VICTORIAN NURSING
COUNCIL

MIDWIVES ACT

★

CASE BOOK

for

PUPIL MIDWIVES

CASE BOOK

Type of Case Normal Delivery Age 21 Abortions Nil.

Date Last Menstrual Period ? FEB Date Due ? 11-11-72. Quickening no date recorded

Previous Obstetric History excluding abortions

Date	Pregnancy	Labour	Outcome	Wt. of Child	Puerperium	Length of Lactation
	PRIMIGRAVIDA.					

Previous Medical History

Rheumatic Fever / Kidney disease / Operations

Scarlet Fever / Heart disease / Blood transfusions

Diabetes / Tuberculosis / Other illnesses

PRESENT HEALTH

Examination date 19-7-72

Height 5' 1/2" Heart — Breasts — Teeth —

Weight 63.8 Kgms. Lungs — Nipples — X-ray of Chest —

Blood

Group A Rh Positive Haemoglobin 85% W.R. or Kline Negative

Pelvic Examination

Size of Uterus 28 weeks Cervix Diagonal Conjugate Pelvic Outlet

Subsequent Examination

Date	Wt. Kgm	Height of Fundus	Pres.	Position	Station Head	F.H.	Urine Sug.	Urine Alb.	B.P.	Hb.	Remarks
19-7-72	63.8	28wks.	-	-	-	H	NAD	NAD	125/76	85%	
16-8-72	64.6	28-30wks	-	-	-	H	NAD	NAD	125/80		
13-9-72	66.6	36wks	Cephalic	-	-	H	NAD	NAD	130/70		
20-9-72	68	35wks	Cephalic	-	-	H	NAD	NAD	130/76		Head does not push.
27-9-72	68	36 wks	Cephalic	R OA	-	H	NAD	NAD	124/80	82%	Inlet it should for three
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
11-10-72	69	38wks	Cephalic	-	Inside.	1/5	NAD	NAD	120/80		[illegible]
18-10-72	69.1	38wks	Cephalic		notengaged.	H	NAD	NAD	130/76		
26-10-72	69.7	nearterm	cephalic		notengaged.	H	NAD	NAD	122/80.		slight oedema. Commenced chloride
1-11-72	67.2	nearterm	cephalic		notengaged	H	NAD	NAD			no oedema.

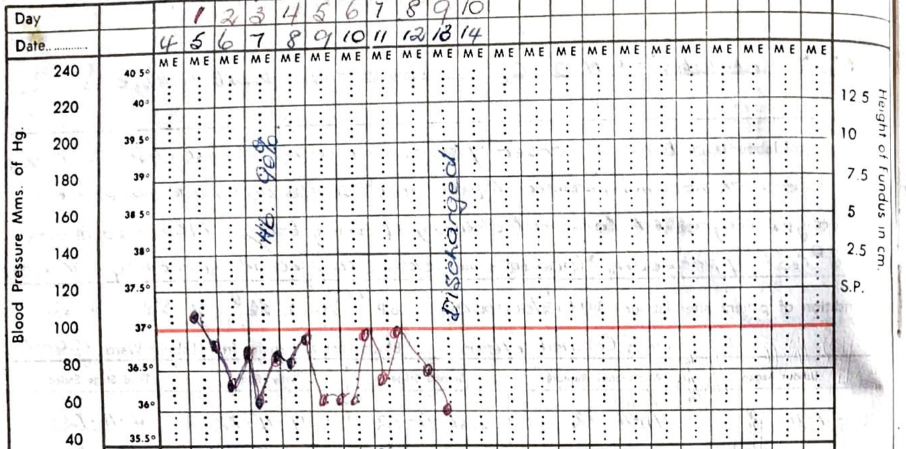
X-ray pelvimetry - straight sacrum, head notengaged pelvis overall ok.

[illegible] breast care. onset of labour & when to come into hospital.

Vitamin & iron supplements were given.

The patient had poor weight gain in the last 7 weeks of pregnancy.

Postnatal
November 1972



Day		1	2	3	4	5	6	7	8	9	10
Date	4	5	6	7	8	9	10	11	12	13	14
PULSE		92 90	76 88	84 82	80 80	80 80	76 88	96 80	76	80	
Bowels		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	
Urine	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
B.P.	140/80										
Lochia	Red Profuse			Reddish Brown less profuse							
Breasts		Lactation established									
Kg Maternal Weight G											

Date of Discharge 13-11-72.

Report on progress of patient.—

Patient had a normal puerperium with special treatment given for 3rd degree tear.
① Low residue diet.
② Frequent perineal toilets 3 hrly for 3 days.
③ Infra red ray lamp to suture line B.D.
④ Milk of magnesia 10mls given daily mane.
3rd degree tear healed well with no complications.
Blood Pressure slightly elevated post partum taken 4 hrly for 24 hrs soon returned to normal and observations discontinued.
Mother and baby, both well, were discharged on 13-11-72 with a Post Natal appointment for 6 weeks.
Condevax was given to mother for Rubella Anti bodies 1.8 before discharge.

Signature of Teacher ~ Lai

Status Midwifery Tutor

Signature of Nurse M. D[illegible]

CASE BOOK

Type of Case NORMAL DELIVERY. Age 17. Abortions —

Date Last Menstrual Period 2.2.72. Date Due 9.11.72. Quickening Early July.

Previous Obstetric History excluding abortions

Date	Pregnancy	Labour	Outcome	Wt. of Child	Puerperium	Length of Lactation
	PRIMIGRAVIDA					

Previous Medical History

Rheumatic Fever — Kidney disease — Operations Removal of cyst.

Scarlet Fever — Heart disease — Blood transfusions —

Diabetes — Tuberculosis — Other illnesses —

PRESENT HEALTH

Examination date 13-9-72.

Height 5' 1" Heart — Breasts — Teeth good.

Weight 56.7 Kgm Lungs — Nipples — X-ray of Chest —

Blood

Group O Rh Negative Haemoglobin 83% W.R. or Kline —

ANTIBODIES - NON - 11-10-72.

Pelvic Examination

Size of Uterus 33 weeks. Cervix 1 finger not taken up. Diagonal Conjugate Adequate. Pelvic Outlet Adequate. Gynaecoid.

Subsequent Examination

Date	Wt. Kgms.	Height of Fundus	Pres.	Position	Station	F.H.	Urine Sug.	Urine Alb.	B.P.	Hb.	Remarks
13-9-72	56.7	33 wks				H.	NAD	NAD.	114/72	83%	~~Kline~~
27-9-72	57	35 wks.	Cephalic			H.	NAD	NAD	110/60.		
11-10-72	57.8.	36 wks.	Ceph.			H.			114/62.	86%	Kline Rh/Antibodies
18-10-72	57.6.	38 wks.	Cephalic			H.	NAD.	NAD.	115/80.		
25-10-72	57.4	38 wks	Cephalic	L.O.A.	Head floating	H.	NAD.	NAD	110/80		Head floating [illegible]
1-11-72.	57.8.	38 wks.	Cephalic	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	110/75		[illegible]
8-11-72.	57.4	Term.	Cephalic.		not engaged	H.	NAD.	NAD.	110/80.		Husband Blood group O Pos
15-11-72.	57.6.	Term + 6 days.	Vertex.		at brim.	H.	NAD.	NAD.	110/76.		

were taken on 11.10.72 and showed non present.
Advice was given on diet, general care, breast care onset of labour and when to come to hospital.
Vitamin & iron supplements were given.

LABOUR.

Date 19-11-72.

Time	Temp.	Pulse	F.H.	B.P.	Urine	Contractions Freq.	Str.	Dur.	Drugs	Remarks & Examinations
First stage										Admitted with history
5.45am.										of contractions since 3am
6 am.	36.6	76.	120 R	120/70	NAD. 210	5/60.	mild/mod.	30/60.		?? Membranes leaking L.I.E. Longitudinal. Presentation - Vertex. Position - R.O.T. Head fixed in brim
6.45am.										Seen by Doctor.
									Im Pethidine 100mgms	
7 am.			132 R						Chloral Hydrate 1gm.	
7.30am.		80.	140 R		NAD.	5/60	mild	30-35/60		
9.00am.		72.	124 R		150	5-7/60	mild/mod.	30-40/60		
11.00am.		72.	132 R	100/60.		3/60	mod/strong	45/60.	Im Pethidine 100mgms	
12 MD.			130 R		unable to void.				Chloral Hydrate 1gm	feels nauseated.
12.30pm										vomited.
12.45pm										
1pm.					unable to void.	2-3/60	strong.	40-50/60.	Im Stemetil 2.5mgms.	small "show"
1.30pm.		64.	132 R							bladder palpable
2.15pm.			124 R	110/68.		2/60	strong.	50-55/60.		Dr. Notified
Second stage										Feels like pushing
2.15pm			124 R	110/68.		2/60	strong	50-55/60		with contractions
2.30pm		8	136 R			"	"	"		Palpable rectanally - contractions.
2.45pm.										Membranes in view.
2.47pm.			128 R			"	"	"		membranes ruptured slightly meconium stained.
3.02pm	Perineum infiltrated with Xylocaine 1%									Head in view & contracting.
3.08pm	Episiotomy cut. Normal delivery of living male baby								IV Ergometrine 0.5mgms.	
Third stage	Completed by Brandt Andrews method.									
	Placenta - complete. Small infarcted area.									Wt. 600 gms. Cord length 70 cms.
	Membranes - complete.									
	Fundus - firm & central									
	Perineum Episiotomy repaired.									
	Blood loss 100 mls.									
	36.3	64	~~20~~	110/68.						

VAGINAL EXAMINATIONS

Date & Time	Pres.	Position	Memb.	Cervix Dil.	Cervix Taken up	Station

RECTAL EXAMINATIONS

Date & Time	Pres.	Cervix Dil.	Cervix Taken up	Station

Anaesthesia ..... Administered by .....

Analgesia— $N_2O + O_2$ Inhalational Administered by Pupil midwife.

Summary of labour Spontaneous onset of labour at 41 weeks. Membranes ruptured artificially 2.45pm with slight meconium stained liquor. Rapid delivery of living male baby. Episiotomy was cut and repaired with Chromic 2/0.

Condition of patient after labour Satisfactory. B.P. 110/68. T. 36.3 P. 64 R. 20.

