HOLY FAMILY NURSING AND MIDWIFERY TRAINING COLLEGE

BEREKUM

A CLIENT/FAMILY CENTERED MATERNITY CARE STUDY ON

MADAM ESTHER KONAMA

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PREFACE

Client/Family centered maternity care study is a systematic way of administering midwifery care to a pregnant woman and her family throughout pregnancy, labour and puerperium. The Client/ Family Centered Maternity care study also helps the student midwife to use new trends in midwifery like the partograph which is recommended and tested by the World Health Organization (WHO) in the management of labour.

The active management of third stage of labour was also introduced to limit the occurrences of postpartum hemorrhage.

The Client/Family centered maternity care study helps the student midwife to put into practice the Safe Motherhood initiative which has been adopted in order to help reduce the maternal mortality among pregnant women to improve the quality of health care through antenatal, labour and postnatal periods.

The Client/Family centered care study is a required study that every final year student of Registered Midwifery programme is supposed to undertake to satisfy the Nursing and Midwifery Council to help contribute to the award of professional certificate in Registered Midwifery. To achieve these aims, the client, family and the community are all involved in the preparation towards the newborn. It is also necessary to establish good rapport, use a holistic care approach so that client's problems and minor disorders are solved through education, counseling and early measures taken to prevent complication.

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To all whose contribution in diverse ways have made this care study possible, may the Lord richly reward them.

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INTRODUCTION

The Client/ Family centered maternity care study was carried out on Madam Esther Konama, 24 years old, Gravida 3 Para 2, who was nursed during the community midwifery practical experience at Jinijini Health Center during pregnancy, labour and puerperium. Madam Esther Konama was first met on the 7 November, 2022 when she came for antenatal follow up. She was in good health. Introduction was made to client and permission was sought if she could be used for the study which she accepted without reluctance. She was visited at home to assess her environment and community in which she lives. For the purpose of this study, Madam Esther Konama will be used throughout the study.

Madam Esther Konama's problems identified during pregnancy, labour and puerperium were managed by the use of the nursing process. She delivered a healthy baby boy safely and managed properly during puerperium without any complication.

There are four (4) chapters outlined in this script that helped in caring for the mother and the baby. Chapter One talks about client's particulars and various histories. Chapter Two; outlines the care given to the client during antenatal period and home visits made to her residence. Chapter Three**;** is the care given to the client during labour and its management. Chapter Four**;** entails the care given to client during puerperium.

The various histories taken and care given to client is to establish rapport and mutual relationship between the client and family so that client can voice out her sentiments without restraint and go through her pregnancy, labour and puerperium safely without complication.

A care plan was drawn to identify problems and management given with the use of nursing process at the end of each chapter. Summary and conclusion, bibliography, signatories as well as various

appendices like antenatal records, laboratory records, postnatal and pharmacology of drugs are all included.

LITERATURE REVIEW

PREGNANCY

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

This book went on further to say that the aim of antenatal care is to monitor the progress of pregnancy optimize maternal and fetal health. To achieve this, the midwife critically evaluates the physical, psychological and sociological effects of pregnancy on the woman and her family. The key principles of antenatal care by the midwife:

1. Providing a holistic approach to the woman' care that meets her individual needs.
2. Recognizing complications of pregnancy and appropriately referring women to the obstetric team or relevant health professionals or other organizations.
3. Facilitating the woman and her family in preparing to meet the demands of birth, and making a birth plan.
4. Offering parenthood education within a planned programme or on an individual basis.

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

Myles (2014) states that as soon as pregnancy is confirmed, many physiological changes take place in the body and return to its pre-pregnant state during puerperium due to the effect of certain hormones namely estrogen and progesterone. These hormones are responsible for the major changes that takes place during pregnancy. Even though these hormones have their own effects by causing the minor disorders that occur during pregnancy, they are one way or the other an advantage for the mother and the growing fetus since the fetus depends solely on the mother for survival when in utero. According to Myles (2014) variety of care that are rendered to the expectant mothers and their entire families include history taking, physical examination (head to examination and abdominal examination i.e. inspection , palpation and auscultation),laboratory investigation(urine, blood and stool),administration of routine drugs(folic acid, ferrous sulphate and multivitamins).According to Myles (2014),the anatomical and physiological change in the uterus plays an essential role in pregnancy by protecting and supporting the fetus, placenta and amniotic fluid. At the time of labour it is able to contract regularly and forcibly to expel the fetus due to its unique properties of contractility and elasticity.

Tiran (2008) stated that, Pregnancy is the condition of having a developing embryo or fetus within the body. It is the state from conception to the delivery of the fetus. The normal duration is about two hundred and eighty (280) days, forty (40) weeks or nine (9) months seven (7) days counted from the first day of the last normal menstrual period to delivery. Tiran stated during this period, physiological and psychological changes occur due to the effect estrogen and progesterone which provide nutritive and protective environment for the developing embryo and also prepare the breast for lactation.

Konar(2013) defined pregnancy as the development of growing foetus in uterus. Konar further explains that the duration of pregnancy has traditionally been calculated by the clinician in terms

of 10 lunar months or 9 calendar months and 7days or 280 days or 40wks calculated from first day of the last menstrual period. This is called menstrual or gestational age. He further explains that the period of pregnancy is divided into 3 sets of months. The first 3months is known as first trimester (conception to first 12wks). The next 3 months following the first is the second trimester (13- 28wks) while the last 3 months is known as the 3rd trimester (29-40 wks.).

LABOUR

According to Myles (2014) stated that, labour purely is the physical sense, may be described as the process by which the foetus, placenta and membranes are expelled through the birth canal. Labour has four stages. Stage one compromises of latent phase and may be last 6 to 8 hours in prim gravida when the cervix dilates from 1cm to 4cm. The active phase within the first stage is when the cervix usually undergoes more rapid dilatation. This begins when the cervix is 4cm dilated and in the presence of rhythmic contractions, progressively dilates to 10cm or full dilatation, second stage of labour is the expulsion of the foetus. It begins when the cervix is fully dilated and the woman has the urge to expel the baby. There is stretching of the clitoris, gaping of the anus and bulging of the perineum. Labour completes when baby is born. In multigravida women, it last 15-30 minutes whiles in prim gravida women. The fourth stage is a period of careful observation of the mother made to assess excessive bleeding and the firmness of the contracting uterus immediately after the third stage of labour and it last six hours after delivery of the placenta.

According to Marie (2013) defined labour as a series of events that takes place in the genital organs in effort to expel the viable products of conception out of the womb through the vagina into the outer world. Labour is called normal if it fulfills the following criteria;

1. Spontaneous in onset
2. with vertex presentation

3. without undue prolongation

4. Natural termination with minimal aids

5. Without having any complication affecting the health of the mother and/ or the baby

The features of true labour signs are:

1. Painful uterine contraction at regular intervals
2. Appearance of bloody slimy fluid ‘’Show’’
3. Progressive effacement and dilatation of the cervix
4. Formation of the’’ bag of waters’’

The events of labour are divided into four stages; first, second, third and fourth stage. First stage starts from the onset of true labour pain and ends with full dilatation of the cervix. Its average duration is 6 hours in multipara. Second stage starts from full dilatation of the cervix and ends with expulsion of the foetus from the birth canal. Third stage begins after the expulsion of foetus and ends with the expulsion of the placenta and membranes (afterbirth). Average duration is about 15 minutes in both multi and prim gravida. Fourth stage is the stage of observation after expulsion of the afterbirth. Four factors are significant in the process of labour; that is the pelvis, passenger, powers and psyche. These are known as the four P’s.

According to Marshall and Raynor (2014) stated that the onset of labour is a process; not an event; therefore, it is very difficult to identify exactly when the painless (sometimes painful) contraction of pre labour develop into progressive rhythmic contractions of established labour. Diagnosing the onset of labour is extremely important, since it is on basis of this finding that decisions are made that will affect the intrapartum care and support subsequently. Konar (2013) defined labour as series of events that takes place in the genital organs in an effort to expel the viable products of conception out of the womb through the vagina into the outer world. The onset of labour is

determined by a complex interaction of maternal and fetal hormones and is not fully understood. It would appear to be multifactorial in origin, being a combination of hormonal and mechanical factors. Levels of maternal estrogen rise sharply during the last weeks of pregnancy, resulting in changes that overcome the inhibiting effects of progesterone. High levels of estrogen cause uterine muscle fibres to display oxytoxic receptors and form gap junctions with each other. Estrogen also stimulates the placenta to release prostaglandins that induce a production of enzymes that will digest collagen in the cervix, helping it to soften.

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

Tiran (2008) defined labour as the process by which product of conception are expelled from the uterus through the birth canal. She continued that labour normally occurs spontaneously at term that is between 38 and 42 weeks of pregnancy. The fetus should present with vertex and once started, the contractions should increase in strength and frequency without interruption or artificial stimulation until baby, placenta and membranes have completely expelled by the maternal effort through the vagina.

Labour, according to Frazer and Copper (2009) is a process by which the fetus, placenta and membranes are expelled through the birth canal and this labour is divided into four stages; the first stage of labour is the period of onset of regular uterine contraction till full dilatation of the cervical os and it last 12-14 hours in the prim gravida woman and 6-12 hours in the multiparous woman. The second stage of labour is from the full dilatation of the cervical is which is 10cm 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 hemorrhage. It usually last within 5-15 minutes after the birth of the infant. The fourth stage of labour is the six hours' vigilant observation of the mother and the baby. It also deals with the establishment of lactation and detection of abnormalities and any complication in both mother and baby.

PUERPERIUM

Marshall and Raynor (2014) stated that puerperium starts immediately after the delivery of the placenta membrane and continues for six (6) weeks. In many cultures around the world 40 days for recuperation is a time-honored practice. The general expectation is that by six weeks after birth all the systems in a woman's body will have recovered sufficiently from the effects of the pregnancy and recovered to their non-pregnancy state.

Ojoand Briggs (2006) stated that puerperium is a period of six weeks of delivery when the uterus and other organs of the reproductive system return to its pre pregnant state. During puerperium, the puerperal woman regains her strength that was lost during labour. During this period, care of the new born baby and lactation are established. According to Marie (2013) puerperium is the period following childbirth during which the body tissues, especially the pelvic organs revert back approximately to the pre-pregnant state both anatomically and physiologically. The period is divided into;

1. Immediate –within 24 hours
2. Early- up to 7 days
3. Remote –up to 6 weeks
4. Immediately following delivery, the uterus becomes firmer and retracted with alternating hardening and softening. At the end of 6 weeks, its measurement is almost similar to that of the non-pregnant state and it weighs 60 grams. The lower uterine segment becomes thin, flabby and collapsed structure. The cervix contracts slowly; the external os admits to fingers for the few days but by the end of the first week, narrows down to admit the tip of a finger only. The external os never revert back to the nulliparous state. Marie Elizabeth further explains that during puerperium the number of muscle fibers is not decreased but there is substantial reduction in the myometrium cell size. The arteries are constricted by contraction of its wall and thickening of the intima followed by thrombosis. New blood cells grow in the thrombi. Soon after birth it takes a long time (4 to 8) for the vagina to involute. The vaginal discharge for the first fortnight during puerperium is the lochia. The lochia originates from the uterine body, cervix and vagina. Depending upon the variation of the color of the discharge it is named as:

1. Lochia rubra (red) 1 -4 days.
2. Lochia serosa (yellowish or pink or pale brownish) 5- 9 days.
3. Lochia alba (pale white) 10 -15 days.

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

With all definitions and changes it can be deduced that puerperium is the period from birth to 6 weeks of delivery.

Varney's **(**2014) defined puerperium as when there is a delivery of the placenta and membranes, and when the woman begins the physiologic transition to the non-pregnant state lasting for 6 weeks. By the 6 weeks most women have completed the last of the physiologic transitions; uterine involution is complete, lochia has ceased and laceration is well established.

Ojo and Briggs (2006), described labour as the painful, rhythmic uterine contractions. Labour is divided into four stages for descriptive purposes. The first stage of labour is the period from onset of regular rhythmic uterine contraction to full dilatation of the cervical os. It last for 12 to 14 hours in prim gravida and 6 to 12 hours in multigravida. The second stage of labour starts from full dilatation of the cervix to the complete expulsion of the foetus. It last about 1 hour in prim gravida and 5 to 40 minutes in a multigravida. The third stage of labour entails complete expulsion of placenta and its membranes usually within 5 to 15 minutes. The fourth stage of labour is 6 hours after the delivery of the placenta and membranes and close monitoring of the client and baby

Myles (2009) stated that puerperium starts immediately after the delivery of the placenta and membranes and continues for six weeks after which all the system in the woman's body will recover from the effects of pregnancy and return to their non- pregnant state. Myles also strikes the difference between exercise and healthy activity verses rest, relaxation and sleep. Exploring each person's level of activity will encourage advice in relation to appropriate exercise and by

association, nutritional intake and rest or relaxation and sleep. Undertaking regular pelvic floor exercise is of benefit to the woman's long term health.

WHY CLIENT WAS CHOSEN

As required by the Nursing and Midwifery Council of Ghana every student midwife must undertake the client/family centered maternity care study to help contribute to the award of professional certificate in Registered midwifery, the client should fall under the normal criteria, that is; the woman should have delivered at least one and at most three with no complications during pregnancy, labour and puerperium. She should have regular antenatal attendance record and should be a woman whose labour presumably will be uneventful.

Madam Esther Konama G3P2 reported to the antenatal clinic on the 7th November, 2022 and she complained of waist pains. She explained that her previous pregnancy was not like that. Client was educated that it is due to the descent of fetal head into pelvis that is causing the waist pains. Enquiries were made from her after glancing through her Antenatal record book, and she qualified to be used for the study. Opportunity was taken for introduction as a student midwife from Holy Family Nursing and Midwifery Training College, Berekum on Community midwifery practical experience for a period of six weeks. Permission was sought from her if she could be used for the study. She agreed and was told to share her problems.

The midwife in-charge was informed and permission was granted.

CHAPTER ONE

CLIENT'S PROFILE

1.0 INTRODUCTION

This chapter talks about the client and family. It comprises of social, family, medical, surgical, menstrual, lifestyle, past obstetrical and present obstetrical histories.

