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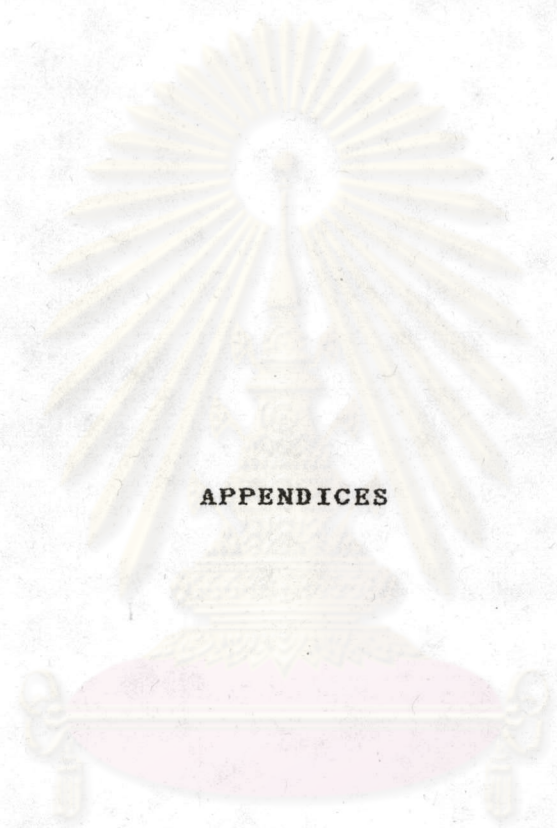
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APPENDICES

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FORM NO. 1

1. What is your age _____

2. Marital status: Serial No _____

Single _____

Married _____

Divorce _____

Widow _____

3. Duration of work _____

4. Graduated year _____

5. Usually daily how many antenatal cases do you have ?

Below 20 case/day.

21 - 40 case/day.

41 - 60 case/day.

61 - above case/day.

6. How many times did you see your supervisor last six month ?

7. How many times have you attended the refresher training (ANC) course during last 12 month ?

Never _____

Ever (specify number of times) _____

8. What problems do you have in carrying out your duties (1=yes,2=no)?

Lack of equipment

Poor building

Lack of transportation

Too many patient

Poor communication between staff

Other (specify)



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FORM NUMBER 2

Please circle the right answer

1. Mrs. Kanti 21 years old, 2nd gravida register at the prenatal clinic this morning. On the history of personal habit, found that she was heavy smoker, usually 16 cigarette per day. You will advise her all except:

- a. Reduce cigarette slowly
- b. Can advise about bad effect of cigarette to baby
- c. Stop smoking completely
- d. Danger of lungs cancer to mother.

2. As you proceeding physical examination for her, you will examine the following parts of body to check anaemia except:

- a. Inspect lips
- b. Inspect lower eyelid
- c. Inspect finger nail
- d. Inspect tongue

3. What kind of information you can get for Mrs. Kanti by inspection technique on abdomen, you will inspect all except:

- a. Shape of uterus

- b. Position of fetus
- c. Linea negra
- d. Old operation scar.

4. Mrs. Shanti 25 years old has been coming to the prenatal clinic since the 3rd month of pregnancy. She is now in her 7th month, had blood pressure range between 130/80 and 140/90, on her visit to-day the reading was 150/90 and noted edema of the ankle and fingers, you will carry out all except:

- a. Do urine test
- b. Prescribe anti hypertensive drug immediately
- c. Advice to eat low salt diet.
- d. Refer to health post incharge

5. As you are testing Mrs. Shanti urine for albumin, you will follow following procedure except:

- a. Fill test tube with 2/3 acid urine.
- b. Holds top part over flame, moving the tube constantly to prevent crack.
- c. If the urine becomes cloudy, add a few drops of acetic acid.
- d. Albumin is present if cloudiness clear.

6. While you are testing Mrs. Shanti urine for sugar, you will carry out following procedure except:

- a. Place 5cc of benedicts solution in a test tube and add 8 drop of urine.
- b. Place 10cc of benedicts solution in a test tube and add 8 drop of urine.
- c. Boil for 2 minutes holding the tap of the test tube with holder.
- d. Check colour of urine, if sugar present colour of urine will change.

7. Mrs. Sunita 20 years old, primi para women attended clinic this morning, this is her 3rd trimester, during this trimester of pregnancy, it is the nurses responsibility to prepare the mother to be for the onset of labor, following counselling will give except:

- a. The women feels pain at the bottom of her back or belly.
- b. With each pain the top of her wombs feels hard.
- c. Feeling to bearing down.
- d. A sticky jelly mixed blood comes out of her vagina.

