Al al-Bayt University
Princess Salma Faculty of Nursing
Department of Maternal & child health
Maternal and Child Health Nursing

Course Information	
Course Title	Maternal Health Nursing- Clinical
Course Number	1001333, 1001332
Prerequisites	1001331 or concurrent
Course Website	
Instructors	Raeda Almashaqba
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Course Description

This course integrates knowledge from maternal health theory and the basic sciences to attain high competency level of reproductive health and safe motherhood practices. Students will apply the psychomotor skills, and problem solving techniques to determine and to deal with the physical, emotional, social and ethical nursing problems in the areas of reproductive health, safe-motherhood and problems related to non-reproduction issues. The nursing process is used for the application of clinical practice in various health care settings in order to manage maintain and restore health of women and their neonate.

Course Objectives:

At the end of the clinical experience, the student should be able to:

1. Utilize the knowledge obtained about maternal health in providing family center care.
2. Demonstrate skill in monitoring different health needs during the childbearing periods.
3. Recognize the role of the nurse and other health care professionals in providing care for mothers and infants.
4. Apply nursing process in providing care during normal and complicated childbearing condition
5. Demonstrate competence in management of normal and complicated cases in different childbearing periods

6. Evaluate the effectiveness of the care provided to women and infants and act as a change agent as needed.
7. Participate in counseling family related to reproductive family planning.
8. Implement health education programs related to different maternal aspects during the different childbearing periods.
9. Demonstrate skills in avoiding missed opportunities.

Teaching strategies

1. Lab simulation.
2. Post conferences.
3. Nursing round.
4. In depth clinical discussion (one to one and case study).
5. Assigned reading.
6. Health classes.
7. Demonstrations.
8. Supervised clinical practice for dependent action. And unsupervised for independent action.

General Instruction for each Clinical Day that is highly required:

* Each student should arrive on time for each clinical day 7.30-8 am
* Students should be at the hospital in full uniform ready for work by 8a.m. at the latest. Three late considered one absence.
* Students are only allowed two clinical day absences with acceptable excuses.
* Any student who exceeds his/her absences limit will be suspended from the clinical course and given a grade of 35%.
* Jewelry prohibited
* Make-up for female student should be avoided as possible (to the minimum)
* Long hair should always be tied up.
* Uniforms should always be clean and tidy. Nametags are essential.
* Female students should wear white stockings and white shoes with their white uniforms.
* Each student is required to have the following supplies on each clinical day:
    1-a blue & red pen
    2- A measurement meter
    3- Adequate paper for notes
    4- Watch with second pointer
    5- Stethoscope
    6- Scissor
    7- Torch
    8-NANDA pocket
    9-Maternity manual
* Students should always be on their best behavior.
* Students should always respect their clinical instructors.
* Students should always demonstrate professional behavior when dealing with their clients, their peers, other health care professionals and instructors.
* Students should communicate effectively with health team members, peers and instructors.
* All major procedures should be done under the supervision of a clinical instructor.

* Students who lack experience and skill in performing procedures should review them in the nursing lab until they become safe and efficient.

* All mobiles must be turned off at the beginning & last hour of the clinical day

Required Preparation for
Antenatal care (Normal & High-risk (Antenatal Department)

In the antenatal unit, you will see admission of clients and care of pregnant and non-pregnant women with a variety of gynecological, medical and surgical diagnoses. To prepare for this area:

A. You should have the following knowledge about the antenatal period:

1. Normal physiological changes of pregnancy signs and symptoms for each trimester.
2. Assessment of normal physiological changes, discomforts and danger signs.
    a. History
    b. Physical status
    c. Functional status
    d. Knowledge related to condition
3. For the major discomforts of pregnancy:
    a. Common signs and symptoms
    b. Sample problems, goals, nursing diagnoses
    c. Standard nursing interventions
    d. Client teaching plans in Arabic for the clients

B. You should prepare for these gynecological problems or complications of pregnancy using the same nursing process as in:

1. Abortions: Threatened, inevitable, complete or incomplete, missed, habitual
2. Urinary tract infection.
3. Hyperemesis gravidarum.
4. Pregnancy Induced Hypertension (PIH), pre eclampsia &eclampsia
5. Ectopic pregnancy.
6. Molar pregnancy & Cervical Incompetence
7. DVT during pregnancy
8. Gestational Diabetes.
9. Placenta Previa and Abruptue Placenta (APH).

