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The Clinical Case Record Book for
Midwifery

As per the Revised BSc Nursing Curriculum

Name of the Candidate: _____

Name of the Institution: _____

_____

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Foreword
Deepika C Khakha

JAYPEE

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Sample Filled Proforma

- Antenatal Case
- Conducted Case
- Postnatal Assessment
- Episiotomy Case
- Assisting/Observe Insertion of PPIUCD
- Placental Examination
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- Newborn Assessment
- Newborn Resuscitation
- Kangaroo Mother Care

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Antenatal Case

Date of examination: dd/mm/yy **Name of the hospital:** XYZ hospital

Antenatal History Collection

Name of the woman: Mrs X **Phone no.:** 1234567890 **W/O:** Mr Y

Age (in years): 27 years **Registration number and date:** 1234567, 12.5.23

Address: House no., Street No., Area/Locality, State of residence **No. of antenatal visits till today:** I, II, III, IV

Religion: Hindu/Muslim/Christian/Others **Marital status and duration of marriage:** Married since 2 years

Education: Primary/Secondary/Graduate/Postgraduate **Occupation**: _____

Menstrual History

Age at menarche: 13 years **Cycle duration and Interval**: 4–5/28–30 days **Regular/irregularity:** Regular

Dysmenorrhea: Absent/present **LMP:** 15.04.22 **EDD:** 22.07.23 (9 months 7 days)

Obstetrical score: G_3 P_1 A_1 L_1 S_0 **Period of gestation in weeks:** 39 weeks (calculate by LMP)

S. No.	Year	Nature of pregnancy (full term/ preterm)	Abortion (spontaneous/ induced)	Nature of delivery	Nature of puerperium	Condition of the child (alive/ stillbirth/ neonatal death)	Sex of the child	Birth weight	Later history of the child	Remarks
1.	2016	Full term	–	Normal vaginal delivery with episiotomy	Uneventful/ PPH/ puerperal sepsis/any other	Alive	Male/ female	2.8 kg	Active, alive, healthy and immunized till date	Any childhood illness
2.	2019	–	Spontaneous (incomplete) abortion at 13 weeks of gestation followed by dilatation and curettage	–	Had fever for five days or any significant health issues faced	–	–	–	–	–

History of Present Pregnancy

- **I trimester:** Pregnancy was confirmed by UPT at home, no history of excessive nausea and vomiting, no X-ray exposure, no history of intake of any over the counter drugs.
- **II trimester:** Quickening was felt at 5th month of gestation, intake of iron folic acid tablets complied, immunized with two doses of TD four week apart, had undergone level-II anomaly scan.
- **III trimester:** No blurring of vision, no edema over face, hands and legs, no frontal and occipital headache, no tightness of ring finger.

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Past medical history: The woman is not having history of any communicable diseases TB, COVID, RTI, STI and non-communicable diseases diabetes, heart diseases, hypertension, etc.

Past surgical history: History of dilatation and curettage in view of incomplete abortion at 13 weeks of gestation, there is no history of any general surgery.

History of blood transfusion: No significant history of blood transfusion.

Family history: No significant history of non-communicable or communicable diseases in family, no history of twin pregnancy and congenital anomalies.

Personal history: Non-alcoholic, non-smoker, not allergic to any drug/food/latex, vegetarian/non-vegetarian/vegan, sleep is normal.

General Physical Examination

Height (in cm): 156 cm **Weight (in kg)**: 66 kg **Temperature (in ^{0}F):** 98.6

Pulse: 78 beats/min. **Respiration:** 22 breaths/min. **Blood pressure:** 126/74 mm Hg

- **General appearance:** Gait/posture/pallor/anxious/icterus/edema
- **Body built:** Mesomorphic/ectomorphic/endomorphic
- **Face:** Pallor/cholasma gravidarum/any skin infection
- **Head:** Texture of hairs/graying of hair/scalp cleanliness/presence of lice's/any scalp infection
- **Eyes:** Palpebral conjunctiva for pallor/bulbar for icterus, any discharge/crust formation in eyelids
- **Nose:** Presence of discharge/deviated nasal septum
- **Mouth and throat:** Cracking of lips and color/dental carries/coating over tongue/gingivitis/odor of mouth/presence of any infection in oral cavity.
- **Ear:** Ask for any hearing problems/any pus or abnormal discharge
- **Neck:** Any palpable lymph node (from periocular region to clavicle), enlargement of thyroid gland
- **Chest:** Any abnormal respiratory sound, heart rate
- **Breasts:** Inspection: Symmetry/visibility of prominent veins/pigmentation of nipple and areola/presence of secondary areola/prominence of Montgomery tubercles, any nipple dimpling

