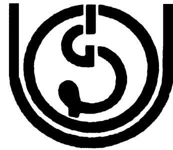

Indira Gandhi National Open University

School of Health Sciences

Maidan Garhi, New Delhi-110 068

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LOG-BOOK

MMEL-302

REPRODUCTIVE HEALTH PRACTICAL

Name : ....

Enrolment No. : ....

Address : ....

....

....

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1. GENERAL INSTRUCTIONS TO STUDENTS

This log-book is a compulsory component of the Reproductive Health Practical Course (MMEL-302). You are required to maintain all the learning activities that you perform as a part of this course. This log-book contains 9 different varieties of items. In the first 6 items, we have provided a case record proforma and some blank space for brief recording of activities performed. You are required to fill up the case record proforma at PSC/SDC as mentioned. Please note, there is no provision of filling up the case record proforma at work place. You will only fill up the log of activities in the space provided against the 9 varieties separately.

1.1 Objectives

The objectives of the log-book are to:

- enable the counsellors to have a first hand information about the activities performed by you;
- assess the clinical/academic experience gained by you;
- help you in planning your activities in advance so that you could complete them within the time frame; and
- document your input towards the practical component in Obst. & Gynae. of PGDMCH Programme.

1.2 How to Use the Log-book?

You should refer to the table mentioning the minimum number of patients to be seen by you for every skill. We expect you to fill up only one case record at PSC and the other case records at SDC as mentioned at the top of the respective case records. For the other cases, you should fill up only the blank log pages of that variety.

Please ensure that whenever a case is seen by you at PSC/SDC or you participate in a demonstration/seminar or any other activity **at PSC/SDC, it should be countersigned by the respective counsellor** under whom the activities had been carried out.

Antenatal Case Record

You should write one case record at PSC and one at SDC. For the other antenatal cases, you should fill only the one line statement in the log page. In addition, one case record is marked for internal evaluation at SDC which should be filled when you complete the SDC activities for this skill.

Labour Case Record

You should write one case record at PSC and two at SDC. For the other labour cases, you should fill only the one line statement in the log page and the blank partogram (5) provided along with it. In addition, one case record is marked for internal evaluation at SDC which should be filled when you complete the SDC activities for this skill.

Obstetrical Operation Case Record

There are three groups of activities:

- Episiotomy and Perineal Tear
- Outlet Forceps/Vacuum
- Catheterisation of Urinary Bladder

You should write one case record for each of the first two categories depending upon actual performance either at PSC/SDC. For other cases, you should fill only the one line statement in the log page.

Family Planning Counselling

The counselling will vary for each type of contraceptives. You should write one case record each for condom, oral contraceptives, IUCD and permanent method depending the actual availability of patients either at PSC/SDC. For other cases, you should fill only the one line statement in the log page.

IUCD Insertion

You should write one case record at PSC and one at SDC. For the other IUCD cases, you should fill only the one line statement in the log page.

Tubectomy/vasectomy if witnessed will be maintained in log pages.

Obstetrical Emergency

There are two groups of activities:

- Management of emergency cases
- Emergency Procedures for PPH

You should write one case record for each of the two categories. You should see ***at least 3-4 varieties*** of emergency cases listed below and mention them as one line statement in the log page. The cases could be:

- PIH
- Eclampsia
- Septic Abortion
- First Trimester Bleeding (ectopic)
- APH
- PPH
- Severe Anaemia
- Prolonged/Obstructed Labour
- Puerperial Sepsis

Laboratory Procedures

The Lab procedures listed below are simple techniques that you could practice in remote areas where modern facilities are not available. Try to understand the process during your spell posting. You should try to carry out yourself independently either at SDC or in your work place. This will help you not only in diagnosis and management of the patients, but also build up your confidence in independent case management. The list of the procedures are mentioned below:

- Collection of PAP Smear
- Estimation of Hb%
- Wet Smear
- Fern Test
- Post Coital Test
- Urine for Albumin, Sugar and Pus Cells

Case Discussions/Demonstrations

The Counsellors will discuss some cases in ward/emergency/OPD. These could be related to:

- Normal Puerperium
- Adolescent Pregnancy
- Previous LSCS
- Premature Rupture of Membrane
- Intrauterine Growth Retardation
- Abnormal Presentation/Twins
- Medical Disorders in Pregnancy
- Obstetrical emergency
- High risk case
- Acute Abdomen

- Gynaecological case

You should mention the case discussions you have attended to by entering in the log page.

You are free to see the cases other than mentioned above. But please mention them in the log-book in appropriate places. This will help you to document the extra effort made by you towards your learning.

Seminar/Case Presentation

You should write the case that you present at PSC as a part of your seminar presentation.. You should also mention the presentation of other students that you have attended to.

1.3 Tips for Case Discussion

Some sample cases have been mentioned below. This will be helpful for you while working up the cases.

a) **Pregnancy Induced Hypertension**

History: Risk factors e.g. Primigravida esp. less than 18 years or more than 35 years. Past history of renal disease. Family history of hypertension. Symptoms of severity of PIH e.g. Headache, oliguria, increasing edema and visual disturbance.

Examination: Increase in weight gain of more than 500 gms/week should not be neglected. Swelling of feet, not relieved with rest. BP of 140/90 mmhg.

Obstetric examination: Watch for intrauterine growth restriction.

Investigations: Select to assess the severity/complications of PIH and fetal well being.

Case discussion will be on control of severity of PIH and Prevention of eclampsia.

b) **Eclampsia**

Institutions of general measures: Use mouth gag, airway, head tilted to one side, light facing backside.

Control of convulsions and hypertension: Start IV line. Indwelling urinary catheter. Anitconvulsants according to availability, Magnesium sulphate is the preferred drug.

Regimen and monitoring: Antihypertensives.

Obstetric management: Indications for termination of pregnancy.

c) **Antepartum Haemorrhage**

History: Period of gestation, presence of fetal movements, assess amount of blood loss. Enquire about previous bout of bleeding, pain and features suggestive of PIH.

Examination: Assess general condition and resuscitate if necessary.

Obstetric examination: Period of gestation, relaxed uterus, abnormal presentation/floating head and live fetus indicate placenta praevia. Tense and tender uterus, fetus in cephalic presentation and absent fetal heart and presence of PIH, suggest abruptio placenta.

Investigations: Role of ultrasound. Other laboratory investigations for assessment of general condition and complications.

Management: Indications, benefits and risks of conservative management. Indications and mode for termination of conservative management of placenta praevia.

Anticipation of complications like PPH, coagulation failure and renal failure.

d) **Postpartum Haemorrhage**

Institution of immediate measures: Administer oxytocics, start IV line, send blood for crossmatching. Resuscitate if general condition is poor. Empty the bladder.

Check if uterus is contracted. If yes and bleeding continues, explore for vaginal and cervical lacerations and suture.

If uterus is not contracted, consider use of prostaglandins, massage, packing. If bleeding is not arrested refer or consider laparotomy and procedures like internal artery ligation if OT facilities and expertise is available.

Prevention: Selection of cases at risk of PPH advise hospital delivery. Correct anaemia. Proper conduct of labour with attention to hydration, administration of prophylactic oxytocics.

e) **Severe Anaemia**

Examination: Definition of severe anaemia. Assess if patient is in congestive cardiac failure. If yes, it should be treated. Send blood for crossmatching and reservation. Discuss role of diuretics and blood transfusion.

If patient is not in failure, consider benefits of blood transfusion if patient is close to term. Role of parenteral iron, nutrition and treatment of worm infestation.

Keep blood available when patient goes in labour. Oxytocics to minimize blood loss. Cut short second stage of labour.

Prevention: Evaluation of haemoglobin at every antenatal visit. Counsel regarding nutrition and oral iron and folic acid. Clarify doubts regarding oral iron.

f) **Acute abdomen**

History: Duration of pain and characteristics of pain. Last menstrual period. Vomiting, bowel movement, micturition, fever and jaundice. Any treatment taken.

Examination: Assess general condition. Start IV line. Keep nil orally. Pain relief. Look for features of peritonitis, tenderness at Mcburney's point. See if the degree of pallor is out of proportion to the blood loss. See if there is any mass abdomen. Gynaecological examination for pregnancy, tenderness on movement of the cervix and bogginess in the fornices. Rectal examination.

