**SUPJECT: MIDWIFERY CASE STURDY.**

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**COLL NO: D/NURS/15039/031.**

**SCHOOL: MKN MTC**

**CLASS: SEPTEMBER 2014**

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**INTRODCTION OF MIDWIFERY CASE STUDY**

It is care given to an individual which is goal oriented where by a client whose gestation is between 28 to 32 weeks is identified and followed antenatally till six weeks postanatally.

Antenatally the client is followed to monitor progress of pregnancy in order to ensure good maternal health and fetal development.

During labour the individual is observed for progress of labour and given psychological and emotional support to prevent damage to fetus.

 Postanatally the mother is followed to promote the physical wellbeing of the mother and the baby by advising the mother on nutrition, hygiene, immunization and family planning.

 **OBJECTIVES OF MIDWIFERY CASE STUDY**

 **ANTENATALLY**

* To prepare the mother physically, emotionally, psychologically for labour, lactation and care of the new born.
* To ensure healthy and mature infant is born at the end of the pregnancy.
* Asses the progress of pregnancy to detect any risk and act upon it very fast for it is correction.
* To prepare the family psychologically for the awaiting of the new born in the family.
* To ensure the wellbeing of the pregnant mother and growing fetus.

 **INTRAPARTUM**

* To monitor the progress of labour closely to ensure maternal and fetal wellbeing.
* To detect any deviation from normal for early management.
* To prepare the mother physically and emotionally for delivery.
* To educate the mother on what is expected from her during Labour.

 **POSTNATALLY**

* To teach the mother the physiological changes in pueperium.
* To educate the mother on care of the baby through counseling in nutrition and hygiene.
* To promote breast feeding and lactation.
* Educate the importance of clinic attendance, family planning, immunization and growth monitoring of infants.

**FIRST ENCOUNTER WITH MY CLIENT**

 I first met my client on 14th June 2016 in maternal child health and family planning clinic during her second antenatal visit at gestation of 30 weeks where I introduced myself to her and explained my interest in taking her to be my client. She accepted my request and she informed me that she lives in Wote at a place called Shimo.

 I attended to her, took her history and performed physical examination on her with her consent. I then arranged with her for visit on 25th June 2016 at 4 PM which she acknowledged and thanked her for the cooperation.

**BIODATA OF MY CLIENT**

Name: Saida Ali.

Sex: Female.

Age: 26 years.

Marital status: married.

Occupation: House wife.

Education level: Class 8.

Religion: Muslim.

Residence: Wote.

Tel number: 0712239591

Next of kin: Rashid Mohamed.

Relationship: Husband

Occupation of husband: soldier.

County: Makueni.

Village: Shimo.

L.M.P: 21st November 2015.

E .D.D: 28th August 216.

Para 1+0

Gravid 2

Antenatal number: 00022638/16

Date of first encounter: 14th June 2016.

**HISTORY OF MY CLIENT**

**PAST MEDICAL AND SURGICAL HISTORY**

Saida has no history of any previous admission to hospital, no history of surgical operation done on her, no history of blood transfusion, no history of any chronic illness and no history of drug and food allergy.

**FAMILY HISTORY**

Saida is second born in a family of twelve. All are a life and doing well except two of her sibling who died at the age of four and two years. There is no history of twins in her family or chronic illness. Both her parent are a life and doing well.

**SOCIAL ECONOMIC HISTORY**

My client lives with her husband in Wote town in their home at Shimo. The toilet, bathroom and kitchen are situated outside the house. They use tap water which is treated with water guard when drinking. Both my client and her husband neither smoke nor drink. Her husband is the breadwinner whose occupation is administration police.

**PAST OBSTETRIC HISTORY**

My client had her menarche at the age of twelve. Her menstrual cycle is twenty eight days and is regular. She has no history of abortion or miscarriage.

**PRESENT OBSTETRIC HISTORY**

My client’s parity is 1+0 and gravid 2. Her menstrual period was 21st November 2015 and her expected date of delivery is 28th August 2016. In my first encounter with her at 14th June 2015 her maturity by date was 30 week. She was well with no queries.

**ANTENATAL PROFILE**

Haemoglobin level: 12 grams/deciliter.

Venereal disease research laboratory: Negative.

Blood group: A. URINALYSIS:

Rhesus factor: Positive. Protein: Nil.

Serology: Negative. Glucose: Nil.

TB screening: no signs. Ketones: Nil.

 PH: 7.0

Blood slide for malaria parasite: Negative.

**PHYSICAL EXAMINATION**

**OBJECTIVES OF PHYSICAL EXAMINATION**

* To assess the client health and general wellbeing.
* To detect any abnormalities and manage it early.
* To assess fetal growth and maternal wellbeing.

**PRINCIPLES USED IN PHYSICAL EXAMINATION**

* Inspection.
* Palpation.
* Percussion.
* Auscultation.

**SELF AND CLIENT PREPARATION**

First I reviewed the anatomy and physiology of various systems. I then familiarized myself with the equipment used in the physical examination. I then washed and dried my hands.

I explained the procedure to my client and informed her that I need her cooperation throughout the procedure and told her to empty her bladder. I then asked for her consent to do physical examination and she accepted it.

I ensured the privacy of my client by undertaking the procedure in a warm, private room with enough light. After ensuring my client is comfortable I started my examination systematically from head to toe and documented my findings as follows.

**HEAD**

Hair was well distributed, no scars, lice or any fungal infection.

**EYES**

Saida was seeing well, there was no discharge from the eyes and there was movement of the eye ball, eye lid and eye borrows. Pupils were reaction to light and were of equal size.

**EARS**

Saida was hearing well, there was neither discharge nor ear deformities.

**NOSE**

No epistaxis, no congenital abnormalities and no sores on the nostrils.