  Palpation: Warm on touch/presence of any palpable mass (palpation till axillary tail)
- **Upper extremities:** Ability to perform range of motion, any congenital limb abnormality, texture of nails (brittle/smooth), capillary refill time
- **Lower extremities**: Ability to perform range of motion/any congenital or acquired limb abnormality/edema over legs by pressing for 15–20 secs over bony surface medial malleolus, observe calf muscles for reddened areas and tenderness.
- **Back**: Any spinal cord abnormality/pilonidal dimples (rhombus)

Abdominal Examination

Inspection: Contour of abdomen, presence of any scar mark of any previous surgery/skin rash/linea nigra/striae gravidarum/striae albicans/any visible fetal movements.

Abdominal girth (in cm) _____ Fundal height (in cm) _____

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Obstetrical Grips

Fundal grip: Fundus is located and palpated, broad soft irregular mass is palpated (in case of cephalic presentation), hard and globular mass is palpable at fundus (in case of breech presentation)

Lateral grip: Regular C-shape firm resistance is palpated at right side of the abdomen and multiple-irregular knobs on another side.

Pelvic grip: Presenting part is located and sinciput identified, fingers are converging/diverging

Pawlik grip: Presenting part is grasped and ballotable/non-ballotable

Auscultation: Fetal heart rate beats/min

Findings

Lie: Longitudinal/transverse/oblique **Presentation:** Cephalic/breech **Presenting part:** Vertex/buttocks

Position: LOA, ROA/LSA, RSA **Attitude:** Fully flexed/partially flexed **Engagement:** Engaged/not engaged

Vaginal Examination

Inspection: Any redness/discharge (excessive in amount or foul smelling)/any skin infection.

Investigations

S. No.	Date	Investigation	Findings
		Hemoglobin	
		Blood grouping and Rh factor	
		HIV	
		VDRL	
		Urine	
		Blood sugar	
		Ultrasonography	
		Any other:	

Medications

S. No.	Date	Name of the medicine	Dose	Route	Frequency

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Advices

S. No.	Do's	Don'ts	Warning Signs
1.	Drink plenty of fluids	Travel long distance	Less or no fetal movements
2.	Monitor fetal movements	Wear tight clothing and high heels	Swelling over face, hands, abdomen and legs
3.	Deep breathing exercises	Lie in supine or right side for longer duration	Blurring of vision, frontal and occipital headache
4.	Regular antenatal visits	Smoke or consume alcohol	Dysuria
5.	Take iron folic acid tablets as prescribed	Indulge in sexual activity	Bleeding per vagina, leaking per vagina
6.	Wear preferably cotton clothes	Skip meals	Fever with chills, excessive vomiting

High-risk Scoring

Risk factors with scores:

(i) Abortion (1)_____

(ii) _____

(iii) _____

(iv) _____

Total score: 1 (low-risk)

Signature of Teacher

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Conducted Case

Date of conduction: dd/mm/year **Name of the hospital:** XYZ hospital

Name of the woman: Mrs X **Phone no.:** 1234567890 **W/O:** Mr Y

Age (in years): 26 **Registration no.:** 123456

Address: House no., Street no., Name of the Locality/Area, State of Residence

Religion: Hindu/Muslim/Christian/Others **Marital status and duration of marriage:** Married for 2 years

Date and time of admission: 03.11.23 at 9:45 AM

Admission Notes

Menstrual History

Age at menarche: 13 years **Cycle duration and interval:** 3–4 days/28–30 days **Regular/irregularity:** Regular

Dysmenorrhea: Absent/present **LMP:** 12.02.2023 **EDD**: 19.11.2023 (9 months and 7 days)

Obstetrical score: G_3 P_1 A_1 L_1 S_0 **Period of gestation in weeks:** 37 weeks 5 days