8. You will auscult Mrs. Shanti fetal heart sound, what is the normal fetal heart sound?

- a. 140 - 160 / minute
- b. 120 - 160 / minute
- c. 120 - 140 / minute
- d. 100 - 120 / minute

9. Mrs. Poonam 28 years old primi gravida visited your clinic, while doing physical examination, you found that on her calf muscles vein was dilated, in this situation you will advice her all except:

- a. Advice to apply hot compress.
- b. Avoid long period of standing.
- c. Rest as much as possible with the hip and leg higher than the head.
- d. If leg pain apply crepe bandage and remove at night.

10. As you proceeds Mrs. Poonam with the examination, you can palpate fundus of the uterus is barely palpable above the symphysis's pubis. This is roughly indicate that she has reached a gestation period of approximately how many month?

- a. 3 months
- b. 4 months

c. 5 months

d. 6 months

11. Mrs. Muna 30 years old 3rd gravida with 38 weeks pregnancy attended clinic this morning, on physical exam you find out ankle swollen, no other problem, you will advice her all except:

a. To sleep with her feet up.

b. Not to add extra salt to her food.

c. Consult doctor immediately.

d. To see you in one week.

12. On history of present pregnancy, Mrs. Muna told you that her 1st day of last menstruation was November 15th 1990, which day will you tell her the expected date of delivery?

a. 22nd August 1991

b. 30th August 1991

c. 15th July 1991

d. 20th July 1991

13. Mrs. Muna, pregnant this time after 3 years of spacing, in her previous pregnancy had 2 injections against tetanus, how many injection she need this time?

a. She does not need injection this time

b. She will need only one injection this time.

- c. She will need 2 injection 4 weeks apart.
- d. She will need 2 injection 6 week apart.

14. Mrs. Prabha 30 years old prime para, 36 weeks pregnant women, register in clinic this morning with the history of swelling of hands, face, headache, abdomen pain, pain behind eyes, what is the appropriate advice.

- a. To go to health posts or hospital at once.
- b. Advice her to take rest.
- c. Avoid eating salty food.
- d. To give sedation.

15. Which procedure you should not do to Mrs. Renu while giving nursing care:

- a. Ask her to lie down without pillow on bed.
- b. Keep her warm.
- c. Do the vaginal examination to check cervix dilatation
- d. Encourage her to drink as much as fluid.

16. Mrs. Kopila 26 years old 2nd gravida attended clinic this morning with the history of 6 month pregnancy with painters little bleeding, you will advice all except:

- a. Lie down and rest until there is no more bleeding.

- b. If the bleeding does not stop after 3 days, arrange with family to take her to the hospital.
 - c. Advice to drink one cup of rehydration fluid every hour.
 - d. Ask her to eat nutritious food.
17. A patients visitor come to call you at night to see a 8 month pregnant women who was having heavy vaginal bleeding since this morning, in this situation what will you do?
- a. Go with visitor to see patient.
 - b. Told him to wait until morning.
 - c. Advice him to go to district hospital.
 - d. Watch bleeding and save pad.
18. Mrs. Sangita 20 years old primi para, 20 weeks pregnant attended clinic, as a midwife following counselling should be given to her except:
- a. To eat Adequate nutritious diet
 - b. Avoid cigarette smoking and alcoholism
 - c. Avoid daily household activity.
 - d. Do not use medicine without doctor advice.

19. Mrs Bindu 32 years old, 3rd gravida visited clinic this morning with the history of overdue pregnancy, if you have plan to give syntocinon, what examination you have to do before administering ?

- a. Check BP.
- b. Examine presentation and position.
- c. Check FHS.
- d. All above.

20. From the history of present and previous pregnancy you can find out high risk pregnancy cases. The following are all high risk pregnancy cases except:

- a. A primi gravida aged under 15 or above 35 years old.
- b. Maternal height less than 145 cm.
- c. 6th gravida.
- d. Maternal of age 25 years in her second pregnancy.

21. Mrs Muna primi para women, 15 years old, attended clinic this morning with the history of 38 weeks pregnancy, you will advice her all except:

- a. Go to see doctor immediately.
- b. Do regular household work.
- c. Do not use medicine without docter order.
- d. To consult TBA when labour pain start.

22. Mrs Sunita 28 years old 3rd gravida attended clinic this morning with the history of one premature delivery and one intrauterine fetal death, you will carry out all except:

- a. Check BP.
- b. Ask her to come health post when labour pain starts.
- c. Advice to go to hospital.
- d. Do abdominal examination.