**MOUTH**

There was no mouth sores, the lips were moist and there was bad breath. There was no gum sores and bleeding, no dental carries and there was no pallor on tongue inspection.

**NECK**

There were no scars or swelling on inspection. There was no swollen lymph nodes and distended jugular vein on palpation.

**UPPER LIMP**

On inspection both lower limps were of equal size, there was no finger clubbing and pallor on finger nails. Capillary refill took less than two second and the nails were short and clean.

**BREAST**

On inspection both breast were of equal size, no scars or retracted nipples. On palpation there was no lump, no inflamed lymph node, no discharge from the nipples and no tenderness on touch.

**ABDOMEN**

**OBJECTIVES OF THE ABDOMINAL EXAMINATION**

* To observe and assess for enlargement of the liver and spleen.
* To assess fetal size and growth.
* To feel the position, presentation, fetal heart rate and fetal lie.
* To assess the size, shape and fundal height of the abdomen.

On inspection the abdomen was distended and globular in shape, there was no scar, no contours and linear nigra was present.

On palpation there was spleenomegally and no hepatomegally. Fundal height was 34/40 weeks, lie was longitudinal, position was right occipital anterior and presentation was Cephalic. There was no tender on touch.

On auscultation fetal heart rate were preset and regular at a rate of 140 beats per minute.

**GENITALIA**

There was no swollen lymph node on the inguinal region. There were no warts on the external genitalia and there was no discharge. The mother’s genital hygiene was fantastic and I congratulated her for that.

**LOWER LIMBS**

No deformities were present; both limbs were of equal length and size. There were no signs of varicose vein and deep venous thrombosis. Oedema was not present on the tibia, pedal and ankle.

**SUMMARY OF THE PHYSICAL EXAMINATION**

The physical examination was done in a private room with enough light on a couch in antenatal clinic. After examination I informed the client everything is normal.

I advised her to wear flat shoes and educated her on the importance of taking balanced diet for her wellbeing and that of the growing fetus. I advised her to take iron and folic acid supplement. I then taught her on danger signs like severe headache, oedema on the face and limb, varicose vein and breast lump and told that she should report to hospital if she sees any. I thanked her for the cooperation and wished her the best.

**ANTENATAL HOME VISITS**

**FIRST HOME VISIT**

**OBJECTIVES**

* To introduce and familiarize myself with my client family.
* To assess home environment.
* To explain nutrition required in pregnancy.
* To discuss the importance of hygiene to mother.
* To outline the importance of antenatal clinic.

**LESSON PLAN FOR THE HOME VISIT**

* Date: 25th June 2016.
* Time: 4.00 pm.
* Venue: client’s home.
* Audience: client and her family.
* Presenter: Mohamed Adan Ali.
* Duration: 30 minutes.

**LESSON PLAN FOR THE FIRST ANTENATAL VISIT**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Time** | **Specific objectives** | **Content** | **Teaching method** | **Learning activity** | **Teaching activity** | **Teaching aid** | **evaluation** | Teaching aid |
| **2min** | Introduction to the rest of the family. | Creating good rapport with client family and explaining the aim of the visit | Discussion. | Listening and answering. | Explaining. | Name tag. | Client and family understood well. |  |
| **3min** | Assess client home environment. | Go round the compound with the client and assess the building structures. | Explain and listen. | Listening and answering question. | Explaining. | Name tag | Client understood well. |  |
| **10 min** | Explain nutrition required in pregnancy. | Highlight the importance of different types of food e.g. protein for growth and development, carbohydrates for energy and vitamin for immunity. | Discussion. | Listening and answering | Explaining and answering | Charts | Client understood well. |  |
| **10 min** | Discuss the important of hygiene to the mother. | Explain the mother how to maintain cleanness on both body and environment by telling her to ensure both her body and surrounding are clean.  | discussion | Listening and answering question | Explaining and answering. | Charts | Client understood well. |  |
| **3 min** | Outline the important of antenatal clinics. | Tell the mother to adhere to antenatal clinic visit so as to detect anomalies in pregnancy. | Discussion. | explaining | explaining | Mother child clinic booklet. | Client understood well |  |
| **2 min** | Summary of the visit. | Thank and appreciate the client and schedule for the next visit | Discussion | listening | explaining |  | Client understood |  |

 **REPORT OF THE FIRST ANTENATAL VISIT**

**DATE: 25/6/2016**

**GESTAION: 30WEEKS**

It was on 25th June 2016 when I visited my client at her home in Shimo in the company of my colleague. On arrival we found both my client and her husband waiting for us. They welcomed us warmly to their home .I begun introducing my colleague and myself to the family members of my client and they also introduced themselves. They then gave me go ahead to continue with the objectives of the home visits

I begun by assessing their home and their compound at large. They live in rental house at Shimo and it was three roomed house with toilet and bathroom that are clean. There kitchen was well ventilated and their houses were generally clean. The water they use is from tap and is treated with water guard for drinking. They dispose their waste properly.

On general examination of my client condition was good. She had no cyanosis, no oedema and no jaundice. I explained to her the importance of taking balanced diet so as to promote healthy pregnancy and facilitate optimal growth of the fetus.

I enlighted my client on the importance of taking balanced diet that compromise of carbohydrate, protein, vitamin and minerals. I then told my client to take plenty of water and have enough rest. I then advised to take ferrous sulphate and folic acid.

Finally I gave my client health education on personal hygiene and informed her on the importance of attending antenatal clinic so as to detect any abnormalities early. I discussed the importance of having individual birth plan so as to enhance easy and successful delivery.

I taught her on danger signs which are severe headache, lower abdominal pain, bleeding from the vagina, abnormal vaginal discharge and reduce fetal movement and told to report immediately to the hospital in case she experience any of them.

