

**University of Baghdad
College of Nursing
BSc Program**

Course Syllabus

**MATERNAL AND NEONATE
NURSING**

**2022/2023
2st Semester**

**This syllabus is subject to change. Changes will be announced to students.
It is the responsibility of the student to comply with any changes.**

**Created: February 20, 2019 by ©Dr. Sarab Nasar Fadhil
Revised by Dr, wisam Mashaan Muttaleb: octoper 04, 2021
February 20, 2023**

General Information & Policies

Course Number and Title: NUR 301 Maternal and Neonate Nursing

تمريرض الام والوليد

Number of Credit Hours: 7 credit

Times & Places: Tuesday @8:30 PM-1:30 PM , Hall 3

Prerequisites: None

Course Description: The course is designed to assist nursing students to acquire a comprehensive knowledge and skills necessary in providing care for normal and high-risk women during preconception, prenatal, intra natal, postnatal, and menopause periods, taking in consideration that woman is a unique individual with special needs. The course also provides knowledge and skills relative to neonates' care. Students are trained in various settings: maternity hospitals, primary health care center and family planning clinic.

Teaching Methods: Theory :Lectures, handouts, discussions, & assignments. Google Classroom shall be used for (Class Code: xzehubz)

Clinical: Sunday, Monday at 8:30-2:00 pm in Maternity Teaching Hospitals, that include AL-Elwyia Maternity teaching hospital, Baghdad Teaching Hospital and AL-Yarmouk Maternity Teaching Hospital.

Lab: wednesday at 8:30- 12:30 pm in maternal and neonate lab

Evaluation Methods: Unit exam(s), quiz and evaluation of clinical training

Faculty, Contact Information, & Office Hours:

Members of Maternal and Neonatal Nursing Department, College of Nursing, University of Baghdad, PhD,

Dr. Hawraa H. Ghafel bkjlkom (hawraah@conursing.uobaghdad.edu.iq)	Dr. Sarab N. Fadhil (sarab@conursing.uobaghdad.edu.iq)
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Office hours ► See weekly schedule for each member that put on the office door of the department

Required Textbook(s) and Other Materials:

- 1- Pillitteri,A.: **Maternal and Child health Nursing: Care of the Childbearing and Childrearing Family**, sixth Edition, By Lippincott Williams & Wilkins Publishers, Philadelphia, 2007.
- 2- Ricci,S.S.: **Essentials Of Maternity, Newborn, & Women's Health Nursing**, 2nd edition, Lippincott Williams & Wilkins, Philadelphia,2013.

Optional Recommended Textbooks and Other Materials:

- 1- Keith D. Edmonds.2007, **Dewhurst's Textbook of Obstetrics & Gynecology**, seven edition , by Blackwell Publishing in Australia, **Leifer G, Maternity Nursing an introduction text, 11 ed.2012.**

Course Requirements

Academic Dishonesty: Academic honesty is required in all aspects of a student's relationship with the university. **Students are advised that cheating and plagiarism are not tolerated.** If that happens, the student shall earn zero and be under the legal circumstances.

Course Objectives

By the completion of this course the student will be able to:

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1. Identify the goals and philosophy of maternal and child health nursing.
2. Explain family's structure
3. Describe the structure and function of female and male reproductive system.
4. Explain the phases of menstrual cycle.
5. Identify stages of embryonic and fetal development.
6. Describe growth and development of fetus by gestational weeks.
7. Formulate nursing diagnosis related to the needs of pregnant woman and, function and roles and Developing fetus
8. Discuss physiologic and psychologic adaptation to pregnancy.
9. Describe nutritional needs of pregnant woman.
10. Explain causes and nursing intervention for common discomfort of pregnancy.
11. Describe potential complications of pregnancy and its management.
12. Describe the stages of labor.
13. List signs of labor.
14. Distinguish between false and true labor.
15. Describe pregnant physiologic and psychological responses to labor.
16. Discuss nursing responsibilities towards woman and her family before, during and after normal vaginal delivery.

