# Current practice in obstetric and gynecologic nursing

Edited by
McNall · Galeener

Volume Two

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VOLUME TWO

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*Edited by*

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# Preface

Rapid and significant changes are occurring in the field of obstetric and gynecologic nursing. Previous ideas and theories are continually being updated, and new concepts and trends are constantly expanding the scope of nursing practice. Volume Two of *Current Practice in Obstetric and Gynecologic Nursing* therefore is designed to explore some of the new and more pertinent issues relevant to ob/gyn nursing. These issues include increasing knowledge in the areas of family relationships before, during, and after pregnancy; obstetric and perinatal physiologic concerns; recent studies in fetal breathing as a potential means of determining fetal well-being; increasing trends toward out-of-hospital deliveries and the sharing of the childbirth experience; the importance of early physical contact between mother and infant; and the significance of human sexuality in relation to all members of the family.

This book has two major focuses: (1) exploring new knowledge in both psychosocial and physiologic content and (2) considering the implications of this knowledge for nursing practice. Such a two-pronged approach is mandatory, not only in providing total patient care but also in formulating new theories and interventions.

This volume is divided into five sections:

*Part I* Prepregnancy, pregnancy, and postpregnancy concerns
*Part II* Obstetric and perinatal physiologic issues
*Part III* Psychosocial and physiologic aspects of labor and delivery
*Part IV* Mother-infant relationships
*Part V* Human sexuality in obstetric and gynecologic nursing

These titles reflect the broad range of topics in ob/gyn nursing to be found in Volume Two.

To those who contributed chapters to this volume we give earnest and heartfelt thanks. They shared their knowledge, thoughts, hard work, and visions of what ob/gyn nursing can be. We share these contributions with you.

**Leota Kester McNall**
**Janet Trask Galeener**

# Current practice in obstetric and gynecologic nursing

# Contents

*Part III*

## PSYCHOSOCIAL AND PHYSIOLOGIC ASPECTS OF LABOR AND DELIVERY



*Part IV*

## MOTHER-INFANT RELATIONSHIPS



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## HUMAN SEXUALITY IN OBSTETRIC AND GYNECOLOGIC NURSING

# *part I*
# PREPREGNANCY, PREGNANCY, AND POSTPREGNANCY CONCERNS

Attending to the concerns of couples during prepregnancy, pregnancy, and postpregnancy periods is an important aspect of obstetric and gynecologic nursing. In this section, four specific areas of concern are presented.

Hubbard, in Chapter 1, discusses a broad range of issues that are relevant to present and future family planning; all of these issues are important aspects of preconception counseling.

In Chapter 2, DeGarmo and Davidson describe the psychosocial effects of pregnancy on the mother, the father, the marriage, and the family as a unit. Included in the discussion are such topics as the cost of having and raising a child; crises that occur during the first, second, and third trimesters of pregnancy; early motherhood; the changing of marital roles during and after pregnancy; reasons for paternity; and developmental tasks and roles of fatherhood.

Smith, in Chapter 3, compares and contrasts the more common marital stresses of pregnancy with some of the many factors that may contribute to further stress, including marriage precipitated by pregnancy, sexual anxieties, and elective termination of pregnancy.

Postpartum depression is, to some degree, a very common phenomenon. Lesh, in Chapter 4, discusses the total range of this topic. The contributing factors and theories of postpartum depression that are included in this chapter aid considerably in the understanding of this phenomenon. In addition, a number of suggestions are included to assist the health professional in identifying and effectively dealing with postpartum depression.

# 1 Concepts of family planning

CHARLES WILLIAM HUBBARD

In its broadest sense, the term *family planning* consists of a variety of issues and concerns that must be dealt with on a realistic basis and in a manner that is significant to the couple planning a family. Thus, one must have some understanding of the many factors that affect family planning, such as the concept of planning, social determinants of parenthood, values concerning family size and parenthood, parenthood as a career, family planning and spacing decisions, population density and the quality of life, psychosocial and economic aspects of contraception, alternatives to biologic parenthood, and preconception counseling.

