

**Jane Doe** DOB 6/12/84

**Allergies: PCN, Strawberries**

## 3/15/11 Initial Prenatal Visit

ID/CC: Jane Doe is a 36 yo G3P1011 Latina retail store owner who presents for PNC & desires a home birth. She speaks good English as a 2<sup>nd</sup> language. Jane comes alone to her visit today.

Hx of Current Pregnancy: Unplanned but welcome. LMP 1/1/11 → EDD 10/8/11, so 10 3/7 weeks today. Has had some breast tenderness & nausea, no vomiting. Denies spotting or other danger signs. No fever, rash. Prev 2<sup>nd</sup> hand smoke, not now.

## Medical/Surgical Hx:

1. Appendectomy age 11, no compl.
2. + hx chicken pox
3. UTI during 1<sup>st</sup> pregnancy, 2009, tx'd w/o sequelae

## Current Meds

1. Prenatal Vitamins
2. Tylenol for stress HAs 2-3 x per mo

## Allergies:

1. PCN - rash, itchy
2. Strawberries - swelling of lips & eyes

## Family Hx - denies hx of CA, psych dx, congenital anomalies, twins

1. HTN - father, maternal grandmother
2. Diabetes - maternal grandmother, 2 aunts mother's side

## OB/Gyn Hx:

1. 2008 SAB at 8 wks, 'heavy bldg' → D&C in Mexico. 1 wk antibiotics
2. 2009 NSVD @41 wks, 7#8oz male, 18hr no analg, no compl. Mario A&W
3. Current

Menarche age 13, regular menses, BCM hx = Depo 2006-2007, condoms.

Last Pap Nov 2009, no hx abn Pap. Denies hx STIs or gyn probs.

Breastfed Mario x 13 mo.

Psych/Soc Hx: Married to Paulo x4 yr, who is supportive & excited about a new baby. Denies hx of psych problems, eating disorder, sexual/physical abuse, ETOH/drug use. Most of Jane's family lives in Mexico, but in-laws live nearby & are supportive.

PE & Pelvic Exam: Entirely WNL except notable for 2<sup>nd</sup> degree cystocele - see flow sheet

Assessment

1. Healthy multip age 36, appropriate for midwifery care.
2. Hx UTI in previous pregnancy
3. Allergies: PCN & strawberries

Plan

1. Pap, GC, CT, & UA to lab today.
2. Written info about midwifery service given & reviewed; instructed when/how to contact midwife 24/7.
3. Genetic screening disc'd & J desires integrated screen - US & blood draw scheduled w/ Genetics-R-US on 3/24/11. Directions given.
4. RTC x 4 wks, sooner if concerns or problems.
  - o -----Sarah Student, SM/ M. Midwife, LM

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## 8/4/11 2300 *Initial Labor Evaluation*

ID/CC: Jane Doe is a 37 yo G3P1011 Latina retail store owner at 39 4/7 wks who began contracting at 1500 today, getting stronger at 2100 → called MW → we arrived at 2150. Denies ROM or vag bldg. Baby active today.

Pregnancy Dating: LMP 1/1/11 → EDD 10/8/11, so 39 4/7 wks today.

- US 3/24/11 = 11 6/7 wks c/w LMP EDD (normal NT)
- US 5/21/11 = 20 1/7 wks, c/w LMP EDD (nl anat, placenta post)

## Prenatal Labs

- A+, antibody neg, HBsAg neg, Rubella Imm, VDRL neg, UA+(GBS), Hct 36% @36wk, 1hr gluco 118, Pap WNL, CT/GC neg/neg

## Problem List/Notable Factors this Pregnancy

1. GBS bacteruria (sens to Clinda), tx'd, TOC neg, agrees to IP abx
2. Mild anemia Hct 33% @28wks → Floridix → Hct 36% @36wks
3. Husband left the marriage in August, support by his family continues & Jane's mother here for birth & pp.

## Medical/Surgical Hx:

1. Appendectomy age 11, no compl.
2. + hx chicken pox
3. UTI during 1<sup>st</sup> pregnancy, 2009, tx'd w/o sequelae

Current Meds: 1. PN Vits    2. Occ Tylenol for stress H/As

Allergies: 1. PCN - rash, itchy.    2. Strawberries - swelling of lips & eyes

Family Hx - denies hx of CA, psych dx, congenital anomalies, twins

1. HTN - father, maternal grandmother
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## OB/Gyn Hx:

1. 2008 SAB at 8 wks, 'heavy bldg' → D&C in Mexico. 1 wk antibiotics
2. 2009 NSVD at 41 wks, 7#8oz male, 18 hr, no compl. Mario A&W
3. Current

BCM hx = Depo 2006-2007, condoms. Last Pap 11/09, no hx abn. Denies hx STIs or gyn probs. Breastfed Mario x 13 mo.