23. Mrs Parwati 23 years old women attended clinic this morning with the history of retained placenta but no vaginal bleeding, as a midwife what kind of nursing care you will give to her at first ?

- a. Catheterization if full bladder.
- b. Give injection ergometrine.
- c. Try to do manual removal.
- d. Advice to take hospital immediately

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Form No.3

CHECKLIST FOR ASSESSMENT OF ANTENATAL CARE FOR
ANXILLARY NUSE MIDWIFE

Field area _____ Hill _____ Serial No. ___
Teral _____

PHYSICAL EXAMINATION

Procedure	Yes	No	Remark
1. General physical examination.			
1.1 Explain to the patient.			
1.2 Make sure patient bladder is empty.			
1.3 Maintain privacy for the patient.			
1.4 Ask patient to loose the outfit cloth.			
1.5 Does not expose unnecessarily body parts.			
1.6 Inspect general appearance for cheerful, weak, tired etc.			
1.7 Inspection of head and palpate.			

Procedure	Yes	No	Remark
1.8 Inspect inner lower eyelid for paleness, yellowness of eye, any inflammation, discharge etc.			
1.9 Inspect mouth for-gum infection, dental carries and tongue for anemia, finger nail for anemia.			
1.10 Examine breast and identify any area of tenderness, inversion, flatness of nipple.			
1.10.1 Explain to the patient about care of breast.			
1.11 Examine leg and ankle for swelling, and varicose vein.			
1.12 Inspect vulva for vericose vein, sores, swelling and abnormal discharge if complain.			

ABDOMINAL EXAMINATION

Procedure	Yes	No	Remark
1. INSPECT FOR :			
1.1 Shape and size of the abomen.			
1.2 Scar.			
2. PALPATION			
2.1 Take fundal height.			
2.2 Do fundal palpation.			
2.3 Do lateral palpation.			
2.4 Do pelvic or palwicks palpation.			
2.5 Able to explain presentation and position to patient.			
3. AUSCULTATION			
3.1 Listen fetal heart sound.			
3.2 Differentiate normal and abnormal finding.			
3.3 Record all finding.			
4. Take weight.			

HISTORY TAKING

Proceedure	Yes	No	Remark
A. Past obstetrical history			
1. Menstrual cycle (regular/irregular.			
3. Gravida/para.			
4. Abortion\miscarriage			
5. Number of living children.			
6. Number of stillbirths.			
B. Current pregnancy			
1. Last menstrual period (LMP)			
2. Symptoms since LMP			
(a) Nausea and vomiting, indigestion			
(b) Constipation			
(c) Vaginal bleeding or discharge			
(d) Abdominal pain			
(e) Fever.			
(f) Medication, current and since LMP			
(g) Other			

Procedure	Yes	No	Remark
C. Past medical history			
Heart disease.			
Hypertension			
Diabetes			
Kidney, bladder disease.			
Accidents, surgery			
Other			
D. Family history			
Diabetes			
Hypertension			
Abnormalities, twins.			
Other			
E. Personal habits			
Smoking			
Alcohol			
Caffeine (e.g. cola drinks, coffee)			
Other			

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HISTORY OF PREVIOUS PREGNANCIES

Procedure	Yes	No	Remark
1. Year			
2. Abortion miscarriage.			
3. Complications during pregnancy			
(a) High blood pressure			
(b) Vaginal bleeding			
(c) Infection (fever).			
(d) Other			
4. Delivery			
(a) Site			
(b) Hours in labor			
(c) Type of delivery (vaginal, abdominal)			
(d) Anesthetic			
(e) Maternal complications			
5. Baby			
(a) Sex			
(b) Weight			
(c) Premature/postmature.			
(d) Breast or bottle feeding.			
(e) Child's present age			
(f) Present health of child			

BLOOD PRESSURE MEASUREMENT FOR PRENATAL HEALTH

Procedure	Yes	No	Remark
I. Direct observation			
1. Explains to the patient what will be done (e.g., "This will feel tight on your arm, but it won't hurt.") Asks, "Have you ever had your blood pressure taken?"			
2. Rolls up sleeve of patient's garment so no material will be under cuff.			
3. Centers cuff bladder over the brachial artery.			
4. Positions and supports the arm at heart level.			
5. Takes a palpatory pulse.			
(a) Palpates radial or brachial artery.			
6. Repositions arm at heart level.			
7. Places diaphragm of stethoscope over brachial artery.			
8. Records auscultator blood pressure.			
9. Replaces arm at rest.			