Finally I invited question and attended to them. I then informed them my next visit will be on 10th July 2015 and they accepted. I thanked them all for the cooperation and we left our client house feeling contented that I have met my objectives.

**SECOND ANTENATAL HOME VISIT**

**OBJECTIVES**

* Review of the first visit objectives.
* Introduce the topic of discussion.
* Describe various danger signs of pregnancy.

**LESSON PLAN FOR THE SECOND ANTENATAL VISIT**

* Date: 10 July 2016.
* Time: 4.00 pm.
* Venue: client’s home.
* Audience: client.
* Presenter: Mohamed Adan Ali.
* Duration: 30 minutes.

**LESSON PLAN FOR THE SECOND ANTENATAL VISIT**

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| **Time** | **Specific objectives** | **Content** | **Teaching method** | **Learning activity** | **Teaching activity** | **Teaching aid** | **evaluation** | Teaching aid |
| **5min** | Review the previous objectives | Assess whether the previous discussion was implemented like taking iron supplement. | Discussion. | Listening and answering. | Explaining. | Name tag. | Client and family understood well. |  |
| **4min** | Introduce the topic of discussion. | Introduce to my client my topic which was danger signs of pregnancy. | Explain and listen. | Listening and answering question. | Explaining. | Name tag | Client understood well. |  |
| **16min** | Explain various danger signs of pregnancy. | Danger signs are signs that worsen the wellbeing of mothers and child which include vaginal bleeding, severe headache, abdominal pain, early rupture of membranes, swelling of face and lower limp, reduced or no fetal movement. I told her to report to the hospital if she feels any of these signs. | Discussion. | Listening and answering | Explaining and answering | Charts | Client understood well. |  |
| **5 min** | Summary of the visit | Recap with what you have taught and discussed with. Thant and appreciate the client for the cooperation and schedule for the next visit | Discussion | listening | explaining |  | Client understood |  |

**REPORT OF THE SECOND ANTENATAL**

**VISIT DATE: 15/7/2016**

**GESTATION: 33WEEKS**

I went for my second antenatal visit at 4 pm on 10th July 2016 at a gestation of 33 weeks with company of a colleuge. When we reached at the home of my client she was there with her husband and they welcomed us warmly and offered us a seat.

After relaxing for some minutes I started assessing my client and I found out my client was doing well. She had no pallor, no jaundice, no oedema on the face and legs. She had no complain and she reported that fetal movement was there and normal.

I reviewed if she has implemented the health talk I gave her in the previous visit and I found she followed well the advice I gave. This was confirmed by answering the questions I asked about the previous visit and I congratulated her.

I then discussed with her on danger signs of pregnancy which worsen her wellbeing and the fetus she is carrying. This includes vaginal bleeding, severe headache, severe abdominal pain, reduce or no movement of fetus and oedema of the face and legs. I told her to report immediately to hospital if she feels any of these signs.

I advised her to sleep on left lateral position to enhance optimal fetal circulation between her and the fetus.

I concluded by asking question to confirm if she had understood well what I was teaching and she answered well. I thanked her for cooperation and planned with her to visit again on 28th July 2016 God willing and she acknowledged.

**THIRD ANTENATAL HOME VISIT**

**OBJECTIVES**

* Review of the first visit objectives.
* Explain minor disorders of pregnancy.
* Discuss with the mother the importance of hospital delivery
* Discuss with expected mode of deliveries.
* Summary of the visit.

**LESSON PLAN FOR THE THIRD ANTENATAL VISIT**

* Date: 28 July 2016.
* Time: 4.00 pm.
* Venue: client’s home.
* Audience: client.
* Presenter: Mohamed Adan Ali.
* Duration: 30 minutes.

**LESSON PLAN FOR THE FOURTH ANTENATAL VISIT**

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| **Time** | **Specific objectives** | **Content** | **Teaching method** | **Learning activity** | **Teaching activity** | **Teaching aid** | **evaluation** | Teaching aid |
| **3min** | Review the previous objectives | Assess whether the previous discussion like danger signs of pregnancy. | Discussion. | Listening and answering. | Explaining. | Name tag. | Client and family understood well. |  |
| **10 min** | Explain minor disorders of pregnancy. | Headache caused by straining and fatigue. Oedema caused by peripheral resistance due to standing a lot. Heartburn caused regurgitation of acid to the oesophagus and frequent micturation. | Explain and listen. | Listening and answering question. | Explaining. | Name tag | Client understood well. |  |
| **10 min** | Discuss with the importance of hospital delivery. | For save delivery, for detection and prevention of complication during labour, for provision of skilled birth attendant and for giving appropriate care to the new born. | Discussion. | Listening and answering | Explaining and answering | Charts | Client understood well. |  |
| **5 min** | Explain to mother mode of delivery. | Spontaneous vertex delivery where the child is born through the birth canal.Caesarian section, done when normal delivery fails and incision is made on the mother abdomen to remove the fetus. | Explaining | Listening  | explaining | Charts | Client understood well. |  |
| **2 min** | Summary of the visit | Recap with what you have taught and discussed with. Thant and appreciate the client for the cooperation and schedule for the next visit | Discussion | Listening | explaining |  | Client understood |  |

**REPORT OF THE THIRD ANTENATAL HOME VISIT**

**DATE: 28th JULY 2016.**

**GESTATION: 35 WEEKS.**

I arrived at my client home with my colleuge at 4 pm and where she was relaxing at her living room. We were welcomed warmly. I assessed her general condition and found that she was well and she had no complain.

After seeing that she is ready for the session I started by reviewing if she has fully implemented objectives of the previous meeting and I have found out that she had done well.

I then started teaching her on minor disorders of pregnancy which included headache caused by straining and fatigue due the pregnancy, oedema caused by peripheral blood follow resistance, heart burn caused by regurgitation of stomach acid back to the oesophagus and frequent micturation caused by pressure on the bladder by the fetus.