S. No.	Year	Nature of pregnancy (full term/ pre-term)	Abortion (spontaneous/ induced)	Nature of delivery	Nature of puerperium	Condition of the child (alive/ stillbirth/ neonatal death)	Sex of the child	Birth weight	Later history of the child	Remarks
1.	2016	Full term	–	Full term normal vaginal delivery	Uneventful	Alive	Male	2.6 kg	Active, healthy, immunized till date	
2.	2019	13 weeks	Spontaneous abortion followed by dilatation and evacuation	Spontaneous expulsion	Had fever for 5 days or any other complications	–	–	–		

Condition on Admission

General Condition

- Temperature: 98.6 °F
- Pulse: 88 beats/min
- Respiration: 22 breaths/min
- Blood pressure: 120/70 mm of Hg
- Hydration: Good/fair/poor

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- Pallor: Absent/present
- Edema: Absent/present
- Icterus: Absent/present
- Lungs: Bilaterally clear

Abdominal Palpation

- Symphysis pubis to fundal height: (in cm) 38
- Condition of the uterus: Contracted/relaxed
- Presentation: Cephalic/breech
- Position of fetus: LOA/ROA/LSA/RSA
- Fetal head: Engaged/not engaged
- Fetal heart sound: Present, regular, 146 beats/min

First Vaginal Examination

Date	Time	Findings	Advices
3.11.2023	10:00 AM	◆ **Cervical dilatation:** 5 cm ◆ **Effacement:** 60–70% effaced ◆ **Bag of membrane:** Intact (if ruptured, then mention time) ◆ **Station of head:** "0"/**Descent of head:** 3/5 ◆ **Pelvis:** Adequate	

Admission History

- **Chief complaints:** A woman with history of nine months amenorrhea came with complaints of pain in abdomen radiating towards back since 3 hours.
- **High-risk factors identified during antenatal period:** History of spontaneous abortion at 13 weeks (low-risk), no complications were identified during the present pregnancy.
- **Medical history:** The woman is not having any history of any communicable diseases TB, COVID, RTI, STI and non-communicable diseases diabetes, heart diseases, hypertension, etc.
- **Surgical history:** History of dilatation and evacuation in 2019 at 13 weeks of gestation, there is no history of any general surgery.
- **History of blood transfusion:** No significant history of any blood transfusion.
- **Family history:** No significant history of twin pregnancy, congenital anomalies, thalassemia, or any systemic illness.
- **Personal history:** Non-alcoholic, non-smoker, not allergic to any drug/food/latex, vegetarian/non-vegetarian/vegan, takes 8 hours of sleep at night.

Investigations

Date	Hb	Blood grouping with Rh typing	Blood sugar	Urine		Other investigations
				Albumin	Sugar	
3.10.2023	12.4 g/dL	O "Positive"	112 (post prandial)	Nil	Nil	Ultrasonography VDRL HIV HBsAg

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Monitoring Progress of Labor during I and II Stage of Labor

Time of onset of true labor pains: 6:30 AM

Time of rupture of bag of membranes: 11:00 AM

Type of rupture of membranes: Spontaneous/ARM

Date and time	Duration and interval of uterine contractions (per 10 minutes)	FHS	Progress of labor	Drugs/treatment
3.11.23 at 12:30 PM	35–40 secs 2–3 min	Present, regular	◆ **Cervical dilatation:** 7 cm ◆ **Effacement:** 80-90 % effaced ◆ **Bag of membrane:** Entire ◆ **Station of head:** "+1"/**Descent of head:** 2/5 ◆ **Pelvis:** Adequate	Inj. Oxytocin 1 IU, IV in 500 mL RL
3.11.23 at 2 PM	50–55 secs 1–2 min	Present, regular	◆ **Cervical dilatation:** Full (10 cm) ◆ **Effacement:** 100% effaced ◆ **Bag of membrane:** Ruptured ◆ **Station of head:** "+3"/**Descent of head:** 0/5 ◆ **Pelvis:** Adequate	Inj. Oxytocin 1 IU, IV in 500 mL RL

- **Advices during first stage of labor:** Take deep breaths during the contractions, ambulate until bag of membrane ruptures, take sips of water in between, lie in left lateral position.
- **Advices during second stage of labor:** Bear-down efforts during contractions and relax in between contractions, bear down efforts should be directed towards anal canal not in the neck, face or abdomen.

