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Clinical Care Record Book *for* Midwifery Program

(In Accordance with INC Guidelines)

Priscilla John
Rekha Kumari

Name of the Candidate: _____

Name of the Institution: _____

_____

Foreword
Ashok Pal

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POSTNATAL AND NEONATAL CARE STUDY

IDENTIFICATION DATA

Name of Mother:.....
W/o:.....
Age:.....
Ward Name/Bed Number:.....
Address: .....
Date of Admission:.....
Date of Discharge:.....
Obstetrical History – GPLA: .....

PAST MENSTRUAL HISTORY

LMP .....EDD .....Cycle.....

HEALTH HISTORY

1. Past Obstetrical History.....
   .....
   .....
2. Present Pregnancy History
   - I-trimester .....
     .....
     .....
   - II-trimester.....
     .....
     .....
   - III-trimester.....
     .....
     .....
3. Past Medical History .....
   .....
   .....
4. Present Surgical History. .....
   .....
   .....
5. Past Surgical History. .....
   .....
   .....

6. Family History. .....
.....
.....
7. Personal History. .....
.....
.....

OBSTETRICAL HISTORY								
S.No.	Year	Abortion	Prem	FT	Type of labour and mode of delivery	Gender	Live or Still Birth	Remark

LAB -INVESTIGATION

Hb	Blood Grouping	Blood Sugar	Urine		HIV	VDRL	Any Other
			Albumin	Sugar			

THE PUERPERIUM

Admitted to Postnatal Ward at AM/PM On:

POSTNATAL OBSERVATION CHART FOR MOTHER

Date	Day	Weight	Temp	Pulse	Resp	Fundal Height	Bowel	Urine	Lochia	Breast	Episiotomy Wound	Homen-sign

DELIVERY/OPERATION NOTES

Normal Vaginal Delivery

Type of labour : Spont /induced .....

Mode of delivery: Normal .....

Instrumental .....

Forcep/Vaccum .....

Indication: .....

Operation notes .....

.....

.....

.....

.....

.....

.....

CAESAREAN SECTION

Elective /Emergency.....

Indication .....

Type: Lower Segment/Classical .....

Anaesthesia: Ga/Spinal/Epidural .....

Surgical Note.....

1st Stage:.....Hrs.....Mins.

2nd Stage:.....Hrs.....Mins.

3rd Stage:.....Hrs.....Mins.

Total : .....Hrs.....Mins.

NEWBORN ASSESSMENT

Name of Baby..... Gender..... Age……

Apgar Score..... 1min .....5 min Condition: Poor/Fair/Good

OBSERVATION CHART-BABY						
Date						
Day						
Weight						
Skin Colour						
Cord						
Eyes						
Mouth						
Urine						
Meconium						
Feeds						
Temperature						
Heart Rate						
Respiration						

Measurement:

Length .....cm

Head Circumference.....cm

Chest Circumference.....cm

Abdominal Circumference.....cm

Reflexes:

Moro: .....

Sucking: .....

Swallowing: .....

Rooting:.....

Grasping: .....

Vaccination: Age of the Baby.....

BCG-Yes/No.....

OPV-Yes/No.....

Hep B-Yes/No .....

NURSING PROBLEMS AND RELATED OBJECTIVE OF CARE

Actual Nursing Problem for Mother and Baby

.....

.....

.....

.....

.....

Potential Nursing Problems for Mother and Baby

.....

.....

.....

.....

NURSING CARE PLAN

ASSESSMENT	NSG DIAGNOSIS	GOAL	PLANNING	IMPLEMENTATION

Health Education to Mother

POSTNATAL AND NEONATAL CARE STUDY

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Heart Rate						
Respiration						

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Length .....cm

Head Circumference.....cm

Chest Circumference.....cm

Abdominal Circumference.....cm

Reflexes:

Moro: .....

Sucking: .....

Swallowing: .....

Rooting:.....

Grasping: .....

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BCG-Yes/No.....

OPV-Yes/No.....

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