C. You should prepare for these surgical procedures using the same nursing process as in:

1. Dilatation and Curettage (D& C), Evacuation (E& C)
2. Correction of incompetent cervix (Cervical Circulage OR Mcdonald Stitch)
3. Laparatomy – Laparoscopy- Hystrescopy
4. Correction of pelvic support problems (Vag. Repiar anterior and posterior)
5. C/S & Hystrotomy.
6. Hystrectomy
7. Tubal Ligation.

Required Preparation for Maternal-Child Health Center

MCHC

In the Maternal-Child Health Center, you will see pregnant women, non-pregnant women receiving contraceptives, and young children receiving immunization.

To prepare for this area:

A. You should be prepared to provide client teaching about:

1. Family planning
2. Breast-feeding
3. Minor discomforts of pregnancy
4. Preparation for labor
5. Danger signs of pregnancy
6. Newborn care
7. Nutritional assessment
8. BSE & Screening
9. Anemia during pregnancy

B. You should know how to screen for high-risk pregnancy

C. You should be able to locate:

1. Vital signs equipment
2. Sonicaid or Doppler transducer .
3. Tape measure
4. Speculum
5. Immunization needles, vials and syringes
6. Family planning pamphlet
7. Scale
8. Dressing set& Autoclave.

D. You should know how to:

1. Teach family planning, breastfeeding, & B.S.E
2. Position client for vaginal examination and IUD insertion
3. Weigh babies and mothers
4. Assess fundal height, fetal position, fetal heart rate
5. You should conduct mother class while you are in MCH
6. You should complete a nutrition assessment form for pregnant women.

D. You should prepare to observe and assist with:

1. Ultrasound
2. Vaginal examination

E. You should know how to:

1. Assess fundal height using McDonald's method/or the meter method.
2. Assess fetal heart sounds
3. Perform the four steps of Leopold's maneuver.
4. Extract blood, start and maintain IVs, collect urine
5. Provide perineal and breast care.

F. You should be able to locate:

1. Poniard's scope
2. Sonicaid or Doppler transducer
3. Autoclave; Gloves, tape, alcohol, cotton
4. Emergency cart
5. Intravenous fluids, catheters and tubing
6. Medications
7. Delivery set
8. Speculum
9. Pharmacy
10. Weight scale

Required Preparation for Labor and Delivery (for female student only)

In the labor and delivery area, you will observe women at different stages of labor and vaginal delivery.

A. You should understand procedures that you may observe

1. Define four stages of labor
2. Define nursing diagnosis for each stage and intervention
3. Define labor pain and pain management
4. Induction of labor using amniotomy or oxytocin infusion.
5. Local field anesthesia
6. Episiotomy and laceration repair

B. You should be able to assess:

1. Woman upon admission to labor unit.
2. Mother and fetus at intervals appropriate to the stage of labor.
3. Labor contractions-frequency, duration, and intensity and distinguish normal from abnormal.
4. Fetal heart rate using Doppler external.
5. The stages of labor using client symptoms, fetal descent and cervical effacement and dilation and be able to chart cervical dilation upon a program
6. Reaction of mother to newborn.
7. Fetal lie, presentation, and position using the Leopold's maneuver.
8. Amniotic fluid for color and amount and interpret the significance of your assessment.
9. Vaginal bleeding in labor and post-delivery, normal and abnormal and its significance.
10. Newborn APGAR score and initial assessment.
11. The placenta for configuration and completeness.
12. Maternal vital sign, fundus height, bladder, lochia and perineum immediately after delivery.
13. Relaxation and breathing techniques appropriate to each stage of labor.

Required Preparation for
Postpartum (Normal + Complicated) & Normal Newborn

In the postpartum unit, you will care for women who have had delivery. To prepare for nursing care in this are:

A. You should have the following theoretical knowledge:

1. The normal maternal physiological changes during the first 6 weeks post-delivery, especially the first 3 days.
2. The normal physiology and behavior of the neonate.
3. UNICEF Initiative about breastfeeding

B. You should know how to:

1. Care for episiotomy wound, hemorrhoids, breast encouragement.
2. Provide comfort and hygiene measures post birth.
3. Assist with breastfeeding.
4. Provide emotional support to a grieving mother.
5. Bath, dress, handle and give cord care to a newborn.
6. Give Rh (D) injection.
7. Enhance maternal-infant attachment.