10. Offers patient an opportunity
to ask questions.

PATIENT EDUCATION

Procedure	YES	NO	REMARK
(a) Establish rapport with patient?			
(b) Determine patient's level of interest and/or readiness for learning about topic?			
(c) Find out what patient already knows, using open-ended, focused questions?			
(d) Provide new information considering level of understanding.			
(e) 1. clarity of language(speak with audible clear voice).			
(f) 2. systematic (logical) sequence of ideas and concepts			
(g) 3. use of pertinent examples, 4. appropriate depth for patient's intellectual/ emotional level			

- (h) Determine whether patient understood information, using effective ("nonregurgitative") questioning?
- (i) Use visual aids appropriately?

T.T. INJECTION

Procedure	Yes	No	Remark
1. Check kardex.			
2. Assembles sterile needle and syringe of appropriate gauge and capacity			
3. Selects medicine from shelf and read lables. dose.			
4. Places sterile needle on syringe with care. prescribed dose			
5. Wthdraw proper dose from vial.			
6. Explain action to patient.			
7. Anticipates patient's embarrassment and protects privacy.			
8. Prepare appropriate site.			

9. Cleanses area with alcohol sponge.
10. Insert sterile needle at an angle of 90 for i.m. injection.
10. Withdraw plunger (removes needle) if blood appears.
11. Inject the total dose.
12. Ascertain patient's comfort.
13. Discards syringe in proper place.
14. Record appropriately.

Communication/interviewing skills

Procedure	Yes	N	Remark
1. Greets patient by name with appropriate social gestures (namasker etc).			
2. Introduces self: explain purpose of interview.			
3. Attention paid to both comfort and privacy of patient			

4. Interviewer demonstrates an interest in what the patient is saying by eye contact, leaning forward, encouraging looks and nodding (where appropriate).
5. Ask simple and brief related open-ended questions.
6. Summarizes interview content periodically, asks questions to clarify meaning and to obtain a fuller understanding of the history.
7. Uses appropriate reinforcing cues (i.e. eye contact, leaning forward, nodding, smiling, repeating key words and phrases, etc.) or restricting cues (i.e. stops reinforcing cues, directs statements, etc.)
8. Appears relaxed and has a pleasant appearance during the session.
9. Uses interpretation when appropriate

10. Shows respect for the traditional beliefs and health practices of clients and families.
11. Response to the patient's reaction.



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Non significant result from chi square statistics in each ANC competence area between terai and hill ANMs.

ANC competence area	% of competence		x ²	P value
	Terai N=85	Hill N=80		
Physical examination				
Make sure patient's bladder is empty	20.0	15.0	.711	.399
Inspect general appearance for cheerful, weak, tired etc.	31.8	20.0	2.96	.085
Inspect inner lower eyelid for paleness, yellowness of eye, any inflammation, discharge etc.	78.8	28.8	.146	.701
Examine breast and identify any area of tenderness, inversion, flatness of nipple.	84.7	82.5	1.31	.251
Explain to the patient about care of breast.	63.5	72.5	1.52	.217
Examine leg and ankle for swelling, and varicose vein.	94.1	86.2	2.91	.087
Abdominal examination				
1. Inspect for :				
Shape and size of the abdomen.	24.7	16.2	1.80	.179
Scar.	12.9	20.0	1.50	.220
Take fundal height.	75.3	66.2	1.63	.201
Do fundal palpation.	41.2	41.2	.00	.992

Non significant result from chi square statistics in each ANC competence area between terai and hill ANMs.

Continuation.

ANC competence area	% of competence		x ²	P value
	Terai N=85	Hill n=80		
Past obstetrical history.				
Menstrual cycle.	16.5	11.2	.936	.333
Stillbirths, number	74.1	83.8	2.28	.130
Current pregnancy				
Last menstrual period	96.5	100	2.87	.087
Symptoms since LMP				
Fever.	32.9	32.5	.003	.95
Medication, current and since LMP	24.7	31.2	.877	.348
Past medical history				
Accidents, surgery	47.1	40.0	.834	.360
E. Personal habits				
Caffeine (e.g. cola drinks, coffee)	16.5	11.2	.936	.333
History of previous pregnancy				
Year	78.8	80	.034	.851
Abortion miscarriage.	48.2	45.0	.173	.677

Non significant result from chi square statistics in each ANC competence area between terai and hill ANMs. Continuation.