Differential diagnosis: Consider essentially 3 conditions: Ectopic pregnancy, acute appendicitis and acute salpingitis.

Investigations: Select according to clinical findings.

Management: Discuss referral and further treatment according to availability of OT and blood bank facilities.

g) **Prolonged/Obstructed Labour**

Define the terms

History: Time of onset of true labour pains, assess duration of labour. Presence/absence of membranes. Attempt at delivery at the peripheral level.

Examination: Evaluate degree of hydration. Remember the possibility of sodium and potassium deficiency. Look for features suggestive of contracted pelvis.

Obstetric examination: Inspection to identify Bandl's ring. Palpation to recognize presence of tenderness, abnormal fetal presentation and uterine contractions (absent; if present see if they are abnormal). Assess fetal well being.

On vaginal examination, look for vulval edema, liquor with offensive odour/blood satined, lacerations in the vagina/cervix, confirm the type of presentation and assess pelvic capacity.

Investigations: For evaluation of general condition, ultrasonography for fetal assessment.

Management: Differentiate between prolonged labour due to uterine dysfunction and mechanical factors preventing the progress of labour. Appropriate institution of intervention.

PARTOGRAM - Discuss the role of partogram in the early detection of prolonged/obstructed labour.

Prevention: Purpose of antenatal visit after 36 weeks, detection of abnormal presentations/lie of fetus, contracted pelvis and institution of cesarean section electively.

Discuss the benefits of maintaining a partogram, taking care of hydration and pain relief during labour.

h) **Puerperium**

History: Type of delivery, fever, , abdominal pain, micturition, nature of lochia. Enquire about breast-feeding.

Examination: Assess general condition. Abdominal palpation for perironitis, mass or wound infection. Watch the vaginal pad for nature of lochia.

Investigations: Haemoglobin and urinalysis. Select others like bacterial culture of lochia, blood and urine if there are signs of infection.

Management: Define puerperal fever/sepsis. Impress that every delivery is like “surgery’ and prone to infection, as there is a “wound”in the uterine cavity (placental site).

Emphasize the need for careful examination during the puerperium, in order to detect the presence of infection. If infection is present institution of appropriate antibiotics.

Prevention of puerperal sepsis: Detection and treatment of any focus of infection during the antenatal period. Adherence to strict aseptic and antiseptic measures during labour.

i) **Postabortal Sepsis**

History: Period of gestation, spontaneous or induced. If induced find the method used, and accordingly suspect injury to the genital tract and elsewhere (rectum etc.). Presence of vomiting, altered bowel movements and bleeding per vagina.

Examination: Assess general condition. Resuscitate if necessary.

Investigations: For assessment of general condition, bacterial culture of vaginal swab, urine and blood if necessary, and blood biochemistry. Ultrasonography and Chest X-ray when indicated, for detection of pelvic mass or spread of infection to the lungs.

Management: Management of peritonitis. Administration of antibiotics (Ampicillin, metronidazole and gentamicin). Discuss role of laparotomy and possible surgical intervention.

Prevention: Improve IEC regarding availablity of safe abortion; increase accessiblity. Strict adherence to **aseptic and antiseptic techniques** while performing an evacuation of pregnancy. Promotion of medical methods when feasible.

j) **Teenage pregnancy**

Discuss the hazards like, malnutrition, PIH, contracted pelvis and psychological immaturity.

Adequate emphasis should be on counselling regarding nutrition and contraception.

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2. DETAILS OF POSTING UNDERGONE FOR MMEL-302

You should make a list of all your postings with dates as mentioned in the table below. This will help you to keep a tab on your postings and accordingly getting a completion certificate signed at the end of the postings to enable you to appear in the term-end practical examination.

I. Posting at PSC

Sl. No.	Spell No.	Name of the Counsellor	Date of Posting to O&G Department	
			From	To
1.	Spell-I			
2.	Spell-II			
3.	Spell-III			
4.	Spell-IV			

II. Posting at SDC

Sl. No.	Name of SDC	Name of the Counsellor	Date of Posting to O&G Department*	
			From	To
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				

*** Make a separate entry for each time you go to SDC.**

3. MINIMUM NUMBER OF PATIENTS TO BE SEEN FOR EACH SKILL

The list provides the minimum number of patients to be seen by you at various places of posting. You are free to see as many patients as you get the opportunity. But make a entry for those extra patients also in respective columns.

Sl. No.	Name of the Skill	Programme Study Centre (PSC)	Skill Development Centre (SDC)	Work Place (WP)
1.	History (Communicating with patients)	10	15	20
2.	Antenatal Examination	2	8	20
3.	Labour Case Normal Delivery Partogram	2	5	10
4.	Obstetrical Operation/Procedures Episiotomy and Perineal Tear	1	2	4
	Outlet Forceps/ Vacuum Assisted Breech Delivery*	1	2	––
	Catheterisation of Urinary Bladder	1	2	––
5.	Family Planning Counselling	2	5	10
6.	IUCD Insertion	1	5	2
7.	Management of Obstetrical Emergency Case Management	2	7	2
	Bimanual Compression of Uterus* Manual Removal of Placenta* Traumatic PPH*	1	1	––
8.	Laboratory Procedures Collection of PAP Smear Estimation of Hb% Wet Smear Fern Test Post Coital Test Urine for Albumin, Sugar and Pus Cells	1 each	2 each	2 each
9.	Examination of a Non-pregnant Woman	5	10	10
10.	Infection Prevention Measures	Integrate with relevant Procedures		

* Demonstration live/with dummy as per availability

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4. ANTENATAL CASE RECORD

Sl. No.	Date	Name/ Hospital No.	Age	Diagnosis	Place (PSC/ SDC/WP)	Signature of Student	Signature of Counsellor
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

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Sl. No.	Date	Name/ Hospital No.	Age	Diagnosis	Place (PSC/ SDC/WP)	Signature of Student	Signature of Counsellor
16.							
17.							
18.							
19.							
20.							
21.							
22.							
23.							
24.							
25.							
26.							
27.							
28.							
29.							
30.							

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PSC

Antenatal Case Record

Serial No. [ ] Hospital No. [ ] Date of 1st Visit:

Name: ____________ Age: [ ] Gravida

Address: ____________ Para

____________ No. of Living Children

____________ LMP

____________ EDD

Height

Tetanus Toxoid : Ist dose IInd dose

Complaints:

History of Present Pregnancy

Trimester	Date	BP	Weight	Urine	Clinical Findings	Remarks
First						
Second						
Third						

Micturition Bowels

Obstetrical History

No. of Years Married:

Order Preg-nancy	Date & Place of Delivery	Duration of Pregnancy	Abnor-malities in Pregnancy	Nature of labour	Puerperium	Baby		
						Alive Still Born Macerated	Sex Birth Weight	Present Health

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Past History

Jaundice/Surgery/Blood transfusion/STD/TB/Any other

Family History

Hypertension/Diabetes/TB/Multiple Pregnancy/Congenital Anomalies

Personal History

Addictions

Veg/Non-veg

General Examination

Pulse

Temp.

B.P.

Oedema/Anaemia/Stomatitis

Thyroid/Varicose veins

Breasts

Systemic Examination

CVS

RS

GIT

CNS

Skeletal system

Obstetric Examination

a) ***Per Abdomen***

Height of Fundus

Liquor

Presentation

Position

Head Engaged/Not engaged

Foetal Heart Rate

b) ***External genitalia***

Per Speculum

Cervix

Vaginal discharge

c) Per Vaginum

Cervix — effacement

— dilatation

Membranes: Present/Absent

Presenting Part

Level of presenting part in relation to ischial spines (in c.m.)

Sacral promontory: Reached/Not reached

Diagonal conjugate (in c.m.)

Sacrum: Well curved/Straight

Ischial spines: Prominent/Not-prominent

Side walls

Sacro sciatic notch

Sub-pubic angle

Transverse diameter of outlet

Type of pelvis : Gynaecoid/Android/Anthropoid/Platypelloid

Plan: Vaginal/Trial/Abdominal/Review

Investigations:

Vaginal Discharge:

Pap smear:

V.D.R.L.