C. You should know how to assess:

1. Vaginal bleeding and uterine tone, especially for the first hours and the need to massage uterus and to breast-feed in order to contract uterus and to control bleeding. Reassure client that after pains will result and that they are normal
2. Breasts, uterine fundus for involution, lochia changes, episiotomy.
3. Newborn Assessment. That baby will be at bedside in postpartum unit. Mother should report if help is needed in caring for baby.
4. Maternal emotional responses and attachment to infant.

D. You should know how to teach:

1. Infant care: bathing, feeding, care, sleeping, safety measures.
2. Birth registration.
3. Breastfeeding, Postpartum checkup, Family planning and spacing.
4. Prevention of postpartum complications such as puerperal infection, episiotomy wound infection, lax abdominal ,mastitis, thrombophlebites and PPD.
8. Suppression of lactation if necessary, Nutrition for lactating mothers.

E. You should be able to locate:

1. Linens, Medications, Weight scale
2. IV fluid and catheters, Documentation forms.

F. You may need to provide specialized care for a client with:

1. Pregnancy-induced hypertension
2. Rh and ABO incompatibility
3. Postpartum hemorrhage
4. Stillborn or compromised infant
5. Postpartum infections

Course Evaluation Criteria

For female student

1. **2SOAPIE for female 10%.---------- One SOPIE for male 5%.**
2. Mothers health education (individual)---------- 10%
3. **Nursing care plan (Antenatal NCP or Postnatal NCP) ----------10%**
4. **Research presentation ----------10%**
5. **Case study presentation for female 10%.---------- for male ---------- 15%**
6. **Antenatal assessment---- for female . (SOAPIE fore male) ---------- 5%**
7. **Post-Partum assessment----- for female . (SOAPIE fore male) --------5%**
8. **Clinical performance ---------- 15%**
9. **Final written exam ---------- 25%**

Total 100%

References:

1. Pillitrei, A (2013) **Maternal and Child Health Nursing: Care of the child peering and child receiving family** (6th edition) lipincott: Philadelphia.
2. Ladewig, P., London, M., and Davidson, M.(2006) **Clinical Handbook for Contemporary Maternal-Newborn Nursing Care**. 6th Edition. Pearson: Prentice Hall.
3. Perry, S & Low dermilk , D (2006):**Clinical Companion of maternity nursing**. 7th ed, Mosby: St.Louis.
4. Green, C.(2004) **Maternal Newborn: Nursing Care Plans**. Mosby: St. Louis.
5. Ganger, E. (2001) **Gynaecological Nursing: A practical guide**. Churchill Livingstone: Edinburgh.
6. Baston, H. (2001) **Examination of the newborn**: A practical guide. Routledge: London.

Instructions for Mother Class and Health Education Session

*Students are required to conduct a mother class in the MCH centers or at hospitals for women.
*Each student has 20 minutes maximum to conduct the mother class
*A written part that includes an outline of the topic and three references at least should be submitted on the day of presentation.
* Any student who does not present the mother class will immediately receive a grade of Zero! No excuses are accepted!.

Suggested topics for mother class are:

1. Breast Feeding
2. Family planning
3. Nutrition.(during pregnancy and lactation period)
4. Exercise (during pregnancy and post-partum)
5. Breast self-Examination & screening tests for breast & cervical cancer.
6. Care of women after normal delivery
7. Cesarean Section and its care
8. Immediate care of newborn including bathing
9. Anemia during pregnancy
10. Discomforts of pregnancy.

Every student must determine his/her subject in the orientation week and date of presentation, and student should sign on evaluation sheet .

Mother Class Evaluation Criteria 10%

Communication skills 35%:	Appropriate tone of voice	5%	
	Appropriate vocabulary/ terminology	5%	
	Appropriate pace of speech	5%	
	Presents in a confident professional manner	5%	
	Uses appropriate audiovisual materials	5%	
	Able to control audience	5%	
	Encourage discussion and participation of the audience	5%	
Content 35%	Clear and accurate	10%	
	Comprehensible	5%	
	Relevant and applicable to nursing	5%	
	Appropriate to level of audience	5%	
written part	- Reference mentioned or submitted - Objective	10%	
Organization 20%	Starts and finishes on time	5%	
	Well prepared for the presentation	5%	
	Conduct presentation in an organized manner	5%	
	Appropriate preparation to physical environment	5%	
Process 10%	Allows time for questions and gives appropriate answers	5%	
	Summarizes the main points and terminates session properly	5%	