17. Identify possible complications of labor and delivery.
18. Explain types, indications, benefits, risk, perception and contra-indications for obstetric operation (episiotomy, forceps, C/S, amniotomy and induction of labor).
19. Describe physiological and psychological changes that normally occur during puerperium.
20. Discuss nursing management for normal and complicated puerperium
21. Describe normal physical and neurological characteristics of neonate.
22. Explain nursing management for immediate and daily newborn baby.
23. Identify potential complications and its management for high-risk neonate.
24. Compare and contrast the advantage and disadvantages and risk factors associated with each method of family planning.
25. Identify nursing management for common gynecological disorder.
26. Communicate with pregnant women and their family.
27. Provide immediate and daily newborn care.
28. Assist or observe obstetrical procedures.
29. Implemented health education programs related to different maternal aspects during the different childbearing periods.
30. Participate in counseling related to health maintenance and promotion of women and their family (family planning clinic, primary health care center).

*All the above objectives are based on specific criteria that are explained in the grading rubrics.

Course Requirements

To complete the course successfully, the student must:

1. Adhere to the policies stated in this syllabus.
3. Complete and submit each requirement by the due date and time. Failure to do so without prior permission will result in a loss of 5% of the points per school day late.
4. Attend all classes and other scheduled requirements. No points will be given for attendance, but absence may affect the student's ability to obtain information needed for successful completion of the course. Course activities are designed to optimize learning in maternal and neonatal nursing.
5. Submit a written seminar and assessment paper for one case from clinical area

Evaluation & Grading

The total grade is divided as course requirements 40% (Clinical 20 % [20% daily evaluation and 5% assignment], (theory) two midterm exams 15%, lab exam 5%), the final clinical exam 20%, and the final theory exam 40%. The total grade is 100%.

Course Schedule and activities

week	The Theoretical Content	Date every Tuesday	Name of lecturer
First	Introduction to Maternal & Neonatal Nursing: <ul style="list-style-type: none"> • Definition of maternal and neonatal • Objective • Philosophy of maternal and neonatal • Family center nursing role • Setting • Family Concept. • Family centered maternity care. • Care for family as part of community. • Preconception 	21/2/2023	م.د. نهى عادل ابراهيم 2 ساعة
	<ul style="list-style-type: none"> • Infection and pollution prevention & control in the delivery Room 		م.د. رجاء طارق 2 ساعة
Second	Reproductive system: <ul style="list-style-type: none"> • Revision of anatomy & physiology of reproductive system (male & female) • Menstrual cycle. 	28/2/2023	ا.م.د. حوراء حسين 3 ساعة
Third	Normal Pregnancy <ul style="list-style-type: none"> ➤ Development & physiology of fetus 	7/3/2023	م.د. فاطمة فاضل 2 ساعة
Fourth	<ul style="list-style-type: none"> ➤ physiological & psychological changes Prenatal care	14/3/2023	م.د. فاطمة فاضل 3 ساعة
Fifth	عطلة رسمية	21/3/2023	عيد الربيع
	First Midterm Electronic Examination 22/3/2023		
Sixth	Complications of pregnancy Nursing care during (Ant partum Hemorrhage, pregnancy Induced Hypertension, Gestational Diabetes, Urinary Tract Infection, anemia).	28/3/2023	م.د. اقدس داود 3 ساعة
Seventh	Labor & delivery:(Normal) <ul style="list-style-type: none"> • Theories of labor onset. • Signs of labor. • Components of labor. • Stages of labor. • Nursing management of each stage of labor. • Role of the nurse in delivery room 	4/4/2023	م.د. سراب نصر 3 ساعة

