

Practical Requirements

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1.	Antenatal Assessment and Care	20		
2.	Postnatal Assessment and Care	15		
3.	Assessment of Labor Using Partograph	10		
4.	Per Vaginal Examination	10		
5.	Observing Normal Childbirth/Deliveries	10		
6.	Assisting In Conduction of Normal Childbirth	10		
7.	Conduction of Normal Deliveries	10		
8.	Assisting in Abnormal/Instrumental Deliveries	05		
9.	Performing Placental Examination	05		
10.	Episiotomy and Suturing	03		
11.	Assist/Observe Insertion of PPIUCD	02		
12.	Newborn Assessment	10		
13.	Newborn Resuscitation	05		
14.	Kangaroo Mother Care	02		

Signature of the Supervisor

Signature of the Student

STUDENT PROFILE

Passport-Size
Color Photo

Personal Information

Name of the Student:

Enrollment/University Registration No.:

Roll Number:

Program:

Semester:

Academic Year:

Date of Birth:

Gender:

Blood Group:

Address:

Mobile Number:

Email ID:



Nursing Knowledge Tree
An initiative by CBS Nursing Division

Institutional Information**Name of the Institution:****University:** Maharashtra University of Health Sciences (MUHS), Nashik**Clinical Posting Area:** Department of Obstetrics and Gynecology**Name of Parent Hospital:****Duration of Clinical Posting:** From: To:**Total Clinical Hours:**

I hereby declare that the clinical records, procedures, case studies, care plans, observations, and practical experiences documented in this Midwifery and Obstetrical Nursing Case Book have been completed by me during my clinical postings under the supervision and guidance of the faculty and clinical instructors. The information recorded is true and accurate to the best of my knowledge and is submitted in partial fulfillment of the requirements prescribed by the Indian Nursing Council and Maharashtra University of Health Sciences.

Signature of the Student_____
Signature of the Coordinator_____
Signature of the Principal_____
Signature of the Internal Examiner_____
Signature of the External Examiner

FEMALE PELVIS

Introduction

The female pelvis is a basin-shaped bony ring formed by two hip bones, the sacrum, and the coccyx. It supports the trunk, protects the pelvic organs, and forms the birth canal through which the fetus passes during labor.

The pelvis is composed of four bones:

1. Right hip bone (innominate bone)
2. Left hip bone (innominate bone)
3. Sacrum
4. Coccyx

Each hip bone consists of three fused bones:

1. Ilium
2. Ischium
3. Pubis

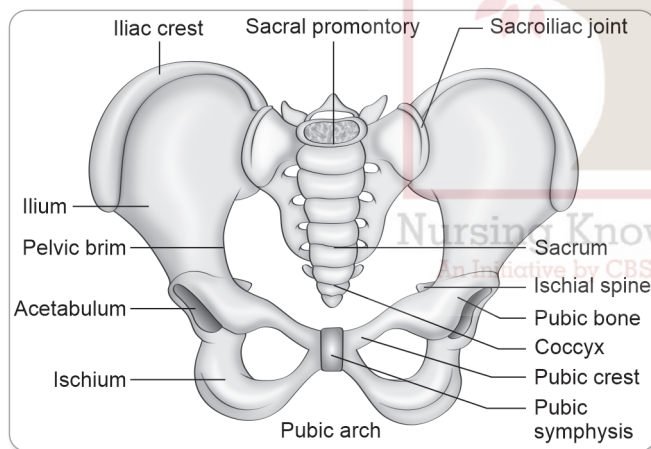


Figure 1: Bones of the female pelvis

Functions of the Female Pelvis

- Supports the weight of the upper body.
- Protects the pelvic organs.
- Forms the birth canal.
- Transmits body weight to the lower limbs.
- Provides attachment for muscles and ligaments.
- Assists in standing, walking, and sitting.

The pelvis is divided by the pelvic brim (linea terminalis) into:

- **False pelvis:**
 - Located above the pelvic brim.
 - Supports the enlarging pregnant uterus.
 - Not directly involved in childbirth.
- **True pelvis:**
 - Located below the pelvic brim.
 - Forms the birth canal.
 - Has direct obstetrical importance.