## INTRODUCTION TO PLANNING

Because the phrase *family planning* has become popularly equated with birth control, one must be reminded that birth control is only one part of total family planning. What is involved in family planning cannot be fully considered until the kind of family has been specified (for example, kinship family, nuclear family, commune, or single-parent family). The assumption for this chapter will be that the family is composed of two members who are heterosexual and who live together with commitments to each other, strive for common major goals, and eventually want at least one child. In this family, planning will concern at least such needs as a place to live, some kind of income, the necessities and knowledge of child rearing, time, a division of labor, prenatal and postnatal care, and the ability to use some good method of birth control. But what is *planning?*

The literature on planning consists of a vast, organized body of knowledge—a science.* It includes, of course, much more information than one would expect to use in the realm of family planning. Most people, after all, ''plan'' almost all aspects of their daily lives without benefit of scientific method; they decide on and seek most of their goals, and rightly so, lest they convert the delights of spontaneous action into robotlike, pleasureless pursuits. ''*In general,* it's a good thing to know what you are doing—and why you are doing it. The qualifier 'in general' is designed, of course, to warn against the danger of that premature faultfinding which stifles ideas.''†

If a goal is important enough to cause a desire to avoid errors in seeking it, a conscious planning process can be used. This involves developing a method to attain a goal; the method will be a set of means. A planning process gives one the advantage of taking an imaginary trip through a series of steps (the proposed means) expected to lead to a goal. While doing this, one may discover errors, pitfalls, and other weaknesses in the

*For an 800-page introduction to planning, see Steiner, G. A.: Top management planning, New York, 1969, Macmillan, Inc.; or, for a short overview, see Sikula, A. F.: Management and administration, Columbus, Ohio, 1973, Charles E. Merrill Publishing Co., Chapter 3.

†Merton, R. K.: Thematic analysis in science: notes on Horton's concept, Science **188:**335-337, 1975.

means. Thus, a planning process offers an opportunity to discover early, and perhaps to avoid, some of these weaknesses. It may become apparent, too, that research is needed before realistic means can even be projected. In contrast to this method, the quickly conceived and hastily enacted "plan" does not offer a chance to refine its means with research, imagination, and intellect. Whether one is planning to go to the grocery or to do something more consequential, thinking through the means may result in a more complete and satisfying end result. In summary, planning may be defined as a mental process that results in a set of means designed to achieve an end. The set of means is the plan.

Within the family, a plan can be a tool to produce a better way of living. Developing a plan can give a feeling of confidence and security. When family members strive for a planned goal, they are being cooperative, which is always better than being competitive. Without some planning, there are no defined objectives and misunderstandings are more likely to occur. Planning can unite people in a struggle for a cause, and although any struggle will usually generate stress, there is a potential for growth in every stressful situation. The kinds of stress that arise between people struggling for a commonly planned goal are likely to be constructive and unifying; those that arise between people striving for competitive, incompatible, or self-seeking goals are hardly ever unifying. Incompatible goals within a family ("working at cross-purposes") are sometimes a result of lack of planning and cannot be expected to produce family growth or solidarity. A good plan is always at least a step toward family harmony because it implies certain relationships between the family members as well as adjustments they have to make to achieve their common goal; it will also make compromising easier if there is a strong commitment to the goal.

According to Ewing,[1] "The big question in planning becomes not whether it is justified but to what extent and in what manner it shall be practiced." Following up this thought, Ewing points out that planning is "a condition of existence." In other words, planning will be practiced whether it is efficient or not. Even sudden acts are carried out by rapidly conceived means. Such means are open to errors of miscalculation, inaccurate information, and irretrievable waste. With better planning, the end can be an efficiently attained product of the means. If the goal is very important, a series of hasty, uninformed actions is not an intelligent way to pursue it.

### Planning that fails

Certainly even the most elaborate, carefully thought-out plans can fail and have failed. The literature on planning abounds with analyses of plans that failed and with offerings of why they failed. Often, the reasons given for failure could be placed under the heading *unrealistic*. The following true case exemplifies an unrealistic assessment of ability.

A woman with four children wanted no further pregnancies. She had heard that taking birth control pills (the pill) was the best way to avoid pregnancy. She had often taken pills for other things but usually had trouble remembering to take them. Her husband thought the pill was dangerous. Nevertheless, she went to a public clinic, expressed confidence in the pill, and got a prescription (which the clinic filled) for a three-month's supply. No attempt was made by the clinic staff to assess the woman's situation or her ability to use the pill, so taking the pill became the critical means in the woman's plan to prevent pregnancy. When she returned near the end of the third month for an examina-

tion, she was pregnant. Review of her case by a preabortion counselor revealed that she had made errors in pill taking in each month. Because the couple was unable to raise the money for a second-trimester abortion, the woman had to continue her unwanted pregnancy, which led to her fifth live birth.

People who are entering into a plan need to be certain that they have the ability to carry out their proposed means. The means must be suited to all the people involved. When selecting means, planners must consider human factors as well as material factors. Ability and attitude are human factors, but the potential efficiency of a means (the pill, for example) is a material factor. In the case of nonpermanent contraceptive methods, the degree of efficiency achieved depends on the interplay of all the human factors. What can these people do? What have they done in the past? What are they doing now? What are their attitudes? Do they have confidence in what they are doing? These are some relevant questions concerning the human factors. In the case cited, the nurse-counselor, the client, and her husband should all have been actively, not passively, involved in the process of planning a contraceptive method for the couple. From this client's very limited viewpoint, the pill sounded good solely because of one material factor, its theoretical effectiveness.