Eight	<ul style="list-style-type: none"> Using of partograph in labor. Nursing management during complicated labor and delivery. 	11/4/2023	م.د.سراب نصر 3 ساعة
Ninth	Obstetrical operation: Nursing care during obstetrical operation <ul style="list-style-type: none"> Episiotomy, forceps delivery c/s induction and Augmentation of labor	18/4/2023	م.د.فاطمة فاضل 3 ساعة
	Second Midterm Electronic Examination 19/4/2023		
Tenth	<ul style="list-style-type: none"> Puerperium: Physiologic and psychological changes during puerperium. 	25/4/2023	م.د.وسام مشعان 3 ساعة
	Nursing management during normal puerperium. Nursing management during complicated puerperium (PPH),	26/4/2023	م.د.وسام مشعان 3 ساعة
Eleventh	Neonatal nursing care: <ul style="list-style-type: none"> Physiological changes and adaptation to extra uterine environment. Nursing assessment and management of neonate. Immediate and daily neonatal care. 	2/5/2023	م.د.رجاء طارق 3 ساعة
Twelfth	Nursing assessment and management of high-risk neonate. Regulation of birth and death certificate for newborn and its importance	9/5/2023	م.د.نهى عادل 3 ساعة
Thirtieth	Family planning: <ul style="list-style-type: none"> Objectives of family planning in Iraq. Contraceptive methods in Iraq, including emergency contraceptive. Advantages and disadvantages of each method. Role of nurse in family planning in primary health care centers and hospitals, including health education and counseling.	16/5/2023	م.د.اقدس داود 3 ساعة
Fourteenth	<ul style="list-style-type: none"> Gynecological disorders: Nursing care for common gynecological disorders prolapsed of the genital tract benign and malignancy of genital tract menstrual disorders Infertility 	23/5/2023	ا.م.د. حوراء حسين 3 ساعة

Appendix A. Grading Rubric for Clinical Performance (Hospital)

Domains	Points
Appearance (veil for female, uniform, coat, and bag)	2
Punctuality (meeting, location, late, order do)	2
Attitude and communication with (staff, student, teachers, and patient)	4
Discussion and feedback (group discussion) (4) (case discussion) (4)	8
Nursing daily note sheet	2
Nursing care plan	2
Assignment	5
Total	20

Requirements in the Clinical (hospital)

- Uniform
- Coat
- Tag's name
- Notebook
- Thermometer
- Stethoscope
- Sphygmomanometer
- Measurement tape
- Guideline
- Daily note sheet

Attendance Rules:

Present = 8:30 – 8:40 AM

Late = 8:40 – 9:00 AM

Absent = After 9:00 AM

One Absent = Minus 2 Marks

Two Late = Minus 2 Marks

The student will present assessment report (written and oral for one time in clinical area (and the grade is 5 Marks (2 Marks for oral presentation & 3 Marks for written submit) so the total grading from clinical area is 20 Marks. The assignment that the student will submit include one of these subjects:

The choice of subject shall be by the teaching staff

- ✓ Nursing care plan for normal vaginal delivery
- ✓ Nursing care plan for episiotomy and tear
- ✓ Nursing care plan in post-partum period
- ✓ Nursing care plan in breast feeding
- ✓ Nursing care plan in abortion
- ✓ Nursing care plan in placenta previa
- ✓ Nursing care plan in urinary tract infection
- ✓ Nursing care plan in lochia +postpartum hemorrhage
- ✓ Nursing care plan in hyperemesis
- ✓ Nursing care plan in gestational diabetes
- ✓ Nursing care plan in gestational hypertension
- ✓ Nursing care plan in preterm labor

Appendix B: The Grading Rubric for the Assessment Paper:

	Criteria	
Assessment	Student must have the following Assessment Criteria:	
	Student presents all general information data	10
	Student present past and present (medical, surgical ,and obstetrical) history	15
	Student present physical examination	5
	Student present obstetric examination (breast ,abdomen ,and vaginal)... ..	15
	Student present neonate condition.....	5
	Student does not present relevant data regarding assessment.....	0
Total	Possible points (50/50) = 3/3	Total Points awarded/50 =/3

Appendix C: The Grading Rubric for Nursing Care Plan:

	20	15	10	5	0
<p>Assessment Includes subjective, objective and historical data that support actual or risk for nursing diagnosis.</p>	Includes all data that related to nursing diagnosis and does not include data that is not related to nursing diagnosis.	Includes all data that related to nursing diagnosis, but also includes data not related to nursing diagnosis.	Does not include all data that related to nursing diagnosis. May also include data that does not relate to nursing diagnosis.	Assessment portion is incomplete.	No assessment is written
<p>Nursing Diagnosis Includes the most appropriate diagnosis for patient and ordinal number that includes all appropriate parts (stem, related to or R/T, and as evidenced by AEB for actual diagnosis) and is NANDA approved.</p>	Diagnosis is appropriate for patient , also includes all parts and information is listed in correct part of diagnosis.	Diagnosis is appropriate for patient and ordinal level, and diagnosis is approved, but does not include all parts or information is listed in wrong part of diagnosis.	Diagnosis is not appropriate for patient and ordinal level (first diagnosis, second diagnosis, etc). May also not be NANDA and may not include all parts.	Diagnosis portion is incomplete.	No nursing diagnosis was written
<p>Planning Includes a patient or family goal that is most appropriate for the patient/family and the nursing diagnosis. Goal should be measurable by at least two criteria and have a target date or time.</p>	Goal statement is patient or family oriented, and contains two measurable criteria and a target date or time.	Goal statement is patient or family oriented, and contains at least one measurable criteria or a target date/time.	Goal statement is not patient or family oriented and may not have measurable criteria or a target date or time.	Goal portion is incomplete.	No planning was written
<p>Implementation Includes interventions or nursing actions that directly relate to the patient's goal, that are specific in action and frequency, are labeled "I" for independent and "C" for collaborative, and include a referenced rationale with page number (if applicable). Number of interventions should be appropriate to help patient or family meet their goal.</p>	Interventions portion contains adequate number of interventions to help patient/family meet goal, and interventions are specific in action and frequency, labeled with "I" or "C" and are listed with referenced rationales.	Interventions portion contains adequate number of interventions to help patient/family meet goal, but interventions may not be specific, labeled or listed with rationales.	Interventions portion does not include adequate number of interventions to help patient/family meet goal. Interventions may also not be specific, labeled or listed with rationales.	Interventions portion is incomplete	No intervention was written

Evaluation Includes data that is listed as criteria in goal statement. Based on this data, goal is determined to be met, partially met, or not met.	Evaluation portion does contain data that is listed as criteria in goal statement. Does describe goal as met, partially met, or not met.	Evaluation portion does contain data that is listed as criteria in goal statement, but does not describe goal as met, partially met, or not met.	Evaluation portion does not contain data that is listed as criteria in goal statement. May also not describe goal as met, partially met, or not met.	Evaluations portion is incomplete.	No evaluation was written
Total	Possible points 100% = 5/5			Total Points awarded/100 =/5	

Appendix D: The Grading Rubric for maternal and neonate nursing lab (Skills Checklist):

* Students MUST do the nursing procedures under the supervision of the clinical instructors or the preceptors.

Checklist for Clinical Breast Examination

No.	Steps / Tasks	Mark						
1	The student should introduce him- or herself to woman, hand washing and inform the woman to begin the breast exam	1						
2	Inspection							
	Ask women to put Arms at her sides to relaxed	0.5						
	Hands placed on the hips and pushing inward	0.5						
	Arms raised over her head The breasts should be inspected from the front and from each side • Breast size, contour, shape, symmetry • Skin changes such as erythema, dimpling, tethering or puckering,	3						

	Peau d' orange, eczematous skin changes, visible lumps. • Nipple – position, inversion, retraction, erythema, eczema, nodules 6							
3	Palpation							
A	Position: the woman should be placed in the supine position, placing both arms under her head, Use the examiner's other hand to stabilize breast in position.	1						
B	Palpation technique: • use the distal phalanges of the middle three fingers to palpate the breast. • Use three different levels of pressure (superficial, intermediate and deep) and by Circular technique • Radial spoke technique (wedges) • Vertical strip technique (lines)	1						
C	Palpation of Regional Lymph Nodes: The regional lymph nodes (Supra-clavicular, Infra-clavicular and axillary nodes) should be palpated while woman is in the sitting position	1						
Written		2						
Total		10						

Instructor Signature _____

Date _____

Checklist for obstetric examination (abdomen)