ANC competence area	% of competence		X ²	P value
	Terai N=85	Hill N=80		
Complications during pregnancy				
High blood pressure	34.1	30.1	2.73	.098
Infection (fever).	41.2	42.5	.029	.863
Hours in labor	41.2	40.0	.023	.877
Type of delivery (vaginal, Cesarean)	68.2	72.5	.359	.549
Anesthetic	28.2	27.5	.011	.916
Maternal complications	47.1	47.5	.003	.954
Sex	95.3	90.0	1.71	.190
Weight	12.9	17.5	.666	.414
Premature postmature.	47.1	57.5	1.80	.179
Child's present age	57.8	57.5	.546	.459
Present health of child	25.9	15.0	2.98	.084

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Non significant result from chi square statistics in each ANC competence area between terai and hill ANMs. Continuation.

ANC competence area	% of competence		X ²	P value
	Terai N=85	Hill n=80		
BP Measurement				
Takes a palpatory pulse	57.8	57.5	.546	.459
Palpates radial or brachial artery.	94.1	95.0	.062	.803
Places diaphragm of stethoscope over brachial artery.	96.5	97.5	.148	.699
Records auscultator blood pressure.	97.5	90.6	3.45	.062
Replaces arm at rest.	95.3	90.0	1.71	.190
Offers patient an opportunity to ask questions.	78.8	70.0	1.690	.193

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Non significant result from chi square statistics in each ANC competence area between terai and hill ANMs. Continuation.

ANC competence area	% of competence		X ²	P value
	Terai N=85	Hill n=80		
Patient education --				
Determine patient's level of interest and or readiness for learning about topic?	38.8	47.5	1.26	.260
Find out what patient already knows, using open-ended, focused questions?	23.5	17.5	.915	.338
Systematic (logical) sequence of ideas and concepts	34.1	23.8	2.147	.142
Use of pertinent examples,	29.4	35.0	.590	.442
Appropriate depth for patient's intellectual emotional level	61.2	61.2	.000	.992
Determine whether patient understood information, using effective questioning?	21.2	17.5	.356	.550
Use visual aids appropriately?	91.8	97.5	2.62	.104

Non significant result from chi square statistics in each ANC competence area between terai and hill ANMs. Continuation.

ANC competence area	% of competence		X ²	P value
	Terai N=85	Hill N=80		
T.T. INJECTION				
Check kardex.	90.6	92.5	.193	.659
Selects medicine from shelf and read lables. dose.	97.6	80.0	1.49	.328
Places sterile needle on syringe with care.	92.9	87.5	1.39	.237
Wthdraw proper dose from vial.	21.2	26.2	2.17	.140
Prepare appropriate site.	90.6	97.5	3.45	.062
Cleanses area with alcohol sponge.	89.4	78.8	3.52	.060
Inject the total dose.	89.4	78.8	3.52	.060
Discards syringe in proper place.	63.5	57.5	.627	.428
Record appropriately.	65.9	58.8	.893	.344

จุฬาลงกรณ์มหาวิทยาลัย

Non significant result from chi square statistics in each ANC competence area between terai and hill ANMs. Continuation.

ANC competence area	% of competence		X ²	P value
	Terai N=85	Hill N=80		
Communication /interviewing skills				
Greets patient by name with appropriate social gestures (namasker etc)	44.7	32.5	2.58	.107
2. Introduces self :explain purpose of interview.	61.2	50.0	2.08	.148
Interviewer demonstrate an interest in what the patient is saying by eye contact, leaning forward, encouraging looks and nodding (where appropriate).	85.9	91.3	1.16	.280
Ask simple and brief related open-ended questions.	61.2	66.3	.458	.498
Summarizes interview content periodically, asks questions to clarify meaning and to obtain a fuller understanding of the history.	29.4	20.0	1.95	.162


Non significant result from chi square statistics in each ANC competence area between terai and hill ANMs. Continuation.

ANC competence area	% of competence		X ²	P value
	Terai N=85	Hill N=80		
Uses appropriate reinforcing cues (i.e. eye contact leaning forward, nodding, smiling, repeating key words and phrases etc.) or restricting cues (i.e. stops reinforcing cues, directs statements etc.)	68.2	63.8	.369	.543
Uses interpretation when appropriate	29.4	20.0	1.95	.162
Shows respect for the traditional beliefs and health practices of clients and families.	44.7	32.5	2.58	.107
Response to the patient's reaction.	50.6	50.0	.005	.939

ศูนย์วิทยุโทรพยากร
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VITAE

Mrs Aitimaya Chhetri was borne on 15 october, 1951 in Koshi Zone, Nepal. She graduated from Maharajgung Nursing Campus, Tribhuvan University in 1985. She has been enrolled in the master of science in Health Development at Faculty of Medicine, Chulalongkorn University since 1990. She is Instructor of Nursing Campus, Institute of Medicine, in Nepal. She was provided a scholarship from Rockefeller Foundation and Red Burna to join this Mater of Science in Health Development Programe.



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