Uterus firm & central. Blood Loss at transfer from Labour Ward 100mls.

	Labour Began	Membranes Ruptured	Second Stage	Baby Born	Third Stage Ended
Date	17-11-72.	17-11-72.	17-11-72.	17-11-72.	17-11-72.
Hour	3.00 am.	2.45 pm.	2.15 pm.	3.08 pm.	3.16 pm.

Duration: First stage 11 hrs 15 mins. Second stage 53 mins. Third stage 8 mins. Total 12 hrs 16 mins.

Presentation Cephalic. Position R.O.A. Blood Loss 100 mls.

Perineum Episiotomy. Sutures 2/0 Chromic catgut.

Placenta Complete small infarcted area. Mode of Expression Brandt Andrews.

Membranes Complete. Abnormalities .....

BABY RECORD

Condition at birth Satisfactory responded well. Apgar 9/10

Gestation 41 weeks. Sex MALE.

Weight 3230 gms. Length 49cms.

Treatment Responded well to mucous extraction. I.M. Konakion 1mgm given. Blood taken for ~~Rhine~~, Antibodies & Group.

Progress of Baby

Date	17-11-72.	19-11-72.	21-11-72.	23-11-72.			
Weight gms	3230.	3080.	3020.	3050.			
Gain or Loss		150gms.	60gms.	30gms.			

Summary Condition satisfactory. Cord blood taken for ~~Rhine~~ & Antibodies. Blood group also taken O positive. Guthrie's test performed on 4th day. Bladder & Bowels functioned normally. Breast feeding well established before discharge and an appointment given for Postnatal clinic in 6 weeks. Mother craft teaching given and mother instructed to take baby to Infant Welfare Clinic. Doctor examined baby for abnormalities.

On Discharge. Weight 3050 gms. Gain over birth weight .....

Age 8 days. Loss under birth weight 180 gms.

Condition of Umbilicus dry. Cord Separated

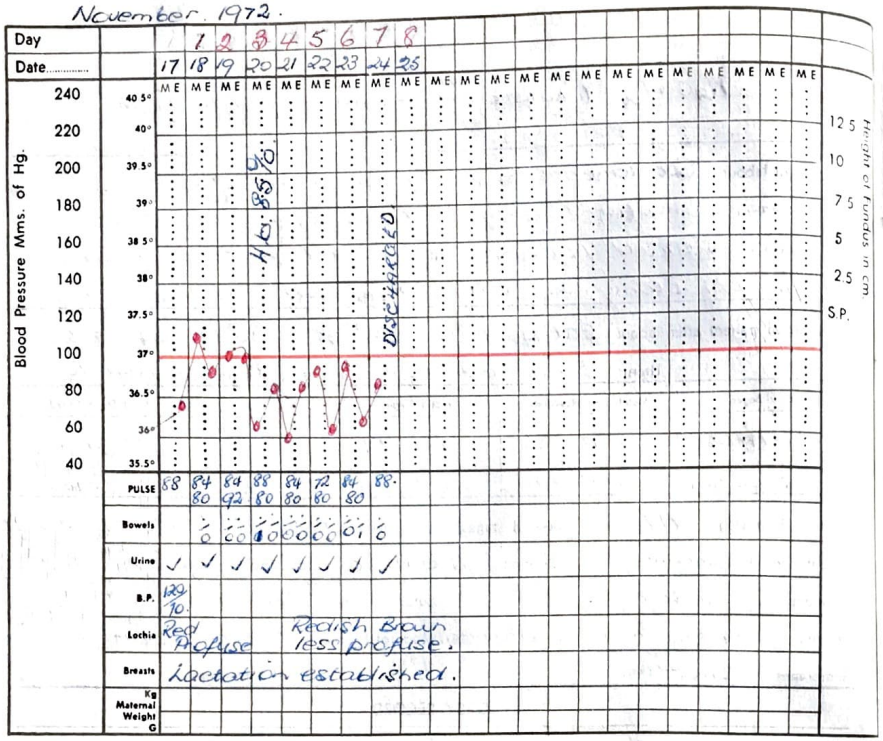
" " Skin clear. Feeding Breast feeding

" " Buttocks not excoriated.

" " Eyes clear.

Postnatal.

November 1972.



Date of Discharge 24-11-72.

Report on progress of patient.—

Patient had an uneventful puerperium Blood group was O Negative D^u Positive it was therefore regarded as O Positive therefore no Anti D Gamma Globulin was given.

Patient had cracked nipples which were treated satisfactorily by applying Tinc Benz Co + Olive Oil and baby kept off breasts for 24 hrs.

—— Cendivax was given on 24th November before discharge as Rubella Antibody titre showed. 1·128 on 13·9·72 and 1·64 on 12·10·72.

Mother and baby both well were discharged home on 24th November with an appointment for Post Natal Clinic in 6 weeks.

Signature of Teacher E Lai

Status Midwifery Tutor Signature of Nurse M. Dow.

(3)

CASE BOOK

Type of Case ABNORMAL DELIVERY. Age 21 yrs. Abortions —

Date Last Menstrual Period 11th FEBRUARY. Date Due 18th November. Quickening ?

Previous Obstetric History excluding abortions

Date	Pregnancy	Labour	Outcome	Wt. of Child	Puerperium	Length of Lactation
1-12-71	Normal.	Caesarian (Breech)	Normal.	5lb 10oz.	Post operative Severe Wound infection	Artificially fed.

Previous Medical History

Rheumatic Fever — Kidney disease — Operations Caesarian Section Dec 71

Scarlet Fever — Heart disease — Blood transfusions —

Diabetes — Tuberculosis — Other illnesses Hay fever.

PRESENT HEALTH

Examination date 1-11-72.

Height 5'4½" Heart Breasts Teeth Fair

Weight 74·3 kgms. Lungs Clear. Nipples flat nipples. X-ray of Chest

Blood

Group A. Rh. Positive Haemoglobin 91% W.R. or Kline Negative

Pelvic Examination

Size of Uterus Cervix not dilated or effaced Diagonal Conjugate Adequate Pelvic Outlet Adequate

Subsequent Examination

Date	Wt. Kgms.	Height of Fundus	Pres.	Position	Station	F.H.	Urine Sug.	Urine Alb.	B.P.	Hb.	Remarks
1-11-72.	74·3		Cephalic	~~High~~	High & Mobile.		NAD	NAD.	144/80.		
8-11-72.	74·1	38wks.	Cephalic.			H.	NAD	NAD.	130/70.	91%	
Probably for Vaginal Delivery but because of wound infection will need close observation											
18-11-72.	76·2	N.Term	Cephalic		Head Mobile	H.	NAD	NAD.	130/86.		Cough - non productive Treatment - Benadryl Expectorant
22-11-72.	75·7	Term.	Cephalic		Engaged	H.	NAD	NAD.	134/80.		No oedema.

Summary:—

Patient had an uneventful antenatal period. Because of previous caesarian section and severe wound infection close observation will be necessary during labour.

Trial of labour for previous caesarian section. Advice given on ~~drugs~~ diet, general care. Vitamin Iron and folic acid given

LABOUR.

Date 24-11-72.

Time	Temp.	Pulse	F.H.	B.P.	Urine	Contractions Freq.	Contractions Str.	Contractions Dur.	Drugs	Remarks & Examinations
First stage										Admitted with history of contractions since 1 a.m. Membranes Intact.
3.30am										
4.00am	36.4	94	136.	134/84	N.A.D. 120ml.	10/60	mild	15/60.		Lie - longitudinal. Position - L.O.P. Presentation - Vertex Head - Mobile above brim
										Seen by Doctor.
										Pelvic Examination.
4.30am		88.		116/80		9/60	mild.	20/60.	Chloral Hydrate 1gm.	Dr. to be notified when Membranes Rupture.
5.30am			132R.			10/60	mild.	20/60.		Sleeping between contractions
6.15am	36.3.		132R	136/80.		10/60	mild.	20/60.		
7.45am		64	120R			10/60	mild	30/60.		
9.0am		60.	128R	140/80		10/60	mild/mod.	40/60.		Complaining of Backache.
9.15am									1 m/l. Penicillin 100,000 units.	
9.30am			140R		N.A.D. 480ml					
10am.	36.2.	60.	140R.	130/70.		15/60	mild.	30/60.		
11.30am		72	108R	126/84.		10/60	mild/mod.			
11.32am			104R.							Dr. Notified
11.55am										Pelvic Examination.
12.0m.			128R.						i.m. Atropine 0.6mgm.	
Second stage										
12.27pm.	Caesarian section of a living female baby extracted.									
Third stage										
12.30pm.	Third stage Completed. Placenta complete with succenturiate lobe. Cord length 39cms. Weight 460gms. Membranes - ragged.									

VAGINAL EXAMINATIONS

Date & Time	Pres.	Position	Memb.	Cervix Dil.	Cervix Taken up	Station
24-11-72 4.0am.	Cephalic		Intact	2fingers	not taken up	Head just above brim
11.55am	Cephalic		A.R.M. Meconium stained liquor	2fingers	not taken up	

RECTAL EXAMINATIONS

Date & Time	Pres.	Cervix Dil.	Cervix Taken up	Station

Anaesthesia ~~Doctor~~ General Administered by Doctor.
Anaesthetic

Analgesia — Administered by —

Summary of labour Trial labour due to previous Caesarian section. Labour progressed slowly. Foetal distress with heart rate 108 in 1st stage. A.R.M performed with meconium stained liquor. Caesarian section performed because of foetal distress and cervix not dilated or effaced.

Condition of patient after labour Satisfactory. B.P. 110/66. T. P. 80 R. 20.

Uterus Blood Loss at transfer from Labour Ward

	Labour Began	Membranes Ruptured	Second Stage	Baby Born	Third Stage Ended
Date	24-11-72.	24-11-72.		24-11-72	24-11-72
Hour	1400am.	11.55am.		12.27pm.	12.30pm.

Duration: First stage Second stage Third stage Total 10hrs 30mins

Presentation Position Blood Loss

Perineum — Sutures —

Placenta Complete. Mode of Expression —

Membranes ragged. Abnormalities Succenturiate lobe

BABY RECORD

Condition at birth Responded well to mucous extraction and Oxygen Apgar 6/9.

Gestation 40 weeks 6 days. Sex Female

Weight 2660 gms. Length 52cms.