1.1 PERSONAL AND SOCIAL HISTORY

Madam Esther Konama G3P2AA is a 24years old who was born on 11th may 1997 and stay in a Called Ayimom. She is dark in complexion and her height is 156cm. Madam Esther is married to Mr. Kwaku Osei. Her husband is a driver and she is not working. Client speaks Twi and they live together with their daughters, Hadigail Osei and Princess Osei. She attained school up to Junior high (JHS 3). Madam Esther is a Christian who worships at Bethany. Mr. Osei, her husband is her next of kin.

1.2 FAMILY HISTORY

Madam Esther is the first born of three children, (all girls) who are all surviving to Mr. and Mrs.Aboakye. According to madam Esther, her family has no history of diseases like epilepsy, asthma, hypertension, sickle cell, diabetes, jaundice, heart diseases and mental illness likewise the husband's family. She also has no history of multiple pregnancy and congenital abnormalities such as Downs Syndrome, cleft lip among others. She also added that death has not been recorded in her immediate family, however death among other family members occur naturally.

1.3 MEDICAL HISTORY

Madam Esther has never experienced any serious illness like heart disease, hypertension, sickle-cell disease, diabetes mellitus, jaundice, respiratory disease or any psychiatric disorder such as epilepsy that could lead her to admission to the hospital, but always reported to the outpatient department whenever she has a minor illness. She explained she has no known allergy to any food and has never reacted to any medication given her by a health worker, or environmental hazards like dust, scent of perfume, spices among others. However, she occasionally suffers from malaria and gets treatment at the Jinijini health center. Client has never received any blood transfusion or donated blood.

1.4 SURGICAL HISTORY

Madam Esther said she has not encountered any fracture or injury on any part of her body or any severe cut which has been sutured as a result of road traffic accident or domestic accident. She has never undergone any surgical operation especially on her pelvis that could affect her labour.

1.5 MENSTURAL HISTORY

Madam Esther said she had her menarche when she was 14 years old and her menstrual flow is regular. Client said she normally bleeds for 6 days and indicated that she has a regular cycle of 28 days and the amount of blood loss is moderate with no dysmenorrhea experienced. Her last menstrual period was on the 12th February ,2022 and her expected date of delivery was calculated to be on 19th, November, 2022. She uses soft care sanitary pad during her menses and also, she changes it whenever it is soaked.

1.6 CLIENT'S LIFESTYLE AND HOBBIES

Madam Esther usually goes to bed around 8:30pm and usually wakes up around 4:00am. Right from bed, she cleans her compound and goes ahead to clean her teeth with a toothbrush and a toothpaste, and does same for her children. She brushes her teeth once daily and bath twice in the day. She said she normally takes porridge with bread for breakfast, gari and beans with ripened plantains for lunch and sometime fufu and light soup with meat for supper. After breakfast, she bathes her children and prepares them for school. She also said she goes to farm with her mother sometimes. She visits the toilet in the morning and voids when necessary. She prefers chatting with the people around her or sometimes rest for two hours in the afternoon to reduce stress and strains of pregnancy. After supper, she chats with the family before going to bed. According to the client, she does not take in alcoholic drinks or smoke (Cigarette).

1.7 PAST OBSTETRIC HISTORY

Pregnancy

Madam Esther G3P2A said she has never had either spontaneous or induced abortion. According to her, she carried her previous pregnancies to term without any complications like antepartum hemorrhage, pregnancy induced hypertension or any other complications except minor disorders like lower abdominal pains, and backache that occurred in the latter stages of the pregnancy and were managed. According to her, she took five doses of Sulphadoxine Pyrimethamine (SP) as a prophylaxis that was given to her to prevent malaria, and receive the first, second and third doses of tetanus diphtheria (TD) injection in her previous antenatal, which has been recorded. Madam Esther said intervals between her previous pregnancies were three years.

Labour

Client said all her children were delivered spontaneously per vaginum, one was delivered at the only family hospital and the other at home. According to her, she had no complications like prolonged second stage of labour or maternal distress amongst others. She also said the duration of all her previous labour was 4 hours. Madam Esther further mentioned that she had no history of retained placenta or postpartum hemorrhage in her birth. She said at birth her babies were in good condition and cried immediately after delivery. Client however said her first daughter's weight at birth was 3.0kg and her second daughter's weight was 2.9kg.

Puerperium

According to her, there were no complications like puerperal sepsis and sub-involution. Client said, her babies were able to suck soon after birth and lactation was well established within 3 days of puerperium. She practiced exclusive breastfeeding for six months and continued to breastfeed until her children got two years old before she stopped breastfeeding. She also said she usually introduced sips of water in between feeds when her babies were six months old. Her babies were immunized against the preventable diseases and she registered them with the births and deaths registry at Jinijini Health Center. Client said she has never been on contraceptives to prevent her from getting pregnant but rather she uses the natural family planning that is the fertility awareness. The health condition of her babies was good. Madam Esther also indicated that she had family support when she delivered.

1.8 PRESENT OBSTETRIC HISTORY

According to her antenatal card, Madam Esther reported at the antenatal clinic at Jinijini health center on the 28thMarch, 2022 and her gestational age was 8 weeks. Client said her last normal menstrual period (LMP) was 12th February, 2022 so her expected day of delivery (EDD) was calculated as 19th November ,2022. whiles ultrasound scan expected date of delivery was 12nd November,2022. Her antenatal card revealed that on her first visit, histories were taken, examination and investigations were carried out with her consent and the procedures were explained to her.

Her vital signs were checked and recorded as follows;

Temperature	-	36.5o C
Pulse	-	80bpm
Respiration	-	21cpm
Blood pressure	-	20/60 mmHg.
Weight	-	54.0 kg.
Height	-	156cm

Laboratory investigations requested revealed the following;

Urine R/E	-	No abnormality detected.
Stool R/E	-	No abnormalities detected.
Hemoglobin	-	12.0 g/dl
VDRL	-	Non-reactive.
MPs	-	No MPs seen
Blood group	-	B
Rhesus factor	-	Positive

HIV/AIDS - Negative.

HBsAg - Non-reactive.

G6PD - No defect.

Head to toe examination was done, no abnormalities detected. Madam Esther said she had no complaints and felt good. She was given her fourth dose of Tetanus diphtheria (TD) injection since she had already taken 3 doses in her previous pregnancy. The following drugs were served and she was scheduled to visit the clinic in a month time but to report before the scheduled date in case of any ill health.

Tablet folic acid 5 milligrams daily for 30days

Tablet fersolate 200 milligrams daily 30 days

Tablet multivitamin 200 milligrams daily 30 days.

Client reported every month for her routine visits. Required lab investigations and ultrasound scan were carried out. The SP was repeated on each visit and all minor disorders reported were managed until she was met on 7th November,2022

CHAPTER TWO

ANTENATAL CARE

2.0 INTRODUCTION

This chapter includes the first contact with the client, subsequent visit to the clinic, home visits during antenatal period and care plans drawn to solve any problem faced by client.

2.1 FIRST CONTACT WITH THE CLIENT

Madam Esther was met at Jinijini Health Centre on the 7th November,2022 for the first time. She was offered a seat and warmly welcomed. Together with the other pregnant women, health education was done and vital signs were checked and recorded. Madam Esther knocked and entered the palpation room with a smile, she was welcomed again and after everything, she was approached because she had little knowledge on frequency of micturition, because she was complaining about frequency of micturition and how it was disturbing her sleep. Her weight was checked and recorded as 60.0kilograms. Her vital signs were checked and recorded as follows:

Temperature - 36.7 degree Celsius

Pulse - 85 beat per minute

Respiration - 21 cycles per minute

Blood Pressure - 120/80 millimeters of mercury

After all these procedures, she was asked to empty her bladder and specimen bottle was given to her to collect mid-stream specimen of urine

Urine testing;

Protective clothing like mackintosh apron and gloves were worn and after that, hand washing was done and dried with a clean towel. The quantity, colour, odor and sediments were noted. A

chemically prepared strip was picked and dipped into the urine sample. The strip was immediately removed and the edge of the strip taped against side of sample container. There was no change in colour of the strip indicating a negative result when compared closely with the corresponding colour chart on the container. The necessary procedures were explained to her and privacy was provided.

Head to toe examination

She was assisted onto the examination bed; hand washing was done with soap and water and dried with clean towel.

Madam Esther was asked to sit on the bed, lie on her left side and then assume a supine position. Privacy was provided, and

the examination started from the head, the scalp was checked for the presence of dandruff, lice or infections and also distribution of hair but that moment her hair has been combed and nicely styled so little education was given and she was congratulated. The face was also examined for the presence of spots, chloasma and rashes. The eyes for pallor and jaundice, lips for cracks, sores and mouth for halitosis and tooth decay during conversation. Neck was also examined for enlarged thyroid gland, lymph nodes, and distended neck veins, the ears for pain and discharges but no abnormalities were noted.

The breasts were exposed to check for size, shape, signs of pregnancy, dimpling and nipple retraction, and condition of the skin. One breast was covered and she was asked to put the hand of the part to be examined under her head. The breast was palpated systematically in a circular manner using the inner aspect of the fingers and client was taught self-examination. Nipple was squeezed gently for fluid and was examined for odour, blood and cleaned with cotton wool swab. The same was done for the other breast and no abnormality was noted. Breastfeeding history was asked and

her desire to breastfeed was positive, as all her children were breastfed. She was taught self-breast examination, which she demonstrated afterwards and to report to the clinic if any mass was found. The upper extremities were checked for edema, nail beds for anemia, and nails for neatness. The lower extremities were checked for varicose vein, edema, and equalities of legs, and extra digits. The back was also examined for the presence of edema at the sacral region; the spine was also examined to rule out any abnormality.

. She was congratulated for a neat and healthy body.

Abdominal examination

Inspection of the abdomen was done for shape and it was ovoid, size was medium, there was linea nigra, traces of striae gravidarum and no scars observed. The abdomen was also palpated to detect any tenderness or enlargement of the liver and spleen; all were found to be in good health.

Measurement of the Symphysiofundal height was done by locating the upper border of the symphysis pubis and funds. The zero end of the tape measure was placed on the fundus and extended along the contour of the abdomen to the symphysis pubis and it measured 35cm.

Fundal palpation proceeded by facing Madam Esther ’s head, the palms were warmed and placed on the fundus, curved around the top of the fundus to determine what was in the upper pole. A soft mass was felt which indicated the fetal buttocks.

Lateral palpation was done with palms on both sides of the uterus midway between the symphysis pubis and fundus; the uterus was stabilized with one hand and examined with the other hand. The palpation was done through the entire midline to the lateral side of the abdomen, and from the symphysis pubis to the fundus in a rotatory manner, the fetal back (the smooth part) was located at the right side of her abdomen, and the limbs (rough part) were at the left side an indication that the position was right occipito anterior.

Pelvic palpation was done upon facing the woman's feet. She was asked to flex her knees slightly and breathe in and out slowly to aid in the relaxation of abdominal muscle. The palms were placed just below the level of the umbilicus with the fingers directed towards the symphysis pubis and thumb almost meeting; a hard mass was felt indicating the head of the fetus.

Descent was carried out by first locating the anterior shoulder using two fingers. The upper boarder of the symphysis pubis was also located and with the ulna border just above the symphysis pubis and the anterior shoulder, five fingers occupied the space indicating descent of 5/5th. The presentation was cephalic, lie was longitudinal and the position was right occipito-anterior.

Auscultation of the fetal heart was conducted by warming and placing fetal stethoscope (fetoscope) on the right side of the abdomen where the back was located; the ear was placed against the fetoscope, making sure hands were not touching the fetoscope and the fetal heart beat was counted. Radial pulse was compared with the rate of maternal pulse and counting how many beats were heard for one minute, it was noted that 146 bpm with regular rhythm were recorded.

Her permission was sought for vulva examination and she agreed upon having explained the procedure clearly to her. The vulva was well shaved and clean. Hands were washed with soap under running water and dried with clean towel, clean gloves worn on both hands and the vulva and the perineum was examined for abnormal discharges, rashes, and ulcers, episiotomy scars and varicose veins. The labia majora was examined for same size and shape, redness, swelling, warts and tenderness. But no abnormality was detected.

After all the examination, she was congratulated for taking good care of herself and she was urged to continue with it. All equipment used were decontaminated appropriately. She was educated on personal and environmental hygiene, danger signs of pregnancy example severe headache, vaginal bleeding, fever, general edema, among others. She was also enlightened on budgeting and layette

examples, buying the baby's cloths, provision of required materials and other things prior to labour. She was educated on the three main food group such as body building foods (protein) and example meat, beans, milk etc. Energy giving food (carbohydrate): such as banku, rice, fufu, and protective foods (vitamin) such as pawpaw, pineapple, oranges and banana. Permission was then asked from Madam Esther for home visit and it was granted. Directions to her house as well as her contact number were taken. Education was given on the importance of sleeping under treated mosquito net and taking of Sulphadoxine Pyrimethamine (SP) to prevent malaria, covering her basin in which water was stored, and to do away all stagnant waters around her house. Client complained of headache. She was encouraged to take in more fluids and fiber (Orange fibers) fruit. Her next visit was scheduled on the 14th November 2022 and permission was soughted to leave. These were the drugs served

Tablet Folic Acid 5 milligrams daily for 30 days

Tablet multivitamin 200 milligrams daily for 30days

Tablet Ferrous Sulphate 200 milligrams daily for 30 days

HOME VISITS

2.2 FIRST ANTENATAL HOME VISIT

PHYSICAL ENVIRONMENT

Madam Esther was visited in her house at Ayimom on the 8th of November 2022 at 3:30pm as she was informed during the Antenatal visit. The main purpose was to check on how she was managing with her pregnancy, her family and her complaint as well as, her physical and environmental well-being, and also how she attends to the needs of the family and to educate her on birth preparedness and complication readiness. The means of transportation was made by moto bike. On arrival, Madam Esther welcomed me as she was the only person at home and offered me a seat and also water to drink as well. She was thanked for the water. Mission for the visit was made known to her. Client was interacted with to know more about her and the environment. The road accessibility leading to Madam Esther's house was in good shape and the network was not bad. Madam Esther's house is located not far from the palace; her building was made of blocks but was plastered with cement and also roofed with aluminum sheets. It is a single room with four people leaving in the room? Outside the room was not painted but inside her room was painted and her floor was cemented. She had a single window for ventilation. The enclosed corridor was neatly kept. Her bed was laid with a multi-colored bed spread with insecticide mosquito net hanged over the bed. She stated that she empties her rubbish at the refuse disposal which is not far from her house. She again mentioned that her source of water is from the borehole which is also not far from her house and is used for domestic purposes and also drinking and was well stored in a barrel with a well fitted lid. The source of light in the house was a touch light. Her kitchen was also made of blocks with an aluminum as her roof. Her bathroom was also made of blocks but had no roof and she uses the public toilet. Her environment was clean with no rubbish littered around nor bushes which could cause breeding of mosquitoes. She uses mosquito net which was very impressive. In addition, permission was sought from Madam Esther to inspect her layette. On assessment, it was realized that Madam Esther's layette contained cot sheets, toilet articles, baby's dresses, power

zone, soaps, among others, ANC book and insurance card. She was set and was very prepared for labour. She was also educated on true labour signs such as shows. She was educated on the importance of clinic or hospital delivery. Client was advised to arrange with a taxi driver or motto bike owner who could take her to the hospital when the need arose. Madam Esther was told to inform her little children about the pregnancy. She was educated on the need to explain her pregnancy to her children in order to prevent sibling rivalry which seemed little funny to her but she did precisely that. With further communication she complained of heart burns. She was encouraged to take in less pepper and also reduce the intake of spicy foods. She was promised to be visited again and thanked for her cooperation.