Bony Landmarks of the Pelvic Brim

- Symphysis pubis
- Pubic crest
- Pubic tubercle
- Pectineal line
- Iliopubic eminence
- Iliopectineal line
- Sacroiliac joint
- Ala of sacrum
- Sacral promontory

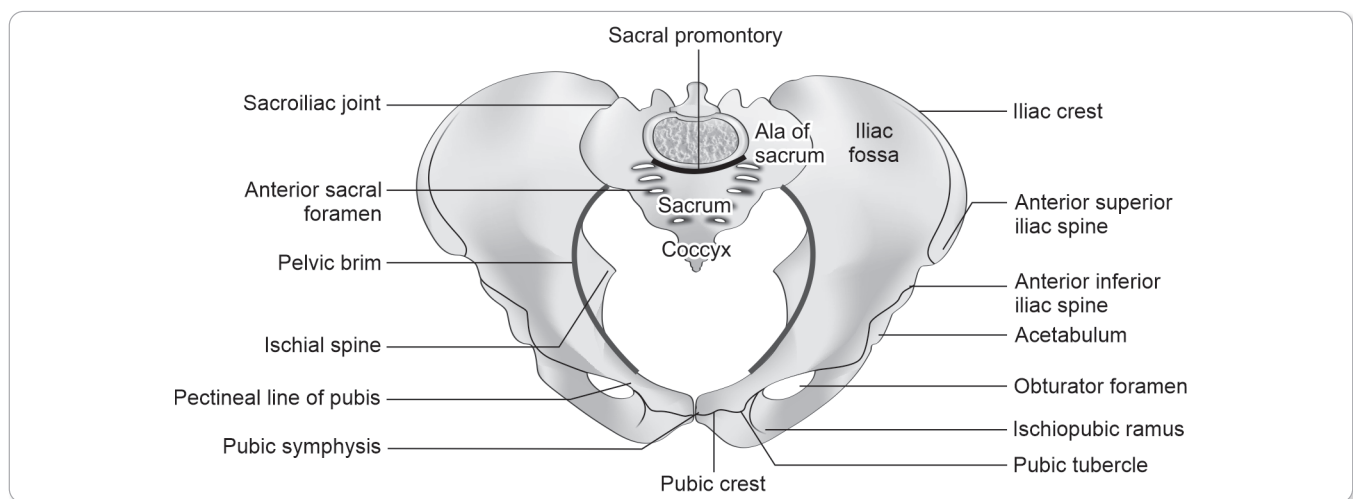
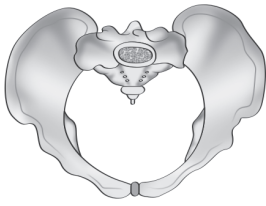
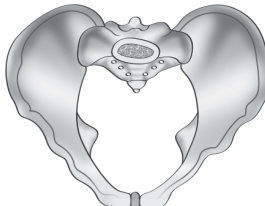
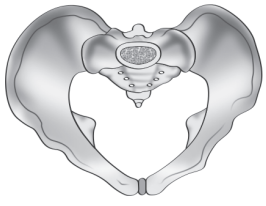
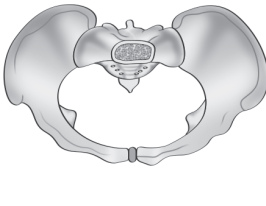