Sonography

Non Stress Test

Haemoglobin

Blood Group Rh. Type

Woman

Husband

Blood Sugar/G.T.T. (If, done)

Blood Urea

Contraception Counselling and Contraceptive that may be accepted

Dated: Signature of Student

Signature of Counsellor

SDC

Antenatal Case Record

Serial No. [ ] Hospital No. [ ] Date of 1st Visit:

Name: ____________ Age: [ ] Gravida

Address: ____________ Para

____________ No. of Living Children

____________ LMP

____________ EDD

Height

Tetanus Toxoid : Ist dose IInd dose

Complaints:

History of Present Pregnancy

Trimester	Date	BP	Weight	Urine	Clinical Findings	Remarks
First						
Second						
Third						

Micturition Bowels

Obstetrical History

No. of Years Married:

Order Preg-nancy	Date & Place of Delivery	Duration of Pregnancy	Abnor-malities in Pregnancy	Nature of labour	Puerperium	Baby		
						Alive Still Born Macerated	Sex Birth Weight	Present Health

Past History

Jaundice/Surgery/Blood transfusion/STD/TB/Any other

Family History

Hypertension/Diabetes/TB/Multiple Pregnancy/Congenital Anomalies

Personal History

Addictions

Veg/Non-veg

General Examination

Pulse Temp. B.P.

Oedema/Anaemia/Stomatitis

Thyroid/Varicose veins

Breasts

Systemic Examination

CVS

RS

GIT

CNS

Skeletal system

Obstetric Examination

a) ***Per Abdomen***

Height of Fundus Liquor Presentation

Position

Head Engaged/Not engaged

Foetal Heart Rate

b) ***External genitalia***

Per Speculum

Cervix

Vaginal discharge

c) Per Vaginum

Cervix — effacement

— dilatation

Membranes: Present/Absent

Presenting Part

Level of presenting part in relation to ischial spines (in c.m.)

Sacral promontory: Reached/Not reached

Diagonal conjugate (in c.m.)

Sacrum: Well curved/Straight

Ischial spines: Prominent/Not-prominent

Side walls

Sacro sciatic notch

Sub-pubic angle

Transverse diameter of outlet

Type of pelvis : Gynaecoid/Android/Anthropoid/Platypelloid

Plan: Vaginal/Trial/Abdominal/Review

Investigations:

Vaginal Discharge:

Pap smear:

V.D.R.L.

Sonography

Non Stress Test

Haemoglobin

Blood Group Rh. Type

Woman

Husband

Blood Sugar/G.T.T. (If, done)

Blood Urea

Contraception Counselling and Contraceptive that may be accepted

Dated:

Signature of Student

Signature of Counsellor

SDC
(Evaluation)

Antenatal Case Record

Serial No. ______ Hospital No. ______ Date of 1st Visit:

Name: ______ Age: ______ Gravida

Address: ______ Para

No. of Living Children

LMP

EDD

Height

Tetanus Toxoid : Ist dose IInd dose

Complaints:

History of Present Pregnancy

Trimester	Date	BP	Weight	Urine	Clinical Findings	Remarks
First						
Second						
Third						

Micturition Bowels

Obstetrical History

No. of Years Married:

Order Preg-nancy	Date & Place of Delivery	Duration of Pregnancy	Abnor-malities in Pregnancy	Nature of labour	Puerperium	Baby		
						Alive Still Born Macerated	Sex Birth Weight	Present Health

Past History

Jaundice/Surgery/Blood transfusion/STD/TB/Any other

Family History

Hypertension/Diabetes/TB/Multiple
Pregnancy/Congenital Anomalies

Personal History

Addictions
Veg/Non-veg

General Examination

Pulse Temp. B.P.

Oedema/Anaemia/Stomatitis

Thyroid/Varicose veins

Breasts

Systemic Examination

CVS

RS

GIT

CNS

Skeletal system

Obstetric Examination

a) ***Per Abdomen***

Height of Fundus

Liquor

Presentation

Position

Head Engaged/Not engaged

Foetal Heart Rate

b) ***External genitalia***

Per Speculum

Cervix

Vaginal discharge

c) Per Vaginum

Cervix — effacement

— dilatation

Membranes: Present/Absent

Presenting Part

Level of presenting part in relation to ischial spines (in c.m.)

Sacral promontory: Reached/Not reached

Diagonal conjugate (in c.m.)

Sacrum: Well curved/Straight

Ischial spines: Prominent/Not-prominent

Side walls

Sacro sciatic notch

Sub-pubic angle

Transverse diameter of outlet

Type of pelvis : Gynaecoid/Android/Anthropoid/Platypelloid

Plan: Vaginal/Trial/Abdominal/Review

Investigations:

Vaginal Discharge:

Pap smear:

V.D.R.L.

Sonography

Non Stress Test

Haemoglobin

Blood Group Rh. Type

Woman

Husband

Blood Sugar/G.T.T. (If, done)

Blood Urea

Contraception Counselling and Contraceptive that may be accepted

Dated:

Signature of Student

Signature of Counsellor

5. LABOUR CASE RECORD

Sl. No.	Date	Name/ Hospital No.	Age	Diagnosis	Place (PSC/ SDC/WP)	Signature of Student	Signature of Counsellor
1.							
2.							
3.							
4.							
5.							
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12.							
13.							
14.							
15.							

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PARTOGRAPH

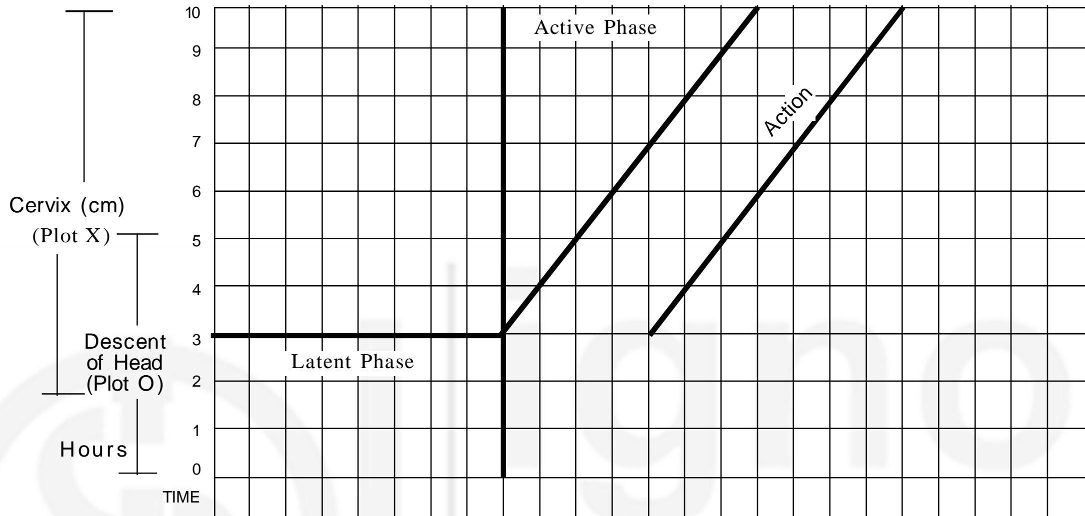
Name .... Gravida .... Para .... Hospital No. ....

Date of admission .... Time of admission .... Ruptured membranes .... hrs.