PSYCHOSOCIAL

Madam Esther and her family have a cordial relationship with each other. Client has a warm and friendly relationship the tenants and other family members staying around the house and the neighbors. Her friends most at times visit her and she also visits them at her leisure time. Madam Esther introduced me to her neighbors. She is also a member fellowship at her church and also attend all social gatherings such as naming ceremonies and funerals. She has respect for all manner of people and likes to make new friends. Madam Esther was encouraged to keep it up.

2.3 SUBSEQUENT HOME VISIT

The second visit to Madam Esther's house was on the 11th November ,2022 at 3:00pm, Madam Esther was visited to enquire about her health and how she was coping with her pregnancy at home. Madam Esther and her family were greeted and a seat was offered. Client was asked about her wellbeing as well as that of her family and she said they were all doing well but she complained

of backache and she was encourage to apply warm compress at her lower back. Client was inquired about the education she was given on breastfeeding and client was able to recall what was said which meant learning took place, and she was congratulated. She verbalized that because she understood and also adhered to the advice given to her, she was coping well. She was congratulated on her adherence to the advice given.

Madam Esther was encouraged to exercise, explaining that doing little household chores and walking were forms of exercise. She was also taught the squatting exercise to strengthen her pelvic floor muscles and leg muscles as well.

She was told that anytime she experienced severe headache, blurred vision, bleeding, excessive vomiting, and abdominal pains, which are the danger signs of pregnancy, she should report to the health center immediately for intervention. Madam Esther was thanked for her cooperation and permission was sought to leave.

2.4 SUBSEQUENT VISIT TO ANTENATAL CLINIC

Madam Esther came for Antenatal clinic on the 14th November 2022 around 9:00am, she was humbly welcomed and a seat offered. Her weight was 61 kilograms.

Her vital signs were checked and recorded as follows:

Temperature	37.0 degree Celsius
Pulse	80 beat per minute
Respiration	20 cycles per minute
Blood Pressure	110/70 millimeters of mercury

Procedures to be performed on her were explained to her and permission was sought. She was asked to empty her bladder, and midstream specimen sample tested negative for glucose and

protein. She was sent to the examination room and privacy was provided. Client was asked to first sit and lie on her left side on the bed and assumed supine position for head-to-toe examination. Hand washing was done and dried with a clean dry towel. The head, eyes, ears, nose and mouth were inspected and no abnormalities were seen. The neck, breasts, upper and lower extremities were examined for abnormalities but none was seen. Client back was examined for edema of the sacral region and also spine for any abnormality but no abnormality was detected. Abdominal palpation was done and recorded as:

Gestational age	39 weeks
Symphysio-fundal height	37 centimeters
Presentation	Cephalic
Lie	longitudinal
Position	right occipito anterior
Fetal Heart Rate	140 beats per minute
Descent	5/5th

All findings were explained to her and probe for further questions. She complained of lower abdominal pain, not being able to sleep due to frequent micturition. She was asked to come to the facility in a week time that is on the 21th of November 2022 if she had not delivered.

She was not served with any medication because her routine drugs were not finished. Madam Esther was then encouraged to report immediately to clinic when labour signs began or faced with any problem. Madam Esther was thanked and escorted to the entrance where we departed.

2.5 CARE PLAN DURING THE ANTENATAL PERIOD

PROBLEMS IDENTIFIED DURING ANTENATAL PERIOD

Client complained of:

07/11/22 - insufficient knowledge on frequency of micturition.

07/11/22 - headache.

08/11/22 - heart burns.

11/11/22 - backache.

19/11/22- lower abdominal pain.

SHORT TERM OBJECTIVES

Client will gain more knowledge on frequency of micturition in pregnancy within 24 hours.

Client`s headache will resolve within 12 hours.

Client heart burns will resolve within 24 hours.

Madam Esther's backache will subside within 24 hours.

Madam Esther 's lower abdominal pain will subside within 24 hours.

8/23/2023

LONG TERM OBJECTIVES

Madam Esther will go through pregnancy successfully without any complication to herself and the fetus.

ANTENATAL CARE PLAN FOR MADAM ESTHER KONAMA

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTIONS	DATE/ TIME	EVALUATION	SIGN
07/11/22 10:00am	Insufficient knowledge on frequency of micturition related to lack of information on minor disorders of pregnancy.	Madam Esther will have adequate knowledge on the physiology of frequent micturition in late pregnancy within 24 hours as evidenced by 1. Client verbalizing that she understands the reasons for the frequency micturition. 2. Midwife visualizing that client no longer complains.	1. Reassure client. 2. Educate client on the physiology of frequency of micturition during late pregnancy. 3. Encourage client to pass urine whenever she gets the urges to do so. 4. Educate client to ensure vulva is dry after urinating. 5. Encourage client to ask questions and answer the questions appropriately.	1. Client was reassured on her condition. 2. Client was educated that during late pregnancy the fetal head presses on the bladder due to descent. 3. Client urinated whenever she had the urge. 4. Client was educated on proper cleaning of the vulva after urinating. 5. Client's questions were answered appropriately.	08/11/22 11:00am	Goal was met as client understood the physiology of frequency micturition during pregnancy.	

ANTENATAL CARE PLAN CONTINUED

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTIONS	DATE/ TIME	EVALUATION	SIGN
07/11/22 10:30am	Headache related to the stress from house chores.	Client's headache will resolve within 5 hours as evidenced by 1. Client verbalizing that the headache has resolved. 2. Midwife visualizing client's headache has resolved by her cheerful facial expression	1. Reassure client. 2. Encourage client to have enough rest and sleep. 3. Encourage client to drink more water 4. Encourage support person to assist in house chores. 5. Serve prescribed analgesics.	1. Client was reassured that her headache will resolve. 2. Client was encouraged to have enough rest and sleep for least 2 hours in a day and 6 hours in the night. 3. Client took in adequate water (at least 8 glasses of water) a day. 4. Client's husband assisted client with house chores. 5. Tab paracetamol 1g served as prescribed.	07/11/22 3:30pm	Goal was met as client headache revolved.	

ANTENATAL CARE PLAN CONTINUED

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTIONS	DATE/ TIME	EVALUATION	SIGN
08/11/22 1:00pm	Heartburns related to reflux of stomach content.	Client heartburns will resolve within 24 hours as evidenced by; 1. Client verbalizing that the heartburns have resolved. 2. Midwife observing that client is comfortable and has no heartburns.	1. Reassure client. 2. Educate client to reduce the intake of much fatty and spicy foods. 3. Educate client on physiology of heartburns. 4. Encourage her to use more pillows when sleeping. 5.Encourage client to eat little at frequent interval	1. Client was reassured. 2. Client reduced fatty and spicy food intake. 3. Client was educated that is the regurgitation of the stomach content because of the relaxation of the cardiac sphincter by progesterone. 4. Client used more pillows when sleeping. 5. Client ate little at frequent intervals.	15/11/22 1:00pm	Goal was met as client heartburns resolved.	

ANTENATAL CARE PLAN CONTINUED

DATE AND TIME	NURSING DIAGNOSIS	ANTENATAL CARE PLAN CONTINUED NURSING OBJECTIVES/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTIONS	DATE/ TIME	EVALUATION	SIGN
11/11/22 3:30pm	Backache related to the relaxation of the muscles and ligaments by hormone progesterone and relaxin.	Client pain will reduce within 24hours as evidenced by 1.Client verbalizing that the pain has reduced 2.midwife visualizing that client's pain has reduced by her cheerful facial expression	1. Reassure client. 2. Encourage client to lie in a left lateral position. 3.Encourage client to apply warm compress to the lower back 4. Educate client on the cause of the lower backache. 5. Serve prescribed analgesics.	1. Client was reassured that pain will reduce. 2. Client assumed left lateral position. 3. Client applied warm compress to the lower back. 4.Client was educated on the cause of the lower back pain 5.Prescibed analgesics were administered to client, that is paracetamol 1g.tds	20/11/22 3:30pm	Goal was achieved as client's backache has reduced.	

ANTENATAL CARE PLAN CONTINUED

DATE/ TIME	DIAGNOSIS	NURSING OBJECTIVES/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTIONS	DATE/ TIME	EVALUATION	SIGN
19/11/22 10:00am	Lower abdominal pain related to descent of the presenting part in late pregnancy.	Client's lower abdominal pain will subside within 24 hours as evidenced by; 1. Client verbalizing that the pain has subsided. 2. Midwife observing that client is comfortable and has no lower abdominal pain.	1. Reassure client that pain will subside 2. Explain the physiology of lower abdominal pain to client. 3. Encourage client to have adequate rest and sleep. 4. Educate her on diversional therapy by watching television 5. Administer analgesics.	1. Client was reassured that pain will be relieved after delivery. 2. Client was told that it was due to the fetus descending into the pelvis. 3. Client was encouraged to have at least 2 hours rest and sleep a day and 6 hours in the night. 4. Client was educated on diversional therapy such as watching local movie. 5. Tablet paracetamol was served as prescribed.	20/11/22 10:00am	Goal was met as client lower abdominal pain has subsided.	

CHAPTER THREE

LABOUR

1.0 INTRODUCTION

This chapter talks about client admission to the facility from the first stage of labour to the time when there was complete expulsion of placenta and its membranes as well as control of bleeding and a period of 6 hours after delivery.

3.1 ADMISSION AND MANAGEMENT OF THE FIRST STAGE OF LABOUR

Admission

On the 21st of November, 2022 at 1:00am which was Monday morning, Madam Esther came to Jinijini Health Centre with complains of severe lower abdominal pain. She was accompanied by her mother and her neighbor. On arrival, they were warmly welcomed and offered seats. History was taken. She was asked if she had ruptured membranes and had seen 'show' and she said she had seen show but membranes had not ruptured. She complained of lower abdominal pains, fatigue, waist pains, nausea and vomiting. She was reassured to allay her anxiety. Her antennal card was collected and read through. Her expected date of delivery was 29/11/2022. She was made comfortable in bed and all procedures to be carried out were explained to her to gain her consent. Client's labour history was taken and recorded. Client said she ate fufu with light soup at 5:30pm. She did not take any medication, and she passed stools before coming. Her vital signs on admission were checked and recorded as:

Temperature	36.7 degree Celsius
Pulse	80 beat per minute
Respiration	24 cycles per minute
Blood pressure	120/90 millimeters of mercury

Client was given a specimen container to collect midstream urine for examination and bed pan was also served. The amount of urine passed was 120mls. Midstream urine collected tested negative for both protein and glucose. Hemoglobin level was also 12.8 grams per deciliter. Hand washing was done with soap under running water and dried with a clean dry towel.

Her scalp was examined for infections like dandruff and lice. Eyes for pallor, abnormal discharges and yellowish discoloration of the sclera, ear and nose were checked for abnormal discharges, neck for enlargement of lymph nodes, breast was examined for masses and lumps, skin for rashes, legs for edema and varicose veins but no abnormality was detected.

ABDOMINAL EXAMINATION

On abdominal examination linea nigra was very prominent, there were no scars on the abdomen and fetal movement could be seen. The abdomen was ovoid in shape, and the size was medium corresponding to the gestational age which was 40 weeks. On palpation the lie was longitudinal, presentation was cephalic and position was right occipito anterior, descent was 4/5th and the symphysio-fundal height was 37 centimeters. Auscultation the fetal heart rate 145 beat per minute. Contractions were 2 in 10 lasting 35 and 37 seconds respectively.

VAGINAL EXAMINATION

Permission was sought to continue with vaginal examination. Hands were washed with soap and water and dried with clean towel. Pair of sterile gloves was worn and was asked to flex her knees. Vulva sores, varicose vein, genital warts, and vulva edema were not detected on inspection. Vulva swabbing was done with swabs soaked with savlon solution. The middle finger was inserted first to press on the fourchette to cause relaxation of the perineal muscle; this was followed by insertion of the index finger into the vagina. The vagina felt warm and moist. The cervix was soft and thin. Presenting part was well applied to the cervix and also, there was evidence of ‘show’. Cervical

dilatation was 4 centimeters at 1:00am with intact membranes, no moulding, the sacrum was well curved, the pubic arc was wide and the ischial spines were blunt. The midwife in-charge also confirmed the findings. She was cleaned and a clean pad was applied to the perineum. The gloved hands were immersed in 0.5% chlorine solution and was removed by inverting them inside out and disposed of into a plastic container. Hands were washed with soap and water and dried with a clean towel. She was helped to lie on her left side and made comfortable. Dilatation board was used to explain how far she had gone with labour. She was advised on deep breathing exercises as she complained of severe lower abdominal pains. Findings were communicated to her and encouraged to ask questions and express her concerns since client was seen to be anxious. She was reassured of the competency of the health team. All findings were recorded on a partograph.