The theoretical effectiveness of the pill is nearly 100%. In contraceptive practice, however, one cannot rely on this information, because the pill must be taken as prescribed to approach its full protective potential, and this introduces the human factors. When studies with large groups of people are made, the pill never has a protection rate of 100%; it always has a significant failure rate that reduces its theoretical effectiveness. This reduced theoretical effectiveness is called its use effectiveness. Use effectiveness is the protection rate one can expect from the pill (or any nonpermanent contraceptive method) after the human factors have exerted their influence and produced a failure rate. The failure rate of estrogen-based pills for groups of women who are capable pill takers varies, but it is usually reported to be around 1% to 3% per year. A failure rate of 1% means that if 100 women of reproductive age (all of whom experience a usual frequency of marital sexual intercourse, which is about 100 acts yearly) use the pill as their only contraceptive for 1 year, one unwanted pregnancy would be expected from the group of 100 during the year. (If they always had unprotected coitus, about 80 pregnancies would be expected during the year.) This concept of failure rate is applicable to all nonpermanent contraceptive methods and gives a means of directly comparing the expected efficiency of each method. Some average failure rates are intrauterine device (IUD), 2% to 4%; condom, 12% to 15%; diaphragm, 15% to 20%; and chemicals used alone (such as vaginal foam or cream) 30% to 35%.

### Limitations and flexibility in planning

Failure to understand how human factors affect material usefulness is only one area of weakness in family planning. Another is failing to recognize that all plans have limitations, no matter how well-conceived they are. A plan is not a guarantee of achieving the desired end; it is not an assurance against adversity, nor should it be considered unchangeable. A good plan has choices among means or has means that can be easily modified. Even the goal should be open to change and should be able to be extended or lessened or even eliminated if necessary. A realistic plan is never inflexible. For example, a couple may want one child, for whom they will be able to provide more than basic

needs. To begin with, both of these people fulfill a prerequisite for successful planning: they recognize a need for something and also see that the thing needed (the child) will itself give rise to other needs. If their values, aptitudes, and attitudes are compatible with the goal, their chances of allowing only one live birth are high. Unless they are already financially secure, included in their total plan will be a set of means that should eventually increase their personal value within the economic system and hence increase their income. The planners will also have considered the contingencies of plural birth as well as the inability to become pregnant. In the latter case, they should be prepared to give up their goal and remain childless or to consider some alternative to biologic parenthood.

## SOCIAL DETERMINANTS OF PARENTHOOD

The mechanisms that put pressure on people within a society, specifically on their reproductive behavior, are aspects of human behavior that cannot be handled completely out of the context of total social organization. In a discussion of several kinds of explanations for the origin of certain societal structures, Jarvie[2] offers a functional viewpoint; he states that everything in society evolves over time and persists because it contributes to, or does not inhibit, the survival of the human species. The family, for example, has survived because it continues to perform many necessary functions, especially the care and socialization of children.

In any social organization, the basic, and perhaps only, indispensable units comprising it are the people. The short- and long-term significance of any person to the society is determined by performance in the many roles that the person fills. Each person fills several roles concurrently. For example, a given woman may be mother, nurse, National Abortion Rights Action League worker, and secretary for the community symphony, all at once. Each role carries a more or less constant set of expectations and behavioral standards that the person will have to meet to be considered "normal" or "well-adjusted." Roles are elements of social organization.

*Social organization* is a very abstract phrase. It has been defined by Lenski[3] as "any structured system of relationships among people." In the social organization that most of us in the West are familiar with, the people can be grouped into categories. One characteristic of any group is that its members have a common goal and often share many roles. Members of the group that constitute the American Nurses Association, for example, share some common roles and goals.

The goals of different groups, however, may conflict. For example, many people who are opposed to abortion share the goal of overturning the U.S. Supreme Court's abortion decision of 1973, which gave any woman who has reached majority the right to terminate a pregnancy. People who oppose this right are often classified, based on their common goal, as "right to life" groups. Such groups attempt to influence others to adopt their belief about abortion and would eventually like to influence the whole social structure of the United States.

However, there are other groups that favor the abortion decision and want to preserve it.* They, too, try to exert their influence throughout the society. There is no end to this sort of thing—one set of beliefs trying to prevail over another. Because the United States is a plural society, a person comes under constant and often contradictory in-

*There were 615,831 legal abortions performed in the United States in 1973 and about 900,000 in 1974.