Grade: _____

Student sign: ----------

Instructor sign: ----------

Research Finding Presentation Evaluation Criteria (10%)

Student Name:-_____ Student ID_____

Research that choice by student should be related to maternal in clinical area, published not before 2007

Topic of research: ----------

Category	20%
1-Organization - Clear voice concise - well organized. - Transitions between sections smooth and coordinated.	
2-Topic Knowledge - Demonstrated excellent mastery of content. - Confident. - Used notes well. - Good audience attention. - Good eye contact.	
3-Creativity - Creative in design interpretation and use of materials, handouts or methods. - Simple, clear, easy to interpret. - Well coordinated with content.	
4-Evidence Based Practice - Show how can be used very effectively in clinical area.	
5-Summary - Clear. - concise, major points emphasized. - clear recommendations - strong conclusion .	
TOTAL POINTS 100%	

COMMENTS:_____

Student Signature _____

Instructor Signature _____

Date _____

SOAPIE 5%

S (subjective data): - chief complaint or other information the patient or family members tell you.

O (objective data): -factual, measurable data, such as observable signs and symptoms, vital signs, or test values.

A (analyses (diagnoses)): -conclusions based on subjective and objective data and formulated as patient problems or nursing diagnoses.

P (planning): -strategy for relieving the patient's problems, including short- and long-term actions.

I (implementations): -measures you've taken to achieve expected outcomes

E (evaluation): -analysis of the effectiveness of your interventions

SOAPIE 5%

Student Name: _____ Date: _____
Patient Name: _____ Admission date: _____
G___T___P___A___L___M___(0.25)
LPM_____EDD_____GA___ (0.25)
Patient age: _____ Medical Dx: _____

Chief complaint: (0.25)

History of presents illness: (0.5)

_____
_____

Current Statues

S (subjective data) (0.5)

……
……

O (objective data) (0.5):

……
……
……

A (assessment data) (0.75):

……
……
……
……

P (plan) (0.75):

……
……
……

I (interventions) (0.75):

……
……
……

E (evaluation) (0.5):

……
……

✦Antenatal assessment (Leopold Maneuver) 5%

Steps	Rational	Mark	Student Mark	Notes
Wash your hand	To prevent spread of infection	0.25		
Provide privacy		0.25		
Explain the procedure	To decrease anxiety and elicit cooperative	0.25		
Ask women to empty her bladder	To enhance comfort and prevent pressure effect on the physical findings	0.5		
Position the women in supine position with one pillow under her head and with her knee slightly flexed	Suitable position to make woman comfort during examination and facilitate relaxation	0.25		
Place small rolled towel under women's right or left nip	To displace uterus off major blood vessels and prevent supine hypotension	0.5		
If right hander stand on women's right side facing her		0.5		
Start with fundal palpation using the palmer of your both hand and start from the fundal height site.	To identify fetal presentation and lie Note: the head feel round, firm, and movable. The breech feels less regular and softer	0.5		
Lateral palpation : using palmer surface of one hand , locate and palpate the smooth convex contour of the fetal back and irregularities that identify the small part (leg,hand,elbow,feet)	To identify fetal back and extremities. Help to detect fetal heart.	0.5		
Pelvic palpation : with your right hand determine which fetal part is presenting over the inlet of the pelvis. Gently grasp the lower pole of the uterus between the thumb and finger and pressing it slightly.	To identify the presenting part.	0.5		
Pawlec palpation same as pelvic palpation.	To determine wither the head is presenting part and if it engaged(fixed and not movable) or not engaged	0.5		
Report accurate findings		0.5		
Mark			Instructor signature: Student signature:	

✦Post-partum assessment(assessment of uterine involution) 5%

Steps	Rational	Mark	Student Mark	Notes
Wash your hand Provide privacy	To decrease risk of infection	0.5		
Explain the procedure	To decrease anxiety and elicit cooperative	0.25		
Let the mother empty her bladder	. Full bladder will displace uterus and prevent involution	0.5		
Place the mother in supine position with her knee flexed	The position helps the abdomen muscle to relax and permit accurate location of the fundus	0.25		
Put clean gloves	To protect yourself from any transmitted diseases	0.5		
Lower perineal pad to observe lochia as fundus is palpated	To observe for color, consistency and flow	0.5		
Place non dominant hand on lower uterine segment above symphysis	This will support the lower uterine segment during palpation or massaging the uterus	0.5		
By using other hand, palpated abdomen until top of fundus is located. (use the flat part of the finger –not the fingertip- for palpation)	It's providing more comfort	0.5		
Start palpation at umbilicus level and palpated gently until the fundus is located.	Note: fundus should be firm in the mid line at umbilicus level first day post-partum then it will be below the umbilicus by one finger each day	0.5		
Determine its firmness (if not, massage lightly until firm): Determine height of fundus. Measure height of top of fundus in fingerbreadths, above below, or at umbilicus> Determine whether fundus is in midline (deviation indicates full bladder).	While palpating the fundus:	0.5		
Document the consistency and location of fundus.		0.5		
Mark			Instructor signature: Student signature:	