Preparation for birth

The midwife in-charge who would supervise labour and delivery and also assist in the care of the baby was identified as the skilled helper whereas the unskilled helper happened to be the client's mother who accompanied her to the clinic and would run errand when the needs arose. Emergency plan was reviewed as the telephone numbers for the referral center was pasted on the wall in the delivery room; doctor was informed as well as ambulance driver was also called to inform him to be on standby to attend to emergency when needed. The delivery area was cleaned and a good source of light was ensured and emergency portable light was present and functioning. The resuscitation table was checked, cleaned and all equipment and instrument were assembled and tested for their function. The delivery pack and emergency drugs were made available. The client's abdomen, chest and hands were washed ready for skin to skin.

Management of first stage of labour

There was continuous monitoring of maternal pulse, respiration, contractions and fetal heart rate at every 30 minutes. The temperature, blood pressure and vaginal examination were done 4 hourly and were documented on the partograph. Her urine passed was tested for the presence of protein and glucose and they were negative. Madam Esther was congratulated and findings were explained to her. She was asked to lie on her left side to prevent the uterus from pressing on the inferior vena cava to prevent supine hypotension syndrome. She complained of painful uterine contraction and was encouraged to relax and was taught deep breathing exercise to be done whenever there were contractions to cope with the pain. Her mother was informed about the progress of labour. She was served with water. Her sacral region was rubbed gently from time to time. She was encouraged to empty her bladder whenever she had the urge, to help in the descent of the fetal head and not to push to prevent edematous cervix.

At 6:00am there was spontaneous rapture of membranes. Vaginal examination was done to rule out cord prolapsed, the cervical os was 7 centimeters dilated with moulding + and clear liquor, contractions were stronger, that was 4 in 10 lasting 41,49 and 50 seconds respectively and descent was 2/5th, fetal heart was 145 beat per minute. She was asked to cooperate and she was reassured that she should have trust in the competent midwife, she would come out safe with no complication to her and the baby. Findings were recorded on the partograph. Her vital signs were as follows;

At 5:00am, vital signs and assessment made were recorded as follows:

Temperature	36.2 degree Celsius
Pulse	80 beat per minute
Respiration	20 cycles per minute
Blood pressure	120/60 millimeters of mercury
Fetal heart rate	145 beat per minute

Contractions	4 in 10 lasting 41,49 and 50 seconds
Descent	2/5th

Setting of trolley

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

The top shelf

2 sterile artery forceps

Sterile cord scissors

2 Sterile drapes

Sterile cotton wool swabs

Sterile gauze

Sterile gloves

Episiotomy tray containing: sutures, lidocaine, scissors, syringes and needles

Injection tray containing 10 units of oxytocin

Bottom Shelf

Cord clamp

Perinea pad

Cot sheets

Cheatle forceps in its container

Drum containing sterile gauze

Bulb syringe in a bowl of water

Identification band

Measuring jug

Receiver

Examination gloves

Bottle containing antiseptic solution

Mackintosh

3.2 MANAGEMENT OF THE SECOND STAGE OF LABOUR

Full dilatation was confirmed by the midwife in charge at 8:00 am and client was asked to assume any comfortable position she wished and she opted for the lithotomy position after demonstrating the various types as explained during ANC. Protective clothing such as apron, cap, face mask, goggles and boots were worn. Hand washing was done thoroughly and dried with a clean dry towel. Sterile gloves were worn to clean the vulva with cotton wool soaked in savlon. She was draped with the sterile drape. A pad was applied to the perineum to prevent fecal matter from contaminating the delivery field and she was asked to push with contractions. She was supported emotionally and physically throughout delivery. As the head advanced, flexion was maintained with two fingers placed on the head to allow the smallest diameter of the fetal head to distend the vulva. She was encouraged to rest if there were no contractions.

When the head crowned, she was asked to give only small pushes with contractions. By extension of the fetal head which is one of the movements used by the fetus as it passes through the birth canal, the sinciput, face and mentum swept the perineum and the head was born. The baby's face and eyes were gently wiped inside out with sterile cotton. The neck was felt for cord but there was none detected. Restitution was followed by external rotation of the head, which indicated internal rotation of the shoulders that the shoulders lay in anterior posterior diameter of the maternal pelvis. Hands were placed on each side of the baby's head and she was asked to push gently. The anterior shoulder was delivered by moving baby gently towards client's tailbone and posterior shoulder was also delivered by moving baby towards client's abdomen. With lateral flexion the baby was

delivered onto mother's abdomen at 8:23am. A baby girl was delivered and cried soon after it was born. Liquor was wiped off the baby and place on mother's abdomen for skin-to-skin contact. First minute Apgar score was 8/10. Baby was cleaned thoroughly with warm dry towel and the wet sheet was removed. Madam Esther was thanked for her effort. The second stage lasted for 23minutes. Client was happy to have a baby girl.

3.3 IMMEDIATE CARE OF THE BABY

Immediately after the delivery of the baby, the eyes were cleaned with sterile cotton wool from inside out. Mouth and nose were not suctioned because baby cried immediately it was born. The baby was dried thoroughly with warm sheet and wet sheet removed and replaced with warm dry sheet. The cord was clamped with two artery forceps. The cord was cut with sterile scissors covered with sterile gauze to avoid splashing of blood. Mother identified the sex of the baby, when shown to her. The baby was placed on mother's abdomen to ensure skin to skin and bonding. Monitoring of breathing pattern was also continued. First minute APGAR score was 7/10 and the fifth minute APGAR score was 9/10. Identification band with mother's name, sex, date, and time of delivery was placed on baby's wrist. Breastfeeding was initiated.

First Minute APGAR	SCORE
Appearance	2
Pulse/ heart rate	1
Grimace/ reflex	1
Activity/muscle tone	1
Respiration	2
Total	7/10
Fifth Minute APGAR	SCORE

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

3.4 MANAGEMENT OF THE THIRD STAGE OF LABOUR

The procedure was explained to Madam Esther. Abdomen was palpated for the presence of undiagnosed twin and there was none. 10 units of oxytocin was injected intramuscularly in the right thigh, one minute after the delivery of the baby to aid contraction of the uterus and separation of the placenta. Controlled cord traction was used in the delivery of the placenta.

A receiver was placed in-between her thigh to receive the placenta and its membranes. The cord was re-clamped closer to her perineum. The left hand was placed on the fundus and as soon as there was contraction, one hand was placed above client's pubic bone and the other hand held the clamped cord. Slight tension was kept on the cord and waited for strong uterine contractions. When the uterus contracted, hand was turned with the palm facing the client head and counter pressure was applied to avoid inversion of the uterus and with controlled cord traction, the cord was downwardly and steadily pulled to deliver the placenta. This procedure was repeated until placenta became visible at the vulva. The two hands were used to receive the placenta and gently twisted till membranes were teased out at 8:28 am. A quick examination was done with placenta in the palm and placed in a receiver for examination later. The uterus was massaged until it was well contracted. Client was taught how to massage her uterus. Blood clots were expelled and added to the blood loss. Gauze was wrapped on two fingers of both hands to examine the vagina walls

and cervix in clockwise manner for laceration or tears of the vaginal wall, cervix and perineum but there were none. She was cleaned and sterile pad was applied. She was made comfortable and covered with dry cloth. Blood loss was measured or estimated as 100 millimeters.

3.5 EXAMINATION OF THE PLACENTA AND MEMBRANES

Thorough examination of the placenta was done. The tip of the cord was wiped and checked, there were two arteries and one big vein. There was also no false knot present in the cord and was medially inserted. The membranes were examined by holding the cord and membranes hanging. The amnion and chorion were intact. The membranes were checked for the presence of blood vessels radiating through to exclude extra lobe. On a flat surface it was examine if the maternal surface was intact. There was no missing lobe. The fetal surface was also bluish grey in colour. Placenta was placed in the receptacle provided as per protocol. Gloves were dipped in 0.5% of chlorine solution, removed and discarded. The used instruments were being soaked in 0.5% chlorine solution for 10 minutes and were washed, rinse and dried. Instruments were also packed for sterilization after drying.

3.6 MANAGEMENT OF FOURTH STAGE OF LABOUR

Mother and baby were monitored closely after delivery to ensure baby's cord was not bleeding, baby's colour remained pink among others and mother was closely monitored to ensure uterus remain firm and well contracted.

Mother

The mother was managed by the use of the Partograph in checking the vital signs, amount of bleeding, amount of urine voided and also contraction of the uterus every 15 minutes for 2 hours, 30 minutes for 1 hour and hourly for 3 hours summing up to 6 hours. Fundus was palpated and it was well contracted, the perineum was observed for bleeding and it was small.

The first post-delivery vital signs were checked and recorded as follows:

Temperature	37.0 degree Celsius
Pulse	80 beat per minute
Respiration	22 cycles per minute
Blood Pressure	120/90 millimeters of mercury

She was encouraged to micturate frequently and change perinea pad when soaked. Lochia was red (rubra) in colour with small flow. She was educated on how to massage her uterus to aid in contraction. Mother was advised to show pad for colour of lochia, amount of blood loss and odour before discarding it. Client was seen to be fatigued and was encouraged to have some rest. Her mother was allowed into the lying-in to see the baby and ask client what she wanted to eat. She was very happy on seeing the baby. Client and support person were educated on the need for rest and sleep and also ensuring proper positioning when breastfeeding. Mother and baby were in good condition. She was served with banku and groundnut soup with beef. Mother was encouraged to breastfeed the baby on demand and also exclusively since the source of nutrient for the baby is the breast milk.

Baby

Prevention of disease in the newborn

After the birth of the head the eyes were cleaned from the inner canthus to outer canthus. Care was given to the eye to prevent eye infection where chloramphenicol eye drop was applied on each of the eye. Vitamin K injection was given after the head- to- toe examination due to the pain.

Cord was also dressed with chlorhexidine to prevent any infection and to keep the cord dry at all times. Infection prevention techniques were also ensured to prevent any cross infection. Mother was also educated on the need to use only methylated spirit given to her to dress the cord and to avoid application of herbs, other creams and cow dungs on the cord.

Examination of the newborn

The procedure to be carried out on the baby was explained to the mother. Hands were washed and dried with a clean towel. The baby was put on a safe clean, warm and flat surface for examination in the presence of the mother. Baby was then exposed systematically as it was examined from head to toe. Her colour was pink on observation.

HEAD AND NECK

The head was examined for shape and size, widened sutures, bulging/depressed fontanelles, edematous swelling, caput succedaneum, microcephaly, and hydrocephaly. A tape measure was used to encircle its head starting from the occipital protuberance to the supra orbital ridges to measure the head circumference and it was 33centimeters. The ears were examined for size, shape patency, softness of the cartilage, alignment and discharges. The eyeballs were examined for presence of blood clot, pallor, jaundice but none was detected. The nose was examined for shape, size, patency, and deviated septum but none was detected. The mouth was examined for false teeth, tongue tie, colour of the tongue and gum, cleft palate by using the little finger to feel for palate for

any sub mucous cleft, the neck for nodules, rigidity and congenital goiter, but no abnormality was detected.

CHEST AND ABDOMEN

On the chest, respiratory movement was normal about 48 cycles per minute, nipples were in alignment without discharges (witches' milk), and breast had no mass. The abdomen was examined for shape, size, with no bleeding from the umbilical cord and abnormalities such as omphalocele and gastroschisis were absent. All findings were normal.

EXTREMITIES

The upper extremities were inspected for equality, number of palmer creases, clubbed fingers, extra/loss digits. Baby's ability to perform Moro and grasp reflexes was also checked with good results. The lower extremities were inspected for equality, clubbed feet, extra/loss digits. Congenital hip dislocation was also checked and it was absent.

BACK

With baby turned in prone position, its back was examined for abnormalities like spinal bifida, meningocele, but none was found.

GENITALIA

The labia majora was fully developed, urethra and anus were patent as she passed urine and meconium respectively.

The length of the baby, weight and head circumference were checked and gloves were removed and disposed of according to infection prevention guidelines. Hands were washed and dried. Weight and length checked recorded as 2.9kg and 45 centimeters respectively and head circumference was 33 centimeters when measured. Vital signs were checked and findings were communicated to the mother as follows;

Apex heart beat 145 beat per minute

Temperature 36.5 degrees Celsius

Respiration 48 cycles per minute

The baby was classified as normal after the examination and routine

3.7 SUMMARY OF LABOUR AND DELIVERY

Summary of labour

Date and time of delivery - 21st November 2022, at 8:23am

Type of delivery - Spontaneous Vaginal Delivery

Time of expulsion of placenta and membranes - 8:28am

Drug given - Injection Oxytocin (10 units)

Duration of labour

1ST stage - 6 hours

2nd stage - 23 minutes

3rd stage - 5minutes

Total time - 6 hours, 28minutes

Condition of baby at birth

After birth, baby was wrapped with warm cot sheet and was sent to mother side to start breastfeeding and her general condition was satisfactory.

The following findings were obtained and recorded as;

Temperature 36.5 degree Celsius

Apex heart rate 145 beat per minute

Respiration 48 cycles per minute

Baby's weight	2.9 kilograms
Head circumference	33centimetres
Length	45 centimeters
General condition of baby	Satisfactory
Meconium	Passed
Urine	Passed
Sex	Female

Condition of mother at birth

General condition of the mother was stable as evidence by the following findings.

Condition of mother	- Stable
Perineum	- Intact
Fundal Height	- 16cm
Temperature	- 36.2 degree Celsius
Pulse	- 80 cycles per minute
Respiration	- 22 cycles per minute
Blood Pressure	- 110/70 millimeters of mercury

Condition of the placenta

Lobes	- Intact
Membranes	- Intact
Fetal Surface	- Greyish blue in colour
Maternal Surface	- Dark red in colour
State of Placenta	- Complete and healthy
Blood Loss	- 100mls

Cord vessels - Two arteries and one vein

3.8 LABOUR CARE PLAN

PROBLEMS IDENTIFIED DURING LABOUR

On the 21st client complained

Lower Abdominal Pain

Fatigue

Waist pain

Anxiety

Nausea and vomiting

SHORT TERM OBJECTIVES

Client will cope with lower abdominal pains within 6 hours.

Client will be relieved of fatigue within 6 hours

Client waist pain will subside within 24 hours.

Client will be relieved of anxiety within 30 minutes.

Client's nausea and vomiting will resolve within 6 hours.

LONG TERM OBJECTIVES

Madam Esther will go through all the stages of labour successfully without any complications to neither mother nor baby.