Treatment Respiratory gasping. Insulcot care give Rapid improvement. 1 m Kanamycin 1mgm given.

Progress of Baby

Date	24-11-72.	26-11-72	28-11-72	30-11-72	2-12-72.		
Weight gms.	2660.	2530	2560.	2650.	2720.		
Gain or Loss		130gms.	30gms	90gms	70gms		

Summary Condition satisfactory at delivery. Respirations gasping. Insulcot care given with rapid improvement. Bladder & Bowels functioned normally. Guthrie's test performed on 4th day. Artificially fed. Doctor examined baby for abnormalities. Postnatal appointment for 6 weeks given. Mother and baby both well were discharged on 8th day.

On Discharge. Weight 2720 gms. Gain over birth weight 60 gms.

Age 8 days. Loss under birth weight —

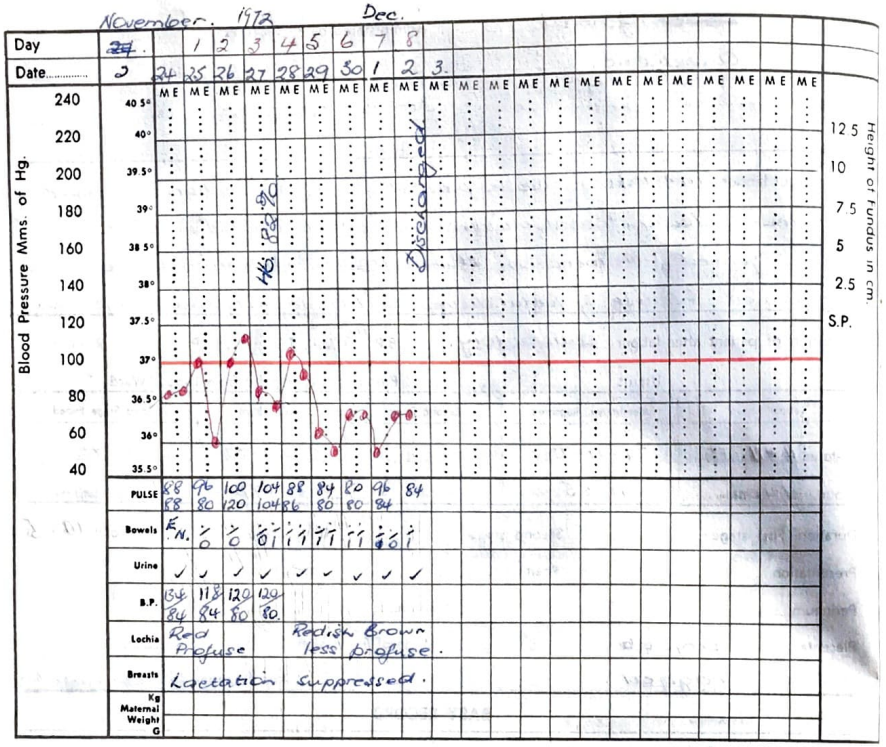
Condition of Umbilicus clean & dry. Cord Separated.

" " Skin clear Feeding Artificial feeding

" " Buttocks not excoriated.

" " Eyes clear.

Postnatal



Date of Discharge 2-12-72

Report on progress of patient.—

Patient had satisfactory post-operative period with good healing of caesarian section scar. Lactation was suppressed and baby artificially fed. All future deliveries to be by Caesarian Section.

Mother & baby both well were discharged on 2-12-72 with appointment for Postnatal check in 6 weeks.

Signature of Teacher e Lai

Status Midwifery Tutor Signature of Nurse M. Dow

(4)

CASE BOOK

Type of Case Abnormal Delivery Age 17. Abortions —

Date Last Menstrual Period 20-2-72 Date Due 27-11-72. Quickening July 72 20 wks.

Previous Obstetric History excluding abortions

Date	Pregnancy	Labour	Outcome	Wt. of Child	Puerperium	Length of Lactation
	Primigravida.					

Previous Medical History

Rheumatic Fever — Kidney disease infection 1971. Operations —

Scarlet Fever — Heart disease — Blood transfusions —

Diabetes — Tuberculosis — Other illnesses —

PRESENT HEALTH

Examination date 26-7-72

Height 5'3" Heart — Breasts — Teeth poor

Weight 60-6 kgms Lungs — Nipples — X-ray of Chest —

Blood

Group O Rh Positive Haemoglobin 80% W.R. or Kline Negative

Pelvic Examination

Size of Uterus 26-28 wks. Cervix — Diagonal Conjugate Adequate - Pelvic Outlet Adequate.

Subsequent Examination

Date	Wt.	Height of Fundus	Pres.	Position	Station	F.H.	Urine Sug.	Urine Alb.	B.P.	Hb.	Remarks
26-7-72	60-6 kgms	26-28 wks		Obligue		H.	NAD	NAD	120/78	80%	Referred to Ante Nat. Sr.
16-8-72	64-4	28				H.	NAD	NAD	130/80		
13-9-72	64-8	32-36	Cephalic		Mobile.	H.	NAD	NAD	128/80.	80%	Iron taken every 2nd day and with meals because of nausea.
27-9-72	67	34		Obligue lie		144 R	NAD	NAD	120/70		
4-10-72	68-2	36.	long. Vertex			H.	NAD	NAD.	120/84.		
18-10-72	71.	37.	Cephalic.		free.	H.	NAD	NAD.	135/90		

Summary:—

Normal antenatal period

Advice was given on diet, general & breast care. Signs and onset of labour explained and when to come into hospital

Vitamin supplements given. Iron taken every 2nd day with meals because of nausea.

7

LABOUR.

Date 24-10-72.

Time	Temp.	Pulse	F.H.	B.P.	Urine mls.	Contractions Freq.	Str.	Dur.	Drugs	Remarks & Examinations
First stage										Admitted with history of
4.05am.										ruptured Membranes at
4.30am.	36²	88	132^R	155/85	NAD. 270mls.	2-3/60	mild.			Lie - Longitudinal. Presentation - Cephalic. Position - L.O.A. Head - Immobile. [illegible]
										Clear liquor draining
5.10am										Dr. Notified. Pelvic Exam.
5.30am			128^R			8-10/60	mild.	55/60		Inj. Pethidine 100 gms. Chloral Hydrate 1gm.
5.46am.										
7.am.		80.	128^R.			10/60	mild.	30/60.		Clear liquor draining
8am		84	120^R.	132/84		8/60	mild.	40/60.		Relaxed. Presentation Cephalic. Head - not engaged - not mobile. R.O.A.
9am.		88.	128^R			6-8/60	moderate	45/60.		
10a.m.	36⁷.	96.	128^R.	120/75	NAD. 240	6-8/60	mod.	40/60.		Clear liquor draining
11am		84	120^R.			6-8/60	mod.	40/60.		Seen by Doctor.
12.m.d.			132^R.	144/80.		6-8/60	mod.	40/60.		Clear liquor draining.
11.45am.									Inj. Pethidine 100 gms.	new seated.
12.10pm.									Inj. Torecan 6.5 gm.	Vomited. 200 mls.
12.30.		92.	120^R			7-8/60	mod.	30/60.		
1.45pm.		88.	132^R.		NAD. 150	5/60	mild.	15/60.		
[illegible]			124^R	140/90		5/60	mod.	45/60	dR	quiet
2.30pm			120^R	140/65						
2.45pm.			132^R			5/60	mod.	40/60.	I.m. Pethidine 100 mgms.	
3pm.			120^R.			3-4/60	mod.	40/60.		
3.15 pm.			128^R				strong			
3.25pm.		108.	120^R.	140/66.		2-3/60	strong	40/60.		restless - nauseated with contractions.
3.30pm.		88.	144^R.		unable to void					
4.pm.	36³	80.	132^R			3-4/60	strong	45/60.		resting between contractions.
4.15pm					voiding into bed.					palpable poor orality with some contractions.
4.35pm		92.	120^R.			2-3/60	strong	45/60.		pushing with contractions.
5 pm.		88.	120^R			2-3/60	strong	40-45/60.		foetal heart slowing down.
5.15pm										Dr. notified.
	37².	100.			128/76					

VAGINAL EXAMINATIONS

Date & Time	Pres.	Position	Memb.	Cervix Dil.	Cervix Taken up	Station
24-10-72 5.10am	Cephalic		ruptured clear liquor.	2 fingers	partly.	high & mobile
5.15 pm	Cephalic	ROA	No end fully.	fully.		Head arms on view.

RECTAL EXAMINATIONS

Date & Time	Pres.	Cervix Dil.	Cervix Taken up	Station

Anaesthesia ..... Administered by .....

Analgesia— N_2O & O_2 inhalational Administered by Pupil midwife

Summary of labour Spontaneous onset of labour at 37 weeks. Labour progressed well in 1st stage. ~~Labour not prolonged in~~ 2nd stage with some maternal distress, Instrumental delivery was performed under pudendal block anaesthetic by Dr and baby was sick once 3rd stage placenta + membranes complete.

Condition of patient after labour Satisfactory. B.P. 128/70. T. 37². P. 100. R. 24.

Uterus contracted. Blood Loss at transfer from Labour Ward 200 mls.

	Labour Began	Membranes Ruptured	Second Stage	Baby Born	Third Stage Ended
Date	24-10-72.	24-10-72.	24-10-72.	24-10-72.	24-10-72.
Hour	5.30 AM	3.am.	5.15pm.	6.31pm.	6.34pm.

Duration: First stage 10 hours 15 mins. Second stage 1 hr. 16 mins. Third stage 3 mins. Total 11 hrs. 4 mins.

Presentation Cephalic. Position R.O.A. Blood Loss 200 mls.

Perineum Episiotomy. Sutures Chromic catgut 2/0.

Placenta Complete. Mode of Expression Brandt Andrews.

Membranes Complete. Abnormalities —.

BABY RECORD

Condition at birth Responded to mucous extraction, Apgar 8/10.

Treatment Responded to mucous extraction. I.m. Konakion 1 mgm given. Guthrie's test performed on 4th day.

Gestation 37 weeks. Sex Male.

Weight 2720 gms. Length 47 cms. Baby circumcised.

Progress of Baby

Date	24-10-72.	27-10-72.	29-10-72.	31-10-72.			
Weight gms	2720.	2690.	2730.	2830.			
Gain gms or Loss gms		30 gm.	40.	100.			

