

Quick Reference
to
**MATERNITY
NURSING**

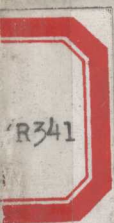
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Preface

This compact yet comprehensive text covers the involvement of the maternity nurse at all levels of health care: preventive, curative, and rehabilitative. Written in outline format to facilitate rapid and selective retrieval of information, the book covers the physiological and psychological changes occurring in the maternity cycle and the implications of these changes.

Organized around the nursing process, the book provides essential data on assessment and interventive strategies for each period of the maternity cycle: antepartum care, intrapartum care, postpartum care, and care of the neonate. The management of high-risk pregnancies and preventive care are emphasized. All discussions are within the context of the authors' emphasis on such ethical issues as client rights and client advocacy.

In order to deliver comprehensive health care, the maternity nurse needs precise knowledge of the physiological and psychological changes occurring during the maternity cycle and an awareness of the influence of biophysical and psychosocial environmental factors on the health status and needs of the childbearing family.

The goal of this book is to provide essential knowledge needed by maternity nurses in a concise outline format. The outline format should prove helpful to student nurses who are preparing for State Board Examinations and College Proficiency Examinations. The text is also useful as a study guide to supplement a regular textbook for students who are enrolled in maternity nursing courses. The compact and accessible nature of the book makes it a useful reference manual for graduate practicing maternity nurses as well.

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Part I

History and Trends in Maternal Care

History and Trends in
Maternal Care

Historical Background

A. Early tribes of American Indians and African natives

1. birth process relatively free of complications due to lack of disproportion between fetal head and maternal pelvis because intertribal marriages were rare
 - a) major complications were abnormal presentations
2. at time of birth, mother usually delivered child herself unless difficulty was encountered and she needed assistance of another woman
3. over time, those women who had experience in assisting others gradually became known as midwives
 - a) all knowledge of midwifery was based on experience
4. if midwives were unable to deliver baby, medicine men and priests were called in to help through prayer
5. childbirth associated with mystery and superstition
 - a) usually celebrated with some kind of ceremony that gave thanks to the gods or warded off evil spirits
6. most nomadic groups seemed to have less concern for the pregnant woman than did more settled groups
7. period of recuperation varied
 - a) some mothers returned to work immediately
 - b) others spent days or weeks recuperating
8. many groups practiced couvade where the father performs the act of childbearing; this ritual presumably drew away evil spirits that might harm mother and baby

B. Egyptian society (about 3,000 B.C.)

1. highly organized society
2. priesthood supervised abnormal deliveries
3. majority of women delivered with assistance of midwives

4. obstetrical forceps used and cesarean sections were performed on dead mothers
5. in 1500 B.C., first recorded information about obstetrical practice found in Egyptian records
 - a) descriptions of contraceptive methods found in ancient writings
 - b) first pregnancy test described. Women would urinate over mixture of wheat and barley seeds mixed with dates and sand. If seeds sprouted the test was positive for pregnancy. This test may have had some success because of hormonal content of urine.
- C. Greek and Roman cultures (beginning about 1000 B.C.)
 1. in early Grecian history, obstetrics was involved with religious practices, such as fertility rites
 2. Hippocratic period (460–377 B.C.)
 - a) the beginning of the scientific study and practice of medicine
 - b) normal deliveries assisted by midwives under supervision of physicians
 - c) abnormal labor handled by physicians
 - d) Hippocrates wrote about theory and practice of obstetrics
 3. obstare—Latin verb to protect or to stand by from which the word obstetrics is derived
 - a) obstetrix—referred to birth attendant (midwife) who stood by the pregnant woman to give assistance
 4. Soranus of Ephesus was called the Father of Obstetrics because he was the first man to write about obstetrical theory and care
 - a) wrote about podalic version
 5. Moschion practiced medicine in Rome
 - a) wrote textbook for midwives
 - b) improved upon Hippocrates' teachings
- D. Hebrew culture
 1. although no medical assistance was given for difficult deliveries, cleanliness and good sanitation were practiced and emotional support was provided by family members
- E. Eastern cultures
 1. Hindus practiced an organized system of medicine
 - a) Susrata's contribution to the scientific knowledge of obstetrics included
 - (1) knowledge of menstruation and gestation
 - (2) establishment of prenatal and postnatal care
 - (3) management of abnormal labor
 - (4) use of forceps and cesarean section on dead mothers
 - (5) practice of cleanliness and sanitation

F. Medieval period

1. lack of progress in obstetrical science and practice
2. loss of knowledge from previous cultures
3. in Europe, a regression to mysticism in medical practice
4. beginning of hospital and nursing services
 - a) usually used only for the poor

G. Renaissance period

1. establishment of Italian medical schools brought about increased knowledge in obstetrics
 - a) Arantius described pregnant uterus and gestational development
 - b) Vesalius accurately described pelvis
2. William Harvey described circulation of the blood and physiology of pregnancy
3. Ambrose Pare reintroduced the use of podalic version in obstetrics and helped establish first midwifery school in France. He also established obstetrical practice as part of medicine
4. Handbook for midwives by Jakob Rueff widely used
5. birthing chairs used for delivery
6. Leonardo da Vinci depicted the true position of the fetus in utero

H. Seventeenth to nineteenth century

1. 17th century

- a) Chamberlin family designed obstetrical forceps (circa 1580)
 - (1) family kept information secret until 1813
- b) in 1618, Wittenberg performed first cesarean section on live mother
- c) Mauriceau referred to puerperal (childbirth) fever as an epidemic disease