LABOUR CARE PLAN FOR MADAM ESTHER KONAMA

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES /OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTIONS	DATE/ TIME	EVALUATION	SIGN
21/11/22 2:20 am	Lower abdominal pains related to strong rhythmic painful contractions	Client will cope with lower abdominal pains within 6 hours as evidence by; 1 Midwife visualizing that client is relaxed and no facial expression of pain. 2. Client verbalizing that she is coping well with the pain.	1. Reassure client. 2. Explain the physiology of labour pains to client. 3. Educate client to assume a comfortable position. 4. Provide diversional therapy (conversation). 5. Massage client's sacral region.	1. Client was reassured that the condition can be manage. 2. The client was told the pain was due to contraction and this will aid in the expulsion of the fetus. 3. She lie on her left side to aid in good circulation of blood supply to the fetus. 4. Conversation was ensured to take her to take her mind off the pains. 5. Client's sacral region was gently massaged to promote comfort.	21/11/22 8:20am	Goal was met as client coped with lower abdominal pain.	

LABOUR CARE PLAN FOR MADAM ESTHER KONAMA CONTINUED

DATE TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTIONS	DATE / TIME	EVALUATION	SIGN
21/11/22 2:20am	Fatigue related to stresses of labour.	Madam Esther will be relieved of fatigue within 6 hours as evidence by 1. Client verbalizing that fatigue has resolved. 2. Midwife visualizing that client has regained her strength.	1. Reassure client. 2. Encourage client to rest in between contractions. 3. Restrict the number of visitors. 4. Serve client with energy drinks. 5. Ensure conducive environment.	1. Client was reassured that she will regain her strength. 2. Client rested in between contractions. 3. Number of client's visitors was restricted. 4. Client was served with malt. 5. Client was encouraged to bath and light was turn off.	21/11/22 8:20am	Goal was achieved as client fatigue has been relieved.	

LABOUR CARE PLAN FOR MADAM ESTHER KONAMA CONTINUED

DATE TIME	NURSING DIAGNOSIS	OBJECTIVES/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTIONS	DATE / TIME	EVALUATION	SIGN
21/11/22 2:00am	Waist pain related to physiology of labour (growing fetus on joints)	Waist pain will subside within 24 hours as evidence by 1. Client verbalizing that her pain has reduced. 2. Midwife visualizing that client has a cheerful face.	1. Reassure client that the pain will subside 2. Educate client on the physiology of the pain. 3. Massage client's sacral region. 4. Encourage client to adopt a comfortable position. 5. Encourage client to do deep breathing exercise with contraction.	1.Client was reassured to cope with pain 2. Client was educated that is as the result of the pressure of the growing foetus on the joint at the waist. 3. Client's sacral region was massaged. 4. Client was encouraged to adopt comfortable position. Example left lateral position. 5. Client was encouraged to breath in and out within contraction	21/11/22 8:00AM	Goal was met as client waist pain subsided.	

LABOUR CARE PLAN FOR MADAM ESTHER KONAMA CONTINUED

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTIONS	DATE / TIME	EVALUATION	SIGN
21/11/22 2:20AM	Anxiety related to new environment	Client will be relieved of anxiety within 30 minutes as evidenced by 1. Client verbalizing that she is no longer anxious. 2.Midwife verbalizing that client is relieved from the anxiety (by facial expression)	1. Reassure client to allay her anxiety and fears. 2. Introduce all staffs on duty to client. 3. Explain every procedure to the client for proper understanding. 4. Encourage client to ask questions and answer questions briefly and simply. 5. Educate her on possible outcome of labour	1. Client was reassured that the condition would be managed. 2. All staffs on duty were introduced to the client. 3. Every procedure was explained to client for proper understanding. 4. Questions were answered in simple terms to client's understanding. 5. Client was educated on the possible outcome of labour.	21/11/22 2:50pm	Goal was met as client anxiety was relived.	

LABOUR CARE PLAN FOR MADAM ESTHER KONAMA CONTINUED

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVES/OUT CO-ME CRITERIA	NURSING ORDERS	NURSING INTERVENTIONS	DATE/ TIME	EVALUATION	SIGN
21/11/22 3:40am	Nausea and vomiting related to hormonal changes.	Client's nausea and vomiting will be resolved within 6 hours as evidenced by; 1. Client verbalizing that nausea has stopped. 2. Midwife observing no vomiting.	1. Reassure client. 2. Remove nauseated items away from client 3. Serve vomit bowl whenever client wants to vomit. 4. Give client water to rinse her mouth after vomiting. 5. Encourage client to take in sips of water.	1. Client was reassured that the vomiting will reside. 2. Nauseated items were removed away from client. 3. Side vomit bowl was served. 4. Client was given water to rinse mouth after vomiting. 5. Client was encouraged to take sips of water.	21/11/22 9:30am	Goal was met as client nausea and vomiting resolved.	

CHAPTER FOUR

PUERPERIUM

4.0 INTRODUCTION

This chapter describes the management of both mother and baby from day of delivery up to six weeks postpartum. It starts immediately after the complete expulsion of the placenta and membranes and subsequent control of hemorrhage. In this stage, all reproductive organs return to their pre- gravid state except the breast since lactation is established.

4.1 DAY OF DELIVERY

On the 21st November, Madam Esther was cleaned and transferred to the lying-in ward at8:40am after skin to skin. She was served with banku with groundnut soup. She was educated on the need to empty her bladder to prevent post-partum hemorrhage. Symphysiofundal height was 16 centimeters. Her first vital signs were checked and recorded as follows:

VITAL SIGNS

Temperature	36.5 degree Celsius
Pulse	85 beat per minute
Respiration	21 cycles per minute
Blood pressure	124/77 millimeters of mercury

Lochia was red (rubra) and flow was small. Perineum was intact. She was educated to massage her uterus and report any bleeding per vaginum. She was educated to feed baby on demand, 2 hourly or at least eight to twelve times daily to ensure adequate feed and to also serve as a method of family planning, it again increases bonding between mother and child. She was told to change perineal pad frequently and wash hands before breastfeeding the baby and after attending natures

call. Head to toe examination was done and no abnormalities were detected. She was asked to take her bath.

4.2 SUBSEQUENT CARE OF THE BABY

This is a care given to the baby six (6) hours after delivery. This consists of bathing the baby, dressing of the cord and also monitoring of vital signs.

Baby bath

Requirements

Methylated spirit

Surgical gloves

Sterile water in a gallipot

Baby's Soap

Baby's Sponge

Cream/ powder

Sterile cotton in a galipot or wrapped

Basin

Towels: 1 big towel and 3 small ones

Cot sheets 2

Apron

Disposable gloves

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

Mackintosh

2 jugs containing hot and cold water each

Two receptacles for used water and dirty linen

A receiver for used swab

Baby was bathed the next day at 3 o'clock after delivery, procedure was explained to mother. All items to be used for the procedure were assembled, as above

A plastic apron was worn. Hands were washed with soap and water and dried with clean towel. Gloves were worn and the baby was put on a safe flat surface and was undressed. Baby was then wrapped with a cot sheet and examined thoroughly. The head was exposed for it to be bathed. The eyes were cleaned (wiped) with clean cotton wool swabs soaked in sterile water and the face cleaned with damp face towel and dried. The nape of the baby's neck was supported with one hand. The head was supported and the baby's ears plugged with two fingers. The head was then washed with soapy sponge. Baby was then lifted off flat surface, supporting at the nape of the neck and the body resting in the elbow and brought, to the edge of the basin and soap rinsed off baby's hair and dried. Baby was then put on protected flat surface and exposed. The arms and front of trunk were washed paying attention to the skin folds. Then baby was turned with one arm supporting the chest with one hand holding the distal arm of the baby. The back was washed down to the feet, paying attention to the skin folds. Baby was supported firmly and immersed in a bath of warm water which temperature was tested with the elbow and rinsed thoroughly. She was then placed on the flat surface covered by a bath towel. A small towel was used to dry baby, paying attention to the skin folds. Baby oil as well as powder was applied on the baby. A diaper was put on and the baby dressed and wrapped with cleaned cot sheet.

Cord dressing;

Procedure for dressing the cord was explained to the mother and the procedure was performed in her presence. Hands were washed with soap and water and dried with a clean towel. Sterile gloves worn and cord exposed. The cord was inspected for bleeding, pulsation and the tip of the cord held

with a swab. The base of the cord was clean with sterile cotton wool with methylated spirit and then discarded after wiping 5cm away from the base of the cord. The whole cord was clean with sterile cotton wool and methylated spirit from the base upwards once at each side of the cord (front and back) and the tip clean with separate sterile cotton wool swab soaked with methylated spirit and cord left exposed. Hands were immersed in 0.5% chlorine solution, gloves removed and disposed. Hands were washed and dried with towel. Baby was then dressed and given to the mother to breastfeed. Client was advised to use only the sterile cotton wool swab and methylated spirit given to her to dress the cord and always keep the cord exposed after dressing. She was then taught how to apply dipper below the umbilicus.

Mother was encouraged to maintain baby's temperature to prevent the baby becoming too cold or too hot by dressing baby with light cotton clothing before wrapping her. Mother was encouraged to breastfeed baby exclusively and on demand or 8 to 12 times a day. She was also educated on breastfeeding problems and how she would manage the problem like breast engorgement, sore nipple and cracked nipple and to report if problem persist. Mother was advised to use only prescribed drug for cord care. Client was advised to wash hands before and after handling the baby. All findings were communicated to the mother and recorded afterwards.

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

Temperature	36.5 degree Celsius
Apex heart rate	134 beat per minute
Respiration	45 cycles per minute
Weight	2.9 kilogram

4.3 FIRST DAY POST DELIVERY AND DISCHARGE

The first day post-delivery was on 22nd[t] November,2022. She woke up looking strong and healthy. She brushed her teeth and was assisted to take her bath. She was served with porridge and bread by her mother. Head to toe examination was done and no abnormalities were detected on both mother and baby. Baby was bathed and cord dressed in the presence of the mother. She was taught how to dress the cord with cotton wool swabs soaked in methylated spirit. She complained of inadequate sleep at night, she was advised to sleep when baby was asleep and support person that is her mother and husband were asked to assist in the care of the baby during the day. She also complained of after pain and backache. The physiology behind frequency of micturition occurring after delivery was explained to her that due to the hemodilution or increased vascular volume that occurred during pregnancy, the kidneys resolve it by urinating frequently so that it would return to their pre-gravid state. Symphysiofundal height was 16 centimeters. First day post-partum check done on client and recorded as follows:

Temperature	36.0 degrees Celsius
Pulse	80 beat per minute
Respiration	19 cycles per minute
Blood pressure	120/70 millimeters of mercury

Lochia bright red with small flow and also not offensive. The baby passed meconium and urine. No abnormalities detected on head-to-toe examination. Weight was 2.9 kilograms.

Baby's vital signs were;

Temperature	36.2 degree Celsius
Apex heart beat	135 beat per minute
Respiration	40 cycles per minutes

The baby was reexamined form head to toe and confirmed by the midwife in charge to exclude any abnormality of the baby before discharge. Baby was dressed nicely in a warm and clean baby sheet and handed over to her mother for breastfeeding. Baby was intradermally injected with Bacilli Calmette Guerin (BCG) and oral polio '0' vaccine. She was educated not to apply anything at the site of injection and educated to report on danger signs of the baby such as fever, difficulty in breastfeeding and breathing problems. She was escorted and family were bid fare well and told to pack her belongings because she would be discharged home. Education was given to her on how to take the medications ordered for her. She was served the following drugs per hospitals protocol:

Caps Iron (111) polymaltose 100mg once daily x 30days

Tablet metronidazole 400mg three times daily x 7 days

Tablet folic acid 5mg once daily x 30days

Tablet paracetamol 1 gram three times daily x 5days

She was told she would be visited at home to provide care for her and baby. She was also reminded to come for one-week postnatal care on 29th November,2022. She was reminded to do exclusive breastfeeding, recognizing and management of common breast-feeding problems like breasts engorgement. She was educated on proper hand washing (washing hand with soap under running water) before and after each feed which is a way of helping to prevent infections. The mother was educated to complete immunization schedule. She was advised on the need for registration of birth. She was taught to eat well balanced meal, fruits to enhance in the prevention of constipation and also promote growth and development in the baby. Client had registered with the National Health Insured scheme so her bills were taken care of by the National Health Insurance scheme. Her husband was advised to give support to the mother in the care of the baby and the other children. All documents were signed and recorded. At 8:00 am, client was discharged and was reminded

that she would be visited at home the next seven days continuously to ascertain the progress of the mother, baby and the entire family. She thanked all the staff and also bid farewell to the other clients at the ward. She was accompanied to the junction for them to board a taxi home with husband and mother.

POST NATAL HOME VISIT

4.4 FIRST POST NATAL HOME VISITS

On 22nd November,2022, at 4:00pm, Madam Esther was visited in her house. She was asked how she and her baby were doing. After exchanging greetings, she said her condition was getting better and her previous complaints had improved and she also said that the baby was feeding and sleeping well. The family was much pleased to be visited. Explanation was given to Madam Esther that she and the baby were going to be examined from head to toe to detect any abnormality for early treatment and she was asked to emptied her bladder. The client's conjunctiva was examined and there was no pallor, the breasts were firm, soft and were lactating well, the uterus was well contracted and the Symphysio fundal height measured 15cm. The perineum was clean when inspected the lochia was red with moderate flow and without odour. Permission was sought to top and tail the baby and it was granted. The baby had passed meconium and urine when the diaper was removed and it was inspected. Baby was topped and tailed paying attention to the skin folds. As the baby was being topped and tailed, the procedure was also demonstrated to Madam Esther and her mother. The cord was also dressed with cotton wool soaked in methylated spirit; it was clean and quite dry. Baby was examined from head to toe and no abnormality was found. She was not jaundiced nor pale. Baby's weight was checked and recorded as 2.8 kilograms. Baby's vital signs were taken and recorded.

Madam Esther was encouraged to breastfeed the baby on demand and at least 8 to 12 times a day. She complained of after pains and it was explained to her that the pain was due to the involution of the uterus and was asked to continue taking paracetamol given to her as prescribed. Permission was sought to leave and client said go

Assessment made was:

OBSERVATION ON MOTHER (22nd November,2022)

OBSERVATION	**EVENING**
Temperature	36.2
Pulse	74 bpm
Respiration	20 cpm
Blood pressure	110/60mmHg
Lochia	Rubra
Fundal height	15 cm
Condition of the uterus	Contacted
Breast	Lactating

OBERVATION ON BABY on 22ndnovember,2022.)