Fetal Heart Rate: 180, 170, 160, 150, 140, 130, 120, 110, 100

Liquor

Moulding



Contractions Per 10 Mins: 5, 4, 3, 2, 1

Oxytocin U/L
drops/min

Drugs Given and IV Fluids

Pulse ● And B.P. ⊥: 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60

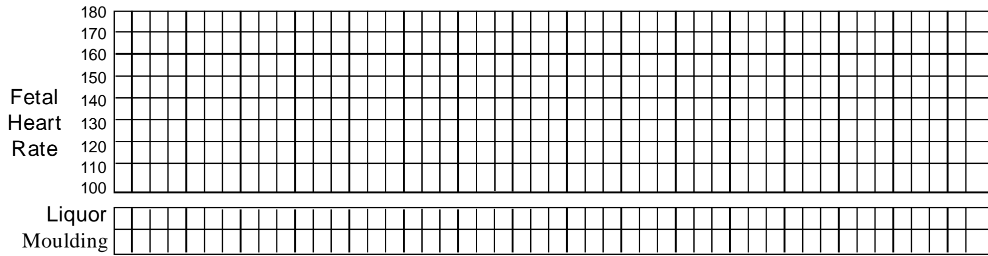
Temp ^{0}C

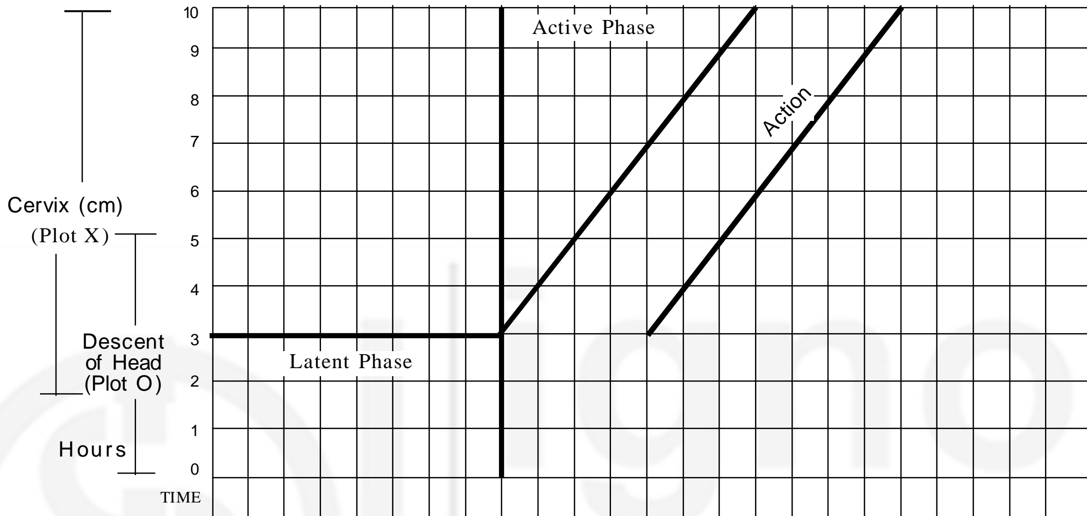
Urine { Prot, Acet, Vol

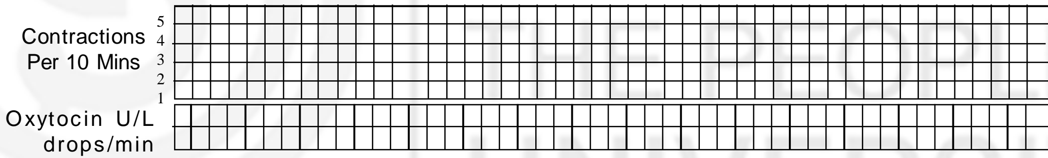
PARTOGRAPH

Name .... Gravida .... Para .... Hospital No. ....

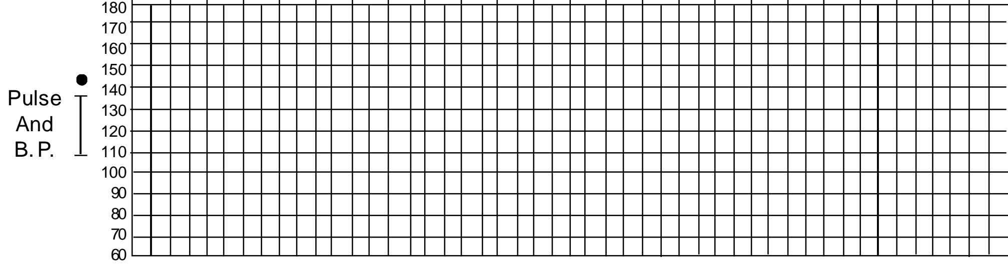
Date of admission .... Time of admission .... Ruptured membranes .... hrs.







Drugs Given and IV Fluids



Temp ^{0}C

Urine: Prot, Acet, Vol

PARTOGRAPH

Name .... Gravida .... Para .... Hospital No. ....

Date of admission .... Time of admission .... Ruptured membranes .... hrs.

Fetal Heart Rate

180
170
160
150
140
130
120
110
100

Liquor
Moulding

Cervix (cm)
(Plot X)

Descent of Head
(Plot O)

Hours

10
9
8
7
6
5
4
3
2
1
0
TIME

Active Phase

Action

Latent Phase

Contractions Per 10 Mins

5
4
3
2
1

Oxytocin U/L drops/min

Drugs Given and IV Fluids

Pulse ● And B.P.

180
170
160
150
140
130
120
110
100
90
80
70
60

Temp ^{0}C

Urine

Prot
Acet
Vol

PARTOGRAPH

Name .... Gravida .... Para .... Hospital No. ....

Date of admission .... Time of admission .... Ruptured membranes .... hrs.

Fetal Heart Rate: 180, 170, 160, 150, 140, 130, 120, 110, 100

Liquor

Moulding

Cervix (cm) (Plot X)

Descent of Head (Plot O)

Hours

10, 9, 8, 7, 6, 5, 4, 3, 2, 1, 0

Active Phase

Action

Latent Phase

TIME

Contractions Per 10 Mins: 5, 4, 3, 2, 1

Oxytocin U/L drops/min

Drugs Given and IV Fluids

Pulse ● And B.P.: 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60

Temp °C

Urine: Prot, Acet, Vol

PARTOGRAPH

Name .... Gravida .... Para .... Hospital No. ....

Date of admission .... Time of admission .... Ruptured membranes .... hrs.

Fetal Heart Rate: 180, 170, 160, 150, 140, 130, 120, 110, 100

Liquor
Moulding

Cervix (cm) (Plot X): 10, 9, 8, 7, 6, 5, 4, 3, 2, 1, 0

Descent of Head (Plot O)

Hours

TIME

Active Phase

Action

Latent Phase

Contractions Per 10 Mins: 5, 4, 3, 2, 1

Oxytocin U/L drops/min

Drugs Given and IV Fluids

Pulse ● And B.P. ⊥: 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60

Temp ⁰C

Urine: Prot, Acet, Vol

PSC

Labour Case Record

Serial No. [ ] Hospital No. [ ] Date of admission

Date of discharge

Name: ____________ Age: [ ] Gravida

Address: ____________ Para

____________ LMP

____________ EDD

____________ Height

Blood Group & RH

Tetanus Toxoid : Ist dose, IInd dose

Complaints:

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History of Present Pregnancy

Trimester	Date	BP	Weight	Urine	Clinical Findings	Remarks
First						
Second						
Third						

Micturition Bowels

Obstetrical History

No. of Years Married:

Order of Preg-nancy	Date & Place of Delivery	Duration of Pregnancy	Abnor-malities in Pregnancy	Nature of labour	Puerperium	Baby		
						Alive Still Born Macerated	Sex Birth Weight	Present Health

Past History

Jaundice/Surgery/Blood transfusion/
STD/TB/Any other

Family History

Hypertension/Diabetes/TB/STD/
Multiple Pregnancy/Others

General Examination

Anaemia/Oedema/Dehydration

Pulse B.P. Respiration

Breasts

Systemic Examination

CVS

RS Skeletal system

Obstetric Examination

a) ***Abdominal***

Fundal Height Presentation Position

Engaged/Not engaged Foetal Heart Rate:

Any other Findings:

b) ***Vaginal Examination***

Cervix Effacement Presenting Part

Membranes: Present/Absent Dilatation (in cm.)

Level of presenting part in relation to ischial spines (in c.m.)

Pelvic assessment

Diagnosis Duration Complications

Notes on Labour I Stage

II Stage

III Stage

Nature of Delivery

Type of Labour Date: Time:

Episiotomy/Tear

How repaired

Baby

Still Born/Alive/Dead Apgar at birth Apgar 1 min. Apgar 5 min.

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Weight and sex of the baby

Congenital Malformations

Placenta and Membranes
Complete/Incomplete
Weight of placenta

Blood loss

Postnatal follow-up:

Dates	Complaints	Pulse Temp.	Breasts	Height of uterus	Lochia	Urine/ Stools	Perineum

Baby :

Progress :

Treatment :

Feeding Method

Contraception
Advised
Accepted

Postnatal Checkup

Dated:

Signature of Student

Signature of Counsellor

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PARTOGRAPH

Name .... Gravida .... Para .... Hospital No. ....

Date of admission .... Time of admission .... Ruptured membranes .... hrs.