No.	Steps / Tasks	Mark						
1	Inspection							
	adequate exposure is essential & observe the following :							
	1. Linea nigra	0.25						
	2. Striae gravidarum (recent striae are purple; old striae are white)	0.25						
	3. Surgical scars	0.25						
	4. Fetal movements visible	0.25						
2	Palpation (Leopold's Maneuvers)							
	Step 1. (fundal grip)	1						
	Step 2.(lateral grip)	1						
	Step 3.(1st pelvic grip)	1						
	Step 4.(2nd pelvic grip)	1						
3	Auscultation							
	1. Detect the site of fetal heart	1						
	2. Auscultation of the fetal heart is done	0.5						
	3. Using a fetal stethoscope	0.5						
	4. Auscultate for one minute and determine the fetal heart rate.	0.5						

	5. Record the fetal heart rate	0.5						
written		2						
Total		10						

Instructor Signature _____ Date _____

Checklist for baby's birth weight

No.	Steps / Tasks	Mark							
1	Confirm the newborn identity	0.5							
3	Explain the procedure to the parent	0.5							
4	Wash hands and put on gloves	0.25							
5	Position the neonate in supine position in the crib or examination table	0.5							
6	Remove all clothing but not diaper	0.5							
7	Place a clean cloth/ linen in the weighing pan	0.75							
8	Adjust the scale to zero with the cloth/paper in the pan.	1							
9	Place the naked baby gently on the cloth/paper.	1							
10	Wait for the baby to settle and the weight to stabilize.	1							
11	Read the weight in the scale.	1							
12	Record the weight in the baby's record and polt it on the weight chart	0.5							

13	clean the scale tray to prevent cross contamination among neonates	0.5							
Written		2							
Total marks		10							

Instructor Signature _____ **Date** _____

Checklist for Measuring newborn's head to heel length

No.	Steps / Tasks	Mark							
1	a. the child is dressed in light underclothing or a diaper. The child's shoes must be removed. Hair ornaments should be removed from the top of the head.	1							
2	Measured the baby in the recumbent position	1							
3	Spread a blanket over a table or countertop to protect baby from the cold surface.	1							
4	Lay baby on the blanket-covered surface with the top of the head (crown) in the contact with the headboard.	1							
5	Gently press down on baby's knees to	2							

	straighten the legs so can get an accurate measurement.								
6	Ask assistant to measure the length from the wall down to the baby's heels. Parents may participate in the length measurement [between the two trained measurers] to provide reassurance and security to the infant.	1							
7	Record the resulting number in inches or centimeters onto your baby's growth chart	1							
Written		2							
Total marks		10							

Instructor Signature _____ Date _____

Checklist for Head circumference or OFC [occipital frontal circumference]

No.	Steps / Tasks	Mark							
1	Wash hands and explain the procedure to the parent.	2							
2	The measures should agree within 0.2 cm or 1/4 inch	2							
3	Slide the tape over the most prominent part on the back of the head (occiput) and just above the eyebrows (supraorbital ridges). This can be translated to mean the largest circumference of the head. If head swelling or molding after delivery may skew initial head circumference	3							

1	Wash hands and explain the procedure to the parent.	1							
2	Pass the tape around the baby's bare skin at the level of the umbilicus.	2							
3	Place the neonate in a supine and measure his girth just above the umbilicus. Ensure the nappy is not obstructing or constricting the area. If so, it will be necessary to adjust or remove the nappy.	2							
4	If the umbilicus protrudes too much and it is not possible to measure at this level, then the reading should be taken immediately above the umbilicus.	1							
5	Pass the tape around the abdomen at the position described above. Take the reading at the end of expiration (when the abdomen is relaxed).	1							
6	Make three measurements of abdomen circumference.	0.5							
7	Record all three measurements and the mean (average) by adding the values together and dividing by three.	0.5							
Written		2							
Total marks		10							

Instructor Signature _____ Date _____

Checklist for Immediate Umbilical Cord care in newborn

No.	Steps / Tasks	Mark							
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1	Change gloves	1							
2	Clamp and cut the cord	2							
3	Put ties tightly (clip) around the cord at 2cm and 5cm from the baby's abdomen.	2							
4	Cut between the ties with a sterile Scissor.	2							
5	Observe for oozing of blood from the stump.	1							
6	Record and documented	1							
Written		1							
Total marks		10							