After that I discussed with her the importance of delivering at the hospital as it enhances save delivery, detection and prevention of complication of labour, getting skilled birth attendant and provision of care to the newborn to detect and treat any complication.

Second to last I explained to her the expected mode of delivery when she goes in labour. These modes were spontaneous vertex delivery which the child is born through the birth canal and caesarian section in which incision is made on the abdomen and child is removed through the incision.

Lastly after accomplishing my objectives which made me visit my client, I asked my her if she has any question and she asked some question which I attended to them until she acknowledged that she understood well. I thanked her for listening to me and I agreed with her my next visit will be on 10th August 2016 God willing.

**FOURTH VISIT ANTENATAL HOMEVISIT**

**OBJECTIVES**

* Review of the first visit objectives.
* Educate on detection of true and false signs of labour.
* Explain changes that take place toward term.
* Educate on family planning and breast feeding.
* Summary of the visit.

**LESSON PLAN FOR THE FOURTH ANTENATAL VISIT**

* Date: 10th august 2016.
* Time: 4.00 pm.
* Venue: client’s home.
* Audience: client.
* Presenter: Mohamed Adan Ali.
* Duration: 30 minutes.

**LESSON PLAN FOR THE FOURTH ANTENATAL VISIT**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Time** | **Specific objectives** | **Content** | **Teaching method** | **Learning activity** | **Teaching activity** | **Teaching aid** | **evaluation** | Teaching aid |
| **3min** | Review the previous objectives | Assess whether the previous discussion like danger signs of pregnancy. | Discussion. | Listening and answering. | Explaining. | Name tag. | Client and family understood well. |  |
| **7 min** | Educate on detection of true and false sign of labour. | True sins include rhythmic uterine contraction increasing in intensity, presence of show and pain radiating to the back. False signs are lower abdominal pain which is not radiation o the back and uterine contraction which is remaining for a while then disappears and takes longer time to recur. | Explaining and listening. | Listening and answering question. | Explaining. | Name tag | Client understood well. |  |
| **4 min** | Asses mother’s birth preparedness | Availability of baby cloths means of transport, companion and preparedness of the mother for birth psychologically. | explaining | Listening and answering | Explaining and answering | lecture | Client understood well. |  |
|  **7 min** | Explain changes that take place toward tern. | Lightening of the abdomen cause by the fetus descending down to the birth canal and frequent micturation caused by pressure of on the bladder by the fetus head as it alights | Explaining. | Listening and answering | Explaining and answering | Charts | Client understood well. |  |
| **7 min** | Educate on family planning and breastfeeding | Methods of family planning are condoms, peel, Jadelle, Implanon, IUCD, BTL and vasectomy. Breastfeeding importance are contain high nutrient for the baby, build the immunity of the baby. Position of the baby when breastfeeding for easy sucking and not straining. | Explaining | Listening  | explaining | Charts | Client understood well. |  |
| **2 min** | Summary of the visit | Recap with what you have taught and discussed with. Thank and appreciate the client for the cooperation. | Discussion | Listening | explaining |  | Client understood |  |

**REPORT OF THE FORTH ANTENATAL VISIT**

**DATE: 10th AUGUST 2016**

**GESTATION: 37 WEEKS.**

My last visit to my client before her delivery happened on 24th August 2016 with the company of a colleuge. When we reached her home we were welcome well. After relaxing for some minutes I reviewed the objectives of the previous visit and found out that it was fully implemented by the mother and I congratulated her.

I then did general examination on my client and found out that she had no pallor, no oedema, no jaundice, and no dehydration. She also did not verbalize any abnormalities.

I discussed with her the true signs of labour which were rhythmic uterine contraction that increase in intensity frequency and intervals, Presence of show and presence lower abdominal pain that radiates to the back.

After that I discussed with her false signs of labour which includes uncoordinated uterine contraction, lower abdominal pain that does not radiate to the back. I told her to report to the hospital in case she experience true signs of labour.

I assessed how far is her birth preparedness by checking if she has prepared baby’s cloths, some capital for means of transport to the hospital and how she is psychologically prepared for birth too. I found out she was prepared.

Then I discussed with changes that take place toward term like lightening cause descent of the fetus and frequent micturation cause pressure applied on the bladder by the head of the fetus and some degree of fatigue.

Before I summarized my visit I educated my client about family planning which includes methods like condoms, peels, IUCD’s, Implanon, Jadelle, BTL and vasectomy. Also I highlighted the importance breastfeeding as it nutritious and immunity building for the child. I also taught her how to position the child when breastfeeding for easy suckling.

Lastly I summarized all the objectives of my farewell antenatal visit and told the mother to adhere to them. I thanked her for the cooperation throughout my visit and prayed for her that she will deliver save with no complication. I bid fare well to the family and told my client if no complication arise we will meet when she will be delivering.

**INTRAPARTUM**

**OBJECTIVES IN INTRAPARTUM SESSION**

* To monitor the progress of labour closely to ensure maternal and fetal wellbeing, detect any deviation from normal and as soon as possible.
* To ensure healthy and mature infant is born.
* To prepare mother physically and psychologically for mother.
* To educate mother on what is expected during labour and delivery.

**REPORT ON LABOUR**

My client came to the hospital on 27th august 2016 at 10 pm accompanied by her mother and husband with complain of lower abdominal pain that were radiating to the back since 8 pm.

When she reached the hospital she was welcomed warmly by the nurse on duty and she was done physical and vaginal examination in a private warm room with sufficient light. The findings were she was not pale, not jaundiced, no dehydration and no oedema. There was no enlarged spleen and liver. Fundal height was 39/40 weeks, Presentation was cephalic, lie was longitudinal, position was right occipital anterior, engagement was 2/5 and fetal heart rate on auscultation was 140 beats per minute which was regular.