OBERVATION	**EVENING**
Temperature	36.5
Apex heart beat	132 bpm
Respiration	44 cpm
Skin Colour	Pink

Cord bleeding	No
Cord	Drying
Suckling	Yes
Weight	2.8 kg
Stool Colour	Meconium

Baby was given to mother to be breastfeed. All findings were communicated to her and recorded. She was told of the visit the next day. Permission was sought to leave.

4.5 SECOND POSTNATAL HOME VISIT

On the 23rd November 2022, the second visit was made to client's house at 7:00am and 4pm. Madam Esther said her pain has resolved. The baby was also doing well. Permission was sought to inspect her perineal pad and the lochia was found to flow scanty, the colour was red (rubra) and not offensive. The head-to-toe examination was also done and everything was normal. The Symphysio fundal height was 15 centimeters.

The baby was toped and tailed paying attention to the skin folds and general examination was carried out and no abnormality was present. The cord was neatly dressed with no abnormality detected and was getting dried. The baby passed stools and urine everyday according to Madam Patience, baby weight was 2.7kilograms.

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

OBSERVATION ON MOTHER (23rd November,2022.)

OBERVATION	MORNING	EVENING
Temperature	36.4^0C	$36.7\ ^0$C
Pulse	78 bpm	74 bpm
Respiration	22 cpm	20 cpm
Blood pressure	110/70mmHg	110/60mmHg
Lochia	Rubra	Rubra
Fundal height	14cm	14cm
Condition of the uterus	Contracted	Contracted
Breast	Lactating	Lactating

OBSERVATION ON BABY (23RD November,2022.)

OBERVATION	MORNING	EVENING
Temperature	36.6^0C	36.7^0C
Apex beat	136 bpm	134 bpm
Respiration	48 cpm	46 cpm
Skin Colour	Pink	Pink
Cord bleeding	No	No
Cord	Shrink ing	Shrinking
Suckling	Yes	Yes

Weight	2.7kg	2.7kg
Stool Colour	Meconium	Meconium

4.6 THIRD POSTNATAL HOME VISIT

On the 24th November,2022, the third home visit was made to Madam Esther house at 7:00am and 4:30 pm. Greetings were exchanged. Mother and baby were doing well. Permission was sought to inspect client's perineal pad and it was red, scanty flow without any offensive smell. Her breast was lactating well and engorged. Symphysio fundal height was 14 centimeters when measured. Her vital signs were checked and recorded as follows;

Baby was toped and tailed paying attention to the skin folds and general examination was carried out and no abnormality was present. The cord was dressed aseptically with no abnormality detected. The baby also passed stools and urine. Weight was 2.6 kilogram.

Madam Esther complained of pain in her breasts and heaviness which was as a result of fullness. She was educated to continue breastfeeding the baby on demand and frequently, and to apply warm compress on them to reduce the pain and was asked to breastfeed baby on demand and to make sure one breast is emptied before the other and to wear well-fitting brassier.

Permission was sought to leave and Madam Esther said she was very grateful and appreciated the care that was given to them.

OBSERVATION ON MOTHER (24th November,2022)

Observation	MORNING	EVENING
Temperature	36.5^{0}C	36.8 ^{0}C
Pulse	76 bpm	78 bpm
Respiration	22 cpm	20 cpm
Blood pressure	120/60mmHg	120/80mHg
Lochia	Rubra	Rubra
Fundal height	13cm	13cm
Condition of the uterus	Contracted	Contracted
Breast	Lactating but engorged	Lactating but engorged

OBSERVATION ON BABY (24th November,2022.)

Observations	MORNING	EVENING
Temperature	36.7^{0}C	36.7^{0}C
Apex beat	134 bpm	132 bpm
Respiration	44 cpm	48 cpm
Skin Colour	Pink	Pink
Cord bleeding	No	No
Cord	Shrinking	Shrinking

Suckling	Yes	Yes
Weight	2.6kg	2.6kg
Stool Colour	Dark Yellowish	Dark Yellowish

4.7 FOURTH POSTNATAL HOME VISIT

The fourth home visit was made to Madam Esther's house at 7:00am on 25th November,2022. The health status of mother was inquired and she said the pain in her breasts had subsided except the fullness. Lochia was pink (serosa) with scanty flow without odour on inspection. Head to toe examination was done and everything was normal. Symphysio fundal height was measured and it was 13 centimeters.

Baby was top and tailed paying attention to the skin folds and the general examination was carried out, no abnormality was found. The cord was aseptically dressed with methylated spirit and no abnormality was detected and baby was doing well. The baby had already passed stools and urine. Her weight was 2.54 kilograms when checked. Baby's stool was dark yellow. She was encouraged to breastfeed the baby on demand and to ensure adequate warmth to baby. During the visit, client under wear was washed and dried in her room and was advised to dry them under the sun to prevent any infection since they thrive in moist area and was also advised to take nutritious meals and to take in fruits in addition since, she was prone to getting infections.

OBSERVATION ON MOTHER (25th November,2022.)

Observations	**MORNING**
Temperature	36.0^0C
Pulse	78 bpm

Respiration	22cpm
Blood pressure	110/70mmHg
Lochia	Serosa
Fundal height	11 cm
Condition of Uterus	Contracted
Breast	Lactating but slightly engorged

OBSERVATION ON BABY (25th November,2022.)

Observations	**MORNING**
Temperature	36.7^0C
Apex heart beat	136 bpm
Respiration	48cpm
Skin colour	Pink
Cord bleeding	No
Condition of cord	Shrinking
Suckling	Yes
Weight	2.54kg
Stool colour	Dark yellow

4.8 FIFTH POSTNATAL HOME VISIT

The fifth postnatal home visit was on 26th November,2022. at 8:00am. Greetings were exchanged with client and her family after which a seat was offered in client's room. Mother and baby were both in a healthy condition when it was inquired. She was reassured and was advised to breastfeed baby regularly. Inspection of the lochia was done and the colour was pink (serosa) without any bad odour and flow was scanty. After the head-to-toe examination, no abnormality was detected. Symphysio fundal height was 12 centimeters when checked.

Baby was top and tailed paying attention to the skin folds, head to toe examination was done and no abnormalities were found on the baby. Her cord showed signs of detachment and was dried. Weight was 2.6 kilograms when checked.

She was reminded of the next visit and she said she was very grateful. Permission was sought to leave.

OBSERVATION ON MOTHER (26th November,2022.)

OBERVATION	**MORNING**
Temperature	36.7^0C
Pulse	76 bpm
Respiration	20cpm
Blood pressure	110⁄70mmHg
Lochia	Serosa
Fundal height	10cm
Condition of the uterus	Contracted
Breast	Lactating

OBSERVATION ON BABY (28th July, 2019)

OBERVATION	MORNING
Temperature	36.6^0C
Apex beat	136 bpm
Respiration	44 cpm
Skin Colour	Pink
Cord bleeding	No
Cord condition	Shrinking
Weight	2.6kg
Suckling	Yes
Stool Colour	Yellow

4.9 SIXTH POSTNATAL HOME VISIT

The sixth day postnatal home visit was made on 27th November,2022. at 7:30am. Greetings were exchanged with client and her family and a seat was offered in client's room. Mother and baby were both in a healthy condition and Madam Esther said the baby's cry had minimized and now sleeps a lot. On head-to-toe examination, no abnormalities were detected. Her breast was soft and lactating well. Inspection of the lochia was done and the colour was pink (serosa) flow was very scanty without any bad odour. Measurement of Symphysio fundal height was 11 centimeters when checked. She had a good bowel movement as well as that of the baby. Baby was given a warm

bath paying attention to the skin folds since the cord was off the previous evening and head to toe examination was done with no abnormality found on the baby. The stump was then dressed and the area was cleaned with methylated spirit. Weight was 2.6kilograms.

Client complained of backache and was educated on positioning of herself and baby during breastfeeding. Education was given to her on the importance of ensuring good personal hygiene and the need to feed the baby continuously on demand and at midnight too. She said she appreciated that a lot, and she was thanked for her co-operation. She was reminded that the next day was going to be the last visit to her house and permission was sought to leave.

OBERVATION ON MOTHER (27th November,2022.)

Observations	**MORNING**
Temperature	36.4^0C
Pulse	78 bpm
Respiration	23 cpm
Blood pressure	110/80mmHg
Lochia	Serosa
Fundal height	9cm
Condition of the uterus	Contracted
Breast	Lactating

OBSERVATION ON BABY (27th November,2022.)

OBERVATION	MORNING
Temperature	36.4^0C
Apex beat	137 bpm
Respiration	45cpm
Skin Colour	Pink
Cord bleeding	No
Cord condition	off
Weight	2.7kg
Suckling	Yes
Stool Colour	Yellow

4.10 SEVENTH POST NATAL HOME VISIT

The last visit for the week was on 28th November,2022. at 8:00am. The condition of mother and baby were very good. Head to toe examination was done after explaining the procedure to her. Permission was sought and perineal pad was inspected. Lochia was creamy white (Alba) but very little and not offensive. Nothing abnormal was detected. Symphysio fundal height was 10 centimeters when checked.

Baby was bathed by the mother and cord stump dressed and it went on well, under supervision. Head to toe examination was done and no abnormality was found. Weight was 2.9 kilograms. All the findings were explained to the client and she was educated on the importance of visiting the clinic for the first weeks post-natal and the importance of immunizing the baby fully. She was thanked for her support and co-operation and farewell was done.

OBERVATION ON MOTHER (28th November,2022.)

OBSERVATIONS	MORNING
Temperature	36.4^0C
Pulse	74 bpm
Respiration	20cpm
Blood pressure	110⁄70mmHg
Lochia	Alba
Fundal height	8 cm
Condition of uterus	Contracted
Breast	Lactating

OBERVATION ON BABY (28th November,2022.)

OBSERVATIONS	MORNING
Temperature	36.8^0C
Apex heart beat	143bpm
Respiration	43cpm
Skin colour	Pink
Cord bleeding	No
Cord stamp	Healing
Weight	2.9kg
Suckling	Yes
Stool colour	Yellow

4.11 FIRST POSTNATAL VISIT TO THE CLINIC

Madam Esther came to the postnatal clinic on 29th November,2022. at

9:30am with her mother in-law who accompanied her; they were welcomed immediately and offered seats. Client said her family was doing well when asked. Every procedure to be done was explained to her to gain her consent her weight was 55 kilograms when checked and Symphysio fundal height was also 9 centimeters when measured.

She was asked to take specimen of urine as she went to empty bladder. Her urine was tested and it was negative for both protein and sugar. Hemoglobin level was 11.5 grams per deciliter. Privacy was provided and she was helped onto the examination bed and head to toe examination was performed after assisting her to undress. Client's hair looked very nice, the eyes and nose were inspected and no abnormality was found. The conjunctiva was neither pale nor jaundiced. Breasts were examined but there was no abnormal mass, soreness of the nipples and engorgement present. The upper and lower extremities were inspected and no abnormality was present. On abdominal examination, the spleen was not enlarged and there was no tenderness after palpating the liver. The vulva was examined for infection, and lochia flow was Alba. No abnormality was found in all. Findings were communicated to Madam Esther and she was commended for her cooperation and she was also thanked as well.

Baby was also examined from head to toe. The conjunctiva was not pale, neither was there jaundice of the sclera nor eye discharges. The ears and nose were inspected as well as the lips and mouth, but no abnormality was found. The umbilical stump was neatly healed. Baby's weight was 3.2 kg when checked.

After the examinations, findings were communicated to Madam Patience that nothing abnormal was detected on the baby. Client was educated on family planning, to help her and the husband

space their birth and give birth to the number of children they could cater for. She agreed and said that since the husband was not present at that time, she would come later with him for more information but gave an assurance to practice the lactational amenorrhea method as a natural method which is temporal. Madam Esther was also reminded on the need to completely attend baby clinic to complete the child's immunization schedules and also attend six weeks post-natal clinic for examination. She was however handed over to the midwife in charge.

4.12 SECOND POST NATAL VISIT TO THE CLINIC

On the 3rd January,2023., Madam Esther visited the clinic with the baby and was warmly welcomed by the midwife in-charge. Mother and baby were in healthy condition and had no complaints, according to the midwife-in-charge.

Hemoglobin level of mother was 11.5g/dl as checked and urine test for protein and sugar were negative. Weight was 59 kilograms. Baby weight was 4.9 kilograms.

Physical examination was carried out and no abnormality detected. Breast was lactating well, uterus was well involuted and menstruation had not yet commenced and no lochia seen.

Baby's general condition was good on head-to-toe examination; baby's posterior fontanelle was closed. Client was handed over to the child health care unit for baby's immunization (against polio, diphtheria, tetanus, hepatitis B given to children at six weeks. She was also given pneumococcal and rotavirus vaccine for protection against pneumonia and diarrhea respectively. These were recorded in the baby's record booklet. They were then handed over to the family planning unit to ensure continuity of care. Client was educated to consult them in case of any problem. All findings were communicated to client and she was congratulated.

4.13 CARE PLAN DURING PUERPERIUM

PROBLEMS IDENTIFIED DURING PUERPERA

Inadequate sleep at night – 23rd November,2022.

After pain -23rd November,2022.

Backache **–** 25th November,2022.

Breast engorgement – 26th November,2022.

Potential problem

Risk for genital tract infection – 27th November,2022.

SHORT TERM OBJECTIVES

Client will have at least 6 hours sleep at night daily within 24hours

Clients after pain will subside within 24 hours.

Client will be relieved of backache within 48 hours

Client's breast engorgement will subside within 24 hours.

Client will remain healthy throughout puerperium within 72 hours in puerperium

LONG TERM OBJECTIVES

Madam Esther and baby will go through puerperium successfully without any complication.

PUERPERIUM CARE PLAN

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVE/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
22/11/22 7:30 am	Inadequate sleep related to excessive crying of baby.	Client will have at least 6 hours sleep within 24 hours as evidence by 1.Client verbalizing that she is able to sleep for at least 6 hours at night. 2. Client's sister confirming that client had enough sleep.	1. Reassure client. 2. Encourage client to breastfeed well before the baby sleeps. 3. Encourage client to change baby napkins when wet. 4. Encourage client to do demand feeding. 5.Encourage client to sleep as soon as baby sleeps	1. Client was reassured that she will be able to sleep well. 2. Client was encouraged to breastfeed well before baby sleeps. 3. Client was encouraged to change baby's napkins before feeding when wet. 4.Client feed baby on demand 5. She slept as soon as the baby was asleep.	24/11/22 07:30 am	Goal was met as client verbalizing that she is able to sleep.	