Fetal Heart Rate
180
170
160
150
140
130
120
110
100

Liquor
Moulding

Cervix (cm) (Plot X)
Descent of Head (Plot O)
Hours

10
9
8
7
6
5
4
3
2
1
0
TIME

Active Phase
Action
Latent Phase

Contractions Per 10 Mins
5
4
3
2
1

Oxytocin U/L drops/min

Drugs Given and IV Fluids

Pulse ● And B.P.
180
170
160
150
140
130
120
110
100
90
80
70
60

Temp °C

Urine { Prot, Acet, Vol

SDC

Labour Case Record

Serial No. [ ] Hospital No. [ ] Date of admission

Date of discharge

Name: ______________ Age: [ ] Gravida

Address: ______________ Para

______________ LMP

______________ EDD

______________ Height

Blood Group & RH

Tetanus Toxoid : Ist dose, IInd dose

Complaints:

History of Present Pregnancy

Trimester	Date	BP	Weight	Urine	Clinical Findings	Remarks
First						
Second						
Third						

Micturition Bowels

Obstetrical History

No. of Years Married:

Order of Preg-nancy	Date & Place of Delivery	Duration of Pregnancy	Abnor-malities in Pregnancy	Nature of labour	Puerperium	Baby		
						Alive Still Born Macerated	Sex Birth Weight	Present Health

Past History

Jaundice/Surgery/Blood transfusion/
STD/TB/Any other

Family History

Hypertension/Diabetes/TB/STD/
Multiple Pregnancy/Others

General Examination

Anaemia/Oedema/Dehydration

Pulse B.P. Respiration

Breasts

Systemic Examination

CVS

RS Skeletal system

Obstetric Examination

a) ***Abdominal***

Fundal Height Presentation Position

Engaged/Not engaged Foetal Heart Rate:

Any other Findings:

b) ***Vaginal Examination***

Cervix Effacement Presenting Part

Membranes: Present/Absent Dilatation (in cm.)

Level of presenting part in relation to ischial spines (in c.m.)

Pelvic assessment

Diagnosis Duration Complications

Notes on Labour I Stage

II Stage

III Stage

Nature of Delivery

Type of Labour Date: Time:

Episiotomy/Tear

How repaired

Baby

Still Born/Alive/Dead Apgar at birth Apgar 1 min. Apgar 5 min.

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Weight and sex of the baby

Congenital Malformations

Placenta and Membranes
Complete/Incomplete
Weight of placenta

Blood loss

Postnatal follow-up:

Dates	Complaints	Pulse Temp.	Breasts	Height of uterus	Lochia	Urine/ Stools	Perineum

Baby :

Progress :

Treatment :

Feeding Method

Contraception
Advised
Accepted

Postnatal Checkup

Dated:

Signature of Student

Signature of Counsellor

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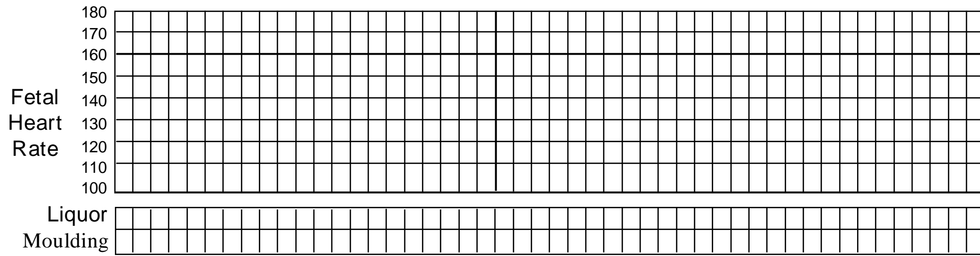
PARTOGRAPH

Name .... Gravida .... Para .... Hospital No. ....

Date of admission .... Time of admission .... Ruptured membranes .... hrs.

Fetal Heart Rate



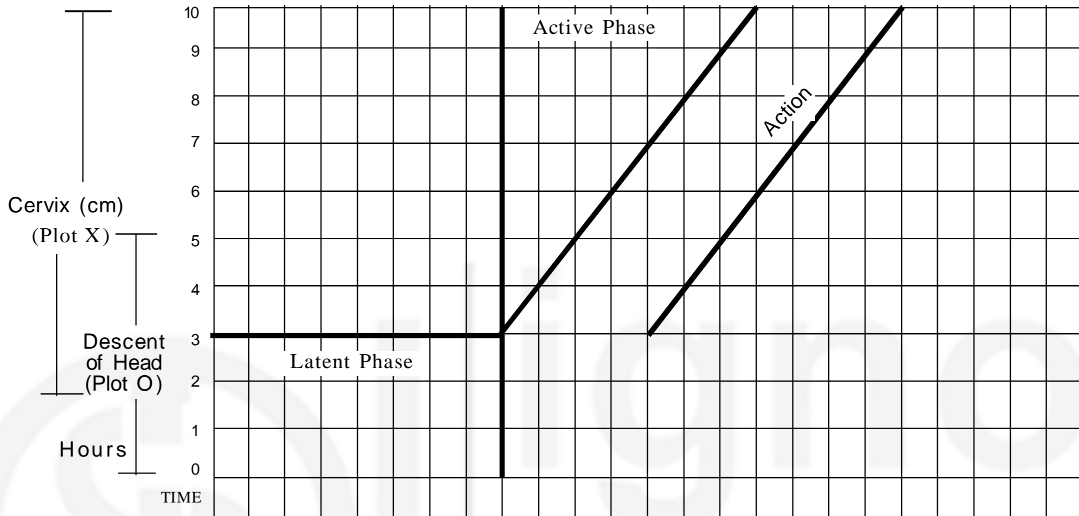
Liquor

Moulding

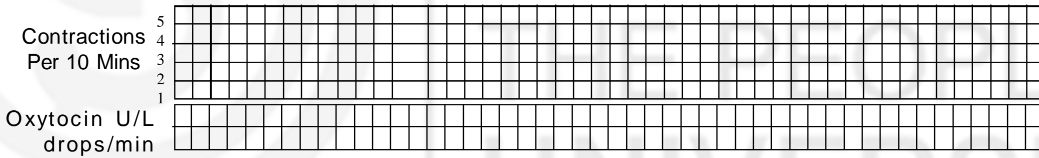
Cervix (cm) (Plot X)

Descent of Head (Plot O)

Hours



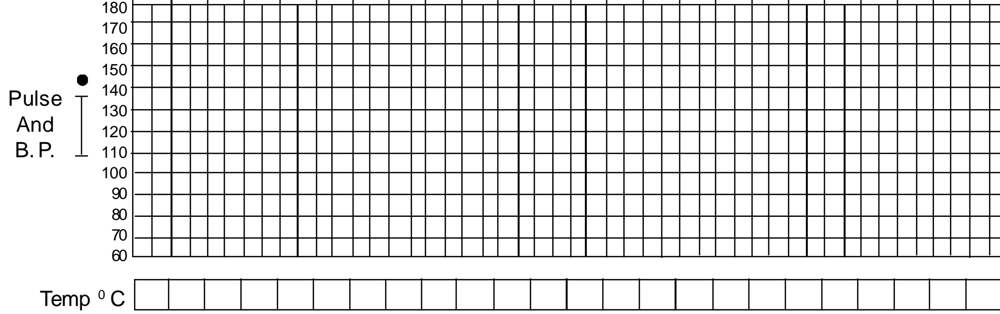
Contractions Per 10 Mins



Oxytocin U/L drops/min

Drugs Given and IV Fluids

Pulse And B. P.



Temp °C

Urine { Prot / Acet / Vol

SDC

Labour Case Record

Serial No. [ ] Hospital No. [ ] Date of admission

Date of discharge

Name: ______________ Age: [ ] Gravida

Address: ______________ Para

______________ LMP

______________ EDD

______________ Height

Blood Group & RH

Tetanus Toxoid : Ist dose, IInd dose

Complaints:

History of Present Pregnancy

Trimester	Date	BP	Weight	Urine	Clinical Findings	Remarks
First						
Second						
Third						

Micturition Bowels

Obstetrical History

No. of Years Married:

Order of Preg-nancy	Date & Place of Delivery	Duration of Pregnancy	Abnor-malities in Pregnancy	Nature of labour	Puerperium	Baby		
						Alive Still Born Macerated	Sex Birth Weight	Present Health

Past History

Jaundice/Surgery/Blood transfusion/
STD/TB/Any other

Family History

Hypertension/Diabetes/TB/STD/
Multiple Pregnancy/Others

General Examination

Anaemia/Oedema/Dehydration

Pulse B.P. Respiration

Breasts

Systemic Examination

CVS

RS Skeletal system

Obstetric Examination

a) ***Abdominal***

Fundal Height Presentation Position

Engaged/Not engaged Foetal Heart Rate:

Any other Findings:

b) ***Vaginal Examination***

Cervix Effacement Presenting Part

Membranes: Present/Absent Dilatation (in cm.)