Figure 2: Female pelvis

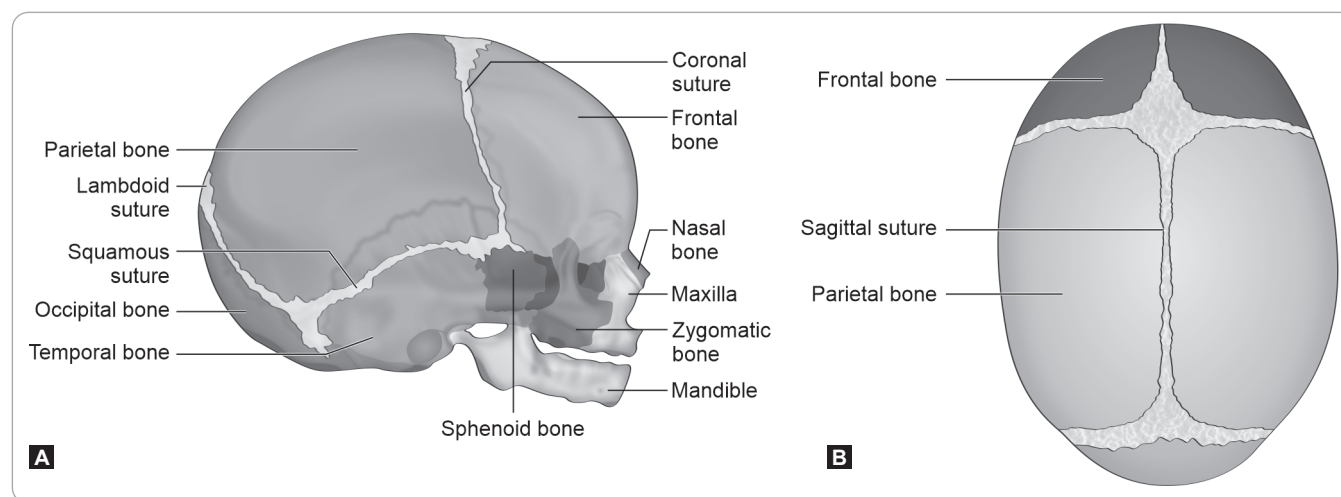
Types of Female Pelvis

	Gynecoid	Anthropoid	Android	Platypelloid
				
Pelvic inlet				
Transverse diameter		Narrow		
Anteroposterior (AP) diameter		Wide		Narrow
Forepelvis	Wide	Divergent	Narrow	Straight
Pelvic midcavity				
Side walls	Straight	Narrow	Convergent	Wide
Inclination of sacrum		Wide	Forward	Narrow
Pelvic outlet				
Subpubic arch	Wide		Narrow	Wide

FETAL SKULL

Introduction

The fetal skull is the largest and least compressible part of the fetus. Its shape and flexibility allow it to adapt to the maternal pelvis during labor.



Figures 4A and B: Fetal skull: A. Lateral view; B. Superior view

Regions of the Fetal Skull

- Vertex
- Brow (sinciput)
- Face
- Occiput

Bones of the Fetal Skull

Bone	Number
Frontal bones	2
Parietal bones	2
Temporal bones	2
Occipital bone	1

Sutures of the Fetal Skull

- Frontal (metopic) suture
- Sagittal suture
- Coronal suture
- Lambdoid suture

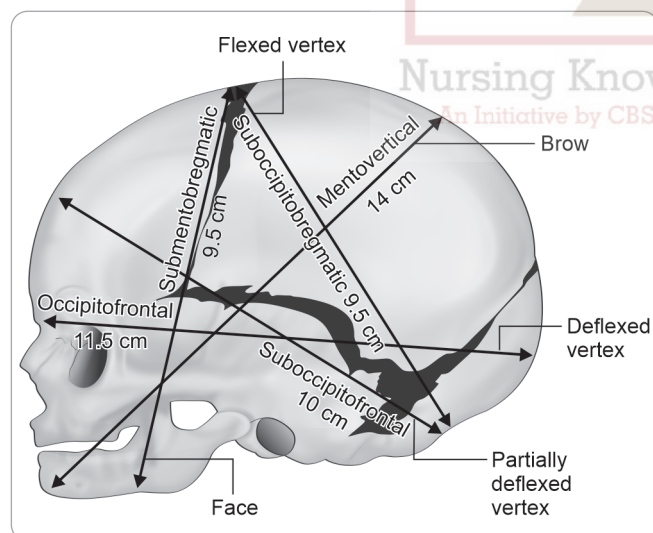


Figure 5: Sutures of the fetal skull

Fontanelles

- **Anterior Fontanelle (bregma)**
 - Diamond-shaped
 - Formed by four sutures
 - Measures approximately 3×3 cm
 - Closes by 18 months

- **Posterior Fontanelle (lambda)**

- Triangular
- Formed by three sutures
- Measures approximately 1.2×1.2 cm
- Closes by 6–8 weeks

Diameters of the Fetal Skull

Diameter	Measurement (cm)	Presentation
Suboccipitobregmatic	9.5	Well-flexed vertex
Suboccipitofrontal	10	Incomplete flexion
Occipitofrontal	11.5	Deflexed vertex
Mentovertebral	13.5	Brow
Submentobregmatic	9.5	Face (complete extension)
Biparietal	9.5	Engagement diameter
Bitemporal	8.5	Transverse diameter

Molding

Molding is the alteration in the shape of the fetal head caused by overlapping of the skull bones during labor to facilitate passage through the birth canal.

Grades of Molding

- Grade 0: Bones separated
- Grade +1: Bones touching
- Grade +2: Bones overlapping but reducible
- Grade +3: Fixed overlapping (severe)

Caput Succedaneum

Caput succedaneum is a diffuse swelling of the scalp caused by pressure of the cervix on the presenting part during labor.

Characteristics

- Crosses suture lines
- Soft and edematous
- Present at birth
- Disappears within 24–48 hours

Antenatal Attendances

LMP: EDD: Gestation at 1st visit: weeks.