PUERPERIUM CARE PLAN

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVE/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
22/11/22 12:00 pm	After pain related to involution of the uterus	Clients after pain will resolve within 24 hours as evidenced by 1. Client verbalizing that her pain has reduced. 2.Midwife observing that client is comfortable and has no pain.	1. Reassure client. 2. Explain reasons of after pain to the client. 3. Encourage client to empty her bladder whenever she has the urge 4. Encourage client to adopt a comfortable position when breast feeding. 5. Serve analgesics as prescribed. E.g. paracetamol	1. Client was reassured that her pain will be resolved. 2. It was explained to the client that her pain was due to the involution of the uterus. 3. Client was advised to empty her bladder whenever she has the urge. 4. She assumed a comfortable position when breast feeding. 5. Client was served with tab paracetamol1g tds x3	23/11/22 12:00 pm	Goal was met client after pain has resolved.	

PUERPERIUM CARE PLAN CONTINUED

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVE/ OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
22/11/22 12:30pm	Backache related to poor body posture during breast feeding	Client will be relieved of pain within 48 hours as evidenced by; 1. Client verbalizing that there is no pain. 2.client's husband reporting that client's pain has stopped by her facial expression	1. Reassure client that she will be relieved of pains. 2. Teach client how to position herself when breast feeding. 3. Explain the reason of backache to client. 4. Encourage client to support her back with pillows when sitting. 5. Serve prescribed analgesics (paracetamol)	1. Client was reassured that pain will subside. 2. Client was taught on how to position herself when breastfeeding and was demonstrated to her. 3.The reason for backache was explained to client 4. Client was encouraged to support her back with pillows when sitting. 5. Paracetamol was served as prescribed.	24/11/22 12:30pm	Goal was met client backache has been relieved.	

PUERPERIUM CARE PLAN

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVE /OUTCOME CRITERIA	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
26/11/22 1:00pm	Breast engorgement related to poor attachment of the baby to breast	Client's engorged breast will subside within 24 hours as evidence by the 1. Client verbalizing that her breast engorgement has resolved. 2. The client's mother testifying that engorged breast has resolved.	1. Reassure client her breast engorgement will subside. 2. Teach client on correct attachment of the baby to the breast. 3.Encourage client on gentle manual expression of breast milk 4. Encourage her to continue breast feeding the baby. 5. Encourage client to apply warm compress on both breasts.	1. Client was reassured that her breast engorgement will subside. 2. She was taught how to properly fix baby to breast. 3. Client was encouraged on gentle manual expression of breast milk 4. Client was encouraged to Continue breast feeding the baby on demand and frequently. 5. Client was encouraged to apply warm compress on both breasts.	27/11/22 1:00pm	`	

PUERPERIUM CARE PLAN CONTINUED

DATE/ TIME	NURSING DIAGNOSIS	NURSING OBJECTIVE/ OUTCOME	NURSING ORDERS	NURSING INTERVENTION	DATE/ TIME	EVALUATION	SIGN
27/11/22 at 1:30pm	Risk for infection (perineal) related to puerperium (raw placenta side)	Client will remain healthy throughout puerperium within 72 hours in puerperium as evidence by 1. Client showing no signs of infection such as rise in temperature. 2. Midwife observing client observing personal hygiene	1. Reassure client. 2. Educate client on perineal hygiene. 3. Educate her to take nutritious meals to boost her immune system. 4. Encourage client on good hand washing practice after changing baby and visiting toilet. 5. Encourage client to wear cotton panties to prevent moisture at the perineum.	1. Client was reassured that she will not get any puerperal infection. 2. Client was educated to change her pad frequently when soiled. 3. She was educated to take nourishing diet rich in protein and vitamins. 4. Client was encouraged on good hand washing practices. 5. Madam Esther was encouraged to wear cotton panties.	29/11/22 at 1:30pm	Goal was met as client had no signs of puerperal infection.	

SUMMARY AND CONCLUSION

This family centered maternity care study was conducted on Madam Esther and her family. She was an expectant mother who was taken care of from her third trimester at Ayimom health center. She was met on 7th November, 2022.in good condition. Holistic and individualized care was rendered to client from the time she was met, which was during third trimester of her pregnancy through to labour and puerperium.

She encountered minor problems during pregnancy, labour, and puerperium but they were well taken care of Madam Esther had a successful care during her antenatal periods, labour and puerperium which were due to quick analysis of problems, good counseling, client's understanding and co-operation and also by involving the family members in her care. She had a spontaneous vaginal delivery on 21st November,2022. alive female child without any complications, since she was well managed during pregnancy and the time of labour.

She had a normal puerperium with all visits and her two weeks post-natal examination performed on her as required.

In conclusion, the family centered maternity care has afforded the student midwife the opportunity to identify the various needs of the individual during pregnancy, labour and puerperium and put the knowledge acquired to practice. This knowledge acquired has given the gradual a better understanding of the care of the client and this will be translated to others in the course of her career as a midwife.

BIBILIOGRAPHY

1. Antenatal Record Book
2. Konar, H. (2013). *D.C.Dutta's Textbook of Obstetrics*. Kolkata: New Central Book Agency(P) Ltd.
3. Marshall. J. & Raynor. M. (2014*): Myles Text Book for Midwives* (16th Edition), London, Churchill Livingstone Company
4. Marie, E (2013) *Midwifery for Nurses (*2nd Ed.*) New* Delhi: CBS PUBLISHER &
5. Myles M (2014). *Myles Textbook for Midwives (fifteenth ed.).* London: Churchill Livingstone Elsevier Ltd
6. Ojo, O.A (1982): *A textbook for Midwives in the topics* (1st Ed), Edward Arnold Bedford Square Distribution.
7. Tiran, D. (2008). *Bailliere's Midwives Dictionary (11th ed.) London*: Bailliere Tindall Elsevier Marshall, J. &Raynor, M. (2014). *Textbook for Midwive*s (6th edition). London: Churchill Livingstone Elsevier Ltd.

APPENDIX 1

TABLE 1: COMPLETE DIAGNOSTIC INVESTIGATION ON MADAM ESTHER KONAMA

DATE	SPECIMEN	INVESTIGATION	NORMAL RANGE	FINDINGS	REMARKS
28/03/22	Urine	Protein	Negative	Negative	Normal
		Glucose	Negative	Negative	
	Blood	Haemoglobin level	11-16gms/dl	11.0 g/dl	Normal
		PMTCT	Negative	Negative	
		Syphilis	Negative	Negative	
		Rhesus factor	Negative/Positive	Positive	
		Grouping	A, B, AB, O	B	
		Sickling Test	Negative	Negative	
28/03/2022	Urine	Glucose	Negative	Negative	Normal
		Protein	Negative	Negative	

COMPLETE DIAGNOSTIC INVESTIGATION CONTINUED

DATE	SPECIMEN	INVESTIGATION	NORMAL RANGE	FINDINGS	REMARKS
27/04/2022	Urine	Protein Glucose	Negative Negative	Negative Negative	Normal
27/04/2022	Urine	Protein Glucose	Negative Negative	Negative Negative	Normal
27/04/2022	Urine Blood	Protein Glucose Haemoglobin level	Negative Negative 11-16gms/dl	Negative Negative 12.5gms/dl	Normal Normal

APPENDIX II

Table 2: PHARMACOLOGY OF DRUGS FOR THE MOTHER

NAME OF DRUG	CLASSIFI-CATION	DOSAGE	ROUTE	ACTION AND USES	ACTUAL EFFECT	SIDE EFFECT	SIDE EFFECT EXPERI-ENCED
Folic acid	Vitamin preparation	5 milligrams once daily	Orally	Proper formation and function of red blood cell	Haemoglobin level increased	Nausea and vomiting	None observed
Tetanus injection	Vaccine	0.5 milligram stat (3rd dose)	Subcutaneously	Protection against tetanus	Tetanus was prevented	Fever and urticaria rash	None observed
Tablet sulphadoxine pyrimethamine	Anti-malaria and prophylaxis	3 tablets given at 16 weeks/quickening repeated at 4-week interval till delivery.	Orally	Prevention of malaria	Prevention of malaria in pregnancy	Nausea, itching, headache, Dizziness	None observed

NAME OF DRUG	CLASSIFI-CATION	DOSAGE	ROUTE	ACTION AND USES	ACTUAL EFFECT	SIDE EFFECT	SIDE EFFECT EXPERI-ENCED
Tablet paracetamol	Analgesics	1 gram three times daily for three	Orally	Helps to relieve pain	Pain was relieved	Prolong use causes damage to the liver	None observed
Capsule vitamin A	Group A vitamin supplement	200,000 units	Orally	Growth development and proper sight	Normal vision and healthy skin	Vomiting	None observed
Injection oxytocin	Oxytocic drug	10 units	Intramuscularly	Stimulate uterine contractions	Good uterine contraction and control of bleeding	Nausea and vomiting	None observed
Tablet multivitamin	Vitamin preparation	200 milligrams daily	Orally	Increases appetite. Help in the formation of red blood cell	Increases appetite	Gastrointestinal disturbance	Constipation

Table 3: PHAMARCOLOGY OF DRUGS FOR THE BABY

NAME OF DRUG	CLASSIFI-CATION	DOSAGE	ROUTE	ACTION/USES	ACTUAL EFFECT	SIDE EFFECT	SIDE EFFECT EXPERIENCED
Vitamin K	Coagulant	1milligram	Intramuscular	Production of prothrombin	No bleeding	None	None observed
Chloramphenicol eye drop	Prophylaxis antibiotic	2-3 drops	Instillation	Prevents eye infection	Infection was prevented	Nephroxicity	None observed
Polio vaccine	Antigen	2 drops	Orally	Production of antibodies against poliomyelitis	Diarrhoea and fever may occur.	None	None observed
Injection Bacillus Chalmette Guerin (BGC)	Antigen	0.05 Milligram	Intradermal	Vaccinates neonates against tuberculosis	Tuberculosis prevention	Blister formation	None observed
Pnuemo Coccal	Antigen	0.5 milligram	Intramuscularly	Vaccinates neonates against pneumonia	Pneumonia prevention	Redness at the side of injection and fever	None observed
5 in 1 vaccine (Pentavalent)	Antigen	0.5 milligram	Intramuscularly	Vaccinates neonates against diphtheria, pertussis (whooping` cough), tetanus, hepatitis B, haemophilus influenza type B	Prevention of childhood preventable diseases	Low grade fever	None observed
Retro virus	Antigen	1.5 milligrams (2 drops)	Orally	Prevention of gastroenteritis	Gastroenteritis prevention	None	None observed

APPENDIX III

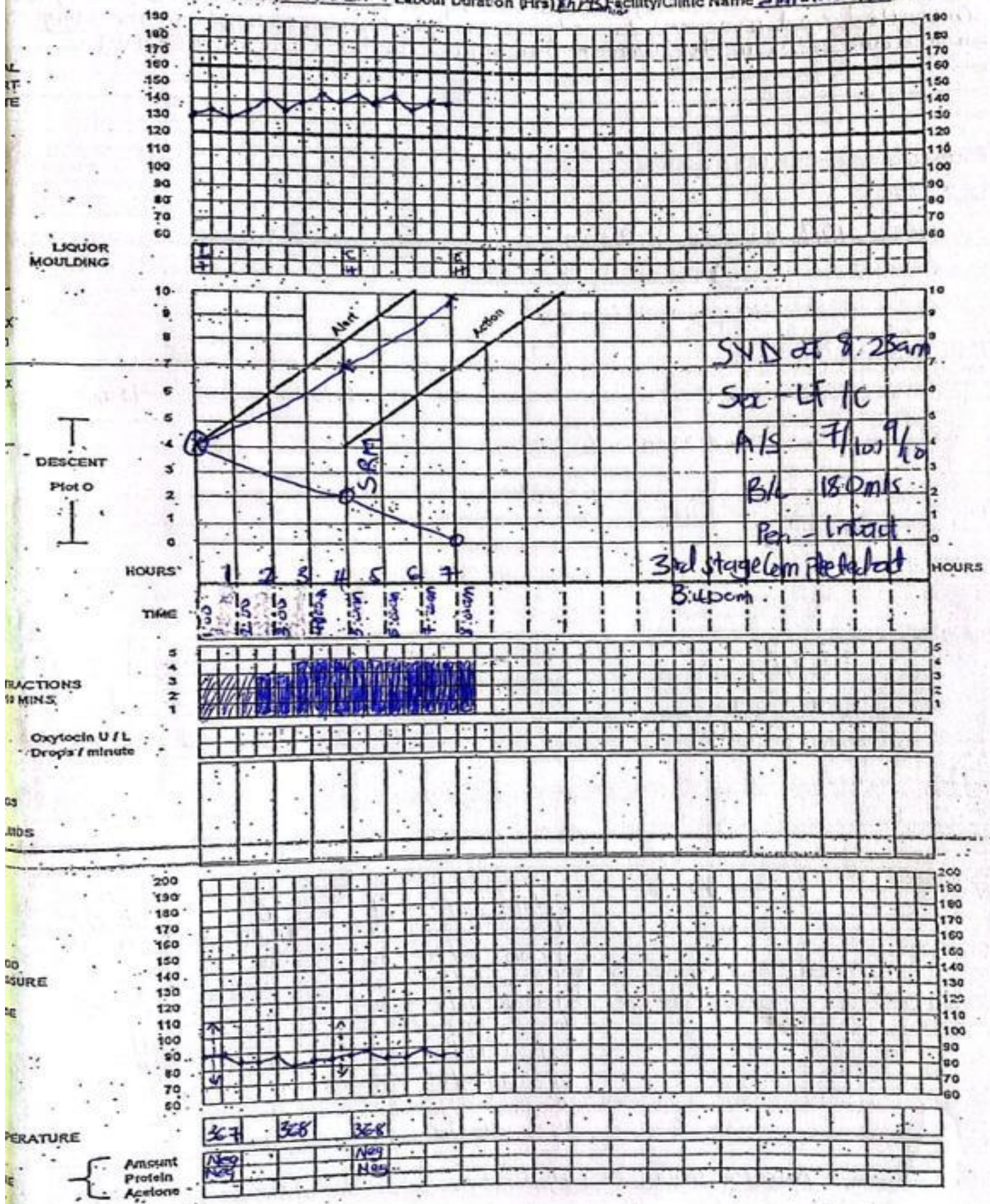
Table 4: ANTENATAL RECORDS

Date	**Wt**	**Vital signs (bp/tpr)**	**Urine/ Protein/ Sugar**	**Hb (gdl)**	**Gest-ation in weeks**	**Fund al hei-ght**	**Pres-Enta-Tion**	**Des-Ce-nt**	**Fetal Heart Rate**	**Com-Plains**	**Treat-Ment**	**Rem-arks**
28/3/22	54kg	98/69 36.0^{o}c 82bpm 20cpm	Negative / Negative	12.0g /dL	8Weeks	_	_	_	-	Headache	Routine drugs Paracetamol	Well
27/4/22	55kg	109/66 36.1^{o}c 80bpm 20cpm	Negative / Negative	12.1g /dL	12 Weeks	12cm	_	_	M+	No complains	Routine drugs and First SP	Well
8/6/22	56kg	102/60 36.0^{o}c 84bpm 24cpm	Negative / Negative	-	$17^{+}2$ Weeks	15 cm	_	_	158bpm	No complains	Routine drugs and Second SP	Well
19/7/22	55kg	112/70 36.4^{o}c 78bpm 20cpm	Negative / Negative	-	23 Weeks	24 cm	Cephalic	-	161bpm	Lower Abdominal Pain	Routine drugs, Paracetamol and Third SP	Well
17/8/22	57kg	106/74 36.5^{0}c 74bpm	Negative / Negative	12.3g /dL	27 Weeks	26 cm	Cephalic	-	132bpm	Waist Pains	Routine drugs, Paracetamol and Fourth SP	Well