Delivery Notes

- **Mode of delivery:** Full term normal vaginal delivery with right mediolateral episiotomy.
- **Baby born on** 3.11.23 **at** 2:20 PM **Birth weight:** 2.8 kg **Sex of the baby:** Male/female
- **CIAB:** Yes/No **Cord cut and clamped at** 2 **mins of birth.**
- **Placental expulsion:** By using control cord traction/manual removal.
- **Placental membranes and surface:** Complete/incomplete
- **Perineum:** Intact/episiotomy/laceration/tear
- **PPIUCD:** Inserted/not inserted
- **Blood loss:** Average/excessive

Duration of Labor

- **Date and time of onset of true labor pains:** 3.11.23 at 6:30 AM
- **Date and time of full dilatation of cervix:** 3.11.23 at 2 PM
- **Date and time of birth of newborn:** 3.11.23 at 2:20 PM
- **Date and time of placental expulsion:** 3.11.23 at 2:30 PM

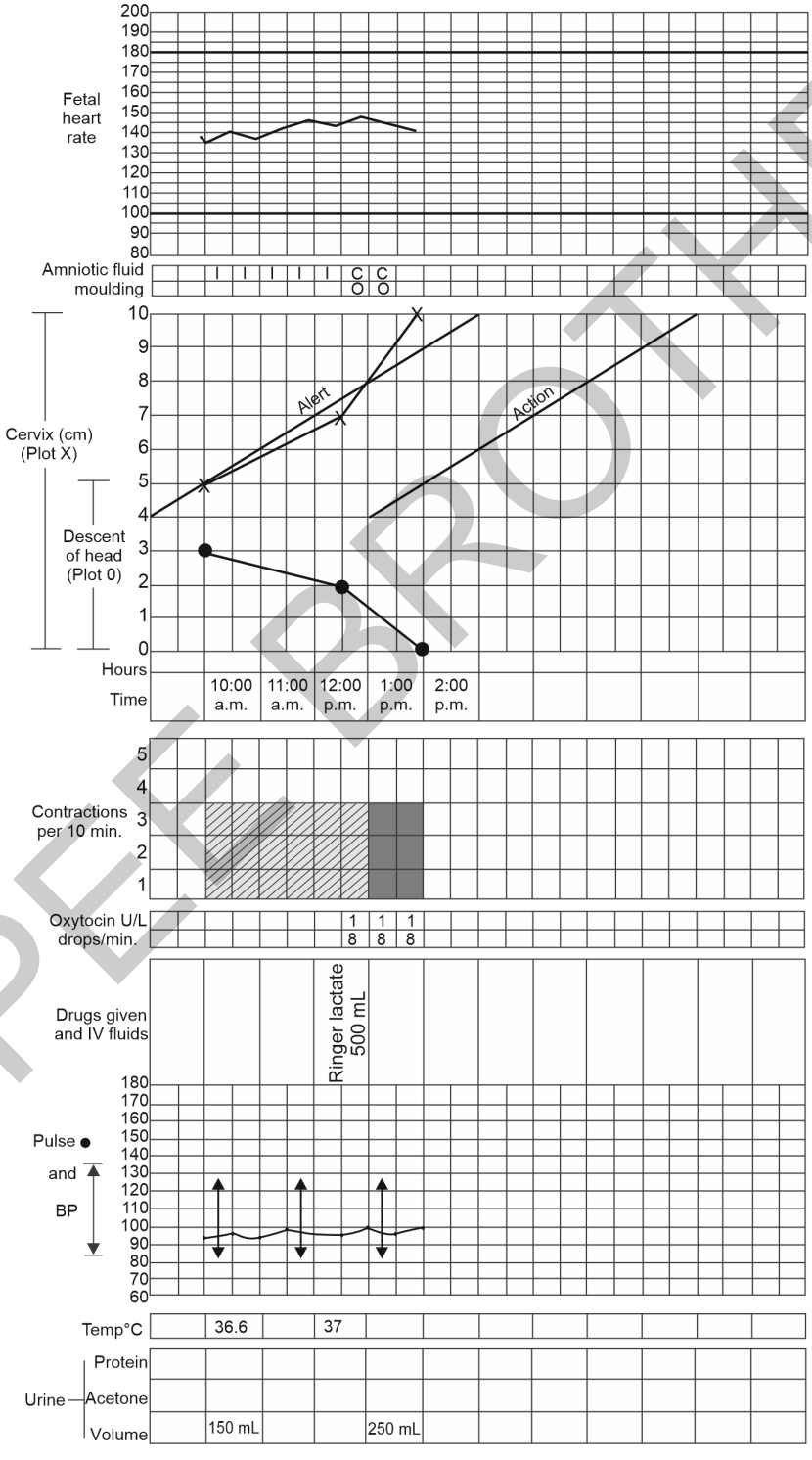
Total duration: I stage: 7 hours 30 min, **II stage:** 20 mins, **III stage:** 10 mins