Psych/Soc Hx: Married to Paulo x4 yr, who abandoned the marriage 2 mo ago but sends money. Denies hx of psych problems except current anxiety

*d/t marital situation - currently in counseling w/ C. McDonald, no meds. Denies hx eating disorder, sexual/physical abuse, ETOH/drug use. Most of Jane's family lives in Mexico, but in-laws live nearby & are supportive. Jane's mom is here for extended stay.*

*Exam: VS & FHR WNL per doppler - see labor flow sheet. VE 5cm/80%/0 station. BBOW, scant bloody show. Baby visibly active.*

Assessment

- 1. Healthy 37 yo multip in active labor, approp for midwifery care.*
- 2. Fetal condition reassuring*
- 3. GBS bacteruria this pregnancy - PCN allergy*
- 4. Anxiety d/t marital situation, good support from family*

Plan

- 1. Initiate GBS prophylaxis w/ Clindamycin as per lab sensitivities.*
- 2. Will get into tub & relax while 1<sup>st</sup> dose abx infuse.*
- 3. Routine labor care & extra support as needed.*
- 4. Re-eval labor progress in 2-3 hr or prn.*

○ -----M. Midwife, LM

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8/5/11 @ 0430 Delivery Note

Labor Summary: Jane started labor yesterday at ~1500, active labor beginning at ~2100. Initial exam at 2210 = Sem/100%/0 st. BOW intact. VSS & WNL throughout labor. FHR BL 130s-140s, no decels. Initial dose GBS antibiotics started at 2245 (Clinda). Labor progressed to complete by 0230, urge to push at 0250 w/ SROM of copious clear fluid.

Delivery Summary: Pushed well x20 min for NSVD over a 1<sup>st</sup> deg perineal lac @ 0310 in R sidelying. FHR 90s-110s x 4 min prior to del. No nuchal cord. Shoulders del'd easily. Vigorous 7#12oz boy cried immed'ly, good tone, pinked quickly. Apgars 9-9. Placed at mom's chest on bed, dried then skin-to-skin w/ bat. 3V cord clamped & cut at 6 min. 4-handed catch by LM & SM. Jane & family thrilled w/ NB.

Stage 3: Signs of placenta separation at 0318 (cord lengthen, mod bldg) but placenta did not del w/ controlled cord traction & suprapubic pressure. Bldg stopped - waited 5 min - cord traction again. Placenta del'd complete at 0324 w/ trailing membranes, teased out slowly w/ gentle traction & maternal effort. Immed gush ~300cc blood: vigorous ext uterine massage + Pitocin 10 IU IM L thigh slowed bldg w/in 5 min for total EBL 550cc by 0330. Baby to breast w/ good latch+suck. Mat VS stable w/ BP's 110s-120s/60s-70s, P 80s-90s.

PP Recovery: Mother - Fundus & bldg eval'd q 5 min x 30 min then q 15m. Fundus firm except boggy x1 at 0410 so misoprostal 600mcg po given. Bldg min-mod, total EBL by 1.5 hr 600cc. Currently fundus firm, bldg minimal, maternal c/o cramping & mild shivering. Disc'd SE's of miso, will monitor shivering & temp. BP's 120s-130s/60s-70s, pulse 90s, T = 98.2 oral; up to void w/o dizziness. 1<sup>st</sup> deg lac hemostatic, not sutured. Taking po fluids & eating soup+bread.

Baby - nursed well at 20 min of age x 15 min. VSS, meds given, NB exam WNL (see NB record).

Impression:

1. G3P2 s/p NSVD w/ PPH EBL 600cc, condition stable
2. Apparently healthy term NB, normal transition, 1 dose Clinda for GBS+ mom
3. FOB currently not present in family life; Mom bonding well w/ baby.

Plan:

1. Monitor fundus & bldg x2 more hrs. If bldg increases, start IV fluids w/ Pit & consult /refer.
2. Jane & caregivers taught about fundal massage, range of normal blood loss & s/rx when to call MW if bldg increased in next 24-48 hr.
3. Rec'd high iron foods, herbal supplements, OTC Fe options (list given)
4. Phone msg left at ped's office (Dr. Child) w/ GBS status report on baby. S/rx NB GBS disease reviewed w/ mom & family (handout given).
5. Otherwise, routine pp/nb care. Plan T.C. later today, home visit tomorrow afternoon 8/6/11.

----- Sally Student, SM /M. Midwife, LM



# A La Natural Midwifery Service

Mollie Midwife, CPM, LM

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8/5/11 @ 0220    Interim Labor Note

S: Coping well w/ ctxs. "They're getting stronger but I'm doing okay." Good support from FOB, family, & doula.

O: Most recent vitals -    BP 124/68    P 86    T 98.2

FHR BL 130s, accels heard, 1 variable decel ausc'd at 0155, w/ ctx, lasting 20 sec, nadir to 100. Auscultated thru next 3 ctxs without repeat.

VE @ 0210 = 8 cm / 100% / +1 station    Scant bloody show, membs intact.

Meds: 1 dose clinda - infusion complete at 2355.

A: Active labor, good progress

Maternal & fetal status stable & WNL

GBS+, IP prophylaxis initiated

P: Routine IP care

Recheck cx in 1-2 hr if undelivered

Anticipate NSVD.

~~~~~Polly Pupil, SM/ M. Midwife, LM

5/7/11 7:31 AM