Instructor Signature _____ Date _____

Checklist for vaginal examination

No.	Steps / Tasks	Mark					
1	Explain procedure & ask her if she has any questions or concerns.	0.5					
2	Obtain consent from woman.	0.25					
3	Prepare the equipment: sterile gauze, sterile lubricant cream or gel, sterile medical gloves and a linen sheet to cover the rest of the mother's body.	0.25					
4	Protect privacy for women.	0.25					
5	Perform the exam between uterine contractions (check the mother's abdomen before performing the exam).	0.5					
6	Position a pregnant woman on her back, bends her legs and opens her knees after emptying the bladder.	0.5					

7	Washing hands, sterilize them with a sterilization liquid, and wearing gloves.	0.5					
8	Inspect external genitalia for signs of: Infections, Varicosities, Warts, Previous scarring.	0.5					
9	Gently swab the external genitalia with sterile gauze from front to back.	0.5					
10	Separate the labia with two fingers on your non-dominant hand	0.5					
11	Dip your examining fingers (index and middle fingers) into an antiseptic lubricating cream and insert them very gently into the vagina, following the direction of the vagina, upwards and backwards.	0.5					
12	Ask the woman to take deep breaths and try to relax, as this will help to decrease the discomfort of the procedure.	0.5					
13	Check for cervical dilatation (1-10 cm), effacement (0-100%), the fetus presentation, and state of the amniotic membrane.	1.5					
14	Gently wipe the external genitals from a lubricant.	0.5					
15	Remove the gloves and wash your hands while maintaining the privacy of the mother.	0.5					
16	Assess the fetal heart after a vaginal examination.	0.5					
17	Document the results of a vaginal examination in the partograph.	0.25					
Written		1					
Total		10					

Instructor Signature _____ Date _____

Fetal Heart Rate

No.	Steps / Tasks	Mark							
1	Explain procedure & ask woman if has any questions or concerns	0.5							
2	Obtain verbal women's consent	0.5							
3	Hand washing and wearing gloves	0.5							
4	Provide privacy for women	0.5							
5	Palpate the woman's abdomen accurately to determine the fetal lie and locate the fetal shoulder (By use Leopold's maneuver)	1							
6	Apply ultrasonic gel to device if using Doppler ultrasound. If using fetoscope, firm pressure may be needed.	1							
7	Count maternal radial pulse while listening to FHR to differentiate it from fetal rate	0.5							
8	Palpate abdomen for presence or absence of contractions to count FHR	0.5							
9	Count FHR for 30 to 60 seconds after a uterine contraction	0.5							
10	Determine the FHR every 30 minutes during beginning labor, every 15 minutes during active labor, and every 5 minutes during the second stage of labor	1							

11	The normal heart rate for a fetus is approximately 120 to 160 beats per minute (bpm).	0.5							
12	If a slower heart rate is detected, oxygen may be administered by mask and the patient should be instructed to take slow deep breaths	0.5							
13	Document FHR in partograph sheet	0.5							
14	Attachment paper (written of procedure)	2							
Total marks		10							

Instructor Signature _____ **Date** _____

Catheterization in Female

No.	Steps / Tasks	Mark					
1.	Introduce yourself to the patient and Explain the procedure	0.5					
2.	Prepare equipments (linin, urine catheter, urine bage, strile gauze, lubricant, forceps, antiseptic solution without alcohol, kidney basin, syringe 10 cc, destal water, surgical gloves)	1					
3.	Keep privacy and hand Washing	0.5					
4.	Place the patient in the supine position with the knees flexed and separated and feet flat on the bed.	0.5					
5.	With the thumb, middle and index fingers of the non-dominant hand, separate the labia majora and labia	0.5					