Date	Wt.	BP mm Hg	FHS/Min	Weeks	FH in cm	Presentation	Treatment and remarks

(Abbreviations: EDD, Expected Date of Delivery, FH, Fundal height; FHS, Fetal Heart Sound; LMP, Last Menstrual Period)

General Examination

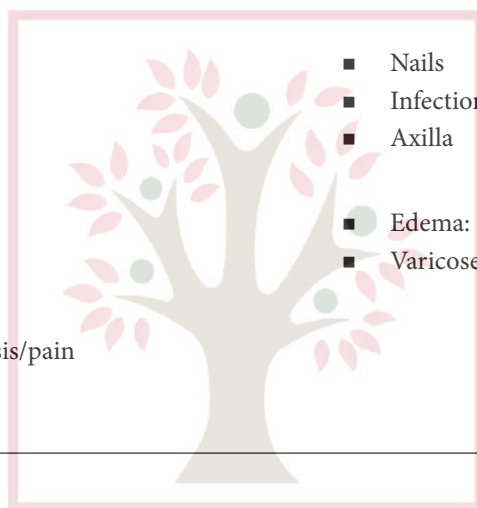
General Condition:

- Poor/Fair/Good
- Gait:
- Built:
- Height: cm
- Weight: kg
- BP: mm Hg
- T: °C
- P:/min
- R:/min
- Urine: Alb – Absent/present
- Sugar: Absent/present

Physical Examination

- **Head:** Round/clean/hair color/any other
- **Face:**
 - Expression: Happy/Anxious
 - Chloasma: Present/Absent
- **Eyes:**
 - Symmetry
 - Vision
 - Conjunctiva
 - Sclera
 - Periorbital edema-absent/present
 - Complaint if any
- **Ears:**
 - Symmetry
 - Hygiene
 - Hearing
 - Wax/Discharge/Surgery/Complaint if any
- **Nose:**
 - Hygiene
 - Septal
 - Discharge
 - Bleeding
 - Polyp
 - Hygiene
- **Mouth:**
 - Lips:
 - ◆ Color
 - ◆ Texture
 - Stomatitis
 - Hygiene
 - Halitosis
 - Tongue
 - **Teeth:** Normal/stains/caries/extractions/pain/fillings

- **Gums:** Color
 - Bleeding/gingivitis/pink/pale/any complaint
- **Neck:** Lymph nodes not palpable/palpable
- **Thyroid:** Not palpable/palpable
- **Chest:**
 - Shape
 - Movement
 - Air entry
- **Limbs:**
 - Upper extremity**
 - Hygiene
 - Symmetry
 - Tremors
 - Lower extremity**
 - Hygiene
 - Symmetry
 - Infection
- **Back:** Normal/deformity/lordosis/pain



- Nails
- Infection
- Axilla
- Edema: Pressure edema/pitting edema
- Varicose veins

Obstetrical Examination

Breast

- **Development:** Well-developed/underdeveloped
- **Consistency:** Soft/hard
- **Symmetry:** Symmetrical/asymmetrical
- **Veins:** Superficial veins visible/not visible
- **Areola:** Primary/secondary
- **Montgomery's tubercles:** Present/absent
- Nipples protractility
- Colostrum and striae
- Axillary lymph nodes

Abdomen Inspection

- Shape:
- Size:
- Hygiene:
- Scars:
- Veins:
- Fetal movements:
- Linea nigra:
- Lumps:
- Striae:
- Axillary lymph nodes:

Measurements

- Fundal height: cm
- Abdominal girth: cm

Auscultation

- Location of FHS:
- FHS/min:

Palpation

- Fundal palpation:
- Right lateral:
- Left lateral:
- Pelvic palpation:
- Pawlik's grip:

Perineum

- Hygiene:
- Vaginal discharge: Absent/present
- Bleeding:
- Edema:
- Purities:
- Infection:
- Any-complaint:

Conclusion of an Obstetrical Examination

- Lie: Longitudinal/transverse/oblique
- Attitude: Flexion/extension
- Presentation: Vertex/breech/brow/face
- Position:
- Engagement: Engaged/floating

Interpretation:

Investigations

Nursing Knowledge Tree

An Initiative by CBS Nursing Division

Biochemical								Biophysical						
Sl. no.	Weeks	Blood				Urine		USG						
		HB	CBC	VDRL	Titres	Albumin	Sugar	NST	BPD	FL/CRL	Placenta	Gest weeks	LIQ	Anamoly

(Abbreviations: BPD, Biparietal diameter; CBC, Complete blood count; FL/CRL, Femur Length/Crown-Rump Length; Gest; Gestional; HB, Hemoglobin; LIQ, Liquor amnii; NST, Non-Stress Test; VDRL, Venereal Disease Research Laboratory test)