Suggested topic for case study

Abortions, Puerperal Sepsis ,Hyperemesis gravidarum, Ectopic pregnancy, Placenta previa ,Post-partum hemorrhage, DVT & Pulmonary Embolism, Gestational diabetes, Pregnancy induced hypertension, Abrupt placenta, Normal delivery and C/S Delivery.

Evaluation criteria for case study presentation (10 %):

(for female students)

1.	**Patient profile:**	1%
2.	**Chief compliant**	5%
3.	**Maternal history**	2.5%
4.	**Past health history**	2.5%
5.	**Physical Examination**	5%
6.	**Special Diagnostic Procedures**	4%
7.	**Medications: (Classification, Nursing Consideration)**	5%
8.	**Significance of Assessment**: . Assessment includes objective data which establishes the nursing diagnoses . Assessment includes subjective data, which establishes the nursing diagnoses.	 5% 5%
9.	**Diagnoses**: . Nursing diagnoses are derived from the subjective and objective data . Nursing diagnoses are prioritized . Nursing diagnoses are stated in appropriate terminology	 4% 4% 2%
10.	**Planning**: . Goals and objective relate specifically to the identified nursing diagnoses. . Goals and objective reflect the direction of the nursing diagnoses. . Goals and objective attainable, measurable, and observable.	 4% 5% 6%
11.	**Implementations**: . Nursing interventions are specific and inclusive. . Nursing interventions are prioritized. . Nursing interventions are individualized. . Teaching interventions are based on the identified needs. . Nursing interventions are based on up-to date-knowledge . Rationales are scientifically correct.	 10% 4% 4% 4% 4% 4%
12	**Evaluation**: . Evaluations reflect stated objective and goals. . Evaluations indicate how well objective were achieved/not achieved including (patient response)	 4% 6%

Grade: _____/ 10_____

Student sign : Instructor sign :

Evaluation criteria for case study presentation (20%):

(for male students)

1.	**Patient profile:**	1%
2.	**Cheif complian**	5%
3.	**Maternal history**	2.5%
4.	**Past health history**	2.5%
5.	**Physical Examination**	5%
6.	**Special Diagnostic Procedures**	4%
7.	**Medications: (Classification, Nursing Consideration)**	5%
	General information about the disease *Definition of the disease*	5%
	Signs ,symptoms ,causes and Risk factors	5%
	Patient profile(past medical health history)	5%
	Health history (Chief complains I)	5%
8.	**Significance of Assessment**: . Assessment includes objective data which establishes the nursing diagnoses . Assessment includes subjective data, which establishes the nursing diagnoses.	 5% 5%
9.	**Diagnoses**: . . Nursing diagnoses are derived from the subjective and objective data . . Nursing diagnoses are prioritized . . Nursing diagnoses are stated in appropriate terminology	 4% 4% 2%
10.	**Planning**: . . Goals and objective relate specifically to the identified nursing diagnoses. . . Goals and objective reflect the direction of the nursing diagnoses. . . Goals and objective attainable, measurable, and observable.	 4% 5% 6%
11.	**Implementations**: . . Nursing interventions are specific and inclusive. . . Nursing interventions are prioritized. . . Nursing interventions are individualized. . Teaching interventions are based on the identified needs. . Nursing interventions are based on up-to date-knowledge . Rationales are scientifically correct.	 10% 4% 4% 4% 4% 4%
12	**Evaluation**: . Evaluations reflect stated objective and goals. . Evaluations indicate how well objective were achieved/not achieved including (patient response)	 4% 6%

Clinical Performance Evaluation Sheet (15%)

Student Name: _____ _____ ID. Number: _____

_____

Scale:	**1. unsafe performance**	**2. Inadequate performance**	**3. satisfactory performance**	**4. Highly satisfactory performance**	**5. Excellent performance**

