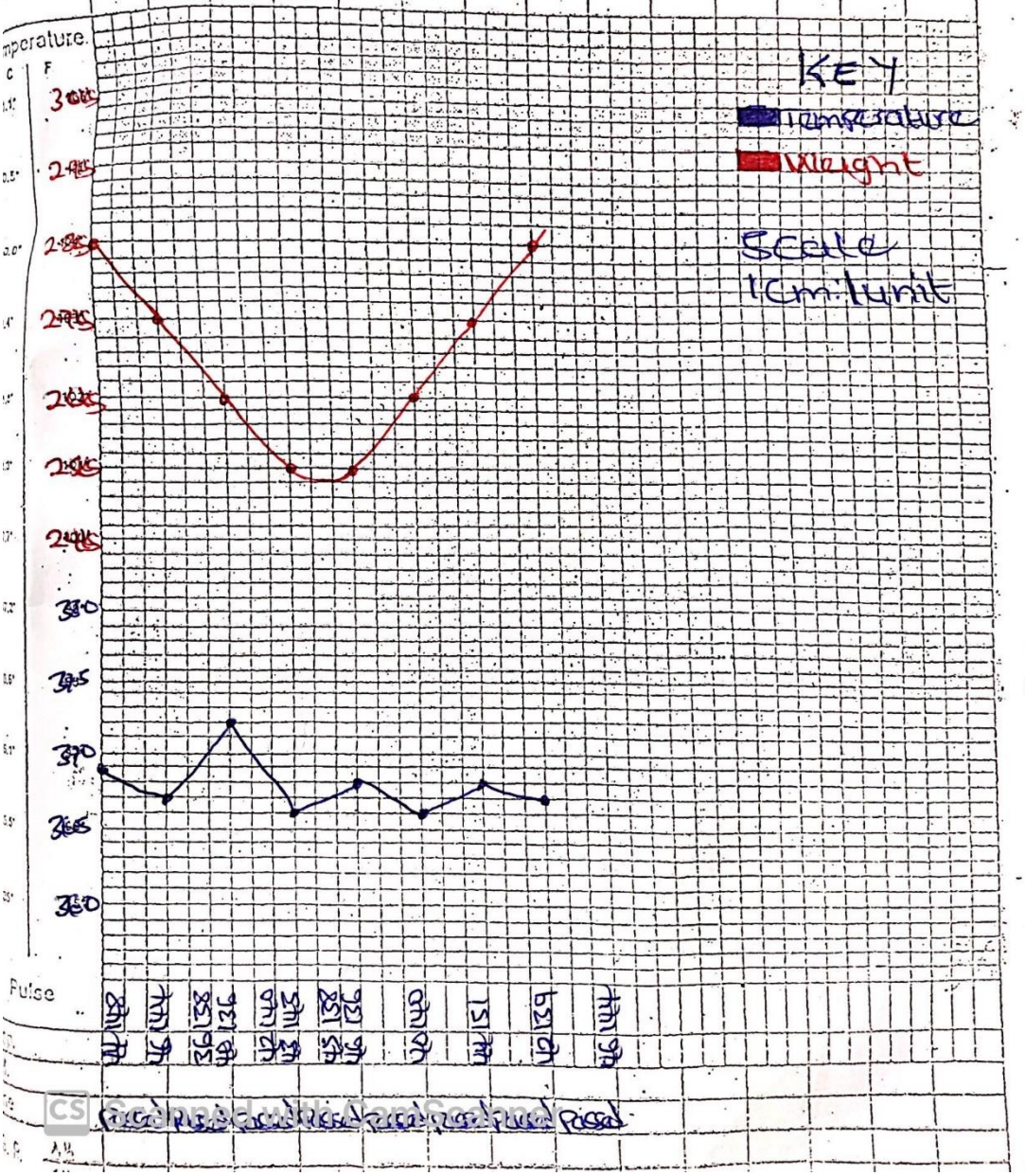
TEMPERATURE CHART

Baby Adwoa Boakye

Newborn WARD: Lying in

BED NO.: —

	13/6/22	14/6/22	15/6/22	16/6/22	17/6/22	18/6/22	19/6/22	20/6/22
Date of Admission/Hospital	DOB	D1	D2	D3	D4	D5	D6	D7
Hour of P.O. AM	8:30	7:30	7:30	8:00	8:00	7:30	7:30	8:00
Hour of P.O. PM	2:pm							



NEW BORN CHART

Name: Baby Adwoa Boakye No: ..... Birth Weight: 2.8kgs

Sex: Female ..... Mother's No: 2122 ..... Length: 49 c.m

Nature of Delivery: Spontaneous Vaginal Delivery ..... Diagnosis: Healthy Term baby

Date of Birth: 13/06/2022 ..... Time: 8:05 a.m ..... Date of Discharge: 13/6/22

Date	13/6/22		14/6/22		15/6/22		16/6/22		17/6/22		18/6/22		19/6/22		20/6/22							
No. of Days	DOD		D1		D2		D3		D4		D5		D6		D7							
Weight																						
Temperature	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
	36.9°C	36.8°C	36.7°C	36.6°C	37.2°C	36.9°C	36.6°C	37.1°C	36.8°C		36.6°C		36.8°C		36.7°C							
Stools	Passed	Passed	Passed	Passed	Passed	Passed	Passed	Passed	Passed		Passed		Passed		Passed							
Urine	Passed	Passed	Passed	Passed	Passed	Passed	Passed	Passed	Passed		Passed		Passed		Passed							

Remarks: Head, Neck, Trunc → No Abnormalities detected.

SIGNATORIES

THE STUDENT MIDWIFE

NAME: SAIM EMELIA

SIGNATURE: .....

DATE: 10TH OCTOBER, 2022

THE MIDWIFE IN CHARGE DADIESOABA HEALTH CENTRE.

NAME: MS. REGINA BOAMAH

SIGNATURE: .....

DATE: 11TH OCTOBER, 2022.

THE SUPERVISOR

NAME: MS. MARTHA KYEREMAA

SIGNATURE: .....

DATE: 11TH OCTOBER, 2022

NAME OF HEAD OF INSTITUTION

NAME: MS MONICA NKRUMAH

SIGNATURE.....

DATE.12TH OCTOBER, 2022

ACADEMIC CO-ORDINATOR-NURSING
HOLY FAMILY NURSING & MIDWIFERY