Date	Wt	Vital signs (bp/tpr)	Urine/pro-tein/ Sug-ar	Hb (gdl)	Gest-ation in weeks	Fund al hei-ght	Pres-Enta-Tion	Des-Ce-nt	Fetal Heart Rate	Com-Plains	Treat-Ment	Rem-arks
18/9/22	58kg	115/62 36.5^{O}c 20cpm 79bpm	Negative / Negative	12.5g /dL	31 Weeks	30cm	Cephalic	-	144bpm	No complains	Routine drugs	Well
12/10/22	58kg	115/71 36.4^{0}c 88bpm 24cpm	Negative / Negative		35^{+5} Weeks	36cm	Cephalic		145bpm	Waist pains	Continue routine drugs and fifth SP	Well
22/10/22	60kg	100/64 36.5^{0}c 82bpm	Negative / Negative	12.8 g/dL	36^{+1} Weeks	37cm	Cephalic		146bpm	Headache	Routine drugs and sixth dose of SP	Well
7/11/22	56kg	102/62 36.4^{0}c 82bpm 20cpm	Negative / Negative	13.0 g/dL	37^{+1} Weeks	37cm	Cephalic	5/5th	148bpm	Heart burns and waist pains	Continue Routine drugs	Well
14/11/22	61kg	101/64 36.2^{0}c 86bpm 24cpm	Negative / Negative	_	39 Weeks	36cm	Cephalic	5/5th	146bpm	constipation	Continue Routine drugs	Well
19/11/22	62kg	107/69 36.3 26bpm	Negative /Negativ e	-	40+^{1}	35cm	Cephalic	5/5	148bpm	Backache	Continue Routine drugs	Well

WHO Modified Partograph

Registration No. 78/22 Name (Last, First) KONAMA ESTHER Age 24yrs
Date 21/11/2022 Parity/Gravida 2 1 3 LMP 22/2/22 EDD 29/11/22 Gestation (wks) 40+5
ROM (Time, Date) 5:00am Labour Duration (Hrs) 8h/45 Facility/Clinic Name JIMIJIMI HEALTH CENTER



LABOR NOTES

Labour progressed well and client had SVD at 8:23am to a LFC with birth weight of 2.9kg. Baby assesement was done. FL-45cm, HC-33cm. Third Stage was suresful with CCT and bleeding was controlled and managed. Client and baby were sent to the lying-in ward and was made comfortable in bed under close monitoring.

Please circle or write responses.

DELIVERY

DATE: 21/11/2022 TIME: 8:23am METHOD: (Spontaneous) / Vacuum Extraction / C/S / Other

PERINEUM: (Intact) / Episiotomy / Laceration

ANESTHESIA: None / Local / General

THIRD STAGE

Active Management: (Yes) / No Medication: Time 8:28am Type/Dose 10 units of oxytocin

PLACENTA: Time: 8:28am (Complete) / Incomplete

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

BABY

Weight: 2.9kg

Sex: Male / (Female)

Baby Position: (Vertex) / Breech / Other

APGAR

Time	Color	Breath	Heart	Tone	Reflex	To
1 min	1	2	2	1	1	7/10
5 min	2	2	2	2	1	9/10

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

FOURTH STAGE MONITORING

Frequency	Time	B/P	Pulse	Fundus	Bleeding	Bladder
Every 15 minutes first 2 hours	8:45am	110/70	81	16	Small	Nil
	9:00am	110/70	79	Well contracted	Small	Nil
	9:15am	100/70	76	"	"	Nil
	9:30am	110/70	80	"	"	Voided
	9:45am	120/70	80	"	"	Nil
	10:00am	120/70	82	"	"	Nil
	10:15am	120/70	80	"	"	Nil
	10:30am	120/80	78	"	"	Nil
Every 30 minutes For 1 hour	11:00am	120/80	80	"	"	Voided
	11:30am	120/80	84	"	"	Nil

Birth Attendant ADISUMA FAITHBLESS HANNEH ASSISTED BY VIVIANA FRIDE Date 21/11/2022

MATERNITY CHART

KONAMA ESTHER

24 YEARS WARD LYING-IN

72/22 BED NO.: 3

Date	21/11/22	22/11/22	23/11/22	24/11/22	25/11/22	26/11/22	27/11/22	28/11/22
Days in Hospital	D0	D1	D2	D3	D4	D5	D6	D7
Hour a m		8:45	8:30	8:20				
Hour PM	-	5:10	5:50	4:40	4:40	4:45	4:15	4:30

Temperature C | F

107 | 106 | 105 | 104 | 103 | 102 | 101 | 100 | 99 | 98

39.0 | 38.5 | 38.0 | 37.5 | 37.0

Key
- = Symphysiofundal Height
- = Temperature

Scale - 1c : 1unit

Pulse	80	74	78	74	76	78	76	76	74
	Passed	Passed	Passed	Passed	Passed	Passed	Passed	Passed	Passed
Urine	Passed	Passed	Passed	Passed	Passed	Passed	Passed		
BP	126/70	120/70							

HOLY FAMILY HOSPITAL
BEREKUM

NEW BORN EXAMINATION FORM

Name: Baby Esther Konama Date of Assessment: 21/11/2022 Time: 9:00am
Date of Birth: 21/11/2022 Time of Birth: 8:23am Sex: ☐ M ☑ F Age at time of Assessment (days/hrs) 1hr:20mi
Astational Age ☐ 40+5 ☐ Mode of Delivery: ☑ Vaginal Assisted Vaginal C-Section
APGAR: 1min ☐ 5min ☐ Birth Weight: ☐ 2.9 kg ☐ Length: 45 cm Head Circumference: 33 cm
Temperature at time of Assessment: 36.5 °C Urine passed: (Yes) No Meconium passed: (Yes) No
Name of Assessor (Midwife/Doctor): ANSUAA FAITHGEESS HINNEH

1. Respiration
Rate 45
☐ Rate < 30 b/m *
☐ Rate < 60 b/m *
☑ 30-60 b/m
☐ Retractions *
☐ Grunting *
☐ Stridor *

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

3. Tone
☑ Normal
☐ Floppy *
☐ Increased *

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

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

Cry
☑ Normal
☐ Shrill *
☐ Absent *

7. Suck
☑ Good
☐ Weak
☐ Absent

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

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

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

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

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

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

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

16. Clavicle
☑ Normal
☐ Swelling/Fracture

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

18. Heart rate
Rate: 134
☑ Normal (100-160)
☐ <100 *
☐ >160*

19. Femoral pulse
☑ Present
☐ Not palpable*

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

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

22. Limbs
☑ Normal
☐ Abnormal_____

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

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

24. Anus
☑ Patent
☐ Imperforate*

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

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

lay indicate severe disease that requires urgent referral
gnoses (if known) Term Baby

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

Name: Baby Esther Konama ..... No: .....

Sex: Female ..... Mother's No: 72/22 ..... Length: 45cm .....

Nature of Delivery: Spontaneous vaginal delivery ..... Diagnosis: Team baby .....

Date of Birth: 21/11/2022 ..... Time: 8:23am ..... Date of Discharge: .....

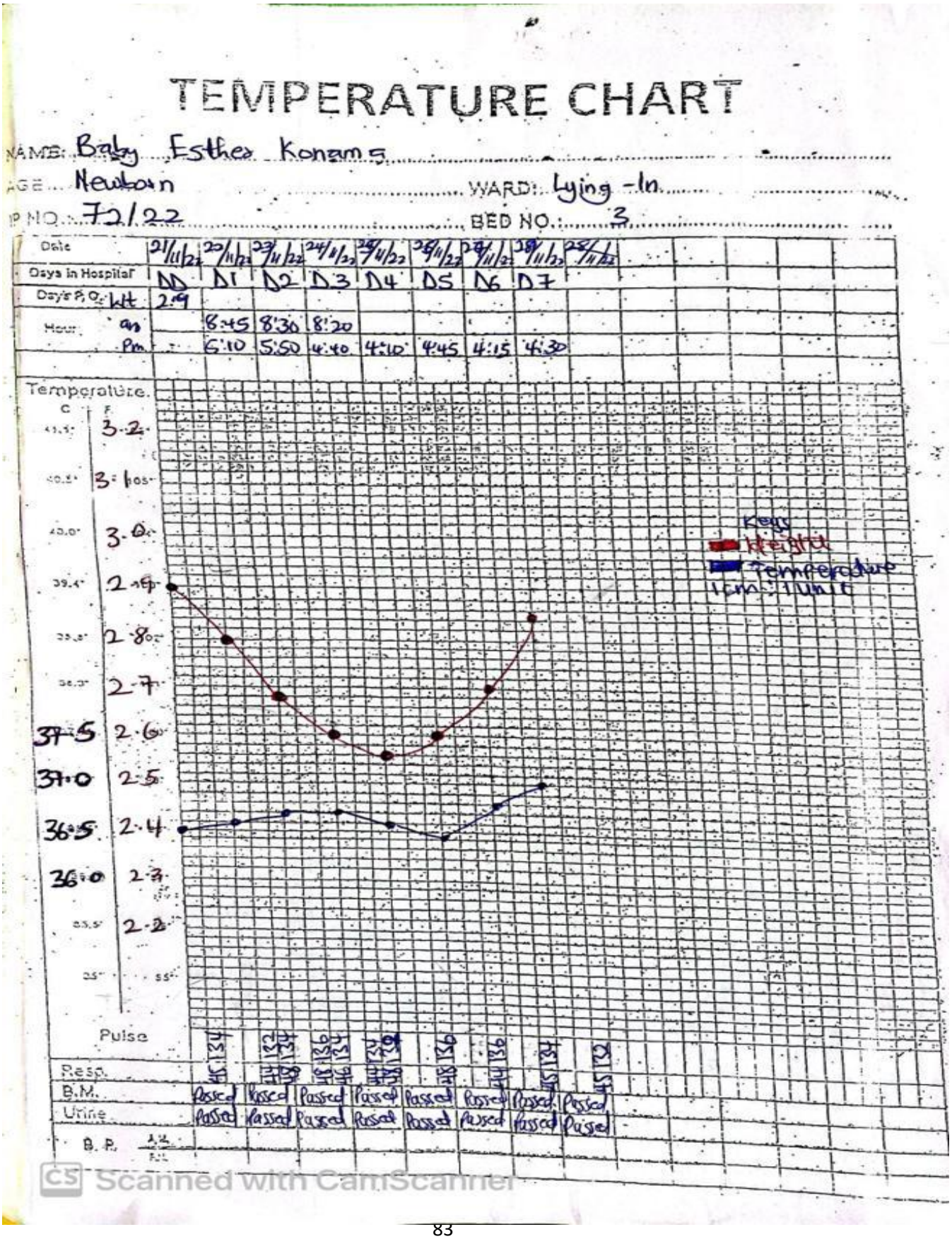
Date	21/11/22		22/11/22		23/11/22		24/11/22		25/11/22		26/11/22		27/11/22		28/11/22							
No. of Days	D0D		D1		D2		D3		D4		D5		D6		D7							
Weight	2.9kg		2.8kg		2.7kg		2.6kg		2.54kg		2.6kg		2.7kg		2.9kg							
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Temperature	36.5		36.4	36.5	36.6	36.5	36.7	36.6		36.7		36.6		36.4		36.8						
Stools	Passed		Passed	Passed	Passed	Passed	Passed	Passed		Passed		Passed		Passed		Passed						
Urine	Passed		Passed	Passed	Passed	Passed	Passed	Passed		Passed		Passed		Passed		Passed						
Remarks	Head Neck Truck Genitalia Limbs — NAD																					

TEMPERATURE CHART

NAME: Baby Esthea Konamş

AGE: Newborn WARD: Lying-In

IP NO.: 72/22 BED NO.: 3



SIGNATORIES

STUDENTS NAME;

ANSUAA FAITHBLESS HINNEH

IGNATURE.....

ATE..... 26th May, 2023 .....

NAME OF MIDWIFE IN- CHARGE JINIJINI;

LADY OPOKU ANTWI

GNATURE..... (f.o.d) .....

ATE..... 5/07/2023 .....

NAME OF SUPERVISOR;

RS. CELESTINE AHIAWONU

GNATURE.....

ATE..... 30/05/2023 .....

NAME OF PRINCIPAL;

ONICA NKRUMAH

GNATURE..... (R) .....

ATE..... 5/07/2023 .....

ACADEMIC CO-ORDINATOR-NURSING & MIDWIFERY