No.	Criteria	1	2	3	4	5
1.	Punctual-No absence, (arrival on time)					
2.	cleanness& Tidy					
3.	Accept constructive criticism					
4.	Grasp opportunities to extend knowledge and skills					
	Communication: -					
5.	Relate theoretical knowledge with clinical experience					
6.	Listening skills, Proactive / promotes and encourages communication					
	Internal and External Interpersonal Relations / Customer Service					
7	• Collaborates with colleagues / accessible to others					
8	• Maintains smooth working relations / contributes to morale and motivation					
9	• Supports and respects others / appreciates diversity of colleagues and customers					
10	• Displays balance between area and departmental efforts					
11	• Participate and share learning experiences in group conferences consistently					
12	• Performs job effectively and efficiently					
13	• Plans area and work goals					
14	Present themselves promptly, appropriately dressed and conducted herself in professional manner					
15	Assessment effectively. Planning. Implementation. And Evaluation. Documents nursing care given to clients appropriately					
16	Demonstrate an interest in working with the agency					
17	Completes assignments/work on time					
18	Demonstrates leadership and Self-development abilities					
19	Utilize the principles of aseptic technique while carrying out all nursing procedures					
20	Psychomotor					

Grade for clinical performance evaluation: _____

Evaluation of student performance

STUDENT NAME: _____ID: _____

Clinical Setting (s) _____

Dates: _____ section: _____

Instructor(s): _____ absent Date (s) _____

Rating Scale: -

5 = Always – Outstanding; Excellent; Far above expectations.

Represents superior mastery. This rating is reserved for accomplishment that is truly distinctive. The student works independently with unusual effectiveness and often takes the initiative in seeking new knowledge outside the formal confines of the course.

4 = Most times – Above average; commendable.

Indicates achievement considerably above acceptable standards. Indicates that the student works well independently and often demonstrates initiative.

3 = Frequently – Average ability; Meets expectations.

Indicates a satisfactory degree of attainment. It is the rating that may be expected of a student of average ability who gives to the work a reasonable amount of time and effort. Indicates that the student works independently at an acceptable level.

2 = Occasionally – Shows some skill, but is below the acceptable level.

Indicates a limited understanding. Signifies work which in quality and \ or quantity falls below the average acceptable standard. Constitutes unsafe practice.

1 = Rarely or Not at All – Skill is deficient or lacking.

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Faculty of Nursing
Maternal Health Nursing Clinical
Nur.1001371
Nursing Care Plan (10%)

(5 points)

Student name_____

ID_____

Date_____

Name of client_____

Age_____

Marital Status S M W D (circle one)

Religion_____

Unit_____

Bed number_____

Medical Diagnosis_____ gestational age_____

Reasons for admission (in Client's own words) _____

_____

_____

Diet_____Appetite__

_____Activity_____

_____

Allergy: food_____

Drugs_____

Vital Signs baseline: T_____P_____

R_____BP _____

Fetal/Infant current general condition_____

Review of Systems

(5points)

General condition: Ht._____Wt_____
Skin: color_____moisture_____turgor_____
pruritis_____scars_____
Head & neck: trauma_____headache_____vertigo_____
Goiter_____stiffness_____
Lymph-node enlargement_____
Eyes: vision_____trauma_____
Cataract_____Glucoma_____itching_____
Ears: hearing_____discharge_____infection_____
tinitus_____pain_____hearing aids_____
Nose: sinuses_____trauma_____colds_____
epistaxis_____allergies_____pain_____
Mouth/Throat: dry lips/oral mucosa_____lesions_____
sore throat_____dental caries_____
Breasts: masses_____nipple discharge_____
pain_____BSE_____breastfeeding_____
Respiratory: dyspnea at rest_____with exertion_____
orthopnea_____wheezing_____
sputum_____ cough_____X-ray____
Cardiovascular: chest pain_____palpitations_____
edema_____varicose veins_____
ECG_____cardiac medications_____
G.I.: N/V_____constipation_____diarrhea_____
dysphagia_____flatulence_____heart burn_____
hemorrhoids_____abdominal pain_____
Weight loss_____weight gain_____
Abdomen: Stria gravidarum_____linea nigra_____
fundal ht. Cm_____fetal position_____
Fetal heart sounds_____fetal movement_____
Urinary: color changes_____oliguria_____polyuria_____
hematuria_____incontinence_____nocturia____
dysuria_____discharge_____flank pain_____
Reproductive: genital sores_____discharge_____
itching_____masses_____tumors_____
ovarian cyst_____scars/adhesions_____
IUD use_____Tubal Ligation_____
infections_____abnormal bleeding_____
episiotomy_____surgeries_____
Musculoskeletal: muscle cramps_____gait change_____
limited mobility_____joint pain_____
redness_____stiffness_____swelling_____
Nervous: CNS trauma_____seizures_____
Speech problems_____parasthesia_____
Loss of balance_____alertness_____
Endocrine: weakness_____nervousness_____
Heat/cold intolerance_____
Glucose intolerance_____
Infertility problems_____