On vaginal examination the external genitalia were clean and had no warts, there was no vulva oedema, the vaginal walls were warm and moist, cervical dilation was 6 centimeters and the pelvic was adequate.

Vital observations on admission were:

Blood pressure: 125/65 millimeter of mercury.

Pulse: 85 beat per minute.

Temperature: 36.6 degrees Celsius.

Respiration: 22 beat per minute.

Lab examination was done for urinalysis and the result was as follows: protein: Nil, glucose nil, and PH was 7. Since she was in active stage of labour monitoring of progress of labour using partograph was initiated.

**MANAGEMENT OF FIRST STAGE OF LABOUR**

First stage of labour starts from the onset of true labour till the cervix is fully dilated. In this stage fetal height rate of my client is monitored after every thirty minutesand it was regular and within the range of 140 to 142 beat per minute. She had mild contraction at the time admission and her cervix was 6 centimeter dilated.

Throughout this stage my client was given emotional by the nurse who was attending to her. She was given information about the progress of labour and encourages to breathe through the mouth and not to push early to prevent fetal and maternal distress. Her bag was rubbed to relief pain during contraction.

My client was advised to sleep in left lateral position to prevent supine hypotension syndrome. She was encouraged to empty bladder and ambulate to enhance descend of the fetal head.

Throughout the monitoring findings were recorded in partograph and were normal. The last digital examination which confirmed full cervical dilatation of my client was done at 3:30 am in the morning.

**MANAGEMENT OF SECOND STAGE OF LABOUR**

This stage starts when the cervix is fully dilated until the baby is delivered. My client was transferred to the delivery bed and told to relax if the contractions are not there.

Her labour progressed well and she was adviced to push when the urge to push comes. By God grace at 4 am a live baby boy was delivered through spontaneous vertex delivery. The baby was dried and putted on the mother’s abdomen, Cord clumped and cutted.

Apga score was 9 at birth, 9 at 5minutes and 10 at minutes with birth weight of 3.5 kgs. The baby was kept in a warm environment and was given vitamin k and tetracycline eye ointment. My client was given 10 IU of oxytosin intramuscularly for involution of the uterus.

**MANAGEMENT OF THIRD STAGE OF LABOUR**

This stage starts when the baby is delivered until the placenta and membranes are fully delivered. The placenta and the membrane are delivered by active management of third stage of labour and she had no complication in this stage.

**SUMMARY OF LABOUR DURATION**

1st stage took 9 and 1/2 hours.

2nd stage took 25 minutes.

3rd stage took 5 minutes.

Total duration was 10 hours.

**EXAMINATION OF THE PLACENTA**

The weight of placenta was 50 grams and it was complete, it had no calcification, the cord had one vein and two arteries and was inserted centrally on the fetal service. There was no knot and it was 48 centimeters.

**FOURTH STAGE OF LABOUR**

Starts when the placenta and membrane are fully expelled till one hour post delivery. After assessment Mother’s condition was good so was the baby. She was served with porridge and advised to empty bladder. The mother was to breastfeed and change pad.

**VITAL OBSERVATION AFTER FOURTH STAGE**

Blood pressure: 120/60 millimeter of mercury.

Pulse: 86 beat per minute.

Temperature: 36.8 degrees Celsius.

Respiration: 24 beat per minute.

Mother and child of good condition were transferred to the postnatal ward for monitoring of 24 hours and giving optimum care.

**EXAMINATION OF THE BABY**

**OBJECTIVES**

* To rule out any birth injuries.
* To rule out any congenital abnormalities.
* To assess maturity of the baby.

Baby Abdimajid Rashid was examined on a flat and well lighted area. The baby was pink in colour, the reflexes were there, the anterior and posterior fontanels were there and not bulging. Head circumference was 35 centimeters.

**HEAD**: The hair was well distributed; there was no caput, no cephalohaematoma and abnormal tumours. The anterior and posterior fontanels were there and not bulging. Head circumference was 35 centimeters.

**EYES:** The orbital ridges, eye brows, eye lashes were well formed. There was no pallor, no jaundice and discharge from the eyes.

**NOSE:** There were no congenital abnormalities and the septum was well formed.

**MOUTH**: There was no cleft of palate and lip. The mouth was normal

**NECK:** No swollen lymph nodes and neck appears normal.

**UPPER LIMBS:** They are well formed with equal length and size. No extra or missing digits and there sign of pallor or jaundice.

**CHEST:** There was chest in drawing, chest walls were well formed there were no murmurs or abnormal sound on auscultation.

**ABDOMEN**: It was not distended, cord was well ligated and no abnormalities detected on the baby’s abdomen.

**LOWER LIMBS:** They are well formed with equal length and size. No extra or missing digits. No abnormalities detected.

**BACK:** There continuity of the spinal cord and no spinabifida.

**MANAGEMENT IN POSTANATAL WARD**

In the postnatal ward the mother and child is observed for 24 hours. Both of them, there condition was good and their vital signs within the normal range. Cord care was done and the mother was encouraged to breastfeed and to keep the baby warm.

The baby was given BCG and birth polio vaccine. Return date for the subsequent vaccine in the mother child booklet. Mother was given vitamin A 200000 IU. Involution of the uterus occurred confirmed by well contracted uterus. Baby birth notification was done and mother was constantly advised to take balanced die

**DISCHARGE OF THE MOTHER AND THE BABY FROM THE WARD**

My client was discharged on 26th august 2016 when her condition and that of the baby was stable and I gave her health education on several parameters for her own good and that of the child.