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Sample Record of Modified Partograph

Name Mrs. X Gravida 03 Para 01 Hospital number 123456

Date of admission 03.11.22 Time of admission 9:45 a.m. Ruptured membranes 1:10 p.m. Hours



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Condition of Mother and Newborn during IV Stage of Labor

Mother: Assessment and Care Provided

Vitals: Temp.: 98.6°F, Pulse: 88 beats/min, Respiration: 22 breaths/min, BP: 128/70 mm Hg

Nature of uterus: Contracted/relaxed

Amount of bleeding: Within normal limits without presence of clots/excessive bleeding with clots present

Urine: Passed/not passed

Episiotomy/tear: If present, assess for REEDA (redness, edema, ecchymosis/bluish discoloration, discharge, approximation).

Treatment/advices: _____

Breastfeeding initiated at: 2:50 PM within half an hour of birth.

Newborn: Assessment and Care Provided

Vitals: Temp. 98.6°F **Heart rate:** 136 beats/min **Resp.:** 38 breaths/min

APGAR scoring at 1 min 8 **and 5 mins** 9

Any congenital anomaly identified: _____

Sucking and swallowing reflex: Present/absent

Urine: Passed/not passed **Meconium:** Passed/not passed

Treatment/advices: _____

_____

Condition of Mother on Transfer to Postnatal Ward

Pulse: 86 beats/min **Respiration:** 22 breaths/min **BP:** 110/70 mm of Hg

Uterus: Hard and well contracted **Per-vaginal bleeding:** Within normal limits.

Condition of Newborn on Transfer

Heart rate: 140 beats/min **Temperature:** 97.6°F **Respiration:** 42 breaths/min

Sucking and swallowing reflex: Present **Transferred to:** Nursery/mother side

Signature of Teacher

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The Clinical Case Record Book for Midwifery

Salient Features

- This casebook has been designed as per the new syllabus of Indian Nursing Council (INC) for BSc Nursing.
- Certificate of requirement completion of SBA and SDA modules are covered as per the Council is also attached with the casebook.
- Proforma for various procedures performed in midwifery/obstetrics for signature by concerned teacher as per the Council so that students can maintain record of midwifery/obstetrics in a single book.
- Theoretical information is given as per the Ministry of Health and Family Welfare (MoHFW) guidelines.
- Filled samples of proforma are given to guide the students.
- For preparation of viva voce practice, one word questions are given in the end of this casebook.

Manju Chhugani PhD (Nursing), *Former* Principal, Rufaida College of Nursing, and Dean, School of Nursing Sciences and Allied Health, Jamia Hamdard, New Delhi, India. She is a prodigious leader, trainer, researcher, and influential academician with more than 32 years of extensive hands-on experience in the area of maternal and child health and university teaching. She is a certified assessor of the National Assessment and Accreditation Council (NAAC), Nodal Head of the National Skills Training Centre "Daksh", a member of the Central Review Mission (CRM) Government of India (GoI), a steering group member at the State of World's Midwifery World Health Organization (WHO) 2021. She has been an expert, resource person, chairperson, and organizer and participated in more than 360 workshops/seminars and conferences. She has received 16 awards and appreciation in her field. She is the first Indian to receive the prestigious Marie Goubran Agent of Change Award by the International Confederation of Midwives (ICM) for the year 2020. She has a total number of 65 publications, 7 book chapters, 5 books, and 16 guidelines under her umbrella. She has led more than 12 research projects funded by national and international organizations.

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