Level of presenting part in relation to ischial spines (in c.m.)

Pelvic assessment

Diagnosis Duration Complications

Notes on Labour I Stage

II Stage

III Stage

Nature of Delivery

Type of Labour Date: Time:

Episiotomy/Tear

How repaired

Baby

Still Born/Alive/Dead Apgar at birth Apgar 1 min. Apgar 5 min.

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Weight and sex of the baby

Congenital Malformations

Placenta and Membranes
Complete/ Incomplete
Weight of placenta

Blood loss

Postnatal follow-up:

Dates	Complaints	Pulse Temp.	Breasts	Height of uterus	Lochia	Urine/ Stools	Perineum

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Baby :

Progress :

Treatment :

Feeding Method

Contraception
Advised
Accepted

Postnatal Checkup

Dated:

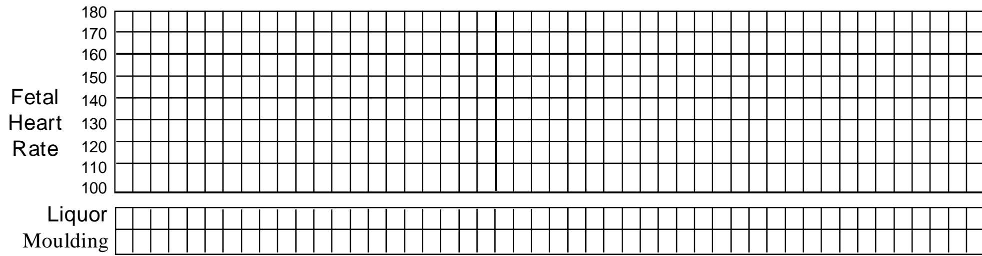
Signature of Student

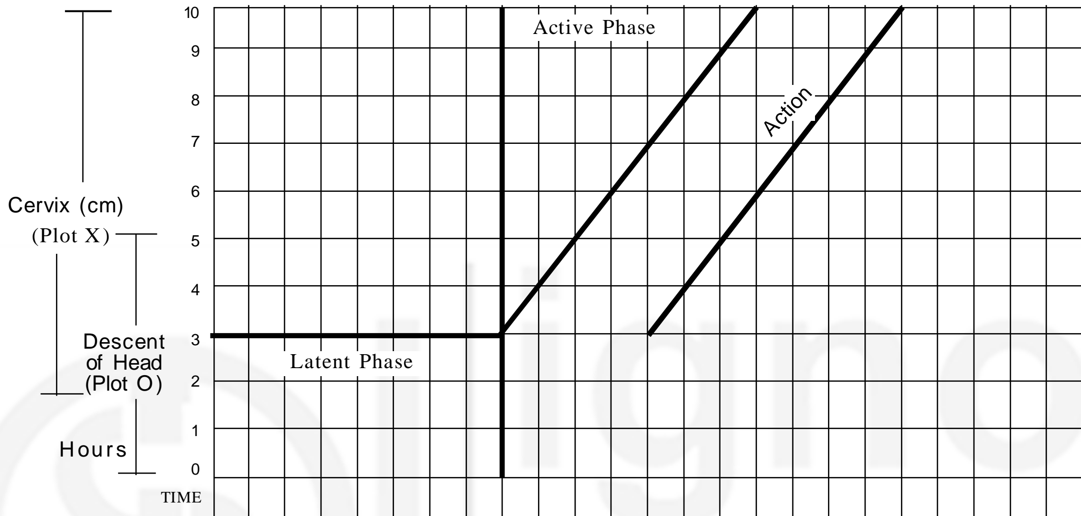
Signature of Counsellor

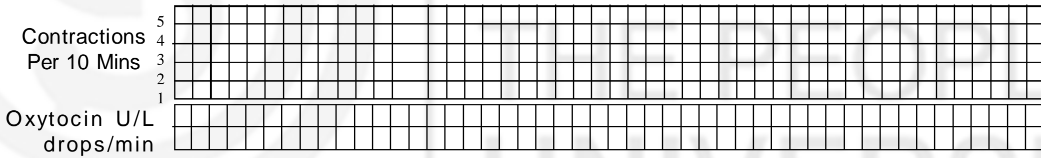
PARTOGRAPH

Name .... Gravida .... Para .... Hospital No. ....

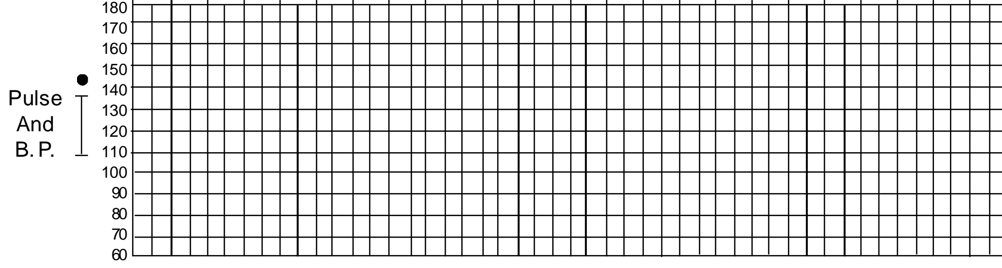
Date of admission .... Time of admission .... Ruptured membranes .... hrs.







Drugs Given and IV Fluids



Temp ^{0}C

Urine: Prot, Acet, Vol

SDC
(Evaluation)

Labour Case Record

Serial No. [ ] Hospital No. [ ] Date of admission

Date of discharge

Name: ______________________ Age: [ ] Gravida

Address: ______________________ Para

______________________ LMP

______________________ EDD

______________________ Height

Blood Group & RH

Tetanus Toxoid : Ist dose, IInd dose

Complaints:

History of Present Pregnancy

Trimester	Date	BP	Weight	Urine	Clinical Findings	Remarks
First						
Second						
Third						

Micturition Bowels

Obstetrical History

No. of Years Married:

Order of Preg-nancy	Date & Place of Delivery	Duration of Pregnancy	Abnor-malities in Pregnancy	Nature of labour	Puerperium	Baby		
						Alive Still Born Macerated	Sex Birth Weight	Present Health

Past History

Jaundice/Surgery/Blood transfusion/
STD/TB/Any other

Family History

Hypertension/Diabetes/TB/STD/
Multiple Pregnancy/Others

General Examination

Anaemia/Oedema/Dehydration

Pulse B.P. Respiration

Breasts

Systemic Examination

CVS

RS Skeletal system

Obstetric Examination

a) ***Abdominal***

Fundal Height Presentation Position

Engaged/Not engaged Foetal Heart Rate:

Any other Findings:

b) ***Vaginal Examination***

Cervix Effacement Presenting Part

Membranes: Present/Absent Dilatation (in cm.)

Level of presenting part in relation to ischial spines (in c.m.)

Pelvic assessment

Diagnosis Duration Complications

Notes on Labour I Stage

II Stage

III Stage

Nature of Delivery

Type of Labour Date: Time:

Episiotomy/Tear

How repaired

Baby

Still Born/Alive/Dead Apgar at birth Apgar 1 min. Apgar 5 min.

