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Case Book/Clinical Requirements for Midwifery/Obstetrics and Gynecological Nursing I & II

For BSc Nursing Students

Semesters – VI and VII

Based on Syllabus—The INC Revised Regulations and Curriculum for BSc Nursing Program, Regulations 2020

Jyoti Dube Thakur

3rd Edition

JAYPEE

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ANTENATAL ASSESSMENT AND CARE

Date of examination:_____ Sr. No.: _____

A. Identification Data of Woman

Name: Mrs_____

Age:_____years. Religion: Hindu/Muslim/Christian/Sikh/any other_____

Address:_____

Education: Postgraduate/graduate/HSC/SSC/secondary/primary edu/illiterate _____

Occupation: Salaried/self-employed/small scale business/housewife _____

LNMP:_____EDD:_____

Obstetric score—GPAL:_____ Gestation Age:_____months _____days (_____weeks)

B. Detail History of Woman

1. Socioeconomic history

Socioeconomic class (lower/middle/higher): _____

Type of house (own separate house /flat/rented house/kutcha house/slum): _____

2. Dietary pattern

Type of diet (vegetarian/non-vegetarian/lacto-ovo vegetarian):_____

Frequency of meal (2 times a day/1 time a day):_____

Breakfast (daily/sometimes):_____

Habit of bedtime tea/coffee/milk—yes/no: _____

3. Family history of illness (specify H/O DM/HT/cancer/genetic disorders in the family): _____

_____

_____

4. Past medical and surgical history of woman (History of major medical and surgical illness since childhood till date):

_____

_____

_____

5. Personal history:

Sleep pattern (regular quiet sleep/disturbed sleep):_____

Appetite (good/poor): _____

Bladder elimination habit (every 4 to 5 hours/infrequent/as per desire):_____

Bowel elimination frequency (once a day/twice a day/any other): _____

Addiction (tobacco/ tobacco products/alcohol/smoking): _____

Known allergies (medicine/food/insects/airborne allergy): _____

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6. Menstrual history:

Age at menarche: _____years

Duration of cycle in days (less than 21 days/21 to 35 days/more than 35 days):_____

Regularity of cycle (regular/irregular): _____

Duration of bleeding in days (less than 2 days/3 to 5 days/more than 7 days):_____

Amount of blood loss (mild/moderate/severe): _____

Associated complaints during menstruation:_____

7. Marital history:

Age at marriage:_____Years of married life:_____

History of consanguineous marriage—yes/no:_____

8. Contraceptives used, if any (OC pills/barrier method/natural method/ IUCD/nil):_____

_____

_____

9. Obstetric history:

Pregnancy No.	Year and month of pregnancy	Pregnancy event (full term/ preterm/ post-term/ MTP)	Type of labor (spontaneous/ induced)	Mode of delivery (vaginal/ CS)	Puerperium (normal/ abnormal)	Complication in antenatal/ intranatal/ postnatal	Condition of baby at birth

Summary—Number of living children:_____Male:_____Female:_____

Age of elder child:_____ Age of youngest child:_____

10. Bad obstetric history, if any: _____

C. Antenatal Record of Present Pregnancy

Date of registration:_____

Gestation age at registration:_____months (_____weeks)

Tetanus toxoid immunization in pregnancy: Number of doses taken—one/two_____

First dose taken at:_____month

Second dose taken at:_____month

Iron and folic acid supplements in pregnancy: Started/not started_____

Started since: _____ month

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Investigations done during pregnancy and findings:

Blood:_____

Urine:_____

USG (abdominal/ transvaginal):_____

Special tests, if any:_____

_____

Minor ailments of pregnancy experienced by woman:

During first trimester:_____

During second trimester:_____

During third trimester:_____

D. Findings of Antenatal Assessment

1. General physical examination:

- Height:_____Weight:_____
- Vitals—Temp:_____Pulse:_____Respiration:_____BP:_____
- General appearance—active/dull/sick:_____
- Body build—obese/average/thin: _____
- Nutrition—good/average/ poor:_____
- Pallor—present/absent: _____Jaundice—present/absent:_____
- Sites of pallor—lower palpebral conjunctiva/dorsum of tongue/nail beds:_____
- Sites of jaundice—bulbar conjunctiva/under surface of tongue/hard palate/skin:_____
- Face:_____
- Oral cavity:_____
- Gait:_____Edema of legs:_____
- Varicosities of veins: _____
- Any other significant findings:_____

2. Obstetrical examination:

- **Breast examination**
  - Size-enlarged/symmetrical/nonsymmetrical:_____
  - Nipples:_____
  - Areola (Primary and secondary):_____
  - Montgomery tubercles:_____
  - Colostrum secretion:_____

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- **Abdominal examination:**
  - **Inspection**
    - » Size of abdomen:_____weeks. Shape of abdomen:_____
    - » Contour of abdomen:_____Umbilicus:_____
    - » Linea nigra—present/absent:_____
    - » Striae gravidarum—present/absent: _____
    - » Visible fetal movements—present/absent: _____
    - » Previous surgical scar—present/absent:_____
  - **Palpation:**
    - » Abdominal girth:_____cms.
    - » Fundal height: _____cms corresponding to _____weeks of gestation age
    - » Fundal palpation:_____
      _____
    - » Lateral palpation—Right lateral:_____
      _____
    - » Left lateral: _____
      _____
    - » Pelvic palpation:_____
      _____
    - » Pawlick grip:_____
  - **Auscultation:**
    - » Site/location of FHS:_____
    - » Rate of FHS/min:_____

Summary of abdominal examination findings—Position of fetus in utero:_____ _____

Lie:_____Presentation:_____

Attitude:_____ Engagement: _____

E. Assessment/Findings of Risk Factor/Status of Woman

_____

_____

F. Antenatal Care, Counseling and Advice given to Woman at Time of Antenatal Assessment

_____

_____

Sign of student **Sign of CI**

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ANTENATAL ASSESSMENT AND CARE

Date of examination:_____ Sr. No.: _____

A. Identification Data of Woman

Name: Mrs_____

Age:_____years. Religion: Hindu/Muslim/Christian/Sikh/any other_____

Address:_____

Education: Postgraduate/graduate/HSC/SSC/secondary/primary edu/illiterate _____

Occupation: Salaried/self-employed/small scale business/housewife _____

LNMP:_____EDD:_____

Obstetric score—GPAL:_____ Gestation Age:_____months _____days (_____weeks)

B. Detail History of Woman

1. Socioeconomic history

Socioeconomic class (lower/middle/higher): _____

Type of house (own separate house /flat/rented house/kutcha house/slum): _____

2. Dietary pattern

Type of diet (vegetarian/non-vegetarian/lacto-ovo vegetarian):_____

Frequency of meal (2 times a day/1 time a day):_____

Breakfast (daily/sometimes):_____

Habit of bedtime tea/coffee/milk—yes/no: _____

3. Family history of illness (specify H/O DM/HT/cancer/genetic disorders in the family): _____

_____

_____

4. Past medical and surgical history of woman (History of major medical and surgical illness since childhood till date):

_____

_____

_____

5. Personal history:

Sleep pattern (regular quiet sleep/disturbed sleep):_____

Appetite (good/poor): _____

Bladder elimination habit (every 4 to 5 hours/infrequent/as per desire):_____

Bowel elimination frequency (once a day/twice a day/any other): _____

Addiction (tobacco/tobacco products/alcohol/smoking): _____

Known allergies (medicine/food/insects/airborne allergy): _____

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6. Menstrual history:

Age at menarche: _____years

Duration of cycle in days (less than 21 days/21 to 35 days/more than 35 days):_____

Regularity of cycle (regular/irregular): _____

Duration of bleeding in days (less than 2 days/3 to 5 days/more than 7 days):_____