	minora. Pull slightly upward to locate the urinary meatus. Maintain this position to avoid contamination during the procedure.						
6.	With the dominant hand, cleanse the urinary meatus, using forceps and chlorhexidine soaked cotton balls. Use each cotton ball for a single downward stroke only.	0.5					
7.	Place the drainage basin containing the catheter between the patient's thighs.	1					
8.	Pick up the catheter with the dominant hand.	1					
9.	Insert the lubricated tip of the catheter into the urinary meatus.	0.5					
10.	Advance the catheter about 5-5.75 cm, until urine begins to flow then advance the catheter a further 1-2 cm.	0.5					
11.	Attach the syringe with the sterile water and inflate the balloon. It is recommended to inflate the 5cc balloon with 7-10cc of sterile water, and to inflate the 30cc balloon with 30-35cc of sterile water.	0.5					
12.	Improperly inflated balloons can cause drainage and leakage difficulties.	0.5					
13.	Gently pull back on the catheter until the balloon engages the bladder neck	0.5					
14.	Written	2					
Total marks		10					

Instructor Signature _____ **Date** _____

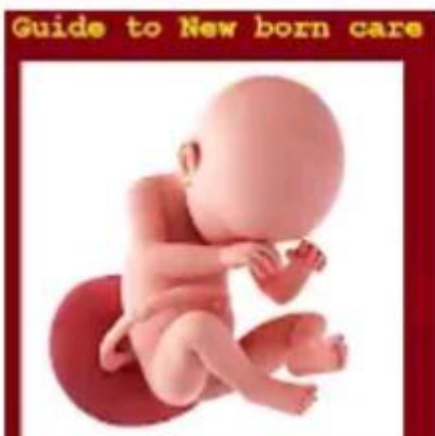
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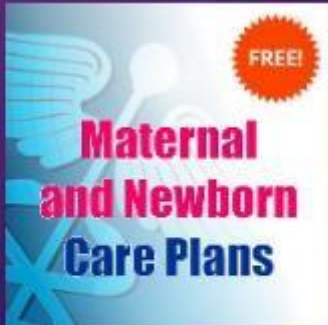
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Android Application for Maternal and Neonate Nursing Added By:
Instructor Dr. Nuha Adel ALwandawi and Instructor Dr Wisam Mashaan Muttaleb



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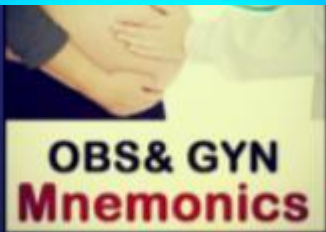


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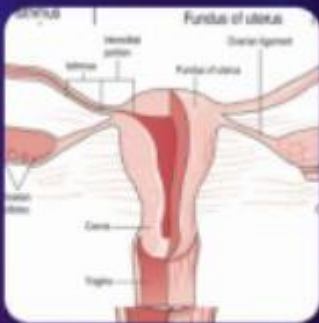


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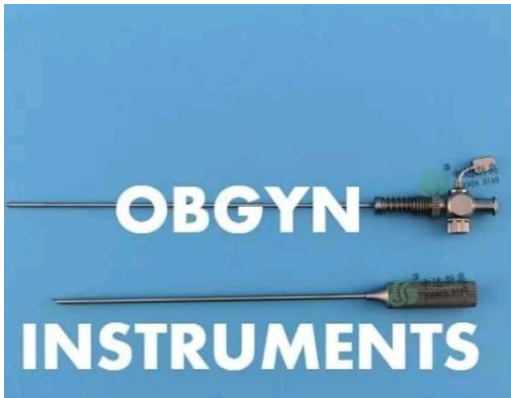


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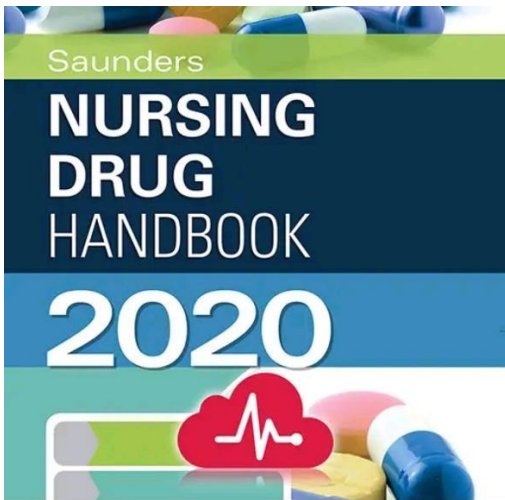
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