Weight and sex of the baby

Congenital Malformations

Placenta and Membranes
Complete/Incomplete
Weight of placenta

Blood loss

Postnatal follow-up:

Dates	Complaints	Pulse Temp.	Breasts	Height of uterus	Lochia	Urine/ Stools	Perineum

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Baby :

Progress :

Treatment :

Feeding Method

Contraception
Advised
Accepted

Postnatal Checkup

Dated:

Signature of Student

Signature of Counsellor

PARTOGRAPH

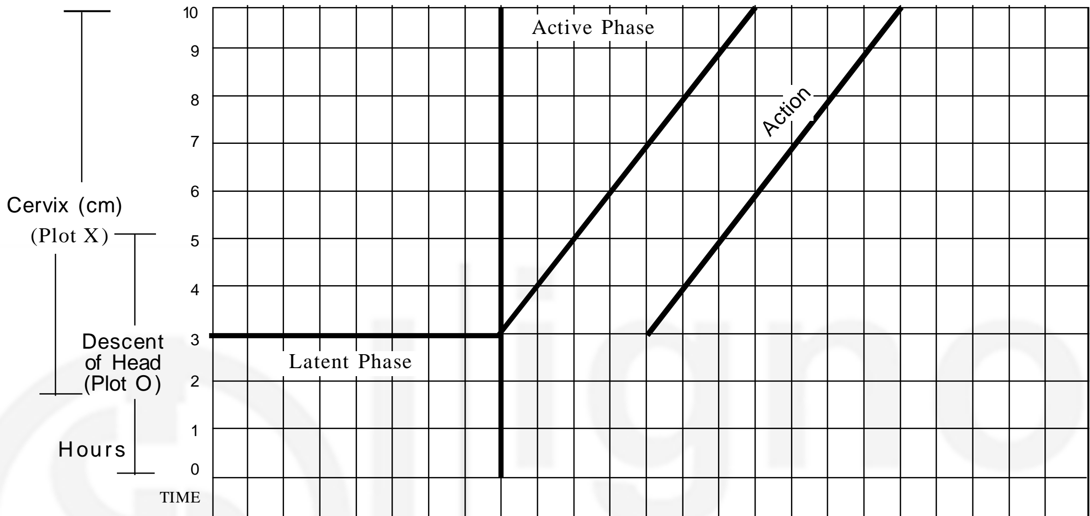
Name .... Gravida .... Para .... Hospital No. ....

Date of admission .... Time of admission .... Ruptured membranes .... hrs.

Fetal Heart Rate: 180, 170, 160, 150, 140, 130, 120, 110, 100

Liquor

Moulding



Contractions Per 10 Mins: 5, 4, 3, 2, 1

Oxytocin U/L drops/min

Drugs Given and IV Fluids

Pulse ● And B.P.: 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60

Temp °C

Urine: Prot, Acet, Vol

6. OBSTETRICAL OPERATION

Sl. No.	Date	Name/ Hospital No.	Age	Indication	Procedure	Outcome	Place (PSC/ SDC/WP)	Signature of Student	Signature of Counsellor
1.									
2.									
3.									
4.									
5.									
6.									
7.									

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PSC/SDC

Obstetrical Operation

Serial No. [ ] Hospital No. [ ] Date of admission

Date of discharge

Name: ____________ Age: [ ] Gravida

Address: ____________ Para

____________ LMP

____________ EDD

____________ Hb. %

Height

Urine examination

Any other test

Blood Group & RH

Tetanus Toxoid : Ist dose, IInd dose

Complaints:

History of Present Pregnancy

Trimester	Date	BP	Weight	Urine	Clinical Findings	Remarks
First						
Second						
Third						

Micturition Bowels

Obstetrical History

No. of Years Married: No. of Living Children:

Order of Preg-nancy	Date & Place of Delivery	Duration of Pregnancy	Abnor-malities in Pregnancy	Nature of labour	Puerperium	Baby		
						Alive Still Born Macerated	Sex Birth Weight	Present Health

Past History

Jaundice/Surgery/Blood transfusion/
STD/TB/Any other

Family History

Hypertension/Diabetes/TB/STD/
Multiple Pregnancy/Others

General Examination

Anaemia/Oedema/Dehydration

Pulse | B.P. | Respiration

Breasts

Systemic Examination

CVS

RS | Skeletal system

Obstetric Examination

a) ***Abdominal***

Fundal Height | Presentation | Position

Engaged/Not engaged | Foetal Heart Rate:

Any other Findings:

b) ***Vaginal Examination***

Cervix | Effacement | Presenting Part

Membranes: Present/Absent | Dilatation (in cm.)

Level of presenting part in relation to ischial spines (in c.m.)

Pelvic assessment

Diagnosis

Delivery | Date: | Time:

Nature of delivery

OPERATION NOTES:

Date of operation | Surgeon

Surgery Performed | Assistant

Indication for operation | Anaesthesia

Position of the patient | Preparation

Incision (if any)

Operative findings

Steps of operation

Episiotomy/Test

How repaired

Blood loss

Final Diagnosis

Post operative instructions

Post operative complication: Fever/Wound infection/UTI/others

Notes on delivery

Baby

Still Bron/Alive/Dead

Apgar at birth

Apgar 1 min.

Apgar 5 min.

Weight and sex of the baby

Congenital Malformations

Placenta and Membranes

Complete/Incomplete

Weight of placenta

Postnatal follow-up

Dates	Complaints	Pulse Temp.	Breasts	Height of uterus	Lochia	Urine/ Stools	Perineum

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Baby:

Progress:

Treatment:

Feeding Method:

Contraception

Advised

Accepted

Dated: Signature of Student

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Signature of Counsellor

PSC/SDC

Obstetrical Operation

Serial No. [ ] Hospital No. [ ] Date of admission

Date of discharge

Name: ______________ Age: [ ] Gravida

Address: ______________ Para

______________ LMP

______________ EDD

______________ Hb. %

Height

Urine examination

Any other test

Blood Group & RH

Tetanus Toxoid : Ist dose, IInd dose

Complaints:

History of Present Pregnancy

Trimester	Date	BP	Weight	Urine	Clinical Findings	Remarks
First						
Second						
Third						

Micturition Bowels

Obstetrical History

No. of Years Married: No. of Living Children:

Order of Preg-nancy	Date & Place of Delivery	Duration of Pregnancy	Abnor-malities in Pregnancy	Nature of labour	Puerperium	Baby		
						Alive Still Born Macerated	Sex Birth Weight	Present Health

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Past History

Jaundice/Surgery/Blood transfusion/
STD/TB/Any other

Family History

Hypertension/Diabetes/TB/STD/
Multiple Pregnancy/Others

General Examination

Anaemia/Oedema/Dehydration

Pulse B.P. Respiration

Breasts

Systemic Examination

CVS

RS Skeletal system

Obstetric Examination

a) ***Abdominal***

Fundal Height Presentation Position

Engaged/Not engaged Foetal Heart Rate:

Any other Findings:

b) ***Vaginal Examination***

Cervix Effacement Presenting Part

Membranes: Present/Absent Dilatation (in cm.)

Level of presenting part in relation to ischial spines (in c.m.)

Pelvic assessment

Diagnosis

Delivery Date: Time:

Nature of delivery

OPERATION NOTES:

Date of operation Surgeon

Surgery Performed Assistant

Indication for operation Anaesthesia

Position of the patient Preparation

Incision (if any)

Operative findings

Steps of operation

Episiotomy/Test How repaired

Blood loss

Final Diagnosis

Post operative instructions

Post operative complication: Fever/Wound infection/UTI/others

Notes on delivery

Baby

Still Bron/Alive/Dead Apgar at birth Apgar 1 min. Apgar 5 min.

Weight and sex of the baby Congenital Malformations

Placenta and Membranes

Complete/Incomplete

Weight of placenta

Postnatal follow-up

Dates	Complaints	Pulse Temp.	Breasts	Height of uterus	Lochia	Urine/ Stools	Perineum

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Baby:

Progress:

Treatment:

Feeding Method:

Contraception

Advised

Accepted

Dated: Signature of Student

Signature of Counsellor

7. FAMILY PLANNING COUNSELLING

Sl. No.	Date	Name/ Hospital No.	Age	Diagnosis	Place (PSC/ SDC/WP)	Signature of Student	Signature of Counsellor
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

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PSC/SDC

Family Planning Counselling

Serial No. ☐ Hospital No. ☐ Date:

Name: ______________________ Age: ☐ Married/Unmarried/Widow

Address: ______________________ Para Abortions

____

____

____

Complaints:

Menstrual history:

Investigations done, if any:

Hb % Urine

Vaginal Smear Pap Smear

Family Planning Counselling

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Method accepted by the woman

Advantages Counselled

Disadvantages Counselled

How the method works

Side effects

Complications

Instructions

Follow-up Visit

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Dated: Signature of Student

Signature of Counsellor

PSC/SDC

Family Planning Counselling

Serial No. [ ] Hospital No. [ ] Date:

Name: ______________________ Age: [ ] Married/Unmarried/Widow

Address: ______________________ Para Abortions

____

____

____

Complaints:

Menstrual history:

Investigations done, if any:

Hb % Urine

Vaginal Smear Pap Smear

Family Planning Counselling

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Method accepted by the woman

Advantages Counselled

Disadvantages Counselled

How the method works

Side effects

Complications

Instructions

Follow-up Visit

Dated: Signature of Student

Signature of Counsellor

PSC/SDC

Family Planning Counselling

Serial No. ____________ Hospital No. ______ Date:

Name: ______________________ Age: ______ Married/Unmarried/Widow

Address: ______________________ Para Abortions

____

____

____

Complaints:

Menstrual history:

Investigations done, if any:

Hb % Urine

Vaginal Smear Pap Smear

Family Planning Counselling

Method accepted by the woman

Advantages Counselled

Disadvantages Counselled

How the method works

Side effects

Complications

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Instructions

Follow-up Visit

Dated: Signature of Student

Signature of Counsellor

SDC
(Evaluation)

Family Planning Counselling

Serial No. [ ] Hospital No. [ ] Date:

Name: ____________ Age: [ ] Married/Unmarried/Widow

Address: ____________ Para Abortions

____

____

____

Complaints:

Menstrual history:

Investigations done, if any:

Hb % Urine

Vaginal Smear Pap Smear

Family Planning Counselling

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Method accepted by the woman

Advantages Counselled

Disadvantages Counselled

How the method works

Side effects

Complications

Instructions

Follow-up Visit

Dated: Signature of Student

Signature of Counsellor

8. IUCD INSERTION

Sl. No.	Date	Name/ Hospital No.	Age	Indication	Place (PSC/SDC/WP)	Signature of Student	Signature of Counsellor
1.							
2.							
3.							
4.							
5.							
6.							
7.							

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PSC/SDC

IUCD Insertion

Serial No. [ ] Hospital No. [ ] Date:

Name: ____________________ Age: [ ] Married/Unmarried/Widow

Address: ____________________ Para

____________________ Abortions

____

____

Complaints:

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Menstrual history:

Investigations done, if any:

Hb%

Urine

Vaginal Smear

Pap Smear

Family Planning Counselling

Cu-T (Pre insertion Counselling)

Advantages

Disadvantages

How Cu-T works

Side effects (Immediate)

Complications

Steps of Instructions

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PS

PV

Other steps (See Check List)

Post insertion Counselling (Steps—See Check List)

Follow-up

Dated: Signature of Student

Signature of Counsellor

IUCD Insertion

Serial No. [ ] Hospital No. [ ] Date:

Name: ____________________ Age: [ ] Married/Unmarried/Widow

Address: ____________________ Para

____________________ Abortions

____

____

Complaints:

Menstrual history:

Investigations done, if any:

Hb% Urine

Vaginal Smear Pap Smear

Family Planning Counselling

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Cu-T (Pre insertion Counselling)

Advantages

Disadvantages

How Cu-T works

Side effects (Immediate)

Complications

Steps of Instructions

PS

PV

Other steps (See Check List)

Post insertion Counselling (Steps—See Check List)

Follow-up

Dated: Signature of Student

Signature of Counsellor

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9. OBSTETRICAL EMERGENCY

Sl. No.	Date	Name/ Hospital No.	Age	Diagnosis	Management	Outcome	Place (PSC/ SDC/WP)	Signature of Student	Signature of Counsellor
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									

PSC/SDC

Obstetrical Emergency

Serial No. [ ] Hospital No. [ ] Date of admission:

Date of discharge:

Name: ______________________ Age: [ ] Gravida

Address: ______________________ Para

______________________ EDD

______________________ Hb%

______________________ Height

Urine examination

Any other tests

Blood Group & RH

Complaints:

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History of Present Pregnancy

Trimester	Date	BP	Weight	Urine	Clinical Findings	Remarks
First						
Second						
Third						

Micturition Bowels

Obstetrical History

No. of Years Married: No. of Living Children:

Order of Preg-nancy	Date & Place of Delivery	Duration of Pregnancy	Abnor-malities in Pregnancy	Nature of labour	Puerperium	Baby		
						Alive Still Born Macerated	Sex Birth Weight	Present Health

Past History

Jaundice/Surgery/Blood transfusion/
STD/TB/Any other

Family History

Hypertension/Diabetes/TB/STD/
Multiple Pregnancy/Others

General Examination

Anaemia/Oedema/Dehydration

Pulse B.P. Respiration

Breasts

Systemic Examination

CVS

RS Skeletal system

Obstetric Examination

a) ***Abdominal***

Fundal Height Presentation Position

Engaged/Not engaged Foetal Heart Rate:

Any other Findings:

b) ***Vaginal Examination***

Cervix Effacement Presenting Part

Membranes: Present/Absent Dilatation (in cm.)

Level of presenting part in relation to ischial spines (in c.m.)

Pelvic assessment

Diagnosis

Delivery Date: Time:

Nature of delivery

Emergency treatment instituted:

Dated: Signature of Student

Signature of Counsellor

PSC/SDC

Obstetrical Emergency

Serial No. ____________ Hospital No. ______ Date of admission:

Date of discharge:

Name: ____________ Age: ______ Gravida

Address: ____________ Para

____________ EDD

____________ Hb%

____________ Height

Urine examination

Any other tests

Blood Group & RH

Complaints:

History of Present Pregnancy

Trimester	Date	BP	Weight	Urine	Clinical Findings	Remarks
First						
Second						
Third						

Micturition Bowels

Obstetrical History

No. of Years Married: No. of Living Children:

Order of Preg-nancy	Date & Place of Delivery	Duration of Pregnancy	Abnor-malities in Pregnancy	Nature of labour	Puerperium	Baby		
						Alive Still Born Macerated	Sex Birth Weight	Present Health

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Past History

Jaundice/Surgery/Blood transfusion/
STD/TB/Any other

Family History

Hypertension/Diabetes/TB/STD/
Multiple Pregnancy/Others

General Examination

Anaemia/Oedema/Dehydration

Pulse B.P. Respiration

Breasts

Systemic Examination

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Obstetric Examination

a) ***Abdominal***

Fundal Height Presentation Position

Engaged/Not engaged Foetal Heart Rate:

Any other Findings:

b) ***Vaginal Examination***

Cervix Effacement Presenting Part

Membranes: Present/Absent Dilatation (in cm.)

Level of presenting part in relation to ischial spines (in c.m.)

Pelvic assessment

Diagnosis

Delivery Date: Time:

Nature of delivery

Emergency treatment instituted:

Dated: Signature of Student

Signature of Counsellor

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10. LABORATORY PROCEDURES

Sl. No.	Date	Name/ Hospital No.	Age	Indication	Procedure	Place (PSC/ SDC/WP)	Signature of Student	Signature of Counsellor
1.								
2.								
3.								
4.								
5.								
6.								
7.								
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16.								
17.								
18.								
19.								
20.								

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Sl. No.	Date	Name/ Hospital No.	Age	Indication	Procedure	Place (PSC/ SDC/WP)	Signature of Student	Signature of Counsellor
21.								
22.								
23.								
24.								
25.								
26.								
27.								
28.								
29.								
30.								
31.								
32.								
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36.								
37.								
38.								
39.								
40.								

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11. CASE DISCUSSIONS/DEMONSTRATIONS

Sl. No.	Date	Name/ Hospital No.	Diagnosis	Place (PSC/ SDC/WP)	Signature of Student	Signature of Counsellor
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						

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12. SEMINAR/CASE PRESENTATION

Sl. No.	Date	Name/ Hospital No.	Diagnosis	Name of the Moderator (Counsellor)	Signature of Student	Signature of Counsellor
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

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3RD COVER

MMEL-302: REPRODUCTIVE HEALTH PRACTICAL

BLOCK 1: PRACTICAL MANUAL

UNIT 1 Communication with the Woman and History Taking

UNIT 2 Examination of the Woman

UNIT 3 Infection Prevention

UNIT 4 Normal Labour

UNIT 5 Common Procedures During Labour

UNIT 6 Abnormal Delivery

UNIT 7 Management of Shock in Obstetrics

UNIT 8 Minor Procedures

UNIT 9 Method Specific Counselling for Contraception

UNIT 10 Commonly Used Instruments

BLOCK 2: CHECKLIST MANUAL

BLOCK 3: LOG BOOK

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