First I advised on how to care for the baby by taking good care of the cord to prevent infection. I emphasized on the importance of top tailing of the baby and taught how to do so. I also told her to keep the baby warm and clean all the time.

Secondly I advised her on exclusive breastfeeding for six month for optimum growth and immune enhancement of the baby. I discussed with her the necessity of planning and to come for it with her husband after six weeks.

I reminded her to come back to the hospital in case she feels unwell or the baby. I thanked her for her cooperation since the start of labour up to now she is discharged and planned with her our first postnatal visit to be on 5th September 2016.

**FIRST POSTNATAL VISIT**

**OBJECTIVES**

* Explain to the some physiological changes during pueperium.
* Explain to the mother some complication during pueperium.
* Discuss with the mother on personal and of the baby.
* Assess the progress of the mother and baby.

**LESSON PLAN FOR FIRST POSTNATAL VISIT**

* Date: 5th September 2016.
* Time: 4.00 pm.
* Venue: client’s home.
* Audience: client and her family.
* Presenter: Mohamed Adan Ali.
* Duration: 30 minutes.

**LESSON PLAN FOR THE FIRST POSTNATAL VISIT**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Time** | **Specific objectives** | **Content** | **Teaching method** | **Learning activity** | **Teaching activity** | **Teaching aid** | **evaluation** | Teaching aid |
| **7 min** | Explain some physiological changes during pueperium | The uterus will contract and feel hard like a cricket ball when palpated which is normal.The baby may develop jaundice for the first few weeks and exposing the baby will help clear it. If that does not happen seek for medical attention | Asking and answering | Listening and answering. | Explaining. | charts | Client and family understood well. |  |
| **10 min** | Explain some complication of pueperium | Puerperal complication includes puerperal sepsis, neonatal sepsis, jaundice, heat rash, urinary tract infection and how o prevent the. | Explaining and listening. | Listening and answering question. | Explaining. | Charts. | Client understood well. |  |
| **4 min** | Discuss hygiene | Mother to do cord care daily to prevent infection. She should observe cleanness by changing pad to prevent sepsis. Wash and clean hands before feeding the baby.  | explaining | Listening and answering | Explaining and answering | Charts. | Client understood well. |  |
|  **7 min** | Assess the progress of the mother and the baby | Confirm the mother and the baby are physically well and the baby have no jaundice and the mother have no sepsis and ask if she have been what she was during her discharge from the hospital | Explaining. | Listening and answering | Explaining and answering | Charts. | Client understood well. |  |
| **2 min** | Summary of the visit | Recap with what you have taught and discussed with. Thank and appreciate the client for the cooperation. | Discussion | Listening | explaining |  | Client understood |  |

**REPORT OF THE FIRST POSTANATAL VISIT ON 5TH SEP 2016**

I visited my client on 5th September 2016 at 4 pm with the company of a colleuge. On arrival we found my client resting in her sitting room and she welcomed us warmly.

After relaxing for some couple of minutes I assessed her general condition and that of the baby and I found out that her and the baby they were of good condition. Mother reported minimal lochia loss and after palpating the uterus was well contracted.

I then explained to her some of the physiological changes that take place during pueperium which includes the uterus will contract and feel hard like a cricket ball when palpated which is normal. The baby may develop jaundice for the first few weeks and exposing the baby will help clear it. If that does not happen seek for medical attention

 Also I explained to my client some complication that can occur during pueperium. Puerperal sepsis, puerperal psychosis, neonatal sepsis, and neonatal jaundice, heat rash and urinary tract infection were among them. My assessment confirmed that she and the child were free from all of them.

I discussed with her on hygiene which include Mother to do cord care daily to prevent infection. She should observe cleanness by changing pad to prevent sepsis. Wash and clean hands before feeding the baby.

Lastly I asked my client if she have any question and said she had no queries. I thanked her for the cooperation and planned with her to visit on 15th September 2016.

**OBJECTIVE OF THE SECOND POSTNATAL VISIT ON 15TH SEPTEMBER 2016**

**OBJECTIVES**

* Discuss with the mother ways of promoting healthy pueperium.
* Explain to the mother the importance of exclusive breastfeeding.
* Discuss with mother minor complication that can happen to the baby.

**LESSON PLAN FOR SECOND POSTNATAL VISIT**

* Date: 15th September 2016.
* Time: 4.00 pm.
* Venue: client’s home.
* Audience: My client.
* Presenter: Mohamed Adan Ali.
* Duration: 30 minutes.

**LESSON PLAN FOR THE FIRST POSTNATAL VISIT**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Time** | **Specific objectives** | **Content** | **Teaching method** | **Learning activity** | **Teaching activity** | **Teaching aid** | **evaluation** | Teaching aid |
| **5 min** | Ways of promoting healthy pueperium. | Observing hygiene by changing pads regularly. Eating well balanced diet. Breastfeeding well. | Asking and answering | Listening and answering. | Explaining. | Mother child booklet | Client and family understood well. |  |
| **7 min** | Explain the importance of exclusive breastfeeding. | Breast milk boosts baby immunity. Facilitates growth and development of the baby. These sums up importance of breastfeeding the baby for six month. | Explaining and listening. | Listening and answering question. | Explaining. | Mother child booklet | Client understood well. |  |
| **8 min** | Discuss hygiene. | Mother to do cord care daily to prevent infection. She should observe cleanness by changing pad to prevent sepsis. Wash and clean hands before feeding the baby.  | explaining | Listening and answering | Explaining and answering | Mother child booklet | Client understood well. |  |
|  **7 min** | Discuss minor complication to the baby during pueperium. | Dehydration which can arise from the baby no feeding well, napkin rash which happen when the napkin remains for a long time and fever if the cord care is not done well. | Explaining. | Listening and answering | Explaining and answering | Mother child booklet | Client understood well. |  |
| **2 min** | Summary of the visit. | Recap with what you have taught and discussed with. Thank and appreciate the client for the cooperation. | Discussion | Listening | explaining | Mother child booklet | Client understood |  |

**REPORT OF THE SECOND POSTANATAL VISIT ON 15TH SEP 2016**

I went to my client for second postnatal on 15th September 2016 with the company of my colleuge we arrived at my client’s home at 4 pm in the evening and we found out that she was resting her sitting room and she welcomed us well.