Amount of blood loss (mild/moderate/severe): _____

Associated complaints during menstruation:_____

7. Marital history:

Age at marriage:_____Years of married life:_____

History of consanguineous marriage—yes/no:_____

8. Contraceptives used, if any (OC pills/barrier method/natural method/IUCD/nil):_____

_____

_____

9. Obstetric history:

Pregnancy No.	Year and month of pregnancy	Pregnancy event (full term/ preterm/ post-term/ MTP)	Type of labor (spontaneous/ induced)	Mode of delivery (vaginal/ CS)	Puerperium (normal/ abnormal)	Complication in antenatal/ intranatal/ postnatal	Condition of baby at birth

Summary—Number of living children:_____Male:_____Female:_____

Age of elder child:_____ Age of youngest child:_____

10. Bad obstetric history, if any: _____

C. Antenatal Record of Present Pregnancy

Date of registration:_____

Gestation age at registration:_____months (_____weeks)

Tetanus toxoid immunization in pregnancy: Number of doses taken—one/two_____

First dose taken at:_____month

Second dose taken at:_____month

Iron and folic acid supplements in pregnancy: Started/not started_____

Started since: _____ month

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Investigations done during pregnancy and findings:

Blood:_____

Urine:_____

USG (abdominal/transvaginal):_____

Special tests, if any:_____

_____

Minor ailments of pregnancy experienced by woman:

During first trimester:_____

During second trimester:_____

During third trimester:_____

D. Findings of Antenatal Assessment

1. General physical examination:

- Height:_____Weight:_____
- Vitals—Temp:_____Pulse:_____Respiration:_____BP:_____
- General appearance—active/dull/sick:_____
- Body build—obese/average/thin: _____
- Nutrition—good/average/poor:_____
- Pallor—present/absent: _____Jaundice—present/absent:_____
- Sites of pallor—lower palpebral conjunctiva/dorsum of tongue/nail beds:_____
- Sites of jaundice—bulbar conjunctiva/under surface of tongue/hard palate/skin:_____
- Face:_____
- Oral cavity:_____
- Gait:_____Edema of legs:_____
- Varicosities of veins: _____
- Any other significant findings:_____

2. Obstetrical examination:

- **Breast examination**
  - Size-enlarged/symmetrical/nonsymmetrical:_____
  - Nipples:_____
  - Areola (Primary and secondary):_____
  - Montgomery tubercles:_____
  - Colostrum secretion:_____

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- **Abdominal examination:**
  - **Inspection**
    - » Size of abdomen:_____weeks. Shape of abdomen:_____
    - » Contour of abdomen:_____Umbilicus:_____
    - » Linea nigra—present/absent:_____
    - » Striae gravidarum—present/absent: _____
    - » Visible fetal movements—present/absent: _____
    - » Previous surgical scar—present/absent:_____
  - **Palpation:**
    - » Abdominal girth:_____cms.
    - » Fundal height: _____cms corresponding to _____weeks of gestation age
    - » Fundal palpation:_____
    - » Lateral palpation—Right lateral:_____
    - » Left lateral: _____
    - » Pelvic palpation:_____
    - » Pawlick grip:_____
  - **Auscultation:**
    - » Site/location of FHS:_____
    - » Rate of FHS/min**:**_____

Summary of abdominal examination findings—Position of fetus in utero:_____ _____

Lie:_____Presentation:_____

Attitude:_____ Engagement: _____

E. Assessment/Findings of Risk Factor/Status of Woman

_____

_____

F. Antenatal Care, Counseling and Advice given to Woman at Time of Antenatal Assessment

_____

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Sign of student **Sign of CI**

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ANTENATAL ASSESSMENT AND CARE

Date of examination:_____ Sr. No.: _____

A. Identification Data of Woman

Name: Mrs_____

Age:_____years. Religion: Hindu/Muslim/Christian/Sikh/any other_____

Address:_____

Education: Postgraduate/graduate/HSC/SSC/secondary/primary edu/illiterate _____

Occupation: Salaried/self-employed/small scale business/housewife _____

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Obstetric score—GPAL:_____ Gestation Age:_____months _____days (_____weeks)