Summary Condition satisfactory. Baby progressed well with 110 gms weight increase on discharge. Bladder & bowels functioned well. Guthrie test performed on 4th day. Doctor examined baby for abnormalities. Mother given feeding guide and instructed to take to Infant Welfare clinic. Mother and baby both well were discharged on 8th day.

On Discharge. Weight 2830 gms Gain over birth weight 110 gms

Age 8 days. Loss under birth weight

Condition of Umbilicus dry & clean. Cord Separated.

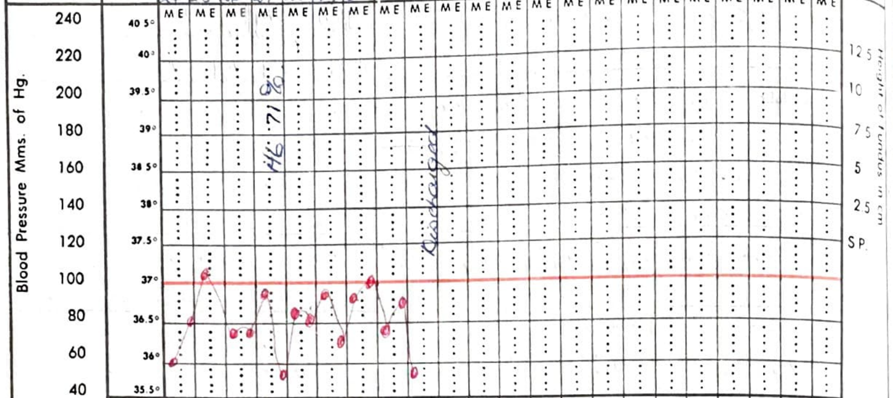
" " Skin clear. Feeding Breast.

" " Buttocks not excoriated

" " Eyes clear.

Postnatal.

Day		1	2	3	4	5	6	7	8			
Date	November 1972. 24	25	26	27	28	29	30	31	Dec. 1	2	3	



	24	25	26	27	28	29	30	31	1	2	3
PULSE	88 / 96.	100	88 / 108	92 / 106	100 / 92	80 / 80	88 / 100	80 / 82	80.		
Bowels	EN / ✓	✓ / 0	✓ ✓	0 ✓	✓	✓	✓ ✓	✓ ✓	✓		
Urine	✓	✓	✓	✓	✓	✓	✓	✓	✓		
B.P.											
Lochia	Red & profuse				Reddish Brown less profuse.						
Breasts	Lactation established.										
Kg Maternal Weight G											

Date of Discharge 1-11-72.

Report on progress of patient.—

Patient had an uneventful puerperium. Lactation established well. Lochia normal. Hb perfomed on 4th day was 71%. Mother & baby both well were discharged on 8th day with appointment given for postnatal clinic in 6 weeks.

Signature of Teacher c Lai

Status Midwifery Tutor

Signature of Nurse M. Dow.

CASE BOOK

Type of Case ANTENATAL CASE. Age 22 yrs. Abortions 1.

Date Last Menstrual Period ? mid Feb 1972 Date Due ? 3rd wk Nov. 1972 Quickening 1.8.72.

Previous Obstetric History excluding abortions

Date	Pregnancy	Labour	Outcome	Wt. of Child	Puerperium	Length of Lactation
1969	Abortion Associated with accident. 3months gest.	—	—	—	—	—

Previous Medical History

Rheumatic Fever — Kidney disease — Operations DENTAL.

Scarlet Fever — Heart disease — Blood transfusions —

Diabetes — Tuberculosis — Other illnesses —

PRESENT HEALTH

Examination date 7-6-72.

Height 5'1" Heart — Breasts normal. Teeth Dentures.

Weight 74·7 Kgms. Lungs — Nipples — X-ray of Chest —

Blood

Group Negative A. Rh Negative Haemoglobin 104%. W.R. or Kline —

Antibodies 22-11-72 NIL.

Pelvic Examination

Size of Uterus ? 16 wks. Cervix firm & irregular. Diagonal Conjugate Adequate. Pelvic Outlet Adequate.

Subsequent Examination

Date	Wt. Kgms.	Height of Fundus	Pres.	Position	Station	F.H.	Urine Sug.	Urine Alb.	B.P.	Hb.	Remarks
5-7-72.	78		Cephalic.	Longitudinal	head not engaged		NAD	NAD.	124/78		Seen by Welfare Sister. Baby probably for adoption
											nauseated on Slow Fe or Ferrogradumet &
2-8-72.	79·5	18-20.	cephalic				NAD	NAD.	130/70.		Foetal movement felt.
30-8-72.	82·6	24.	cephalic.				NAD	NAD.	130/95		Advised to rest because of B.P.
27-9-72	85	28.	cephalic			[illegible]	NAD	NAD	120/[illegible]	99%	
11-10-72	[illegible]	30.	Cephalic			140	NAD	NAD.	132/90		
25-10-72.	83·8	34-35.	?Breech.			H	NAD	NAD.	136/84		
8-11-72	86·5	34-36.				H.	NAD	NAD.	120/70.		
22-11-72	87·4	38-40.	?Cephalic			H.	NAD	NAD.	130/90.		no oedema.
29-11-72.	88·1	38	cephalic		mobile.	H.	NAD	NAD.	124/96.		Pelvic examination fat & tense.
6-12-72.	88·7.	Near term.	cephalic		mobile.	H.	NAD	NAD.	135/95		Amytal 50mgm T.D.S.
13-12-72	89·2.	36-38.	Vertex.			H.	NAD	NAD.	132/100.		Admitted to hospital for Rest & Observation

LABOUR.

Date 22-12-72

Time	Temp.	Pulse	F.H.	B.P.	Urine	Contractions Freq.	Contractions Str.	Contractions Dur.	Drugs	Remarks & Examinations
First stage										
			Elective caesarian Section for: ? placental insufficiency ? post maturity, unripe cervix mild toxaemia						low urinary vesical value	

Second stage

Lower Uterine Segment Caesarian Section performed.
9:15am. Normal living female baby extracted.

Third stage completed

9:20am Placenta complete & healthy weight 600gms
Membranes raggid and in pieces.

VAGINAL EXAMINATIONS

Date & Time	Pres.	Position	Memb.	Cervix Dil.	Cervix Taken up	Station

RECTAL EXAMINATIONS

Date & Time	Pres.	Cervix Dil.	Cervix Taken up	Station

Anaesthesia General Administered by Doctor.

Analgesia — Administered by

Summary of labour Elective caesarian section was performed for ? placental insufficiency low urinary vesical value. ? post maturity, mild toxaemia and unripe cervix

Condition of patient after labour satisfactory. B.P. 124/80 T. P. 80 R. 20.

Uterus — Blood Loss at transfer from Labour Ward —

	Labour Began	Membranes Ruptured	Second Stage	Baby Born	Third Stage Ended
Date				22-12-72.	22-12-72.
Hour				9·15 am.	9·20 am.

Duration: First stage Second stage Third stage Total

Presentation Cephalic. Position R.O.A. Blood Loss minimal.

Perineum intact. Sutures Abdominal wound closed in layers.

Placenta complete. Mode of Expression fundal pressure.

Membranes ragged Abnormalities —.

BABY RECORD

Condition at birth Fair improvement with Oxygen and suction. Apgar 4/9. Treatment Slow to respond to mucous Extraction and Oxygen.

Gestation ? post mature. Sex female. Cord blood taken for Wire, baby for adoption

Weight 3650 gms. Length 1 m. Kanamycin 1 mgm given

Progress of Baby

Date	22-12-72.	25-12-72.	28-12-72.	30-12-72.	1-1-73.		
Weight gms	3650.	3390.	3480.	3500	3500.		
Gain gm. or Loss gm.		260	90.	20.	—		

Summary Fair condition at birth responded to mucous extraction and oxygen. Nasal cat cath given with rapid improvement. Bladder and bowels functioned normally. Guthrie's test performed on 4th day. Baby examined by Doctor for abnormalities. Artificially fed. Mother decided to keep baby both were discharged with 6 week Post natal appointment

On Discharge. Weight 3500 gms. Gain over birth weight —

Age 11 days. Loss under birth weight 150 gms.

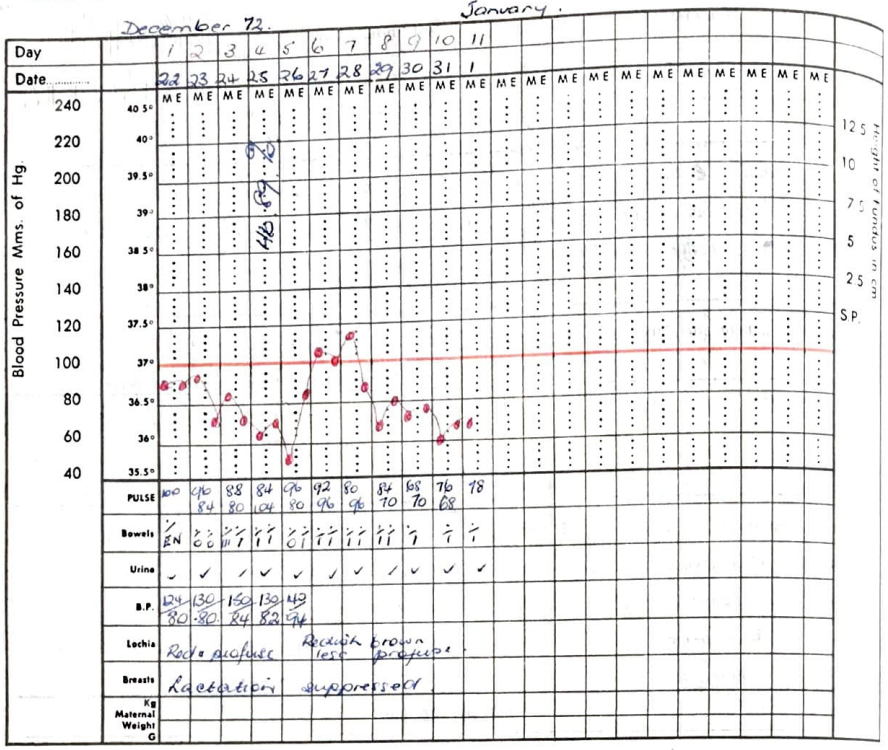
Condition of Umbilicus clean & dry. Cord Separated.