Menstrual History

Age of onset_____Cycle days_____

Length of cycle_____Amount_____

Menstrual disorders_____

Last menstrual period (LMP)_____

Expected Date of Delivery (EDD)_____

Pregnancy History
G T P A L

Order of birth	**Month/ Year**	**Sex of Baby**	**Weight At birth**	**Weeks gest.**	**Hours of delivery**	**Type of delivery**	**Complication to mother or infant**
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

Complete the parts that apply to your case:

Antenatal Part

(10 points)

History since LMP
Check all positive findings that apply to your client's case:
____Headache
____Nausea/Vomiting
____Abdominal pain
____Urinary complaints
____Vaginal Discharge
____Edema (specify area)
____Febrile episodes
____Rubella exposure
____Other viral exposure
____Radiation exposure
____Use of contraceptive
Type_____
Date of last use of contraceptives_____

Psychosocial Assessment

Residence/Environment: Pollution (air, water), lack of food, lack of transportation

Occupation:

Economic status:

Role in the family:

Present emotional and mental status:

Pregnancy planned and accepted or not:

Activities of Daily Living:
Sleep pattern_____
Diet_____
Elimination pattern_____
Substance abuse (smoking, drugs, etc.)_____
_____

Postpartum Part
(10 points)

Assessment of Mother

Face: pale_____ chloasma_____edema_____

Breasts: symmetrical_____soft_____normal fullness_____
engorged_____hotness_____pain_____
Nipples: erect_____inverted_____flat_____
intact_____cracked_____bleeding_____
soreness_____redness_____pain_____
colostrum_____milk_____other_____

Abdomen: stria gravidarum_____linea nigra_____
scars_____ soft_____lax_____
cesarean incision_____pain_____
other_____

Uterus: contracted_____boggy_____fundal ht_____
central_____displaced_____
afterpains_____involution_____
normal vaginal delivery_____C/S_____
forceps delivery_____vacuum delivery_____

Perineum: intact_____edematous_____pain_____
episiotomy_____
lacerations_____

Lochia: rubra_____serosa_____alba_____
scant_____light_____moderate_____heavy_____
number of pads changed_____
clots_____odor_____pain_____

Legs: edema_____pitting edema_____pain_____
redness_____hotness_____ asymmetry_____
symmetrical legs_____

Activities of Daily Living

Diet
Food_____
Fluids_____
Elimination
Bladder_____
Bowel_____
Activity_____
_____
Sleep_____
Breastfeeding_____
Bonding/Attachment with newborn_____
Newborn care_____
_____

Support System
___husband
___family members
___friends
___nurse/doctor
___non

Lab test (3 points)	Results	Normal value	Interpretation of results

Medication (5 points)	Classification	Route	Dosage	Frequency	Side effects	Nursing implications

		Intake				Output			
Time		IV fluids		Oral		Time		Foleys catheters	Oral

Fluid balance:

Fluid intake problems:

Fluid output problems:
(2 points)

Assessment:

Significance of Subjective data (10points):-

Significance of Objective data(10points):-

Nursing DX:(8 points)

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Planning (12 points)**: -**

Goal: _____

Objective: _____

_____

Goal: _____

Objective: _____

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Goal: _____

Objective: _____

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Goal: _____

Objective: _____ _____

Goal: _____

Objective: _____

Goal: _____

Interventions and rational (20 points): -

NURS DX1 :

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NURS DX2:

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NURS DX 3 :

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NURS DX4 :

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NURS DX5 :

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NURS DX 6:

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Evaluation (10 points): -

NURS DX 1:

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NURS DX 2:

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NURS DX 3:

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NURS DX 4:

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NURS DX 5:

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NURS DX 6:

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