I started by reviewing if the objectives of my previous were putted in to practice and I found she has fully implemented.

I discussed with her on how she can promote her health and that of the baby by eating nutritious food, maintaining good personal hygiene and that of the baby so that they avoid contacting infection and getting ill.

I then highlighted to the importance of breastfeeding. Breast milk boosts baby immunity, facilitates growth and development of the baby. I told her all these sums up the importance of breastfeeding the baby for six month exclusively.

After that I discussed with the importance of hygiene and my client to do cord care daily to prevent infection. Also I told she should observe cleanness by changing pad to prevent sepsis, wash and clean hands before feeding the baby.

Also I discussed with her minor complication to the baby during pueperium. This includes dehydration which can arise when the baby is not feeding well, napkin rash which happen when the napkin remains for a long time without changing and fever if the cord care is not done well.

Lastly I asked my client if she have any question and said she had no queries. I thanked her for the cooperation and planned with her to visit on 1st October 2016.

 **THIRD POSTNATAL VISIT ON 1ST OCTOBER 2016**

**OBJECTIVES**

* Evaluate objectives of the previous visit.
* Discuss with the danger signs of the mother and baby.
* Discuss on immunization and family planning.
* Discuss development and mile stone.
* Summarize the objective of the postnatal visit.

**LESSON PLAN FOR THIRD POSTNATAL VISIT**

* Date: 1st October 2016.
* Time: 4.00 pm.
* Venue: client’s home.
* Audience: My client.
* Presenter: Mohamed Adan Ali.
* Duration: 30 minutes.

**LESSON PLAN FOR THE FIRST POSTNATAL VISIT**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Time** | **Specific objectives** | **Content** | **Teaching method** | **Learning activity** | **Teaching activity** | **Teaching aid** | **evaluation** | Teaching aid |
| **5 min** | Evaluate objectives of the previous visit. | Assess if the objectives previous of the visit is adhered to like the discussion on hygiene, breastfeeding and complication of pueperium. | Asking and answering | Listening and answering. | Explaining. | Mother child booklet | Client and family understood well. |  |
| **7 min** | Discuss with the danger signs of the baby and herself. | Any bleeding from the vagina. High fevers of the child. Convulsion. Blurred vision. Continued dizziness and cracked nibbles. | Explaining and listening. | Listening and answering question. | Explaining. | Mother child booklet | Client understood well. |  |
| **8 min** | Discuss on immunization and family planning. | Advice the mother on immunizations which includes oral polio, pentavalent, Rota virus and measles given to baby per KEPI schedule.  | explaining | Listening and answering | Explaining and answering | Mother child booklet | Client understood well. |  |
|  **7 min** | Discuss on family planning and milestone development. | Various methods of family such as pills, Injectables Implanon, IUCD. For milestone discuss early detection on any delayed milestone development. | Explaining. | Listening and answering | Explaining and answering | Mother child booklet | Client understood well. |  |
| **2 min** | Summary of the visit | Recap with what you have taught and discussed with. Thank and appreciate the client for the cooperation. | Discussion | Listening | explaining | Mother child booklet | Client understood |  |

**REPORT OF THE THIRD POSTANATAL VISIT ON 1ST OCTOBER 2016**

I went to my client for second postnatal on 1st October 2016 with the company of my colleuge. We arrived at my client’s home at 4 pm in the evening and we found out that she was resting at her sitting room and she welcomed us well.

I started by reviewing if the objectives of my previous visit were putted in to practice and I found out that it was fully implemented.

After that I went straight to my objective and discussed with my client the danger signs of the mother and baby which include any bleeding from the vagina, high fevers of the child, convulsion, blurred vision, continued dizziness and cracked nibbles. I told to report to the hospital in case she sees any of this signs and symptoms.

I then discussed with her on immunizations which includes oral polio, Pentavalent, Rota virus and measles which given to baby as per KEPIS schedule.

I then explained to her all the family planning methods which included pills, injectables, Implanon and IUCD. I discussed with her in depth all the advantages and disadvantages of each method and told her to choose any method that suits her. I told her if you choose one method she has to start as from six weeks.

Lastly I asked my client if she have any question and said she had no queries. I thanked her for the cooperation all through and she was grateful too. I informed her that this was my last visit. I encouraged her to implement all that we have discussed and she will do God willingly.

I thanked the entire family for their cooperation specially her husband who rendered unconditionally support through the case sturdy where never I was visiting his family. I bid them farewell and told they can call me anytime they need my support.

**REPORT AT SIX WEEK WHEN THE CHILD WAS BROUGHT TO MOTHER CHILDHOOD CLINIC FOR IMMUNIZATION**

It was on 10th October when my client brought her child to mother childhood clinic for immunization schedule of six weeks. She was welcomed warmly by at the clinic and guided on the process of immunization for her child.

First the child was weighed for growth monitoring in the weighing room and his weight was 4.8 kilogram which was normal according to pediatric protocol in relation to growth and development. The mother was informed the child was growing well and she was advised to continue breastfeeding well.

Then the child was send to immunization room for the provision of immunization services for the prevention against the diseases that is been immunized against. When the mother came to the immunization room she informed on the schedule of the immunization for her child and she understood well.