" " Skin clear Feeding artificial feeding

" " Buttocks not excoriated.

" " Eyes clear.

Postnatal.



Date of Discharge 1-1-73.

Report on progress of patient.—

Patient had a good recovery following the caesarian section

Patient had diarrhoea post operatively which was treated with kaomagma and taken off Feogon tablets.

Mother was not eligible for Anti D Gamma globulin. Lactation was suppressed as baby was for adoption. Mother changed her mind and baby and mother were discharged on 1-1-72 with Post Natal appointment for 6 weeks. Ferndwas was given to the mother before discharge.

Signature of Teacher C Lai

Status Midwifery Tutor Signature of Nurse M. Doan.

CASE BOOK

Type of Case ANTENATAL. Age 27 yrs. Abortions NONE.

Date Last Menstrual Period 8.3.72. Date Due 15-12-72. Quickening 6-7-72.

Previous Obstetric History excluding abortions

Date	Pregnancy	Labour	Outcome	Wt. of Child	Puerperium	Length of Lactation
19-4-66.	normal.	premature 34 wks. membranes. Short labour normal delivery.	Living male.	5lb 4oz.	normal.	Breast fed 6 weeks
22-9-68.	normal.	premature membranes 34 wks. normal delivery.	Living male.	5lb 8oz.	normal.	Artificially fed.

Previous Medical History

Rheumatic Fever — Kidney disease — Operations —

Scarlet Fever — Heart disease — Blood transfusions —

Diabetes — Tuberculosis — Other illnesses —

PRESENT HEALTH

Examination date 14-6-72.

Height 5'5" Heart — Breasts — Teeth —

Weight 55 kgms. Lungs — Nipples — X-ray of Chest —

Blood

Group O Rh Positive Haemoglobin 97%. W.R. or Kline negative.

Pelvic Examination

Size of Uterus 12 weeks. Cervix closed. Diagonal Conjugate adequate. Pelvic Outlet adequate.

Subsequent Examination

Date	Wt. Kgms	Height of Fundus	Pres.	Position	Station	F.H.	Urine Sug.	Urine Alb.	B.P.	Hb.	Remarks
14-6-72	55	12 wks					NAD	NAD.	120/80.	97%	
12-7-72	56·2	Umbilicus					NAD	NAD.	110/70.		
9-8-72	59·1	24					NAD	NAD.	120/70		
23-8-72	60·2	26.					NAD	NAD.	120/70		pains, frequency. burning micturition. Rx MSS. nitrofurazone. Vaginal Exam. Cervix
6-9-72	62·4	28	Cephalic		head mobile	H.	NAD	NAD.	120/80.		
20-9-72	64	29.	Breech				trace	NAD	120/70	89%	
			Vaginal Examination: Cervix 1 finger dilated. Admitted to ward. for Cervical suture.								
27-9-72.	62·6.	30.			mobile	H.	NAD	NAD.	108/60.		Cervix closed
11-10-72.	65·7.	32.	Cephalic			H.	NAD	NAD.	120/70.		no discharge.
25-10-72.	66·5	34	Cephalic.			H.	NAD	NAD.	110/70.		Os closed.
1-11-72.	67·8.	38.	Cephalic		mobile	H.	trace.	NAD	120/70.		Os closed. pain, dysuria + frequency. MSS. R. Chloramphenicol.
15-11-72.	68·5	36.	Cephalic		mob.	H.	NAD	NAD.	110/70.		
22-11-72	69·5	38.	Cephalic		mobile	138	NAD	NAD.	110/70.		Removal of sutures
29-11-72	70.	Near term.	Cephalic		mobile	H.	Glucose ++.		120/70.		
6-12-72	70·1.						Glucose ++.		120/70.		Sent for glucose tolerance test — result normal

LABOUR.

Date 8-12-72.

Time	Temp.	Pulse	F.H.	B.P.	Urine	Contractions Freq.	Str.	Dur.	Drugs	Remarks & Examinations
First stage										Admitted with history of contractions since 6 p.m.
10 p.m.	36.4	80.	140 R	124/82	340 c.c. NAD.					Fundus - term. Lie - longitudinal. Position - L.O.A. Presentation - cephalic. Head - engaged. Membranes - intact. Seen by - Doctor.
10.30 p.m.										Vaginal Examination.
										A.R.M. performed.
										clear liquor.
										Blood mucous stained.
10.50 p.m.		80.	128 R	140/80.						Pains like previously.
Second stage										
11 p.m.		80.	140 R			2-3/60	Strong	25-30/60.		head on view.
11.10 p.m.										
11.16 p.m.										Normal delivery of living male baby.
~~Third stage~~ 11.25 p.m.										Third stage completed.
										Placenta - complete. Cord length 49 cms. Weight 530 gms.
										Membranes - ragged.
~~Third stage~~										Perineum - intact.
										Fundus - central, well contracted, firm.
										Blood loss - 100 mls.
	36.5	80.		120/80.						

VAGINAL EXAMINATIONS

Date & Time	Pres.	Position	Memb.	Cervix Dil.	Cervix Taken up	Station
8-12-72 10.30 p.m.	cephalic	L.O.A.	A.R.M. clear liquor.	almost fully.	fully.	Head below Spines.

RECTAL EXAMINATIONS

Date & Time	Pres.	Cervix Dil.	Cervix Taken up	Station

Anaesthesia ..... Administered by .....

Analgesia — Nitrous Oxide & Oxygen. Administered by Pupil Midwife.

Summary of labour Spontaneous onset of labour at term. A.R.M. performed & cleared. Short first stage rapid 1 second stage progressing to normal delivery of living male baby. No episiotomy or tear. Placenta complete membranes ragged. Mother and baby both well.

Condition of patient after labour Satisfactory. B.P. 120/80. T. 36.5 P. 80 R. 20.

Uterus well contracted. Blood Loss at transfer from Labour Ward 100 mls.

Labour Began	Membranes Ruptured	Second Stage	Baby Born	Third Stage Ended
Date 8-12-72.	8-12-72.	8-12-72.	8-12-72.	8-12-72.
Hour 6 p.m.	10 p.m.	10.30 p.m.	11.16 p.m.	11.25 p.m.

Duration: First stage 5½ hrs. Second stage 46 mins. Third stage 9 mins. Total 5 hrs 25 mins

Presentation Cephalic. Position L.O.A. Blood Loss 100 mls.

Perineum intact. Sutures -

Placenta normal Small infarcts Circumvallate Mode of Expression Brandt Andrews.

Membranes ragged. Abnormalities

BABY RECORD

Condition at birth Responded well to mucous extraction Apgar 10/10 Gestation Term. Sex Male. Weight 3640 gms Length 50 cms.

Treatment I.M. Konakion 1 mgm. given at delivery. Guthrie test performed on 4th day.

Progress of Baby

Date	9-12-72.	11-12-72.	13-12-72.	15-12-72.			
Weight gms.	3640.	3440.	3430	3510.			
Gain gms. or Loss gms.		200 gm	10 gm.	80 gms			

Summary T.P.R. and colour maintained. Bladder & Bowels functioned normally. Dr. examined baby. Baby lost weight 130 gms on discharge. Mothercraft teaching given and mother instructed to take baby to Infant Welfare Clinic. Breast feeding well established while in hospital.

On Discharge. Weight 3510 gms. Gain over birth weight .....

Age 8 days Loss under birth weight 130 gms.

Condition of Umbilicus clean Cord Separated

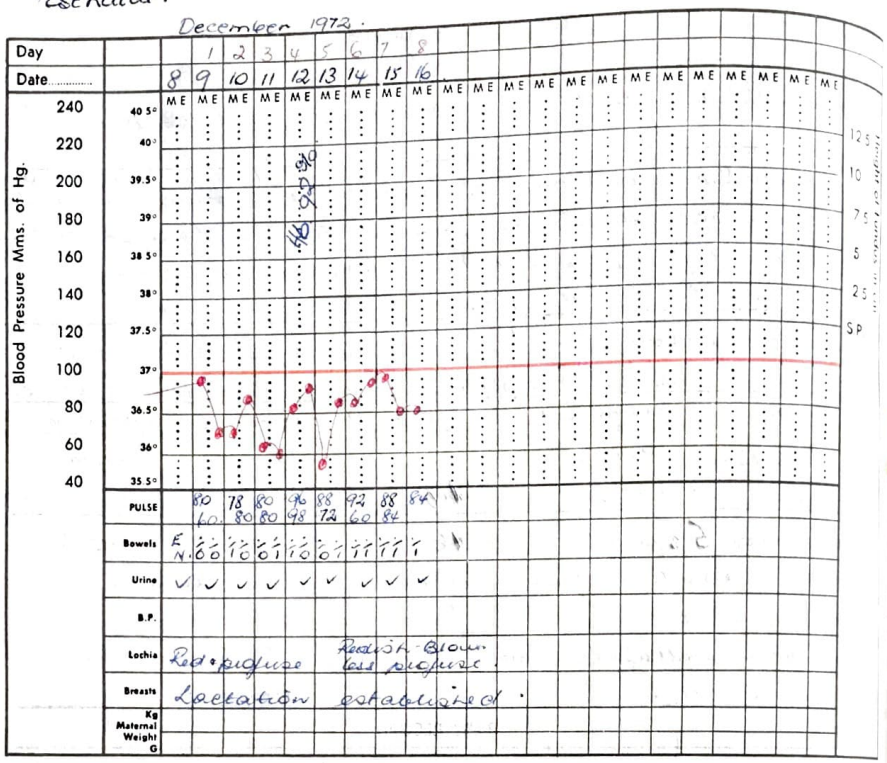
" " Skin clear. Feeding Breast feeding.

" " Buttocks not excoriated.

" " Eyes clear.

Post natal.

December 1972.



Date of Discharge 16.12.72.

Report on progress of patient.—

Patient had normal puerperium
Hb. 92%. taken on 4th day post partum.
Appointment to attend Post natal clinic in 6 weeks given.
I.M. benadryl given before discharge as Rubella antibodies 1:64
Mother and baby discharged on 8th day Both well.

Signature of Teacher C Lai

Status Midwifery Tutor

Signature of Nurse M. Dow.

CASE BOOK

Type of Case Post Natal. Age 34 yrs. Abortions 1.