Any other:

Name:

Age: Gravidia:

Indoor No.: Dr's Unit:

Reg./Unreg.: **Para:**

Diagnosis:

Date of Admission: **Date of Discharge:**

a. Family: DM/BP/Allergy/Cardiac/TB/Other

[DM: Diabetes Mellitus; BP: Hypertension (High Blood Pressure); Allergy: Any known hereditary/familial allergies; Cardiac: Family history of cardiac/heart disease; TB: Tuberculosis; Other: Any other significant hereditary or familial disease]

b. Self: Past illness:

Obstetrical:

Medical:

[illegible]

Palpation

- Fundal palpation:
- Right lateral:
- Left lateral:
- Pelvic palpation:
- Pawlik's grip:

Perineum

- Hygiene:
- Vaginal discharge: Absent/present
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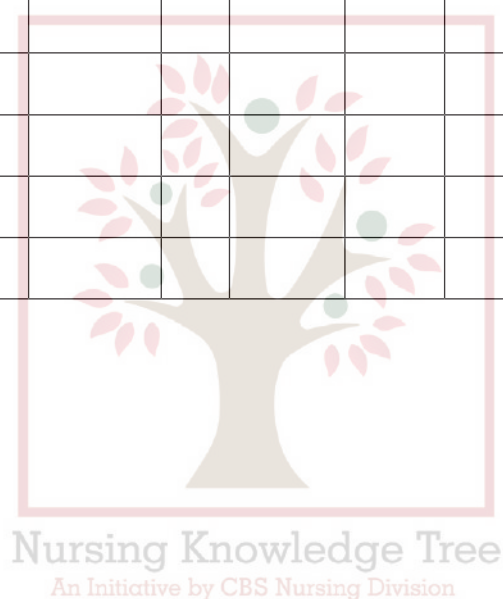
Any other:

Treatment

Drugs:

Supportive:

DAILY OBSERVATIONS												
Date	Temp. (°C)	Pulse rate	Respiratory rate	BP (mm Hg)	Wt. (kg)	Fetal Heart Sounds/ Min	Urine output	Urine		Fundal Height (FH)	Abdominal Girth (AG) (cm)	Kick Count 4 hourly
								Alb.	Sugar			

List of Needs**List of Nursing Diagnosis****Health Education**_____
Signature of the Student_____
Signature of the Supervisor

Practical Record Book of **Midwifery/Obstetrics** and **Gynecology Nursing I&II** for BSc Nursing Students

Salient Features

- This record book covers the practical aspects of Midwifery/Obstetrics and Gynecology Nursing as per the guidelines of INC for BSc Nursing VI & VII Semester Students.
- It provides structured formats for documenting procedures performed, cases observed or managed, clinical experiences, and competencies achieved during clinical postings.
- It helps students develop essential competencies in antenatal, intranatal, postnatal, newborn, and gynecological care.
- It promotes safe, respectful, evidence-based, and woman-centered care for women, newborns, and their families.
- It enables nursing teachers and clinical preceptors to monitor student performance, provide feedback, and evaluate progress toward expected competencies.

About the Authors



Aparna B Sankhe, PhD (Obstetrics and Gynecology Nursing), is currently serving as Principal at the College of Nursing, Sir J J Group of Hospitals, Mumbai, Maharashtra. She is a distinguished nursing educator, researcher, and author with 27 years of experience in undergraduate nursing education and 13 years of postgraduate teaching in Obstetric and Gynecological Nursing.

She holds an MSc from SNDT Women's University, Mumbai, and a PhD from KIMSDU, Karad, Maharashtra. Over the course of her career, she has guided numerous MSc Nursing and PhD scholars, contributed extensively to nursing research and education, and published her work in national and international journals. She authored this *Practical Record Book of Midwifery/Obstetrics and Gynecology Nursing I & II* to support students in developing essential clinical skills and competencies.



Hemalata S Gajbe, PhD Scholar, is currently serving as Assistant Professor at the College of Nursing, Sir J J Group of Hospitals, Mumbai, Maharashtra. She is an accomplished nursing educator, researcher, and author with 13 years of undergraduate teaching experience, specializing in Obstetric and Gynecological Nursing.

She holds an MSc in Obstetric and Gynecological Nursing from the Institute of Nursing Education, Mumbai, and is a PhD scholar at Maharashtra University of Health Sciences (MUHS), Nashik, Maharashtra. She has contributed significantly to nursing research and has published several research papers in both national and international journals.



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