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2. Dietary pattern

Type of diet (vegetarian/non-vegetarian/lacto-ovo vegetarian):_____

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Breakfast (daily/sometimes):_____

Habit of bedtime tea/coffee/milk—yes/no: _____

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4. Past medical and surgical history of woman (History of major medical and surgical illness since childhood till date):

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Age of elder child:_____ Age of youngest child:_____

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First dose taken at:_____month

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Started since: _____ month

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_____

Minor ailments of pregnancy experienced by woman:

During first trimester:_____

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- Face:_____
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  - Montgomery tubercles:_____
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  - **Inspection**
    - » Size of abdomen:_____weeks. Shape of abdomen:_____
    - » Contour of abdomen:_____Umbilicus:_____
    - » Linea nigra—present/absent:_____
    - » Striae gravidarum—present/absent: _____
    - » Visible fetal movements—present/absent: _____
    - » Previous surgical scar—present/absent:_____
  - **Palpation:**
    - » Abdominal girth:_____cms.
    - » Fundal height: _____cms corresponding to _____weeks of gestation age
    - » Fundal palpation:_____
      _____
    - » Lateral palpation—Right lateral:_____
      _____
    - » Left lateral: _____
      _____
    - » Pelvic palpation:_____
      _____
    - » Pawlick grip:_____
  - **Auscultation:**
    - » Site/location of FHS:_____
    - » Rate of FHS/min:_____

Summary of abdominal examination findings—Position of fetus in utero:_____ _____

Lie:_____Presentation:_____

Attitude:_____ Engagement: _____

E. Assessment/Findings of Risk Factor/Status of Woman

_____

_____

F. Antenatal Care, Counseling and Advice given to Woman at Time of Antenatal Assessment

_____

_____

Sign of student **Sign of CI**

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Case Book/Clinical Requirements for
Midwifery/Obstetrics and Gynecological Nursing: I & II

This casebook is prepared based on the clinical/practical requirements of subject Midwifery/Obstetrics and Gynecological Nursing I and II given under curriculum in the Indian Nursing Council (Revised Regulations and Curriculum for BSc Nursing Program) Regulations, 2020 published via notification in the official Gazette of India in July 2021.

The casebook provides comprehensive documentation formats for clinical requirements to be completed by the student in the clinical area of posting for midwifery subject.

Along with the documentation record, the formats used would be helpful to the student nurse-midwives to utilize and correlate the acquired theory knowledge in developing procedural competencies/clinical skills to achieve clinical learning outcomes of the subject and ultimately to provide comprehensive and respectful nursing care to obstetrics and gynecological clients along with newborn babies.

The formats, tables, charts, and partographs that have been included are self-explanatory, easy to understand, and record. An adequate number of pages are provided to record the minimum clinical requirements of the subject as specified in the syllabus. Also, additional space is provided to document the other clinical assignments and presentations done under the subject.

This casebook would help the students to appreciate the need and importance of comprehensive and organized documentation and also to develop adequate skills in timely record keeping.

It would be a guide for the nurse educators in helping the students in achieving the clinical learning outcomes by meeting clinical midwifery requirements and also in assessment of the students in clinical area.

Jyoti Dube Thakur is presently working as Professor cum Principal in Gokhale Education Society's nursing institute, Nashik, Maharashtra. She has completed her PhD in Nursing in 2016. She was a recipient of Gold Medal in both PG and UG programs in nursing. She has obtained Diploma in Hospital Management and is also a certified Internal Auditor for QMS–ISO 9001:2015.

Since the last 24 years, she has significantly contributed to academics through her teaching and by publishing and presenting various research papers in national and international nursing journals/conferences/workshops, etc. She has to her credit a rich experience of working on senate, academic council, and various academic, examination, student welfare and administrative committees of MUHS and other deemed universities. She holds life membership of GES, TNAI, SOMI, NRSI, ISTD, and many more.

She has been conferred with various professional awards at local, state, and national levels. She aims to contribute significantly to the development of quality nursing profession through her passion of teaching.

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