Date Last Menstrual Period ..... Date Due ..... Quickening .....

Previous Obstetric History excluding abortions

Date	Pregnancy	Labour	Outcome	Wt. of Child	Puerperium	Length of Lactation
2.8.54.	normal.	normal	female.	8lb.	normal.	
3.9.55	normal.	normal	male.	8lb 13½ oz.	normal.	
26-9-59.	normal	normal.	male.	10lb.	normal.	
22.1.61.	normal.	normal.	female.	7lb 12oz.	normal.	
26.3.64	normal.	breech.	female.	7lb 2oz.	normal	
(15.12.67)	(18 weeks)	complete abortion.				
21.4.69.	normal	normal	male.	6lb 13oz.	normal.	
14-6-70.	early rupture membranes. 36 wks.	normal.	female.	5lb.	normal.	

Diabetes ..... Tuberculosis ..... Other illnesses .....

PRESENT HEALTH

Examination date No Antenatal treatment.

Height 5' 2" Heart — Breasts — Teeth dentures.

Weight — Lungs — Nipples — X-ray of Chest .....

Blood

Group A. Rh positive. Haemoglobin not done. W.R. or Kline Not performed

Pelvic Examination

Size of Uterus — Cervix — Diagonal Conjugate adequate. Pelvic Outlet adequate

Subsequent Examination

Date	Wt.	Height of Fundus	Pres.	Position	Station	F.H.	Urine Sug.	Urine Alb.	B.P.	Hb.	Remarks
	Did not attend antenatal clinic										

Summary:—

Uneventful Ante natal period.
no ante natal care given.

LABOUR.

Date 13-1-73.

Time	Temp.	Pulse	F.H.	B.P.	Urine	Contractions Freq.	Str.	Dur.	Drugs	Remarks & Examinations
										Admitted with history of contractions
First stage										
11.30am.	36.3	84	140 R.	130/80.	NAD. 100	5/60.	mod.	40/60.		Lie - longitudinal. Presentation - cephalic Position - L.O.A. Head - engaged. Membranes - intact No show.
									1m. Pethidine 150mgm.	
16-1-73. 12.mid.			136 R.			2½-3/60	mod.	45-50/60.		
12.15am.		84	128 R.			3-4/60.	mod.	45-50/60.		
1 am.		72.	124 R.				Strong.			Brownish discharge.
1.45am.										Seen by Doctor.
2am.		84.	140 R.			3/60.	mod.	40/60.		Pelvic examination
Second stage										
2.41am.	Progressed to normal delivery of living male baby.								I.V. Ergometrine 0.5mgm given	
Third stage 3.15am.	Third stage completed. Placenta - complete. circumvallate. Membranes - complete. Cord length - 48 cms. Weight 500gms. Fundus - firm & central. Blood loss. 100mls. Perineum intact.									
	36.4	56.			130/70.					

VAGINAL EXAMINATIONS

Date & Time	Pres.	Position	Memb.	Cervix Dil.	Cervix Taken up	Station
14-1-73. 2am.	Cephalic	L.O.A. engaged	A.R.M. clear liquor no cord felt.	fully.	fully.	engaged

RECTAL EXAMINATIONS

Date & Time	Pres.	Cervix Dil.	Cervix Taken up	Station

Anaesthesia ..... Administered by .....

Analgesia— Nitrous oxide & oxygen. Administered by Pupil midwife

Inhalational.

Summary of labour Admitted with history of contractions. Pelvic examination and A.R.M by Doctor followed by rapid 2nd stage. Normal delivery of living male baby. 3rd stage very slow taking ½ hour. Circumvallate placenta. No episiotomy or tears

Condition of patient after labour Satisfactory. B.P. 130/70. T. 36.4 P. 56. R.

Uterus firm, central. Blood Loss at transfer from Labour Ward 100 mls.

	Labour Began	Membranes Ruptured	Second Stage	Baby Born	Third Stage Ended
Date	13-1-73.	14-1-73.	14-1-73.	14-1-73.	14-1-73.
Hour	admitted 11.30am.	2am.	2am.	2.41am.	3.15am.

Duration: First stage ? 4 hrs. Second stage 41 mins. Third stage 34 mins. Total ? 5hrs 5 min

Presentation Cephalic. Position L.O.A. Blood Loss 100mls.

Perineum intact. Sutures -

Placenta complete. healthy, circumvallate Mode of Expression Brandt Andrews.

Membranes complete. Abnormalities circumvallate.

BABY RECORD

Condition at birth Satisfactory. Apgar. 10/10.

Treatment Responded well to mucous extraction, Cyanosis

Gestation ? term. Sex Male. performed on 4th day. 1m Konakion 1mgm.

Weight 3020. gms. Length 50 cms. given at delivery.

Progress of Baby

Date	14-1-73.	16-1-73.	18-1-73.	20-1-73.	22-1-73.	24-1-73.
Weight gms.	3020	2890.	2950.	2980.	2990.	2960.
Gain gms or Loss gms.		130.	60.	30.	10.	30.

Summary Baby satisfactory. Examined by Doctor. T.P.R. and colour maintained. Bladder & Bowels functioned normally. Artificially fed graded to Lactogen. Mother instructed to take baby to Infant Welfare Centre and mothercraft teaching given

On Discharge. Weight 2960 Gain over birth weight

Age 13 days Loss under birth weight 60 gms.

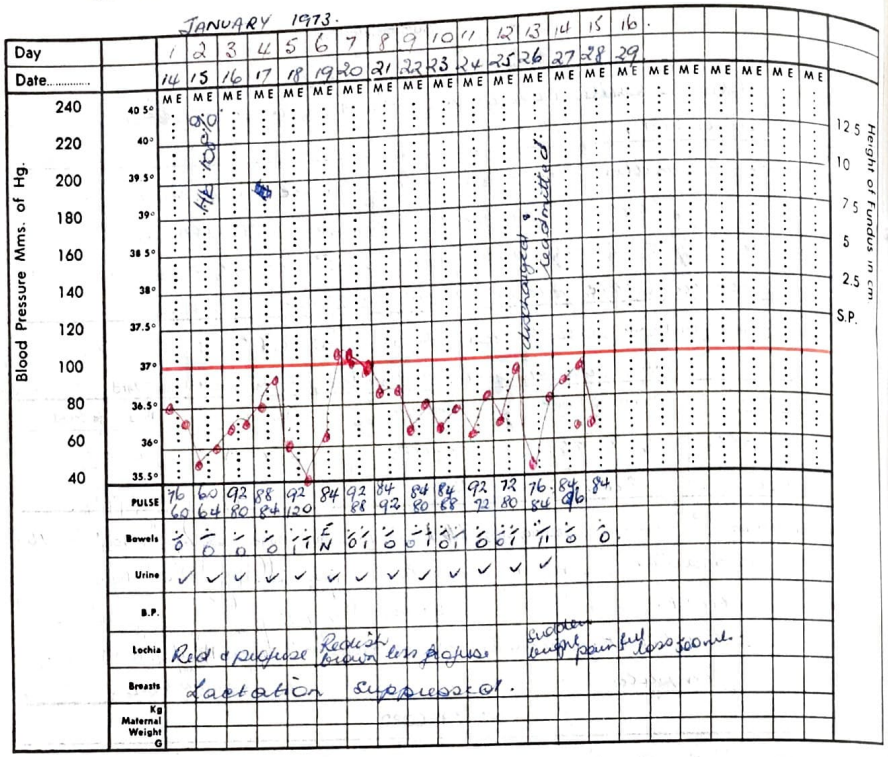
Condition of Umbilicus clean. Cord separated

" " Skin clear. Feeding artificially fed.

" " Buttocks not excoriated

" " Eyes clear.

Post Natal.



Date of Discharge 26-1-73. readmitted same day discharged 28-1-73.

Report on progress of patient.—

Puerperium uneventful until 26-1-73.
Lochia red and profuse 2-3 days. then reddish brown less profuse. scanty discharge on 26-1-73.
Twelve hours after discharge patient had sudden painless bright postpartum haemorrhage approximately 500 mls. Readmitted and treated with i.m. Penicillin and i.m. Ergometrine 0.5 mgm. Bleeding settled Patient discharged 28-1-73 with Post natal appointment for 6 weeks.
Bilateral tubal ligation was performed on the 19-1-73. Wound healed slowly. Patient recovered well. Hb was performed on discharge day 108%.

Signature of Teacher C Lai

Status Midwifery Tutor Signature of Nurse M. Dow.

CASE BOOK

Type of Case Post NATAL. Age 21 yrs. Abortions —

Date Last Menstrual Period 10-2-72. Date Due 17-11-72. Quickening 25-6-72.

Previous Obstetric History excluding abortions

Date	Pregnancy	Labour	Outcome	Wt. of Child	Puerperium	Length of Lactation
16-2-69.	normal.	normal.	living female.	7lb 5oz.	normal.	
24-8-70.	vomiting for anaemia	A.R.M to aid progress in 2nd stage.	living female	7lb 6oz.	normal.	

Previous Medical History

Rheumatic Fever — Kidney disease — Operations —

Scarlet Fever — Heart disease — Blood transfusions —

Diabetes — Tuberculosis — Other illnesses —

PRESENT HEALTH

Examination date 21-5-72.

Height 5'2 3/4" Heart — Breasts — Teeth dentures.

Weight 55.3 kgms Lungs — Nipples — X-ray of Chest —

Blood

Group A Rh positive Haemoglobin 94% W.R. or Kline negative

Pelvic Examination

Size of Uterus 16 weeks. Cervix closed. Diagonal Conjugate adequate Pelvic Outlet adequate.

Subsequent Examination

Date	Wt. kgms	Height of Fundus	Pres.	Position	Station	F.H.	Urine Sug.	Urine Alb.	B.P.	Hb.	Remarks
28-6-72	57	22.				H.	NAD	NAD.	120/70		Hb 11gms/100ml.
2-8-72	58-8	24-26.				H.	NAD	NAD.	120/72		
30-8-72	60.	28.	Cephs.		mobile	H.	NAD	NAD.	110/60.		
13-9-72	62.5	32.	cephalic			H.	NAD	NAD	120/80	85%	
27-9-72	61.5	37.	cephalic			H.	NAD	NAD.	100/70.		
11-10-72	62.	38.	cephalic		not engaged mobile	H.	NAD	NAD	110/70.		
18-10-72	62.1	36.		L.O.A.	not engaged	H.	NAD	NAD	120/70.		
25-10-72	62.7.	37.	cephalic.		engaged.	H.	NAD	NAD.	110/70.		
1-11-72	62.4.	Near Term	cephalic.	L.O.T.	engaged.	H.	NAD	NAD.	105/70		
8-11-72	61.7.	36.	cephalic		engaged.	H.	NAD	NAD.	108/70		

Advice given on diet general and breast care. Vitamin supplement and Iron given.