2. 18th century

- a) forceps modified by Smellie
- b) male physicians as obstetricians become fashionable
- c) obstetrical forceps presented to French Academy of Medicine by Palfyne
- d) Hunter contributed knowledge about placental anatomy

3. colonial America

- a) used traditional English practices
 - (1) deliveries attended by women
 - (2) several weeks of confinement after delivery
 - (3) average age at first birth was 22, with a subsequent pregnancy every 2-3 years
 - (4) a child had only a 75-85% chance of surviving to age 21
 - (a) in a family of seven or eight children, two or three were apt to die before the age of 10

- b) many American physicians studied with Smellie and Hunter, who thereby greatly influenced American obstetrical practice
- 4. before 1800 less than 5% of births occurred in hospitals
- 5. Credé method named for and made famous by the Viennese obstetrician in 1881. At that time he used 2% AgNO_3 solution dropped from glass rod into eyes of newborn immediately after birth. This became routine in many countries and decreased the incidence of ophthalmia from 10% to 1%. Solution now used is 1% AgNO_3 (Ziegel & Cranley, 1984)

I. Twentieth century

1. technological advances

- a) advances in anesthetics and analgesia
- b) discovery and use of antibiotics for infection control
- c) development and use of blood transfusion
- d) development and use of x-ray to determine cephalopelvic disproportion
- e) advances in general medical and surgical knowledge
- f) more accurate collection of vital statistics and improved methods of epidemiological research
- g) improved environmental sanitation and communicable disease control
- h) prenatal diagnosis and treatment
- i) fetal monitoring
- j) development of sonography and amniocentesis
- k) fetal surgery

2. philosophical advances

- a) an important factor in improving the outcome of pregnancy during this century is the generally higher standard of living that prevails. Also, after World War II a change in focus from the person providing the care to the recipient of care brought about a change in terminology—from obstetrical care to maternity care. This broadened the scope of care to include prenatal and postnatal care, which promote the general health and wellbeing not only of the mother and child but that of the entire expanding family
- b) WHO definition of maternity care (WHO Report 1952): "The object of maternity care is to ensure that every expectant and nursing mother maintains good health, learns the art of child care, has a normal delivery, and bears healthy children. Maternity care in the narrower sense consists in the care of the pregnant woman, her safe delivery, her postnatal examination, the care of her newly born infant, and the maintenance of lactation. In

the wider sense, it begins much earlier in measures aimed to promote the health and wellbeing of the young people who are potential parents, and to help them develop the right approach to family life and to the place of the family in the community. It should also include guidance in parent-craft and in problems associated with infertility and family planning"

- c) consumerism, sparked by the interest in prepared childbirth during the 1960s, advocated for changes in obstetrical practice
 - (1) ASPO/Lamaze and International Childbirth Association formed from grassroots coalitions
 - (2) consumers advocated change through patient education and demanded family-centered care
 - (3) hospitals today actively seek patients by advertising birthing rooms, sibling visitations, and candlelight dinners for new parents
- 3. advances in research and knowledge
 - a) increased knowledge of the role of nutrition in the maternity cycle
 - b) increased number of hospital deliveries with excellent control of infection through improved medical and surgical asepsis and the establishment of hospital standards by accreditation agencies
 - c) increased safety in operative obstetrics
 - d) improved education to prepare professional practitioners
 - e) introduction of prepared childbirth and family-centered maternity care
 - f) increased research and progress in pharmacology
 - g) expanding knowledge in the field of genetics
 - h) treatment of the fetus in utero
 - i) improved education of health personnel in maternal and child care
 - (1) specialized training for physicians
 - (2) increased utilization of nurse-midwives for normal pregnancies and deliveries
 - (3) the advent of the clinical nurse specialist in maternal and child health
 - j) improvement of hospital standards
 - (1) accreditation has helped upgrade standards of building, maintenance, equipment, and hospital care
 - (2) infection control has reduced incidence of hospital-acquired infectious diseases
 - (3) qualifications of health care personnel employed in hospitals upgraded

- k) regionalized perinatal networks have been promoted by
 - (1) federal "Improved Pregnancy Outcome Program"
 - (2) Robert Wood Johnson Foundation
- l) high-risk pregnancies are detected early and referred to a specialized care facility in their region
- 4. governmental and voluntary programs
 - a) 1900: Census Bureau established, which provided accurate statistics on population trends
 - b) 1906: mortality statistics became reportable, which facilitated the development of control measures for maternal and infant morbidity and mortality
 - c) 1907:
 - (1) antepartal nursing care was established through the Association for Improving Living Conditions of the Poor
 - (2) New York City milk supply improved through the dispensing of pasteurized milk
 - d) 1909:
 - (1) American Association for Study and Prevention of Infant Mortality was established to study and reduce the high infant mortality rates
 - (2) first White House Conference on the "Dependent Child" resulted in
 - (a) establishment of the Children's Bureau (1912), which conducted research and provided education to promote the health and welfare of children
 - (b) establishment of child labor laws
 - e) 1912: first child health station was started in New York City to deliver primary health care
 - f) 1919: second White House Conference reorganized the Children's Bureau
 - g) 1921: Sheppard-Towner Act: appropriated monies to improve health, welfare, and hygiene of mothers and children through the establishment of educational programs for health personnel and lay people
 - h) 1923:
 - (1) Margaret Sanger Research Bureau for planned parenthood and infertility research and assistance started
 - (2) Frontier Nursing Service was established in Kentucky (utilized nurse-midwives)
 - i) 1930: third White House Conference, which was devoted to all aspects of maternity and child care