The immunization given to the child was oral polio vaccine two drop per oral, Rota virus vaccine 1.5 mills per oral, pentavalent vaccine 0.5 mills intramuscularly on the left outer thigh and pneumococcal vaccine intramuscularly on the right outer thigh. The mother was given return date which was 8th November 2016 for the second dose of the vaccines given.

Lastly she was counseled on all the methods available in the clinic which were combined oral contraceptive pills, progesterone only pills, Depo-Provera, Jadelle and intrauterine device. The mother has been using family planning before and her method was Depo-Provera which she opted for it again. We discussed with her in depth on the method she have choosed tackling all the question she have asked and she was initiated on it, given to her intramuscularly on deltoid muscle. She was reminded to report to the hospital in case she experiences heavy per vaginal bleeding, severe headache and abdominal pains. The mother was reminded to come back to the hospital after three month for her to be injected again with Depo-Provera since it prevents pregnancy for three months. She appreciated and we congratulated her for her effort.

**TERMINATION OF MY CASE STUDY**

It happened on 11th October 2016 in my client house at 4 pm. First I assessed my client and her child’s wellbeing and I found out that both of them were of good health and had no complication.

I then discussed with her the importance of breastfeeding the child well as breast milk contain all the nutrient the baby requires which she acknowledged and assured me that she will be breastfeed the child well.

Then I discussed with my client the importance of immunization to the child and finishing his immunization schedule as this will enhance optimum protection from diseases that is been immuninsed against.

I discussed with the importance of spacing children using family planning as this enhance the child to get enough time for her attention. She acknowledged and I told to remember to come back to the clinic in three months for her to be injected with Depo-Provera again as it gives protection for three months.

I educated my client on danger signs in the child which include not breastfeeding well, high body temperatures, vomiting and diarrherring a lot. I told to bring the child to the hospital in case she sees any of these signs in him.

Lastly I told her to maintain high level of personal hygiene that of hers and of her child to prevent infection related to poor hygiene. I thanked my client for her cooperation and told her she can call me anytime she needs my help for her wellbeing.

**SUMMARY OF MY MIDWIFERY CASE STUDY**

I met my client on 14th June 2016 at maternal child health clinic in Makueni referral hospital at gestation of thirty two weeks. She was Para 1+0 gravid two and expected date of delivery was 28th August 2016.

 After explaining to her my objectives and the reason for choosing to follow her, she agreed and allowed me to proceed, I told her that I was going to pay her four antenatal visits and three postnatal visits and promised to assist her where need be. I also encouraged her to deliver at Makueni referral Hospital.

I went for my first antenatal home visit on 25th June 2016 whereby I introduced my colleague and self then familiarized with the family. I also did a home assessment, taught her ways of maintaining a healthy pregnancy through observing proper nutrition to cater for the nutritional needs of the fetus and herself. Advised her to do some light exercises and have enough rest. I discussed on minor disorders associated with pregnancy and importance of antenatal clinic visits. During this visit I noticed she had oedema of lower limbs and I advised her accordingly.

 I went for my second antenatal home visit on 18th July 2016. At this time my client was at gestation of 33weeks. I reminded on the individual birth plan to include means of transport, who to accompany her to the hospital and to identify a decision maker. We also discussed on danger signs such as early rapture of membranes, reduced fetal movements and severe headache.

My third antenatal home visit was on 28th July 2016 whereby I stressed on importance of hospital delivery and also how to differentiate true and false labour. I also discussed on the modes of delivery that is spontaneous vertex and caesarian section.

Saida was admitted in labour on 27th September 2016 in active phase of labour. The first stage of labour took ten hours, second stage twenty minutes, third stage took five minutes and fourth stage took one hour.

She delivered through spontaneous vertex delivery to a life female infant with an apgar score of eight in one, nine in five and ten in ten minutes weighing 3500 grams. Placenta and membranes delivered and were complete and healthy. The baby did not have any abnormality through the physical examination which was done. The mother did not have any complications after delivery. Both were discharged home when stable. The baby was given immunizations that are BCG and oral polio birth dose.

I went to visit Saida at her home on 5th September 2016 at 4:00 pm. I explained to her the physiological and psychological changes during pueperium. Also explained to her the minor disorder of pueperium and did a physical examination to the mother and baby. During this period the mother had a sore perineum due to the episiotomy which been given and I advised her accordingly.

I conducted my second postnatal visit on 15th September 2016 whereby I explained to the mother the importance of breastfeeding exclusively and importance of good personal hygiene and good nutrition and also breast care.

 I finally went for my third postnatal visit on 1st October 2016 whereby I discussed with the mother on danger signs to the baby and herself, importance of immunizations, family planning and developmental milestones. I also thanked and appreciated my client for the co-operation she gave me all through which made the case study succeed.

**RECOMMENDATIONS**

* Women intending to get pregnant to go first and get pre-conception care which will prepare them for the pregnancy
* Mothers to start attending antenatal clinic immediately they notice they are pregnant so as to be able to get ferrous sulphate and folic which aid in development of fetus and prevent congenital abnormalities.
* All postnatal mothers to attend the postnatal clinic as per the targeted postnatal visit.
* Male involvement in the antenatal, intrapartum and postpartum to be emphasized.

**BIBLIOGRAPHY**

Myles textbook for midwifes.

Procedure manual for nurses from KMTC and nursing council

Mother and child health booklet

**ACKNOWLEDGEMENT**

I would like to take this opportunity to thank the Almighty God for the strength he has given me to complete this case sturdy. I also want to thank my tutor Mrs. Nzesya for the guidance she gave in the cause of my case study.

 Special thank to my client Saida and her family for their support throughout the case study. I thank my colleuge who has been accompanying me the entire antenatal and postnatal visit to my client.

Lastly I thank all the staff of Makueni referral hospital maternity unit for the support they have gave to my client during delivery and when she was in postnatal ward.