LABOUR.

Date 10-11-72.

Time	Temp.	Pulse	F.H.	B.P.	Urine	Contractions Freq.	Str.	Dur.	Drugs	Remarks & Examinations
First stage										Admitted with history of irregular contractions since 10pm
12·15am.	36^8	112.	140^R	112/80.	NAD. 150					lie. longitudinal Presentation - cephalic Head - immobile in brim.
12·40am					NAD. 200mls				Chloral 1gm. Hydrate	Seen by Doctor.
8·50am.			144^R			5/60	mod.	40/60.		Seen by Doctor.
9·30am.			120^R	110/78.	NAD. 180	3-4/60	mod.	35/60.		
10·30am.						3-4/60.	mod.	40/60.		well relaxed between contractions
11·40am.		72.	140^R	140/96.		3/60	mod.	40/60.	I.M. Pethidine 100mgm	
12·10pm.		72.		110/70.						
1pm.		76.	140^R			3-4/60	mod.	40/60.		
1·30pm.		76.	144^R			mild irregular.				
2pm.	36.	76.	132^R	108/50.	a.alb. 300.	mild irregular				
2 50pm.			136^R.							Pelvic Examination
3·30pm.		92.	136^R			mild irregular				
4pm.		80.	132^R	104/50.		mild irregular.				
5·30pm.		80.	144^R			mild irregular.				C/o Backache.
7pm.	36^4	84	148^R	100/50.		5/60	mod.	30/60.	I.M. Pethidine 100mgm.	
7·30pm.		88.	132^R	100/55		3-5/60	mod.	30-35/60		Vomited. approx 100mls.
8·15pm.		80.	144^R	104/50.	Alb+. 400	3-5/60	mod/strong	30-35/60		Clear liquor draining.
9·30.		72.	144^R			20/60	mod.	30/60.		
11·15pm.		106.	146^R	124/80.		20/60	mod.	30/60.		Vomited Bileary fluid.
12·15		84	164^R	124/68		20/60	mod.	30/60		C/o Backache.
1·30am.	36^8.		164^{++}.			no contractions,			Mogadon	Seen by Doctor.
5·45am.	37^6	108.			NAD. 350					
9·15am.		84	154^R.	130/80.			mild.			Severe backache head mobile
9·20am.						1-1½/60	mod.	35/60	i.m. Pethidine 100mgm.	
10am.		88.	150^R.	120/80.		1-1½/60	mod	35/60.		Resting between conts.
11am.			150^R.			1-1½/60	mod.	35/60		Patient not progressing.
11·45am.			150^R		NAD. 200.					Seen by Doctor.
12.MD.										Pelvic Examination.
12·15pm			136^R							
1·15pm.		88.	144^R.	124/80		1-1½/60.	strong	35/60.		Head mobile at brim.
1·40pm.			132^R.			1/60	Strong.	45-50/60.		Head engaged.
1·55pm									i.m. Pethidine 100mgm	Immobile still some head above brim.
~~2pm.~~										

2·50pm	cephalic	? R.O.A.	? Membranes ruptured. no forewaters felt.	2F.	soft not fully.	mid cavity
11-11-72.						
12.MD.	cephalic	R.O.A.	A.R.M. Clear liquor	2F.		

Anaesthesia .... Administered by ....

Analgesia— Nitrous Oxide & Oxygen Inhalational. Administered by Pupil Midwife.

Summary of labour Admitted with mild irregular contractions at term. A.R.M. for prolonged 1st stage performed at 12 midday followed by normal delivery of a live female baby at 2.20pm. 3rd stage completed quickly. No episiotomy or tear. Minimal blood loss. Fundus firm & well contracted. Mother & baby both well.

Condition of patient after labour Satisfactory. B.P. 100/70. T. 36^3 P. 80 R. 24.

Uterus firm & central. Blood Loss at transfer from Labour Ward 100mls.

	Labour Began	Membranes Ruptured	Second Stage	Baby Born	Third Stage Ended
Date	10-11-72.	11-11-72.	11-11-72.	11-11-72.	11-11-72.
Hour	8·50am.	12.M.D.	2pm.	2.20.pm.	2.28pm.

Duration: First stage 29hrs 10mins. Second stage 20mins. Third stage 8mins. Total 29hrs 38mins.

Presentation cephalic. Position R.O.A. Blood Loss 100mls.

Perineum intact. Sutures —

Placenta complete. Mode of Expression Brandt Andrews.

Membranes complete. Abnormalities —

BABY RECORD

Condition at birth Slow to respond to mucous extraction. I.N. Oxygen given. Apgar 5/8.

Treatment Mucous extraction and I.N. Oxygen given at birth. I.M. Konakion 1mgm given. Slightly slow to respond.

Gestation term. Sex Female.

Weight 3720 gms. Length 50cms.

Progress of Baby

Date	11-11-72.	13-11-72.	15-11-72.	17-11-72.	19-11-72.		
Weight gms	3720.	3500.	3440.	3510.	3510.		
Gain gms				70	—		
or Loss gms		220	60	~~30~~			

Summary Baby satisfactory. Big loss in weight from birth weight slowly gaining weight. Artificially fed. Guthrie performed on 4th day. T.P.R and colour maintained. Bladder & bowels functioned normally. Mothercraft teaching given and mother instructed to take baby to Infant Welfare Clinic. Mother and baby both well discharged on 10th day.

On Discharge. Weight 3510 gms. Gain over birth weight ~~210 gms~~

Age 10 days. Loss under birth weight 210 gms.

Condition of Umbilicus clean. Cord separated.

" " Skin clear. Feeding artificially fed.

" " Buttocks not excoriated.

" " Eyes clear.

LABOUR.

Date 3·12·72.

Time	Temp.	Pulse	F.H.	B.P.	Urine	Contractions Freq.	Str.	Dur.	Drugs	Remarks & Examinations
First stage										Admitted at 6·45 pm history of contractions since 4 p.m. fundus ? 37 wks. Lie · longitudinal
7pm	36.2	72	124	132/90		1-2/60	mod.	40/60		Presentation · cephalic
										Position · L.O.A.
										Head · engaged.
										Membranes · intact
										No show.
7·20pm.										Pelvic examination by doctor.
										Clear liquor draining.
Second stage										
7·25pm										Head on view.
7·28pm	Normal delivery of living male baby.									
										1/4 Ergometrine 0·5 mgm.
Third stage										
7·33pm.	Third stage completed									
	Placenta · complete.									< Cord length 44 cms.
	Membranes complete.									< Weight 550 gms.
	Perineum · graze 1 suture.									
	Fundus firm · central. Blood loss 60 mls.									
	36.3	72.		140/94						

VAGINAL EXAMINATIONS

Date & Time	Pres.	Position	Memb.	Cervix Dil.	Cervix Taken up	Station
3·12·72 7·20pm	Cephalic	L.O.A.	ARM clear liquor	fully	fully	low cavity.

RECTAL EXAMINATIONS

Date & Time	Pres.	Cervix Dil.	Cervix Taken up	Station

Anaesthesia ____ Administered by ____

Analgesia Inhalational nitrous oxide and oxygen. Administered by Pupil midwife.

Summary of labour Admitted in late 1st stage of labour. Artificial rupture of membranes followed by rapid second stage and delivery of living male baby. Small graze perineum sutured. 3rd stage completed rapidly

Condition of patient after labour Satisfactory. B.P. 140/94 T. 36.3 P. 72 R. 20.

Uterus firm · central. Blood Loss at transfer from Labour Ward 60 mls.

	Labour Began	Membranes Ruptured	Second Stage	Baby Born	Third Stage Ended
Date	3·12·72.	3·12·72.	3·12·72.	3·12·72.	3·12·72.
Hour	4pm	7.20pm.	7·20 pm.	7·28 pm	7·33pm.

Duration: First stage 3 20/60 hours. Second stage 8 mins. Third stage 5 mins. Total 3 33/60 hours

Presentation Cephalic. Position L.O.P. Blood Loss 60 mls.

Perineum graze. Sutures 1 suture chromic 2/0 catgut.

Placenta complete. Mode of Expression Brandt Andrews.

Membranes complete. Abnormalities Bifurcation cord insertion

BABY RECORD

Condition at birth Satisfactory, responded Treatment Mucous extraction and to mucous extraction + O2 IN. Apgar 9/10 Oxygen given at delivery, rapidly

Gestation ? 37 wks. Sex Male developed respiratory distress. i.m. Kanamycin 1·0 gm given

Weight 2890 gms. Length Cord blood taken. O Neg. Blood group.

Progress of Baby

Date	3·12·72.	8·12·72.	10·12·72.	12·12·72.	15·12·72.	17·12·72.	19·12·72.
Weight gm	2890.	2450.	2600.	2680 gm	2670.	2700.	2660.
Gain gms or Loss gms		440	150	80	10	30.	40.

Summary Male baby born at ? 37 wks gestation. Developed severe respiratory distress syndrome about 5 minutes after birth. No ante-natal care given. Weight loss excessive but gained gradually. Condition improved. Treatment. - Incubator care and oxygen till 14·12·72. Antibiotic ampicillin

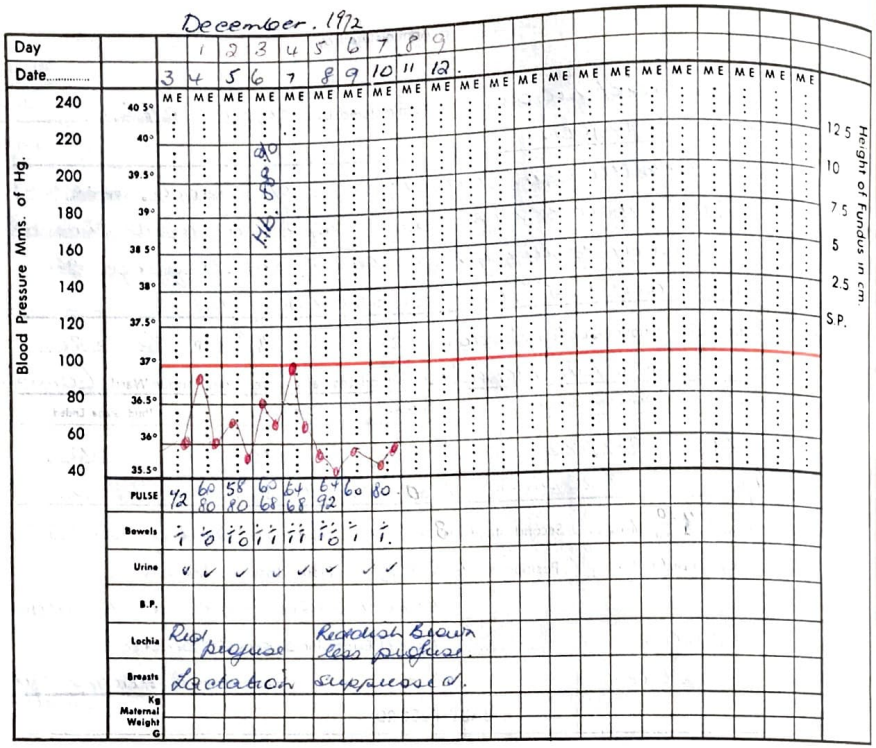
- Umbilical catheter inserted giving I.V. Sodium bicarbonate and glucose for 48 hrs.

Progress of Baby ① - severely distressed with marked rib retraction and grunting respiration
- several cyanotic attacks responding quickly to mucous extraction + I.N. oxygen
- One, 1 min apnoeic attack responding slowly to mucous extraction + oxygen.

② Gradual improvement over several days.
③ Umbilical catheter removed and fluids gavaged.
④ Baby gradually weaned off oxygen and introduced to sucking a bottle which was taken quite well.
⑤ Baby removed from incub cot on 11th day.
⑥ Baby had slight physiological jaundice.
⑦ Thrush developed which was treated with Nystatin drops
⑧ Baby was circumcised before discharge.
⑨ Baby was discharged on 17th day with an appointment for Paediatric clinic for follow up.

Post Natal.

December. 1972



Date of Discharge 12.12.72.

Report on progress of patient.—

Patient had normal puerperium.
Mother progressed well and was discharged on 10.12.72. Baby remained in hospital with severe respiratory distress.
Mother reassured about baby and Doctors informed her regarding child's condition.
Hb. 88% taken on 4th day post partum.
Appointment was given for device in Post Natal clinic in 6 weeks.

Signature of Teacher C Lai

Status Midwifery Tutor

Signature of Nurse M. Dow

CASE BOOK

Type of Case BABY. Age 42. Abortions —

Date Last Menstrual Period Late December. Date Due Sept. 73 Quickening —

Previous Obstetric History excluding abortions

Date	Pregnancy	Labour	Outcome	Wt. of Child	Puerperium	Length of Lactation
		Primigravida.				

Previous Medical History

Rheumatic Fever — Kidney disease — Operations Hernia repair.

Scarlet Fever — Heart disease — Blood transfusions —

Diabetes — Tuberculosis — Other illnesses —

PRESENT HEALTH

Examination date 6.9.72.

Height 4' 1¼" Heart — Breasts — Teeth fair (Lower)

Weight — Lungs — Nipples — X-ray of Chest —

Blood

Group B. Rh Positive. Haemoglobin 75%. W.R. or Kline Negative.

Pelvic Examination

Size of Uterus near term. Cervix — Diagonal Conjugate Slightly narrow Pelvic Outlet adequate ~~normal~~.

Subsequent Examination

Date	Wt. Kgms	Height of Fundus	Pres.	Position	Station	F.H.	Urine Sug.	Urine Alb.	B.P.	Hb.	Remarks
6.9.72.	68	36 wks.	Breech.			H.	NAD	NAD	145/90.	75%	Seen by Welfare Sister. Single not keeping baby.
13.9.72.	68.4	Nearterm	?Cephx.			H.	NAD	NAD	130/80.		Hydramnios Marked ankle oedema
20.9.72.	67.8	term.	Breech.			H.	NAD	NAD	110/70.		Urinary incontinence. X-ray. +2 anencephaly 2 gest. age.
27.9.72.	68.	term.		transverse lie.			NAD	NAD.	120/70.	69%	Baby normal. Transverse lie. Admit for observation

Summary:— 42 year old unmarried Primigravida with low I.Q. pregnancy not detected until 36 weeks whilst being investigated for urinary tract infection & backache.

Patient developed marked ankle oedema. Urinary incontinence was a problem during the ante natal course and an M.S.U. was taken.

Hb. was 69% near term which was treated with Ferrogradumet + folic acid.

X-ray was performed and showed an oblique lie with breech presenting, pelvimetry also showed a contracted pelvis.

Patient was admitted to hospital for observation and an elective Caesarean Section performed [illegible]

LABOUR.

Date 6.10.72.

Time	Temp.	Pulse	F.H.	B.P.	Urine	Contractions Freq.	Str.	Dur.	Drugs	Remarks & Examinations
First stage										
		Elective Caesarian Section.								
10.35am		Membranes ruptured.								
Second stage.										
10.39am.		Living female baby extracted								
Third stage										
10.43am.		Completed.								cord length 40.5cms.
		Placenta - complete.								weight 750gms.
		Membranes - ragged.								
		Blood loss - minimal.								

VAGINAL EXAMINATIONS

Date & Time	Pres.	Position	Memb.	Cervix Dil.	Cervix Taken up	Station

RECTAL EXAMINATIONS

Date & Time	Pres.	Cervix Dil.	Cervix Taken up	Station

Anaesthesia Genital Anaesthetic. Administered by DOCTOR (Anaesthetist)

Analgesia— ? Administered by

Summary of labour Elective caesarian section for oblique lie breech presentation and ? some slight disproportion.

Condition of patient after labour Satisfactory. B.P. 140/90. T. 36 P. 60 R. 20.

Uterus contracted. Blood Loss at transfer from Labour Ward minimal.

	Labour Began	Membranes Ruptured	Second Stage	Baby Born	Third Stage Ended
Date	6.10.72.	6.10.72.	6.10.72.	6.10.72.	6.10.72.
Hour		10.35 am.	10.39 am.	10.39am.	10.43 am.

Duration: First stage — Second stage — Third stage 4 mins. Total

Presentation Breech. Position Blood Loss minimal

Perineum Intact. Sutures —

Placenta complete. Mode of Expression Fundal pressure.

Membranes ragged. Abnormalities —

BABY RECORD

Condition at birth Satisfactory, responded Treatment Mucous extraction responded well to mucous extraction Apgar 8/8 well at delivery 1m Konakion given

Gestation term. Sex female. Baby for adoption.

Weight 3730 gms. Length 48cms.

Progress of Baby

Date	6.10.72.	8.10.72.	10.10.72.	12.10.72.	14.10.72.	16.10.72.	18.10.72.
Weight gms	3730.	3540.	3390.	3220.	3070.	3100.	3150.
Gain gms. or Loss gms.		190.	150.	170.	150.	30.	50.

Child born of Caesarian Section on 6.10.72 with good Apgar scoring 9/8

Child appeared very pale and was of abnormal configuration although of no known syndrome.

On the 4th day after birth the child developed diarrhoea, thrush and large bruises on both calves, more severe on Right side. These were followed by blistering and epithelial loss. A small epistaxis and blood stained vomitus were also noted.

Tests taken, F.B.E., H.C.C., E.S.R., Hb. 17.2gms%. 12.4%(12.10.72.)
Hb 22.6 gm% 16.4%. 18.10.72.
Prothrombin level V.D.R.L - negative.

October. ~~November~~ 1972.

Day	6	7	8	9	10	11	12	13	14	15	16.
Date	6	7	8	9	10	11	12	13	14	15	16.
	ME	ME	ME	ME	ME	ME	ME	ME	ME	ME	ME
PULSE	76/60	64/60	70	68/72	72/68	60/68	80/84	84/80	80	72	72
Bowels	E/N	...	0	EN	1	1/0	2/00	1/1	1	1	1.
Urine	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
B.P.											
Lochia	Red & profuse				Dark Red brownish less profuse.						
Breasts	Lactation suppressed.										
Kg Maternal Weight G											

Blood Pressure Mms. of Hg: 240, 220, 200, 180, 160, 140, 120, 100, 80, 60, 40

Temperature: 40.5°, 40°, 39.5°, 39°, 38.5°, 38°, 37.5°, 37°, 36.5°, 36°, 35.5°

Height of Fundus in cm.: 12.5, 10, 7.5, 5, 2.5, S.P.

Date of Discharge 16.10.72.

Report on progress of patient.—

Patient recovered well from Caesarian Section.

Urinary tract injection developed on 10.10.72. which was treated with Bactrim.

Lactation was suppressed as baby was for adoption.

Post natal appointment was given for 6 weeks time.

Bi-lateral tubal ligation was performed ~~previous~~ during caesarian section.

Signature of Teacher V. Matthews

Status Midwifery Tutor.

Signature of Nurse M Dow.

CASE BOOK

Type of Case ..... Age ..... Abortions .....

Date Last Menstrual Period ..... Date Due ..... Quickening .....

Previous Obstetric History excluding abortions

Date	Pregnancy	Labour	Outcome	Wt. of Child	Puerperium	Length of Lactation

Previous Medical History

Rheumatic Fever ..... Kidney disease ..... Operations .....

Scarlet Fever ..... Heart disease ..... Blood transfusions .....

Diabetes ..... Tuberculosis ..... Other illnesses .....

PRESENT HEALTH

Examination date .....

Height ..... Heart ..... Breasts ..... Teeth .....

Weight ..... Lungs ..... Nipples ..... X-ray of Chest .....

Blood

Group ..... Rh ..... Haemoglobin ..... W.R. or Kline .....

Pelvic Examination

Size of Uterus ..... Cervix ..... Diagonal Conjugate ..... Pelvic Outlet .....

Subsequent Examination

Date	Wt.	Height of Fundus	Pres.	Position	Station	F.H.	Urine Sug.	Urine Alb.	B.P.	Hb.	Remarks

Summary:—